



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

فهرست راهنمای ارائه‌دهندگان 2024  
کانتی: San Diego

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این فهرست راهنمای ارائه‌دهندگان حاوی اطلاعاتی درباره انواع ارائه‌دهندگان موجود در Blue Shield TotalDual Plan و لیستی از همه ارائه‌دهندگان طرح در تاریخ انتشار این فهرست راهنما می‌باشد. آدرس و اطلاعات تماس و همچنین جزئیات دیگری مانند روزها و ساعت کاری، تخصص‌ها و مهارت‌ها در این فهرست آمده است. اصطلاحات کلیدی و تعاریف آنها به ترتیب حروف الفبا در فصل آخر «گواهی پوشش» آمده است.

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اگر سؤالی دارید، در هفت روز هفته از ساعت 8 صبح تا 8 شب با Blue Shield TotalDual Plan به شماره (1-800-452-4413) تماس بگیرید. این تماس رایگان است. برای کسب اطلاعات بیشتر، به [www.blueshieldca.com/medicare](http://www.blueshieldca.com/medicare) مراجعه کنید.



## A. بیانیه‌های سلب مسئولیت

- ❖ این فهرست شامل متخصصین مراقبت درمانی (از قبیل پزشک، پرستار مجاز و روان شناس) و مراکز (از قبیل بیمارستان یا درمانگاه) است. همچنین فهرست ارائه‌دهندگان خدمات و پشتیبانی‌های بلندمدت (LTSS) (اعم از ارائه‌دهندگان بهداشت به بزرگسالان در طول روز و بهداشت خانگی) در این فهرست راهنما آمده است که شاید شما به عنوان عضو Blue Shield TotalDual Plan از آن استفاده کنید. ما همچنین فهرست داروخانه‌هایی که می‌توانید برای تهیه داروهای نسخه‌ای خود به آنها مراجعه کنید را ارائه کرده‌ایم.
- ❖ در این فهرست به آن‌ها با عنوان «ارائه‌دهندگان شبکه» اشاره می‌کنیم. این ارائه‌دهندگان برای ارائه خدمات به شما با ما قرارداد امضا کرده‌اند. این فهرستی از ارائه‌کنندگان شبکه Blue Shield TotalDual Plan برای کانتی San Diego می‌باشد.
- ❖ می‌توانید این سند را در قالب‌های دیگر، مانند حروف درشت، خط بریل یا فایل صوتی به صورت رایگان دریافت کنید. هر روز هفته، از ساعت 8 صبح تا 8 شب با 1-800-452-4413 (TTY: 711) تماس بگیرید. این تماس رایگان است.
- ❖ ما خدمات مترجم شفاهی رایگان ارائه می‌دهیم تا به هر گونه سؤالی که در مورد طرح سلامت یا داروی ما دارید پاسخ دهیم. برای درخواست مترجم شفاهی، با ما به شماره 1-800-452-4413 تماس بگیرید. شخص که مسلط به انگلیسی، اسپانیایی، عربی، فارسی، ارمنی، خمر، کره‌ای، روسی، تاگالوگ یا ویتنامی است می‌تواند به شما کمک کند. این خدمات رایگان است. می‌توانید درخواستی دائمی ارائه دهید تا در حال حاضر و در آینده، این سند را به زبانی به جز انگلیسی یا در قالب دیگری دریافت کنید. برای ارائه درخواست، لطفاً با Blue Shield TotalDual Plan تماس بگیرید و بخش پشتیبانی مشتریان زبان و قالب ترجیحی شما را تا زمانی که آن را تغییر دهید حفظ خواهد کرد. برای هرگونه به‌روزرسانی در ترجیحات خود، لطفاً با Blue Shield TotalDual Plan تماس بگیرید.
- ❖ این فهرست از 04/02/2024 به‌روزرسانی شده، اما باید بدانید که:
  - ممکن است بعد از انتشار این فهرست، برخی از ارائه‌دهندگان شبکه Blue Shield TotalDual Plan، به شبکه ما اضافه یا از آن حذف شده باشند.
  - برخی از ارائه‌دهندگان Blue Shield TotalDual Plan در شبکه ما ممکن است دیگر اعضای جدید را نپذیرند. اگر در یافتن ارائه‌دهنده‌ای که اعضای جدید را بپذیرد مشکل دارید، با بخش خدمات مشتری تماس بگیرید 1-800-452-4413 (TTY: 711) ما به شما کمک خواهیم کرد.
  - برای کسب به‌روزترین اطلاعات درباره ارائه‌دهندگان شبکه در Blue Shield TotalDual Plan در منطقه‌تان، می‌توانید به نشانی [www.blueshieldca.com/medicare](http://www.blueshieldca.com/medicare) مراجعه کنید یا در هفت روز هفته از ساعت 8 صبح تا 8 شب با پشتیبانی مشتریان به شماره 1-800-452-4413 (TTY: 711) تماس بگیرید. این تماس رایگان است.
- فهرست پزشکان و سایر متخصصین شبکه Blue Shield TotalDual Plan در [www.blueshieldca.com/medicare](http://www.blueshieldca.com/medicare) در دسترس است.
- برای یافتن صفحه‌ای که نام ارائه‌دهنده یا داروخانه در آن ذکر شده است، می‌توانید از نمایه مندرج در پشت فهرست راهنما استفاده کنید.

در این قسمت، واژه‌ها و اصطلاحات کلیدی که در «فهرست راهنما» با آنها مواجه خواهید شد شرح داده می‌شود.

- **ارائه‌دهنده** عبارتست از متخصصانی شامل پزشک، پرستار، داروساز، درمانگر و سایر اشخاصی که مراقبت و خدمات سلامت ارائه می‌کنند. خدمات شامل مراقبت‌های پزشکی، خدمات و پشتیبانی‌های درازمدت (LTSS)، ملزومات، داروهای نسخه‌ای، تجهیزات و سایر خدمات می‌باشد
  - واژه ارائه‌دهندگان به مراکز بهداشتی و درمانی مثل بیمارستان‌ها و سایر مراکز اطلاق می‌شود که خدمات پزشکی و تجهیزات پزشکی ارائه می‌دهند. همچنین به معنای ارائه‌دهندگان LTSS است که شاید شما به عنوان عضو Blue Shield TotalDual Plan از آن استفاده کنید.
  - آن دسته از ارائه‌دهندگانی که عضو شبکه طرح ما هستند ارائه‌دهندگان شبکه نامیده می‌شوند.
- **ارائه‌دهندگان شبکه** ارائه‌دهندگانی هستند که به منظور ارائه خدمات به اعضای طرح ما با ما قرارداد بسته‌اند. ارائه‌دهندگان شبکه در طرح ما مشارکت دارند. این یعنی اعضای طرح ما را می‌پذیرند و خدمات تحت پوشش طرح‌مان را ارائه می‌دهند. وقتی از یکی از خدمات‌دهندگان عضو شبکه استفاده می‌کنید، معمولاً هیچ مبلغی برای خدمات تحت پوشش پرداخت نمی‌کنید.
- **پزشک مراقبت‌های اولیه (PCP)** به اترن‌ها، پزشکان خانواده، پزشکان عمومی، یا متخصصان اطلاق می‌گردد که مراقبت‌های بهداشتی درمانی عادی به شما ارائه می‌دهند. PCP شما سوابق پزشکی شما را نگهداری می‌کند و به مرور زمان با نیازهای پزشکی شما آشنا می‌شود. همچنین PCP شما در صورت نیاز، شما را به متخصص یا ارائه‌دهنده خدمات دیگر ارجاع خواهد داد.
- **متخصصان پزشکی** هستند که خدمات بهداشتی و درمانی را برای بیماری خاص یا بخشی خاصی از بدن ارائه می‌دهند. انواع بسیاری از متخصصان وجود دارند. در اینجا چند نمونه ذکر می‌شود:
  - متخصصان سرطان، بیماران سرطانی را درمان می‌کنند.
  - متخصصان قلب از بیماران قلبی مراقبت می‌کنند.
  - متخصصان ارتوپدی، بیماران مبتلا به مشکلات خاص استخوان، مفاصل یا عضله را درمان می‌کنند.
- **گروه پزشکی** یا انجمن پزشکان مستقل (IPA) سازمانی است که براساس قانون California تشکیل شده که با طرح‌های سلامت قرارداد می‌بندد تا خدمات مراقبت‌های بهداشتی را برای ثبت‌نام‌کنندگان طرح سلامت فراهم کند یا ترتیب دهد. لطفاً برای اطلاعات بیشتر، به بخش B3 مراجعه کنید.
- ممکن است برای مراجعه به یک متخصص یا شخصی که PCP شما نیست نیاز به ارجاع یا مجوز قبلی داشته باشید. ارجاع یعنی اینکه PCP شبکه شما باید قبل از اینکه از ارائه‌دهنده دیگری استفاده کنید به شما اجازه بدهد. ارجاع با مجوز قبلی تفاوت دارد. به این معنا که Blue Shield TotalDual Plan (نه PCP شبکه شما) باید قبل از اینکه ما خدمات، جنس، یا داروی خاصی یا ارائه‌دهنده خارج از شبکه را پوشش دهیم، به شما تأییدیه بدهد. اگر ارجاع یا مجوز قبلی دریافت نکنید، Blue Shield TotalDual Plan ممکن است خدمات، جنس یا دارو را پوشش ندهد.
  - برای این موارد، ارجاع یا مجوز قبلی نیاز نیست:

– مراقبت‌های اورژانسی؛

ارائه‌دهنده DSNP که در Medi-Cal نیز ثبت‌نام کرده است

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- مراقبت‌هایی که فوراً مورد نیاز است؛

- آن دسته از خدمات دیالیز که شما هنگام عدم حضور در ناحیه تحت پوشش طرح، در یک مرکز دیالیز مورد تأیید Medicare دریافت می‌کنید؛

- خدمات یک متخصص زنان؛ یا

- تمام خدمات پیشگیرانه تحت پوشش Medicare، از جمله غربالگری و واکسن.

○ به علاوه، اگر واجد شرایط دریافت خدمات از ارائه‌دهندگان خدمات بهداشتی و درمانی ویژه سرخ‌پوستان باشید، می‌توانید بدون ارجاع از این ارائه‌دهندگان استفاده کنید. حتی اگر عضو شبکه طرح ما نباشید، باز هم باید هزینه این گونه خدمات را به ارائه‌دهندگان خدمات سلامت سرخ‌پوستان پردازیم.

○ اطلاعات بیشتر درباره ارجاع‌ها و مجوز قبلی در فصل 3 گواهی پوشش موجود است.

● همچنین یک تیم مراقبت به شما اختصاص داده خواهد شد. تیم مراقبت شما با ارتباط بین شما و PCP شما شروع می‌شود. تیم مراقبت ممکن است براساس سطح نیاز مندرج در برنامه مراقبت شما، شامل یک مراقب، راهنمای مراقبت، متخصص و دیگران باشد. کلیه اعضای تیم مراقبتی با یکدیگر همکاری و اطمینان حاصل می‌کنند که مراقبت‌های مورد نیاز شما هماهنگ شده باشد. این بدان معنا است که آنها اطمینان حاصل می‌کنند که کلیه آزمایشات لازم انجام بگیرد و نتایج آنها در اختیار ارائه‌دهندگان مربوطه قرار داده شود. همچنین، بدان معنا است که PCP شما باید از داروهایی که مصرف می‌کنید مطلع باشد تا بتواند تأثیرات منفی احتمالی داروها را حتی‌الامکان کاهش دهد. PCP شما همیشه قبل از قرار دادن اطلاعات پزشکی‌تان در اختیار دیگران، از شما اجازه خواهد گرفت. اعضای تیم مراقبت شما ممکن است شامل افراد زیر باشد:

○ راهنمای مراقبت‌ها که مدیریت ارائه‌دهندگان و خدمات پزشکی به شما کمک می‌کند.

○ پزشک مراقبت اولیه شما

تیم مراقبت همچنین به شما کمک می‌کند تا در صورت نیاز به متخصص یا سایر ارائه‌دهندگان مراقبت‌های بهداشتی، سایر ارائه‌دهندگان خدمات پزشکی، سلامت رفتاری، یا خدمات و پشتیبانی طولانی‌مدت (LTSS) را بیابید. به این ترتیب، ارائه‌دهنده مناسبی را دریافت خواهید کرد که به شما در رفع نگرانی‌هایتان کمک کند

## B2. زمان انتظار برای مراقبت‌های اولیه و سلامت رفتاری

ما باید دسترسی شما را به مراقبت‌های اولیه و خدمات بهداشت رفتاری در بازه‌های زمانی زیر فراهم کنیم:

● فوراً برای خدمات موردنیاز فوری یا اورژانسی؛

● در عرض 7 روز برای خدماتی که اورژانسی نیستند یا نیاز فوری ندارند، اما به مراقبت پزشکی نیاز دارید؛

● در عرض 30 روز برای مراقبت‌های معمول یا پیشگیرانه.

### B3. نحوه انتخاب پزشک مراقبت‌های اولیه (PCP)

ابتدا باید پزشک مراقبت‌های اولیه (PCP) خود را انتخاب کنید. ممکن است بتوانید از یک متخصص به‌عنوان PCP خود استفاده کنید. اگر متخصص با ارائه تمام خدماتی که PCPها به‌طور معمول ارائه می‌کنند موافقت کند، می‌توانید یک متخصص را به‌عنوان PCP خود انتخاب کنید. برای درخواست تبدیل متخصص خود به PCP، لطفاً با پشتیبانی مشتریان Blue Shield TotalDual Plan تماس بگیرید. شما می‌توانید از بین هر PCP عضو شبکه ما که اعضای جدید را می‌پذیرد، انتخاب کنید.

PCPهای طرح ما به گروه‌های پزشکی وابسته هستند. وقتی PCP را انتخاب می‌کنید، گروه پزشکی او نیز انتخاب می‌شود. این بدان معناست که PCP شما را به متخصصان و خدماتی ارجاع می‌دهد که به گروه پزشکی خودش وابسته هستند.

- اگر متخصص یا بیمارستان خاصی باشد که در صدد استفاده از آنها باشید، لازم است نخست بررسی کنید که آیا آنها به گروه پزشکی PCP شما وابسته هستند یا خیر. می‌توانید به این فهرست راهنما مراجعه کنید یا از پشتیبانی مشتریان Blue Shield TotalDual Plan بپرسید که آیا PCP مورد نظر شما برای مراجعه به آن متخصص یا آن بیمارستان شما را ارجاع می‌دهد یا خیر.
- اگر در گروه پزشکی PCP خود نمایند، Blue Shield TotalDual Plan ممکن است هزینه دارو را پوشش ندهد. برای انتخاب PCP، به فهرست پزشکان در صفحه 13-2436 بروید و یک پزشک را انتخاب کنید:
- که هم اکنون از آن استفاده می‌کنید، یا
- یا توسط شخصی که مورد اعتماد شما است توصیه شده است، یا
- که دسترسی به مطب وی برای شما آسان است.
- در صورت انتخاب نکردن PCP در شبکه ما، Blue Shield TotalDual Plan پزشک مراقبت‌های اولیه‌ای را برای شما انتخاب می‌کند.
- در صورت نیاز به کمک در انتخاب PCP، لطفاً در هفت روز هفته از ساعت 8 صبح تا 8 شب با بخش پشتیبانی مشتریان به شماره 1-800-452-4413 (TTY: 711) تماس بگیرید. این تماس رایگان است. یا وبسایت ما به نشانی [www.blueshieldca.com/medicare](http://www.blueshieldca.com/medicare) مراجعه کنید.
- اگر نمی‌دانید خدمات یا مراقبت مورد نیاز شما تحت پوشش قرار می‌گیرد یا خیر، با تیم مراقبت خود صحبت کنید یا با بخش پشتیبانی مشتریان به شماره 1-800-452-4413 (TTY: 711) تماس بگیرید و قبل از دریافت خدمات یا مراقبت، از آنها سؤال کنید.

### B4. ارائه‌دهندگان خدمات و پشتیبانی‌های بلندمدت (LTSS)

شما به‌عنوان عضو Blue Shield TotalDual Plan، در صورت نیاز، می‌توانید خدمات و پشتیبانی‌های بلندمدت (LTSS) را دریافت کنید، مثل خدمات روزانه بزرگسالان مبتنی بر جامعه (CBAS) که ارائه‌دهنده خدمات پرستاری، فیزیوتراپی، کاردرمانی و گفتاردرمانی، فعالیت‌های درمانی و وعده‌های غذایی در مراکز جامعه هستند. علاوه بر این، خدمات پشتیبانی در خانه (IHSS) مراقبت‌های خانگی برای افرادی است که نمی‌توانند بدون کمک مراقب در خانه خود با خیال راحت بمانند. LTSS به افرادی کمک می‌کند که در انجام کارهای روزمره مانند حمام کردن، لباس پوشیدن، غذا درست کردن و مصرف دارو به کمک نیاز دارند. اکثر این خدمات در خانه یا در جامعه شما ارائه می‌شوند، اما می‌تواند در خانه سالمندان یا بیمارستان نیز ارائه شوند.

اگر به LTSS نیاز دارید، راهنمای مراقبت یا MSSP می‌تواند به شما و تیم مراقبت کمک کند تا تعیین کنید چه گزینه‌هایی برای پشتیبانی به روش دلخواهتان در دسترس هستند.

ارائه‌دهنده DSNP که در Medi-Cal نیز ثبت نام کرده است

اگر سؤالی دارید، در هفت روز هفته از ساعت 8 صبح تا 8 شب با Blue Shield TotalDual Plan به شماره 1-800-452-4413 (TTY: 711)

تماس بگیرید. این تماس رایگان است. برای کسب اطلاعات بیشتر، به [www.blueshieldca.com/medicare](http://www.blueshieldca.com/medicare) مراجعه کنید.





## B5. نحوه دسترسی به ارائه‌دهندگان شبکه Blue Shield TotalDual Plan

شما باید کلیه خدمات تحت پوشش را از آن دسته از ارائه‌دهندگان شبکه ما که با گروه پزشکی PCP شما قرارداد دارند دریافت کنید. اگر (بدون مجوز قبلی ما) از ارائه‌دهندگانی استفاده کنید که عضو شبکه Blue Shield TotalDual Plan نیستند یا به گروه پزشکی PCP شما وابسته نیستند، خود شما باید هزینه خدمات دریافتی را بپردازید.

مجوز قبلی به معنای تأیید Blue Shield TotalDual Plan، قبل از دریافت خدمات، برای درخواست خدمات خارج از شبکه ما یا دریافت خدماتی است که به‌طور معمول تحت پوشش شبکه ما نیستند.

تنها موارد استثنای این قاعده زمانی است که شما به مراقبت اورژانسی یا فوری و یا دیالیز نیاز دارید و نمی‌توانید به یکی از ارائه‌دهندگان شبکه دسترسی پیدا کنید، مثلاً زمانی که دور از محل سکونت خود هستید. همچنین، در مواردی که نخست از Blue Shield TotalDual Plan اجازه گرفته باشید، می‌توانید برای سایر خدمات غیراورژانسی به ارائه‌دهندگان خارج از شبکه طرح یا غیر وابسته به گروه پزشکی PCP خود مراجعه کنید.

- شما می‌توانید در هر زمانی در طول سال ارائه‌دهندگان خود را که عضو شبکه هستند تغییر دهید. اگر قبلاً از یک ارائه‌دهنده عضو شبکه استفاده می‌کرده‌اید، مجبور نیستید همیشه از همان ارائه‌دهنده استفاده کنید. ممکن است برای برخی از ارائه‌دهندگان، به ارجاع از طرف PCP خود نیاز داشته باشید. تغییر PCP در اولین روز ماه بعد قابل اجرا خواهد بود، تا زمانی که درخواست شما را تا 20 ام ماه جاری دریافت کنیم. برای تغییر PCP، با پشتیبانی مشتریان تماس بگیرید. هنگام تماس، مطمئن شوید که به پشتیبانی مشتریان بگویید که نزد متخصص می‌روید یا خدمات تحت پوشش دیگری که به اجازه PCP شما نیاز دارد را دریافت می‌کنید (از قبیل خدمات بهداشتی در خانه و وسایل پزشکی بادوام). بخش پشتیبانی مشتریان به شما کمک می‌کند تا مطمئن شوید که می‌توانید بعد از تغییر PCP خود، همچنان مراقبت‌های تخصصی و سایر خدمات را دریافت کنید. پشتیبانی مشتریان همچنین بررسی خواهد کرد آیا PCP که می‌خواهید نزد او بروید بیمار جدید می‌پذیرد یا خیر. بخش پشتیبانی مشتریان پرونده عضویت شما را به‌روزرسانی می‌کند تا نام PCP جدید شما ثبت شود و به شما اطلاع خواهد داد که تغییر PCP شما از چه تاریخی اجرایی خواهد شد. بخش پشتیبانی مشتریان همچنین یک کارت عضویت جدید را برای شما ارسال خواهد کرد که نام و شماره تلفن PCP جدید شما روی آن درج شده است.
- به یاد داشته باشید، PCP‌های طرح ما با گروه‌های پزشکی قرارداد دارند. اگر PCP خود را تغییر دهید، ممکن است ناچار به تغییر گروه پزشکی خود هم باشید. وقتی برای تغییری درخواست می‌دهید، حتماً به پشتیبانی مشتریان بگویید که آیا به یک متخصص هم مراجعه می‌کنید یا سایر خدمات تحت پوششی که به تأیید PCP نیاز دارند را هم دریافت می‌کنید. بخش پشتیبانی مشتریان به شما کمک می‌کند تا مطمئن شوید که می‌توانید بعد از تغییر PCP خود، همچنان مراقبت‌های تخصصی و سایر خدمات را دریافت کنید.
- Blue Shield TotalDual Plan با همه ارائه‌دهندگان شبکه ما همکاری دارد تا به نیازهای اشخاص معلول رسیدگی شود. در موارد لزوم، لیست ارائه‌دهندگان عضو شبکه مندرج در این فهرست شامل اطلاعاتی درباره امکاناتی است که آنها ارائه می‌دهند.
- اگر به ارائه‌دهنده نیاز دارید و مطمئن نیستید که تسهیلات موردنیاز شما را عرضه می‌کنند، Blue Shield TotalDual Plan می‌تواند به شما کمک کند. برای کمک، با راهنمای مراقبت خود صحبت کنید.

## C. فهرست ارائه‌دهندگان شبکه Blue Shield TotalDual Plan

این قسمت از فهرست راهنما شامل ارائه‌دهندگان شبکه Blue Shield TotalDual Plan است که طرف قرارداد و

پذیرنده Blue Shield TotalDual Plan هستند. شامل موارد زیر است:

- متخصصین مراقبت‌های بهداشتی شامل ارائه‌دهندگان مراقبت‌های اولیه، متخصصان، ارائه‌دهندگان سلامت رفتاری، ارائه‌دهندگان خدمات دندانپزشکی و ارائه‌دهندگان خدمات چشم‌پزشکی؛
  - مراکز بهداشتی و درمانی شامل بیمارستان‌ها، مراکز پرستاری و مراکز سلامت رفتاری؛ و
  - ارائه‌دهندگان پشتیبانی از جمله خدمات و پشتیبانی‌های طولانی‌مدت (LTSS) (به عنوان مثال، ارائه‌دهندگان بهداشت به بزرگسالان در طول روز) و خدمات پشتیبانی اجتماعی (به عنوان مثال، پشتیبانی هم‌تایان).
- ارائه‌دهندگان مراقبت‌های مدیریت‌شده دندانپزشکی Medi-Cal در وبسایت‌های طرح مراقبت‌های مدیریت‌شده دندانپزشکی فهرست شده‌اند. در حال حاضر نام‌های طرح مراقبت‌های مدیریت‌شده دندانپزشکی عبارتند از: Health Net of California و Access Dental Plan، Liberty Dental Plan، جستجو را می‌توان براساس نام ارائه‌دهنده، آدرس، شهر، کد پستی، تخصص یا زبان‌های مورد تسلط انجام داد. برای دریافت اطلاعات فعلی درباره طرح، می‌توانید روزهای دوشنبه تا جمعه از 8 صبح تا 6 عصر با Health Care Options (گزینه‌های خدمات درمانی) به شماره 1-800-430-4263 تماس بگیرید (کاربران TTY با شماره 1-800-430-7077 تماس بگیرند).

ارائه‌دهندگان هزینه براساس نوع خدمات دندانپزشکی Medi-Cal در فهرست راهنمای ارائه‌دهندگان در وبسایت Smile, California ذکر شده‌اند: [www.dental.dhcs.ca.gov/find-a-dentist/home](http://www.dental.dhcs.ca.gov/find-a-dentist/home). جستجو را می‌توان براساس آدرس، شهر، کد پستی، تخصص یا زبان‌های مورد استفاده انجام داد. علاوه بر فهرست راهنمای ارائه‌دهندگان برای جستجوی ارائه‌دهندگان دندانپزشکی ثبت نام شده، فهرستی از متخصصان بهداشت دندان ثبت نام شده وجود دارد که براساس کانتی در Smile, California فهرست شده است.

خدمات دندانپزشکی در San Mateo (تحت پوشش HPSM Health Plan of San Mateo) است. فهرست راهنمای ارائه‌دهندگان در وبسایت طرح درج شده است. جستجو را می‌توان براساس نام ارائه‌دهنده یا کد پستی انجام داد.

ارائه‌دهندگان به ترتیب حروف الفبا بر اساس نام خانوادگی فهرست شده‌اند. همچنین می‌توانید نام ارائه‌دهنده و صفحه‌ای که اطلاعات تماس بیشتر ارائه‌دهنده در آن است را در نمایه انتهای فهرست پیدا کنید. ارائه‌دهندگان به ترتیب حروف الفبا بر اساس نام خانوادگی در نمایه فهرست شده‌اند. فهرست ارائه‌دهندگان، علاوه بر اطلاعات تماس، شامل تخصص‌ها و مهارت‌هایی مانند زبان‌های مورد تسلط یا تکمیل آموزش مهارت‌های فرهنگی است.

آموزش در زمینه توانش فرهنگی دستورالعملی تکمیلی برای ارائه‌دهندگان مراقبت‌های سلامت ما است که به آنها کمک می‌کند پیشینه، ارزش‌ها و باورهای شما را بهتر درک کنند و خدمات را با نیازهای اجتماعی، فرهنگی و زبانی شما تطبیق دهند.

ارائه‌دهنده DSNP که در Medi-Cal نیز ثبت نام کرده است

اگر سؤالی دارید، در هفت روز هفته از ساعت 8 صبح تا 8 شب با Blue Shield TotalDual Plan به شماره (1-800-452-4413) TTY: 711(

تماس بگیرید. این تماس رایگان است. برای کسب اطلاعات بیشتر، به [www.blueshieldca.com/medicare](http://www.blueshieldca.com/medicare) مراجعه کنید.

شبکه کل Blue Shield TotalDual Plan شامل موارد زیر است:

تعداد کل PCPها: 2613

تعداد کل متخصصان: 2959

تعداد کل بیمارستان‌ها: 19

تعداد کل ارائه‌دهندگان طب سوزنی و متخصصان کایروپراکتیک: No Data

تعداد کل ارائه‌دهندگان خدمات دندانپزشکی: No Data

تعداد کل خدمات سلامت در منزل: 1

تعداد کل ارائه‌دهندگان سلامت روان: 399

تعداد کل ارائه‌دهندگان خدمات چشم‌پزشکی: 429

تعداد کل ارائه‌کنندگان خدمات و پشتیبانی‌های بلندمدت: No Data

تعداد کل مراکز سلامت روان: No Data

تعداد کل مراکز پرستاری حرفه‌ای: 81

سایر ارائه‌دهندگان خدمات: 1

**ALVARADO HOSPITAL LLC**

Effective as of 01-AUG-12

6655 ALVARADO RD  
SAN DIEGO, CA 92120

**ENCOMPASS HEALTH  
REHABILITATION HOSPITAL  
OF MURRIETA**

Effective as of 01-AUG-20

35470 WHITEWOOD RD  
MURRIETA, CA 92563

**HEMET GLOBAL MEDICAL  
CENTER**

Effective as of 01-JAN-20

1117 E DEVONSHIRE AVE  
HEMET, CA 92543

Birthing Friendly: Y

**HOAG HOSPITAL IRVINE**

Effective as of 01-FEB-14

16200 SAND CANYON AVE  
IRVINE, CA 92618

**HOAG ORTHOPEDIC  
INSTITUTE**

Effective as of 01-JAN-12

16250 SAND CANYON AVE  
IRVINE, CA 92618

**KINDRED HOSPITAL SAN  
DIEGO**

Effective as of 01-JAN-12

1940 EL CAJON BLVD  
SAN DIEGO, CA 92104

**MENIFEE GLOBAL MEDICAL  
CENTER**

Effective as of 01-JAN-20

28400 MCCALL BLVD  
SUN CITY, CA 92585

**MISSION HOSPITAL LAGUNA  
BEACH**

Effective as of 01-JAN-10

31872 COAST HWY  
LAGUNA BEACH, CA 92651

**PALOMAR HEALTH**

Effective as of 01-JAN-12

15615 POMERADO RD  
POWAY, CA 92064

Birthing Friendly: Y

**PALOMAR MEDICAL CENTER**

Effective as of 01-JAN-12

2185 CITRACADO PKWY  
ESCONDIDO, CA 92029

**PARADISE VALLEY HOSPITAL**

Effective as of 01-AUG-12

2400 E 4TH ST  
NATIONAL CITY, CA 91950

**PROVIDENCE MISSION  
HOSPITAL**

Effective as of 01-JAN-10

27700 MEDICAL CENTER  
RD  
MISSION VIEJO, CA 92691

Birthing Friendly: Y

**SADDLEBACK MEMORIAL MED  
CTR**

Effective as of 01-JAN-12

24451 HEALTH CENTER DR  
LAGUNA HILLS, CA 92653

Birthing Friendly: Y

**SCRIPPS GREEN HOSPITAL**

Effective as of 01-JAN-12

10666 N TORREY PINES RD  
MS 220  
LA JOLLA, CA 92037

**SCRIPPS MEMORIAL  
HOSPITAL**

Effective as of 01-JAN-12

9888 GENESEE AVE  
LA JOLLA, CA 92037

Birthing Friendly: Y

**SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS**

Effective as of 01-JAN-12

354 SANTA FE DR  
ENCINITAS, CA 92024

Birthing Friendly: Y

**SCRIPPS MERCY HOSPITAL**

Effective as of 01-JAN-12

4077 5TH AVE  
SAN DIEGO, CA 92103

Birthing Friendly: Y

**SCRIPPS MERCY HOSPITAL  
CHULA VISTA**

Effective as of 01-JAN-12

435 H ST  
CHULA VISTA, CA 91910

**SELECT SPECIALTY HOSPITAL  
SAN DIEGO**

Effective as of 01-JAN-12

555 WASHINGTON ST  
SAN DIEGO, CA 92103

**TRI CITY MEDICAL CTR**

Effective as of 01-JAN-12

4002 VISTA WAY  
OCEANSIDE, CA 92056

Birthing Friendly: Y

**UCSD LA JOLLA JOHN SALLY  
THORNTON** ①

Effective as of 01-OCT-14

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

**UCSD MEDICAL CTR** ①

Effective as of 01-OCT-14

 200 W ARBOR DR  
SAN DIEGO, CA 92103

Birthing Friendly: Y

این طرح خدمات موردنیاز فوری را هم در شبکه و هم در خارج از شبکه پوشش می‌دهد. برای دریافت فهرست به‌روز مراکز مراقبت فوری در شبکه، لطفاً با گروه پزشکی خود تماس بگیرید.

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

**CONCENTRA URGENT CARE**

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

**CONCENTRA URGENT CARE**

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

**CONCENTRA URGENT CARE**

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

**CONCENTRA URGENT CARE**

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

**CONCENTRA URGENT CARE**

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

**CONCENTRA URGENT CARE**

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

**CONCENTRA URGENT CARE**

25115 MADISON AVE  
MURRIETA, CA 92562  
(866) 944-6046  
M-F 8:00AM-7:00PM

**CONCENTRA URGENT CARE**

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

**CONCENTRA URGENT CARE**

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

**CONCENTRA URGENT CARE**

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

**CONCENTRA URGENT CARE**

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

**CONCENTRA URGENT CARE**

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

**CONCENTRA URGENT CARE**

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




**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**

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




**CONCENTRA URGENT CARE**

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




**DOCTORS EXPRESS OF  
OCEANSIDE INC**

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

**EAST COUNTY URGENT CARE**


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

**HOAG CLINIC**




 26671 ALISO CREEK RD STE  
101  
ALISO VIEJO, CA 92656  
 (949) 791-3107  
 SU 8:00AM-5:00PM  
M-F 8:00AM-8:00PM  
SA 8:00AM-5:00PM

**HOAG CLINIC**




 26672 PORTOLA PKWY STE

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




**HOAG CLINIC**

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




**HOAG CLINIC**

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

**HOAG CLINIC**



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

**INLAND URGENT CARE A MED  
CORP**




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

**INLAND URGENT CARE A MED  
CORP**




 29738 RANCHO

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




**INLAND URGENT CARE OF  
SUN CITY**

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




**MARQUE URGENT CARE**

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



**MARQUE URGENT CARE**

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

**MARQUE URGENT CARE**



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

**MISSION HERITAGE MED GRP**

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


**MISSION HERITAGE MED GRP**

 26800 CROWN VALLEY  
PKWY STE 150  
MISSION VIEJO, CA 92691

 (949) 276-2111  
 SU 9:00AM-5:00PM  
M-F 8:00AM-8:00PM  
SA 8:00AM-8:00PM


**O C URGENT CARE MEDICAL  
GRP INC**

 26781 PORTOLA PKWY STE  
4E  
FOOTHILL RANCH, CA  
92610


 (949) 297-3888


**OPTUM**

 145 THUNDER DR  
VISTA, CA 92083


 (760) 941-9002



**RCH NORTH COUNTY URGENT  
CARE**

 625 CITRACADO PKWY STE  
100  
ESCONDIDO, CA 92025

 (760) 739-1543



**SAND CANYON URGENT CARE  
MED CTR**

 15775 LAGUNA CANYON  
RD STE 100  
IRVINE, CA 92618

 (949) 417-0272  
 SU 11:00AM-5:00PM  
M-F 8:00AM-8:00PM  
SA 9:00AM-5:00PM

**SOUTH COAST MEDICAL  
GROUP**



 5 JOURNEY STE 130  
ALISO VIEJO, CA 92656

 (949) 360-1069  
 SU 10:00AM-3:00PM

M-F 8:00AM-7:00PM  
SA 9:00AM-3:00PM

**SOUTHBAY URGENT CARE INC**

 1628 PALM AVE  
SAN DIEGO, CA 92154

 (619) 591-9999  
 SU 10:00AM-6:00PM  
M-F 9:00AM-8:00PM  
SA 10:00AM-6:00PM



**FAMILY PRACTICE**

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

Provider ID: 100027672005

📍 5 JOURNEY STE 130  
ALISO VIEJO, CA 92656

☎ (949) 360-1069

Effective as of 01-JUL-12

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

Provider ID: 100027672003

📍 5 JOURNEY STE 130  
ALISO VIEJO, CA 92656

☎ (949) 360-1069

Effective as of 01-JUL-12

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

Provider ID: 100027672006

📍 5 JOURNEY STE 130  
ALISO VIEJO, CA 92656

☎ (949) 360-1069

Effective as of 01-OCT-07

**GENERAL PRACTICE**

**THOMAS, SEAN, MD<sup>M†</sup>**

Provider ID: 100112751013

📍 15 MAREBLU STE 310  
ALISO VIEJO, CA 92656

☎ (949) 831-1001

📄 French, Spanish

Effective as of 01-APR-19

**INTERNAL MEDICINE**

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

Provider ID: 100414181004

📍 26671 ALISO CREEK RD STE  
206

ALISO VIEJO, CA 92656

☎ (949) 791-3104

Effective as of 01-SEP-23

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

Provider ID: 100347353012

📍 26671 ALISO CREEK RD STE  
206

ALISO VIEJO, CA 92656

☎ (949) 791-3104

Effective as of 01-JAN-21

**FAMILY PRACTICE**

**DUBE, BIANCA, MD<sup>F†</sup>**

Provider ID: 100374087003

📍 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

☎ (619) 662-4100

Teleservice

Effective as of 01-JUL-21

**FQHC**

**SAN YSIDRO HEALTH ALPINE  
FAMILY MEDICINE,**

Provider ID: PG0094125003

📍 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

☎ (619) 662-4100

Teleservice

Effective as of 01-JAN-21

**FAMILY PRACTICE**

**AJIR, MAHYAR, DO<sup>M†</sup>**

Provider ID: 100067406005

📍 2801 JEFFERSON ST  
CARLSBAD, CA 92008

☎ (760) 729-4952

📄 Farsi, Spanish

Effective as of 01-APR-16

**KORFF, GARY, MD<sup>M†</sup>**

Provider ID: 100021811011

📍 2910 JEFFERSON ST STE  
100

CARLSBAD, CA 92008

☎ (760) 729-7186

📄 Spanish

Effective as of 01-JAN-23

**PEREZ, RONALD, MD<sup>M†</sup>**

Provider ID: 100323488011

📍 1207 CARLSBAD VILLAGE  
DR STE A

CARLSBAD, CA 92008

☎ (760) 896-3030

📄 Spanish, Tagalog

Effective as of 01-JAN-20

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

Provider ID: 100090572021

📍 2855 CARLSBAD BLVD  
CARLSBAD, CA 92008

☎ (858) 832-2500

Teleservice

Effective as of 01-NOV-23

**FQHC**

**TRUECARE,**

Provider ID: PG0092587007

📍 1295 CARLSBAD VILLAGE  
DR STE 100

CARLSBAD, CA 92008

☎ (760) 736-6767

Teleservice

Effective as of 01-JUL-22

**GENERAL PRACTICE**

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

Provider ID: 100023664010

📍 5814 VAN ALLEN WAY STE  
215

CARLSBAD, CA 92008

☎ (760) 444-5544

📄 French

Teleservice

Effective as of 01-APR-23

**INTERNAL MEDICINE**

**CHONG, YOO JIN, MD<sup>M†</sup>**

Provider ID: 100055662004

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

**CHONG, MARIBETH, MD<sup>F</sup>**  
Provider ID: 100092861004  
5930 PRIESTLY DR  
CARLSBAD, CA 92008  
(760) 434-6060  
Spanish, Tagalog  
Effective as of 01-NOV-21

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

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

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

### ***FAMILY PRACTICE***

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

Spanish  
Effective as of 01-NOV-14

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

**ALB, OVIDIU, MD<sup>M†</sup>**  
Provider ID: 100034030017  
480 4TH AVE STE 202  
CHULA VISTA, CA 91910  
(619) 427-3361  
Romanian, Spanish,  
Tagalog  
Effective as of 01-NOV-20

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

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

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

Effective as of 01-JAN-14

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

**ALJAWADI, GEORGIA, DO<sup>F†</sup>**  
Provider ID: 100133625021  
480 4TH AVE STE 202  
CHULA VISTA, CA 91910  
(619) 427-3361  
Filipino, Spanish, Tagalog  
Effective as of 01-APR-22

**ALJAWADI, GEORGIA, DO<sup>F††</sup>**  
Provider ID: 100133625018  
480 4TH AVE STE 202  
CHULA VISTA, CA 91910  
(619) 427-3361  
Filipino, Spanish, Tagalog  
Effective as of 01-JAN-21

**ALJAWADI, GEORGIA, DO<sup>F†</sup>**  
Provider ID: 100133625008  
480 4TH AVE STE 202  
CHULA VISTA, CA 91910  
(619) 427-3361  
Filipino, Spanish, Tagalog  
Effective as of 01-JAN-14

**ALJAWADI, GEORGIA, DO<sup>F†</sup>**  
Provider ID: 100133625005  
480 4TH AVE STE 202  
CHULA VISTA, CA 91910  
(619) 427-3361  
Filipino, Spanish, Tagalog  
Effective as of 01-NOV-12

**ALJAWADI, GEORGIA, DO<sup>F††</sup>**  
Provider ID: 100133625022

480 4TH AVE STE 202  
CHULA VISTA, CA 91910  
(619) 427-3361  
Filipino, Spanish, Tagalog  
Effective as of 01-SEP-22

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

Provider ID: 100360099015  
1637 3RD AVE  
CHULA VISTA, CA 91911  
(619) 662-4100  
Spanish  
Effective as of 01-MAY-22

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

Provider ID: 100300002011  
678 3RD AVE  
CHULA VISTA, CA 91910  
(619) 662-4100  
Spanish, Tagalog  
Effective as of 01-APR-23

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

Provider ID: 100105788004  
340 4TH AVE STE 2  
CHULA VISTA, CA 91910  
(619) 422-8338  
Spanish  
Effective as of 01-OCT-12

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

Provider ID: 100269760005  
678 3RD AVE  
CHULA VISTA, CA 91910  
(619) 662-4100  
Spanish  
Teleservice  
Effective as of 01-APR-23

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

Provider ID: 100269760002  
678 3RD AVE  
CHULA VISTA, CA 91910  
(619) 662-4100

Spanish  
Teleservice  
Effective as of 01-MAR-16

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

Provider ID: 100080408020  
880 3RD AVE STE A  
CHULA VISTA, CA 91911  
(619) 662-4100  
Spanish  
Effective as of 01-AUG-22

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

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

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

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

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

Provider ID: 100415320005  
299 J ST  
CHULA VISTA, CA 91910  
(858) 779-2366  
Spanish  
Teleservice  
Effective as of 01-DEC-23

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

Provider ID: 100415320002  
299 J ST  
CHULA VISTA, CA 91910  
(858) 779-2366  
Spanish  
Teleservice  
Effective as of 01-OCT-23

**MATTHEWS, MERRITT, MD<sup>Mt</sup>**

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

**MATTHEWS, MERRITT, MD<sup>Mt</sup>**

Provider ID: 100021162019  
752 MEDICAL CENTER CT  
CHULA VISTA, CA 91911  
(619) 656-0206  
Spanish, Tagalog  
Effective as of 01-FEB-21

**MERRILL, SARAH, MD<sup>Ft</sup>**

Provider ID: 100214679020  
678 3RD AVE  
CHULA VISTA, CA 91910  
(619) 662-4100  
Spanish  
Effective as of 01-JAN-21

**MONDRAGON, GUSTAVO, MD<sup>Mt</sup>**

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<sup>Mt</sup>**

Provider ID: 100177550027  
480 4TH AVE STE 500  
CHULA VISTA, CA 91910  
(619) 656-5252  
Spanish  
Effective as of 01-FEB-23

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

M

Provider ID: 100177550031

855 THIRD AVE  
STE 2230  
CHULA VISTA, CA 91911

(619) 656-5252

Spanish

Effective as of 01-OCT-23

**MONDRAGON, GUSTAVO, MD**

M

Provider ID: 100177550016

855 THIRD AVE  
STE 2230  
CHULA VISTA, CA 91911

(619) 656-5252

Spanish

Effective as of 01-FEB-24

**MOYA, MARY, MD**

F\*

Provider ID: 100099596009

678 3RD AVE  
CHULA VISTA, CA 91910

(619) 662-4100

Spanish

Effective as of 01-APR-23

**NGUYEN, CARIE, MD**

F†

Provider ID: 100099766010

678 3RD AVE  
CHULA VISTA, CA 91910

(619) 662-4100

Effective as of 01-APR-23

**NGUYEN, CARIE, MD**

F†

Provider ID: 100099766005

678 3RD AVE  
CHULA VISTA, CA 91910

(619) 662-4100

Effective as of 01-NOV-20

**NOVENCIDO, JOSEPH, DO**

M†

Provider ID: 100244053017

752 MEDICAL CENTER CT  
STE 210  
CHULA VISTA, CA 91911

(619) 527-7700

Spanish

Effective as of 01-SEP-20

**ORTIZ ILIZALITURRI, ANA, MD**

F††

Provider ID: 100394347004

678 3RD AVE  
CHULA VISTA, CA 91910

(619) 662-4100

Spanish

Teleservice

Effective as of 01-OCT-22

**PALOMINO, MARY, MD**

F†

Provider ID: 100249271002

678 3RD AVE  
CHULA VISTA, CA 91910

(619) 662-4100

Spanish

Effective as of 01-JUL-15

**PATEL, PAAVAN, DO**

M

Provider ID: 100413256007

752 MEDICAL CENTER CT  
CHULA VISTA, CA 91911

(619) 527-7700

Effective as of 01-NOV-23

**PATEL, PAAVAN, DO**

M

Provider ID: 100413256011

752 MEDICAL CENTER CT  
STE 210  
CHULA VISTA, CA 91911

(619) 656-0206

Effective as of 01-DEC-23

**PIEROS, JANELLE, DO**

F†

Provider ID: 100220799004

678 3RD AVE  
CHULA VISTA, CA 91910

(619) 662-4100

Spanish, Faroese

Effective as of 01-OCT-15

**RIZKALLAH, JEAN, MD**

M††

Provider ID: 100106136010

450 4TH AVE STE 408  
CHULA VISTA, CA 91910

(619) 691-1990

French, Spanish

Effective as of 01-MAR-16

**RIZKALLAH, JEAN, MD**

M†

Provider ID: 100106136009

450 4TH AVE STE 408  
CHULA VISTA, CA 91910

(619) 691-1990

French, Spanish

Effective as of 01-MAR-15

**ROSADO, IVAN, MD**

M†

Provider ID: 100365788004

1637 3RD AVE STE H  
CHULA VISTA, CA 91911

(619) 662-4100

Effective as of 01-FEB-21

**ROSADO, IVAN, MD**

M†

Provider ID: 100365788003

1635 3RD AVE  
CHULA VISTA, CA 91911

(619) 662-4100

Effective as of 01-JAN-21

**STILLWELL, CARLA, MD**

F†

Provider ID: 100147691019

480 4TH AVE STE 202  
CHULA VISTA, CA 91910

(619) 427-3361

Polish, Portuguese, Spanish

Effective as of 01-APR-22

**STILLWELL, CARLA, MD**

F†

Provider ID: 100147691006

480 4TH AVE STE 202  
CHULA VISTA, CA 91910

(619) 427-3361

Polish, Portuguese, Spanish

Effective as of 01-JAN-14

**STILLWELL, CARLA, MD<sup>F†</sup>**

Provider ID: 100147691017

480 4TH AVE STE 202  
CHULA VISTA, CA 91910

(619) 427-3361

Polish, Portuguese, Spanish  
Effective as of 01-JAN-21

**STILLWELL, CARLA, MD<sup>F†</sup>**

Provider ID: 100147691020

480 4TH AVE STE 202  
CHULA VISTA, CA 91910

(619) 427-3361

Polish, Portuguese, Spanish  
Effective as of 01-SEP-22

**STILLWELL, CARLA, MD<sup>F†</sup>**

Provider ID: 100147691005

480 4TH AVE STE 202  
CHULA VISTA, CA 91910

(619) 427-3361

Polish, Portuguese, Spanish  
Effective as of 01-OCT-12

**TALAVERA, GREGORY, MD<sup>M</sup>**

Provider ID: 100334847006

678 3RD AVE  
CHULA VISTA, CA 91910

(619) 662-4100

Spanish

Teleservice

Effective as of 01-APR-23

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

Provider ID: 100088864004

678 3RD AVE  
CHULA VISTA, CA 91910

(619) 662-4100

Spanish

Effective as of 01-JAN-14

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

Provider ID: 100391945011

752 MEDICAL CENTER CT  
STE 200

CHULA VISTA, CA 91911

(858) 554-1212

Spanish

Effective as of 01-DEC-22

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

Provider ID: 100090572020

3302 BONITA RD  
CHULA VISTA, CA 91910

(858) 832-2500

Teleservice

Effective as of 01-NOV-23

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

Provider ID: 100197848006

678 3RD AVE  
CHULA VISTA, CA 91910

(619) 662-4100

Spanish

Effective as of 01-JAN-21

**FQHC**

**CHULA VISTA FAMILY HLTH  
CTR,**

Provider ID: PG0025044035

251 LANDIS AVE  
CHULA VISTA, CA 91910

(619) 515-2500

Effective as of 01-JAN-21

**CHULA VISTA PEDIATRICS,**

Provider ID: PG0092670003

855 3RD AVE STE 2200  
CHULA VISTA, CA 91911

(619) 662-4100

Teleservice

Effective as of 01-JAN-21

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

Provider ID: PG0082946004

352 L ST

CHULA VISTA, CA 91911

(619) 515-2325

Effective as of 01-JAN-21

**SAN YSIDRO HEALTH CHULA  
VISTA, †**

Provider ID: PG0047560016

678 3RD AVE  
CHULA VISTA, CA 91910

(619) 662-4100

Teleservice

Effective as of 01-JAN-21

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

Provider ID: PG0120846002

780 BAY BLVD STE 200  
CHULA VISTA, CA 91910

(619) 662-4100

Effective as of 01-APR-23

**GENERAL PRACTICE**

**FARRIS, REUBEN, MD<sup>M†</sup>**

Provider ID: 100105788005

340 4TH AVE STE 2  
CHULA VISTA, CA 91910

(619) 422-8338

Spanish

Effective as of 01-JAN-14

**GUEFEN, URI, MD<sup>M†</sup>**

Provider ID: 100072802029

299 J ST  
CHULA VISTA, CA 91910

(858) 779-2366

Spanish

Teleservice

Effective as of 01-DEC-23

**GUEFEN, URI, MD<sup>M†</sup>**

Provider ID: 100072802018

299 J ST

CHULA VISTA, CA 91910  
☎ (858) 779-2366  
📠 Spanish  
Teleservice  
Effective as of 01-MAR-22

**GUEFEN, URI, MD<sup>M†</sup>**

Provider ID: 100072802015  
📍 299 J ST  
CHULA VISTA, CA 91910  
☎ (858) 779-2366  
📠 Spanish  
Teleservice  
Effective as of 01-NOV-23

**TOLEDO-NADER, CAROLL, MD<sup>M†</sup>**

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<sup>M</sup>**

Provider ID: 100419155002  
📍 678 THIRD AVE  
CHULA VISTA, CA 91910  
☎ (619) 662-4100  
Teleservice  
Effective as of 01-DEC-23

**BRACE, ELION, MD<sup>M†</sup>**

Provider ID: 100159959035  
📍 450 4TH AVE STE 408  
CHULA VISTA, CA 91910  
☎ (619) 691-1990  
📠 Italian, Spanish, Albanian  
Effective as of 01-OCT-23

**BRACE, ELION, MD<sup>M†</sup>**

Provider ID: 100159959020

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

**CHEN, TSUH YIN, MD<sup>F</sup>**

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<sup>M</sup>**

Provider ID: 100357668004  
📍 880 3RD AVE STE A  
CHULA VISTA, CA 91911  
☎ (619) 662-4100  
Teleservice  
Effective as of 01-FEB-23

**DE LA ROSA, RENATO, MD<sup>M</sup>**

Provider ID: 100110262022  
📍 754 MEDICAL CENTER CT  
STE 103  
CHULA VISTA, CA 91911  
☎ (619) 397-5001  
📠 Spanish, Tagalog  
Effective as of 01-SEP-22

**DE LA ROSA, RENATO, MD<sup>M</sup>**

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<sup>M</sup>**

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<sup>M</sup>**

Provider ID: 100110262005  
📍 754 MEDICAL CENTER CT  
STE 103  
CHULA VISTA, CA 91911  
☎ (619) 397-5001  
📠 Spanish, Tagalog  
Effective as of 01-FEB-18

**HAMMETT, ERIN, DO<sup>F†</sup>**

Provider ID: 100274639012  
📍 678 3RD AVE  
CHULA VISTA, CA 91910  
☎ (619) 662-4100  
📠 Spanish  
Effective as of 01-MAR-21

**KAISEY, MUSHRIK, MD<sup>M†</sup>**

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<sup>M†</sup>**

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<sup>M†</sup>**

Provider ID: 100024815007  
📍 340 4TH AVE STE 9  
CHULA VISTA, CA 91910  
☎ (619) 426-9731  
📠 Arabic, Spanish  
Effective as of 01-OCT-12




**KAISEY, MUSHRIK, MD<sup>M†</sup>**

Provider ID: 100024815021  
 340 4TH AVE STE 9  
 CHULA VISTA, CA 91910  
 (619) 426-9731  
 Arabic, Spanish  
 Effective as of 01-SEP-22




**MAY, LOUIS, MD<sup>M†</sup>**

Provider ID: 100325305003  
 1061 TIERRA DEL REY STE  
 303 304 305  
 CHULA VISTA, CA 91910  
 (619) 662-4100  
 Spanish  
 Teleservice  
 Effective as of 01-JUN-21




**OLIVER, DEANNA, MD<sup>F†</sup>**

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

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




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

**OLIVER, DEANNA, MD<sup>F†</sup>**




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

**OLIVER, DEANNA, MD<sup>F†</sup>**




Provider ID: 100328564027

 1323 3RD AVE  
 CHULA VISTA, CA 91911  
 (619) 409-6900  
 Spanish  
 Effective as of 01-SEP-21




**PENA, JOSE, MD<sup>M†</sup>**

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




**PENA, JOSE, MD<sup>M†</sup>**

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




**PENA, JOSE, MD<sup>M†</sup>**

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<sup>M†</sup>**




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

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




Provider ID: 100110303015  
 340 4TH AVE STE 10  
 CHULA VISTA, CA 91910  
 (619) 934-2215  
 Spanish

Effective as of 01-JAN-18




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

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<sup>F†</sup>**




Provider ID: 100110303013  
 340 4TH AVE STE 10  
 CHULA VISTA, CA 91910  
 (619) 934-2215  
 Spanish  
 Effective as of 01-DEC-17

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

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

**PEDIATRICS**

**GARCIA, CARLOS, MD<sup>M†</sup>**

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**

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

Provider ID: 100360975007  
 3955 BEDFORD CANYON

RD  
STE 103  
CORONA, CA 92883  
☎ (951) 293-4722  
Teleservice  
Effective as of 01-AUG-23

### **FAMILY PRACTICE**

**GAIKWAD, SHILPA, MD<sup>Ft</sup>**  
Provider ID: 100113091011  
📍 32585 GOLDEN LANTERN  
ST STE E  
DANA POINT, CA 92629  
☎ (877) 696-3622  
📠 Hindi, Spanish  
Effective as of 01-AUG-22

### **INTERNAL MEDICINE**

**PATHAK, RAJIV, MD<sup>M</sup>**  
Provider ID: 100423996002  
📍 32585 GOLDEN LANTERN  
ST STE E  
DANA POINT, CA 92629  
☎ (949) 240-2555  
Effective as of 01-MAR-24

### **GENERAL PRACTICE**

**KREMER, ARNOLD, DO<sup>Mt</sup>**  
Provider ID: 100023664009  
📍 1349 CAMINO DEL MAR  
STE B  
DEL MAR, CA 92014  
☎ (858) 925-8233  
📠 French  
Teleservice  
Effective as of 01-JAN-21

### **FAMILY PRACTICE**

**ALMANSOUR, MUMTAZ, MD<sup>Mt</sup>**  
Provider ID: 100107873025  
📍 330 S MAGNOLIA AVE STE

101  
EL CAJON, CA 92020  
☎ (619) 593-3007  
📠 Arabic, Spanish, Kurdish  
Effective as of 01-JAN-21

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

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

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

Provider ID: 100107873026  
📍 165 S 1ST ST  
EL CAJON, CA 92019  
☎ (619) 312-0347  
📠 Arabic, Spanish, Kurdish  
Effective as of 01-JAN-21

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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



Provider ID: 100320650010  
📍 855 E MADISON AVE  
EL CAJON, CA 92020  
☎ (619) 440-2751  
📠 Spanish  
Effective as of 01-JAN-24

### **MOULD, KEVIN, MD<sup>Mt</sup>**





Provider ID: 100112431013  
 855 E MADISON AVE  
 EL CAJON, CA 92020  
 (619) 440-2751  
 Effective as of 01-JAN-24



**MOULD, KEVIN, MD<sup>M†</sup>**

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




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

Provider ID: 100348831004  
 183 S 1ST ST  
 EL CAJON, CA 92019  
 (619) 328-1335  
 Effective as of 01-AUG-22




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

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

**ROUEL, LINDA, MD<sup>F†</sup>**




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

**ROUEL, LINDA, MD<sup>F†</sup>**




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

**ROUEL, LINDA, MD<sup>F†</sup>**




Provider ID: 100259719020

 860 JAMACHA RD STE 107  
 EL CAJON, CA 92019  
 (619) 456-9920  
 Arabic, Mandarin, Syriac  
 Effective as of 01-JAN-21



**ROUEL, LINDA, MD<sup>F†</sup>**

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



**ROUEL, LINDA, MD<sup>F†</sup>**

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

**SALEM, RAMSEY, MD<sup>M†</sup>**


Provider ID: 100360207006  
 875 EL CAJON BLVD  
 EL CAJON, CA 92020  
 (858) 939-5864  
 Effective as of 01-AUG-21

**SAZEGAR, PAYAM, MD<sup>M†</sup>**

Provider ID: 100187888014  
 1032 BROADWAY  
 EL CAJON, CA 92021  
 (619) 795-5991  
 Teleservice



Effective as of 01-JUL-21

**SAZEGAR, PAYAM, MD<sup>M†</sup>**



Provider ID: 100187888012  
 165 S 1ST ST  
 EL CAJON, CA 92019  
 (619) 312-0347  
 Teleservice

Effective as of 01-JUL-21



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

Provider ID: 100387928010  
 165 S 1ST ST  
 EL CAJON, CA 92019  
 (619) 312-0347  
 Teleservice  
 Effective as of 01-MAY-22

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



Provider ID: 100387928009  
 1032 BROADWAY  
 EL CAJON, CA 92021  
 (619) 795-5991  
 Teleservice  
 Effective as of 01-MAY-22

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



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

**FQHC**

**CENTRO MEDICO EL CAJON,**

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

**CHASE AVENUE FAMILY  
HEALTH CTRS INC,**

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

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

Provider ID: PG0084245003

525 E MAIN ST  
EL CAJON, CA 92020

(619) 515-2498

Effective as of 01-JAN-21

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

Provider ID: PG0085229003

1032 BROADWAY  
EL CAJON, CA 92021

(619) 795-5991

Effective as of 01-JAN-21

**LA MAESTRA FAMILY CLINIC  
INC, †**

Provider ID: PG0053396002

165 S 1ST ST  
EL CAJON, CA 92019

(619) 312-0347

Teleservice

Effective as of 01-JAN-21

**SAN YSIDRO HEALTH EL  
CAJON,**

Provider ID: PG0111464002

875 EL CAJON BLVD  
EL CAJON, CA 92020

(619) 662-4100

Teleservice

Effective as of 01-JAN-21

**GENERAL PRACTICE**

**MOOSAVI, MOHAMMAD, MD<sup>M†</sup>**

Provider ID: 100339082002

343 E MAIN ST STE 102  
EL CAJON, CA 92020

(619) 447-6001

Farsi

Effective as of 01-JUL-19

**INTERNAL MEDICINE**

**AL-TAMEEMI, AHMED, MD<sup>M†</sup>**

Provider ID: 100338426004

133 W MAIN ST STE 100  
EL CAJON, CA 92020

(619) 401-0404

Effective as of 01-NOV-20

**AWDISHO, ALAN, DO<sup>M†</sup>**

Provider ID: 100381973002

875 EL CAJON BLVD  
EL CAJON, CA 92020

(619) 662-4100

Teleservice

Effective as of 01-JAN-22

**BENSON, JIMI, MD<sup>M†</sup>**

Provider ID: 100149523029

1351 BROADWAY  
EL CAJON, CA 92021

(619) 383-6703

Spanish, Vietnamese

Effective as of 01-APR-21

**BENSON, JIMI, MD<sup>M†</sup>**

Provider ID: 100149523023

1351 BROADWAY  
EL CAJON, CA 92021

(619) 383-6703

Spanish, Vietnamese

Effective as of 01-JAN-21

**BENSON, JIMI, MD<sup>M†</sup>**

Provider ID: 100149523026

1351 BROADWAY  
EL CAJON, CA 92021

(619) 383-6703

Spanish, Vietnamese

Effective as of 01-JUN-21

**BENSON, JIMI, MD<sup>M†</sup>**

Provider ID: 100149523028

1351 BROADWAY  
EL CAJON, CA 92021

(619) 383-6703

Spanish, Vietnamese

Effective as of 01-MAR-21

**BENSON, JIMI, MD<sup>M†</sup>**

Provider ID: 100149523031

1351 BROADWAY  
EL CAJON, CA 92021

(619) 383-6703

Spanish, Vietnamese

Effective as of 01-OCT-23

**EL GHONEIMY, AHMED, MD<sup>M†</sup>**

Provider ID: 100103500015

165 S 1ST ST  
EL CAJON, CA 92019

(619) 312-0347

Arabic

Teleservice

Effective as of 01-AUG-22

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

Provider ID: 100076454017

343 E MAIN ST STE 101  
EL CAJON, CA 92020

(619) 447-6001

Arabic, Farsi, Spanish

Effective as of 01-AUG-20

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

Provider ID: 100076454007

343 E MAIN ST STE 101  
EL CAJON, CA 92020

(619) 447-6001

Arabic, Farsi, Spanish

Effective as of 01-JUL-19

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

Provider ID: 100076454021

343 E MAIN ST STE 101  
EL CAJON, CA 92020

(619) 447-6001

Arabic, Farsi, Spanish

Effective as of 01-SEP-22

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

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

**NASSIR, BASSAM, MD<sup>M††</sup>**  
Provider ID: 100159191015  
875 EL CAJON BLVD  
EL CAJON, CA 92020  
(619) 662-4100  
Arabic  
Effective as of 01-MAY-21

**NASSIR, BASSAM, MD<sup>M††</sup>**  
Provider ID: 100159191011  
436 S MAGNOLIA AVE STE  
101  
EL CAJON, CA 92020  
(619) 662-4100  
Arabic  
Effective as of 01-MAR-16

**ROUEL, WADI, MD<sup>M†</sup>**  
Provider ID: 100246050008  
860 JAMACHA RD STE 107  
EL CAJON, CA 92019  
(619) 456-9920  
Arabic, Spanish, Syriac  
Effective as of 01-JAN-21

**ROUEL, WADI, MD<sup>M†</sup>**  
Provider ID: 100246050009  
860 JAMACHA RD STE 107

EL CAJON, CA 92019  
(619) 456-9920  
Arabic, Spanish, Syriac  
Effective as of 01-JAN-21

**ROUEL, WADI, MD<sup>M†</sup>**  
Provider ID: 100246050016  
860 JAMACHA RD STE 107  
EL CAJON, CA 92019  
(619) 456-9920  
Arabic, Spanish, Syriac  
Effective as of 01-SEP-22

**ROUEL, WADI, MD<sup>M†</sup>**  
Provider ID: 100246050015  
860 JAMACHA RD STE 107  
EL CAJON, CA 92019  
(619) 456-9920  
Arabic, Spanish, Syriac  
Effective as of 01-SEP-22

**SHEIKH-MOHAMED, HALA, MD<sup>F</sup>**  
Provider ID: 100338872003  
875 EL CAJON BLVD  
EL CAJON, CA 92020  
(619) 662-4100  
Arabic, Hindi, Urdu  
Teleservice  
Effective as of 01-OCT-22

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

**ZAYED, AHMAD, MD<sup>M</sup>**  
Provider ID: 100373969005  
133 W MAIN ST STE 100  
EL CAJON, CA 92020  
(619) 401-0404

Arabic, Chinese, Mandarin  
Effective as of 01-NOV-23

### **FAMILY PRACTICE**

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

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

**FARSAD, RAMIN, MD<sup>M</sup>**  
Provider ID: 100028293005  
477 N EL CAMINO REAL  
STE A100  
ENCINITAS, CA 92024  
(760) 943-9111  
Farsi, Turkish, Fataleka  
Effective as of 01-APR-02

**KAKIMOTO, AMY, MD<sup>F†</sup>**  
Provider ID: 100113530009  
477 N EL CAMINO REAL  
STE A306  
ENCINITAS, CA 92024  
(760) 942-0118  
Effective as of 01-SEP-21

**MERCER, SCOTT, MD<sup>M\*</sup>**  
Provider ID: 100030142008  
320 SANTA FE DR STE 205  
ENCINITAS, CA 92024  
(760) 944-8484  
Spanish

Effective as of 01-SEP-21

**PAYNE, RICHARD, MD<sup>M†</sup>**

Provider ID: 100069305009

477 N EL CAMINO REAL  
STE A306  
ENCINITAS, CA 92024

(760) 942-0118

Spanish

Effective as of 01-SEP-21

**SEXTON, PERRY, MD<sup>M††</sup>**

Provider ID: 100099693003

351 SANTA FE DR STE 101  
ENCINITAS, CA 92024

(760) 274-1385

Spanish

Effective as of 01-FEB-11

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

Provider ID: 100350661007

1130 2ND ST  
ENCINITAS, CA 92024

(760) 736-6767

Portuguese

Effective as of 01-SEP-23

**FQHC**

**TRUECARE,**

Provider ID: PG0092584007

1130 2ND ST  
ENCINITAS, CA 92024

(760) 753-7842

Teleservice

Effective as of 01-JUL-22

**GENERAL PRACTICE**

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

Provider ID: 100028293009

477 N EL CAMINO REAL  
STE A100  
ENCINITAS, CA 92024

(760) 943-9111

Farsi, Turkish, Fataleka  
Effective as of 01-JAN-21

**INTERNAL MEDICINE**

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

Provider ID: 100031646009

320 SANTA FE DR STE 303  
ENCINITAS, CA 92024

(760) 943-6730

Spanish

Effective as of 01-SEP-21

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

Provider ID: 100064987002

4401 MANCHESTER AVE  
STE 103  
ENCINITAS, CA 92024

(858) 756-3021

Farsi, Spanish

Effective as of 01-MAR-03

**FAMILY PRACTICE**

**AVILA, MICHAEL, MD<sup>M††</sup>**

Provider ID: 100369494002

460 N ELM ST  
ESCONDIDO, CA 92025

(833) 867-4642

Effective as of 01-JUN-21

**COX, VICTORIA, MD<sup>F†</sup>**

Provider ID: 100374049005

704 E GRAND AVE  
ESCONDIDO, CA 92025

(619) 662-4100

Teleservice

Effective as of 01-AUG-22

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

Provider ID: 100409222006

362 W MISSION AVE STE  
105

ESCONDIDO, CA 92025

(760) 741-1224

French, Hungarian, Spanish  
Effective as of 01-DEC-23

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

Provider ID: 100409222004

362 W MISSION AVE STE  
105

ESCONDIDO, CA 92025

(760) 741-1224

French, Hungarian, Spanish  
Effective as of 01-AUG-23

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

Provider ID: 100409222002

362 W MISSION AVE STE  
105

ESCONDIDO, CA 92025

(760) 741-1224

French, Hungarian, Spanish  
Effective as of 01-JUL-23

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

Provider ID: 100402893002

488 E VALLEY PKWY STE  
411

ESCONDIDO, CA 92025

(760) 466-9800

Spanish

Effective as of 01-MAR-23

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

Provider ID: 100315025010

460 N ELM ST  
ESCONDIDO, CA 92025

(760) 520-8100

Hindi, Urdu

Effective as of 01-AUG-21

**MCHENRY, KATHRYN, DO<sup>F†</sup>**

Provider ID: 100320650005

460 N ELM ST  
ESCONDIDO, CA 92025

(760) 520-8100

Spanish

Effective as of 01-APR-21

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

Provider ID: 100320650016

728 E VALLEY PKWY  
ESCONDIDO, CA 92025

(760) 737-6900

Spanish

Effective as of 01-FEB-24

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

Provider ID: 100320650009

460 N ELM ST  
ESCONDIDO, CA 92025

(760) 520-8100

Spanish

Effective as of 01-JAN-24

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

Provider ID: 100339325007

728 E VALLEY PKWY  
ESCONDIDO, CA 92025

(760) 737-6900

Effective as of 01-JAN-24

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

Provider ID: 100339325006

460 N ELM ST  
ESCONDIDO, CA 92025

(760) 520-8100

Effective as of 01-JAN-24

**RAO, USHA, MD<sup>Ft</sup>**

Provider ID: 100381993007

704 E GRAND AVE  
ESCONDIDO, CA 92025

(619) 662-4100

Hindi, Spanish

Effective as of 01-AUG-22

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

Provider ID: 100331220007

460 N ELM ST  
ESCONDIDO, CA 92025

(760) 520-8100

French

Effective as of 01-JAN-24

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

Provider ID: 100331220005

460 N ELM ST  
ESCONDIDO, CA 92025

(760) 520-8100

French

Effective as of 01-AUG-20

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

Provider ID: 100030577016

460 N ELM ST  
ESCONDIDO, CA 92025

(760) 520-8100

Farsi, Greek, Spanish

Effective as of 01-AUG-20

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

Provider ID: 100030577030

728 E VALLEY PKWY  
ESCONDIDO, CA 92025

(760) 737-6900

Farsi, Greek, Spanish

Effective as of 01-JAN-24

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

Provider ID: 100030577028

460 N ELM ST  
ESCONDIDO, CA 92025

(760) 520-8100

Farsi, Greek, Spanish

Effective as of 01-JAN-24

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

Provider ID: 100030577026

728 E VALLEY PKWY  
ESCONDIDO, CA 92025

(760) 737-6900

Farsi, Greek, Spanish

Effective as of 01-MAR-23

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

Provider ID: 100418703004

704 E GRAND AVE  
ESCONDIDO, CA 92025

(619) 662-4100

Teleservice

Effective as of 01-NOV-23

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

Provider ID: 100024789048

704 E GRAND AVE  
ESCONDIDO, CA 92025

(619) 662-4100

Spanish

Teleservice

Effective as of 01-FEB-22

**VOURLITIS, MELISSA, DO<sup>Ft</sup>**

Provider ID: 100090572019

710 W 13TH AVE  
ESCONDIDO, CA 92025

(858) 832-2500

Teleservice

Effective as of 01-NOV-23

**FQHC**

**CENTRO MEDICO ESCONDIDO,**

Provider ID: PG0083717004

1121 E WASHINGTON AVE  
ESCONDIDO, CA 92025

(760) 871-0606

Teleservice

Effective as of 01-JAN-21

**ESCONDIDO FAMILY HEALTH  
CENTER,**

Provider ID: PG0125224002

128 N BROADWAY  
ESCONDIDO, CA 92025

(619) 515-2474

Effective as of 01-NOV-23

**NEIGHBORHOOD**

**HEALTHCARE ESCONDIDO,**

Provider ID: PG0024990052

460 N ELM ST  
ESCONDIDO, CA 92025  
(760) 520-8100  
Teleservice  
Effective as of 01-JUL-22

**NEIGHBORHOOD  
HEALTHCARE PEDIATRICS  
AND PRENATAL,**

Provider ID: PG0087195004

426 N DATE ST  
ESCONDIDO, CA 92025  
(760) 690-5900  
Effective as of 01-JUL-22

**NEIGHBORHOOD  
HEALTHCARE PEDS AND  
PRENATAL,**

Provider ID: PG0024990050

425 N DATE ST  
ESCONDIDO, CA 92025  
(760) 520-8340  
Teleservice  
Effective as of 01-JUL-22

**NEIGHBORHOOD  
HEALTHCARE VALLEY  
PARKWAY,**

Provider ID: PG0024990046

728 E VALLEY PKWY  
ESCONDIDO, CA 92025  
(760) 737-6900  
Teleservice  
Effective as of 01-JUL-22

**PALOMAR FAMILY  
COUNSELING SERVICES,**

Provider ID: PG0125237002

1002 E GRAND AVE  
ESCONDIDO, CA 92025  
(760) 741-2660  
Effective as of 01-DEC-23

**SAN YSIDRO HEALTH**

**ESCONDIDO FAMILY  
MEDICINE,**

Provider ID: PG0094132003

704 E GRAND AVE  
ESCONDIDO, CA 92025  
(619) 662-4100  
Effective as of 01-JUN-22

**GENERAL PRACTICE**

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

Provider ID: 100082249016

1035 E GRAND AVE STE 101  
ESCONDIDO, CA 92025  
(760) 480-4747  
Spanish  
Effective as of 01-JAN-21

**INTERNAL MEDICINE**

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

Provider ID: 100075629010

704 E GRAND AVE  
ESCONDIDO, CA 92025  
(619) 662-4100  
Spanish  
Teleservice  
Effective as of 01-FEB-22

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

Provider ID: 100184661008

460 N ELM ST  
ESCONDIDO, CA 92025  
(760) 520-8100  
Greek, Spanish  
Effective as of 01-AUG-20

**PEDIATRICS**

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

Provider ID: 100080501007

426 N DATE ST  
ESCONDIDO, CA 92025  
(760) 690-5900  
Effective as of 01-JAN-24

**FAMILY PRACTICE**

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

Provider ID: 100407567004

1328 S MISSION RD  
FALLBROOK, CA 92028  
(760) 451-4720  
Effective as of 01-AUG-23

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

Provider ID: 100027747012

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

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

Provider ID: 100027747004

593 E ELDER ST STE B  
FALLBROOK, CA 92028  
(760) 723-5900  
Spanish  
Effective as of 01-OCT-14

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

Provider ID: 100027747014

593 E ELDER ST STE B  
FALLBROOK, CA 92028  
(760) 723-5900  
Spanish  
Effective as of 01-NOV-20

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

Provider ID: 100027747015

593 E ELDER ST STE B  
FALLBROOK, CA 92028  
(760) 723-5900  
Spanish  
Effective as of 01-SEP-22

**MILLER, BRANDON, DO<sup>Mt</sup>**

Provider ID: 100148562015

521 E ELDER ST STE 105

FALLBROOK, CA 92028  
☎ (760) 728-8344  
Effective as of 01-DEC-18

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

### **FQHC**

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

**VISTA COMMUNITY CLINIC,**  
Provider ID: PG0072409011  
📍 321 E ALVARADO ST  
FALLBROOK, CA 92028  
☎ (760) 723-6200  
Teleservice  
Effective as of 01-MAR-23

### **INTERNAL MEDICINE**

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

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

📄 Spanish  
Effective as of 01-SEP-21

### **FAMILY PRACTICE**

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

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

**ESKANDARI, HAMID, MD<sup>M††</sup>**  
Provider ID: 100110778009  
📍 26730 TOWNE CENTRE DR  
STE 102  
FOOTHILL RANCH, CA  
92610  
☎ (949) 559-5153  
📄 Farsi  
Effective as of 01-JUN-18

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

**ESKANDARI, HAMID, MD<sup>M††</sup>**  
Provider ID: 100110778017  
📍 26730 TOWNE CENTRE DR  
STE 102

FOOTHILL RANCH, CA  
92610  
☎ (949) 559-5153  
📄 Farsi  
Effective as of 01-OCT-22

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

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

### **INTERNAL MEDICINE**

**PATEL, BAKULKUMAR, MD<sup>M†</sup>**  
Provider ID: 100034722006  
📍 26740 TOWNE CENTRE DR  
BLDG C  
FOOTHILL RANCH, CA  
92610  
☎ (949) 588-9293  
📄 Gujarati, Hindi, Spanish  
Effective as of 01-JAN-18

**PEYMAN, HELYA, DO<sup>F</sup>**  
Provider ID: 100414352003  
📍 26672 PORTOLA PKWY STE  
104  
FOOTHILL RANCH, CA  
92610  
☎ (949) 557-0750

Effective as of 01-SEP-23

**VALADEZ, JESUS, MD<sup>M†</sup>**

Provider ID: 100098540068

26672 PORTOLA PKWY STE  
104  
FOOTHILL RANCH, CA  
92610

(949) 557-0750

Effective as of 01-JAN-21

**FAMILY PRACTICE**

**ANDERSON, ALBERT, MD<sup>M†</sup>**

Provider ID: 100079441012

1000 E LATHAM AVE STE G  
HEMET, CA 92543

(951) 391-0580

Spanish

Teleservice

Effective as of 01-AUG-22

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

Provider ID: 100114105043

2390 E FLORIDA AVE STE  
104  
HEMET, CA 92544

(951) 414-4011

Punjabi, Spanish, Urdu

Effective as of 01-OCT-23

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

Provider ID: 100114105042

2390 E FLORIDA AVE STE  
104  
HEMET, CA 92544

(951) 414-4011

Punjabi, Spanish, Urdu

Effective as of 01-OCT-23

**ASHRAF, HADIA, MD<sup>F†</sup>**

Provider ID: 100094934002

903 E DEVONSHIRE AVE  
STE F  
HEMET, CA 92543

(951) 929-1611

Farsi, Hindi, Persian

Effective as of 01-OCT-98

**ASHRAF, HADIA, MD<sup>F†</sup>**

Provider ID: 100094934008

903 E DEVONSHIRE AVE  
STE F  
HEMET, CA 92543

(951) 929-1611

Farsi, Hindi, Persian

Effective as of 01-OCT-20

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

Provider ID: 100384377002

949 CALHOUN PL STE G  
HEMET, CA 92543

(951) 765-5594

Effective as of 01-MAR-22

**CASSADAY, DONALD, MD<sup>M†</sup>**

Provider ID: 100048311004

2390 E FLORIDA AVE STE  
101  
HEMET, CA 92544

(951) 925-1449

Effective as of 01-NOV-17

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

Provider ID: 100113399019

1035 SAINT JOHN PL  
HEMET, CA 92543

(951) 223-4833

Spanish

Effective as of 01-SEP-23

**COMBS, MATTHEW, MD<sup>M†</sup>**

Provider ID: 100337168008

3853 W STETSON AVE STE  
200  
HEMET, CA 92545

(951) 225-6802

Effective as of 01-NOV-20

**GANTA, SANYASI, MD<sup>M†</sup>**

Provider ID: 100113069011

225 LAURSEN ST  
HEMET, CA 92543

(951) 925-6657

Hindi, Spanish, Telugu

Effective as of 01-APR-21

**GANTA, SANYASI, MD<sup>M†</sup>**

Provider ID: 100113069005

225 LAURSEN ST  
HEMET, CA 92543

(951) 925-6657

Hindi, Spanish, Telugu

Effective as of 01-JAN-17

**GOHIL, RAJIT, MD<sup>M†</sup>**

Provider ID: 100391418005

2390 E FLORIDA AVE STE  
104  
HEMET, CA 92544

(951) 414-4011

Effective as of 01-OCT-22

**GOHIL, RAJIT, MD<sup>M†</sup>**

Provider ID: 100391418004

2390 E FLORIDA AVE STE  
104  
HEMET, CA 92544

(951) 414-4011

Effective as of 01-OCT-22

**HARRISON, AMY, MD<sup>F†</sup>**

Provider ID: 100047360074

2390 E FLORIDA AVE STE  
104  
HEMET, CA 92544

(951) 414-4011


Effective as of 01-OCT-22

**HARRISON, AMY, MD<sup>F†</sup>**

Provider ID: 100047360075


2390 E FLORIDA AVE STE  
104  
HEMET, CA 92544




 (951) 414-4011  
Effective as of 01-OCT-22

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

Provider ID: 100410706005

 2390 E FLORIDA AVE STE  
104  
HEMET, CA 92544

 (951) 414-4011


 Spanish

Effective as of 01-AUG-23

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

Provider ID: 100410706006

 2390 E FLORIDA AVE STE  
104  
HEMET, CA 92544

 (951) 414-4011


 Spanish

Effective as of 01-AUG-23

**HEIN, PETER, MD<sup>M†</sup>**

Provider ID: 100169562038

 603 E LATHAM AVE  
HEMET, CA 92543

 (951) 502-3500


 German, Russian, Spanish

Effective as of 01-NOV-22

**HOWARD, NATHAN, MD<sup>M</sup>**

Provider ID: 100053015004

 850 E LATHAM AVE  
HEMET, CA 92543


 (951) 658-7205

Effective as of 10-SEP-10

**HOWARD, NATHAN, MD<sup>M</sup>**

Provider ID: 100053015006


 850 E LATHAM AVE STE E  
HEMET, CA 92543


 (951) 658-7205

Effective as of 01-JUL-23

**HUGHES, LARRY, MD<sup>M†</sup>**

Provider ID: 100049939002

 4020 W FLORIDA AVE STE  
H  
HEMET, CA 92545


 (951) 925-9565

Effective as of 01-SEP-09

**HUGHES, HEATHER, MD<sup>F\*</sup>**

Provider ID: 100050011003

 4020 W FLORIDA AVE  
HEMET, CA 92545


 (951) 925-9565

Effective as of 01-NOV-13

**HUNT, TYRELLE, MD<sup>F</sup>**

Provider ID: 100417653002

 1701 E FLORIDA AVE  
HEMET, CA 92544

 (951) 658-4486


 Spanish

Effective as of 01-NOV-23

**MEHARDA, SANJIWANI, MD<sup>F</sup>**

Provider ID: 100327486019

 255 N GILBERT ST STE C2  
HEMET, CA 92543


 (951) 694-8549

 Hindi, Punjabi, Urdu

Effective as of 01-DEC-23

**OBRIEN, KATHARINE, DO<sup>F†</sup>**

Provider ID: 100319273003


 1600 E FLORIDA AVE STE  
103  
HEMET, CA 92544

 (951) 929-8121


Effective as of 01-DEC-17

**YUN, JONATHAN, DO<sup>M†</sup>**

Provider ID: 100025475025

 255 N GILBERT ST STE C2  
HEMET, CA 92543

 (951) 599-8532


 Korean, Spanish

Effective as of 01-NOV-20

**YUN, JONATHAN, DO<sup>M†</sup>**

Provider ID: 100025475023

 255 N GILBERT ST STE C2  
HEMET, CA 92543

 (951) 599-8532

 Korean, Spanish


Effective as of 01-AUG-20

**GENERAL PRACTICE**

**EL-HENAWI, IGLAL, MD<sup>F</sup>**

Provider ID: 100107885007

 4020 W FLORIDA AVE  
HEMET, CA 92545


 (951) 765-5000

Effective as of 01-AUG-20

**EL-HENAWI, IGLAL, MD<sup>F</sup>**

Provider ID: 100107885003

 4020 W FLORIDA AVE  
HEMET, CA 92545


 (951) 765-5000

Effective as of 01-JAN-14

**EL-HENAWI, IGLAL, MD<sup>F</sup>**

Provider ID: 100107885005

 4020 W FLORIDA AVE  
HEMET, CA 92545

 (951) 765-5000

Effective as of 01-SEP-15


**INTERNAL MEDICINE**

**BARVE, PRANAV, MD<sup>M†</sup>**

Provider ID: 100318437028

 2390 E FLORIDA AVE STE  
104  
HEMET, CA 92544


 (951) 414-4011

 Hindi, Marathi

Effective as of 01-AUG-21

**BARVE, PRANAV, MD<sup>M†</sup>**

Provider ID: 100318437029

 2390 E FLORIDA AVE STE

104  
HEMET, CA 92544  
☎ (951) 414-4011  
📄 Hindi, Marathi  
Effective as of 01-AUG-21

**BASAK, RYAN, MD<sup>Mt</sup>**  
Provider ID: 100378970004  
📄 2390 E FLORIDA AVE STE  
104  
HEMET, CA 92544  
☎ (951) 414-4011  
Effective as of 01-NOV-21

**BATIN, FRANCES, MD<sup>F</sup>**  
Provider ID: 100075999009  
📄 1001 S STATE ST  
HEMET, CA 92543  
☎ (951) 925-2525  
📄 Spanish  
Effective as of 01-NOV-23

**CHING, TSUNG, MD<sup>Mt</sup>**  
Provider ID: 100380049002  
📄 1278 E LATHAM AVE  
HEMET, CA 92543  
☎ (951) 925-6625  
📄 Mandarin  
Effective as of 01-DEC-21

**CHODAY, PRITHI, MD<sup>F</sup>**  
Provider ID: 100419896003  
📄 422 N SAN JACINTO ST STE  
A  
HEMET, CA 92543  
☎ (833) 867-4642  
📄 Telugu  
Effective as of 01-DEC-23

**CHODAY, PRITHI, MD<sup>F</sup>**  
Provider ID: 100419896004  
📄 1030 E FLORIDA AVE  
HEMET, CA 92543  
☎ (833) 867-4642  
📄 Telugu

Effective as of 01-DEC-23  
**HUSSAIN, ABID, MD<sup>Mt</sup>**  
Provider ID: 100108449003  
📄 255 N GILBERT ST BLDG B4  
HEMET, CA 92543  
☎ (951) 652-0060  
📄 Punjabi, Spanish, Urdu  
Effective as of 01-SEP-15

**KONDAPALLY, YAMUNA, MD<sup>Ft</sup>**  
Provider ID: 100364194002  
📄 1701 E FLORIDA AVE  
HEMET, CA 92544  
☎ (951) 658-4486  
Effective as of 01-DEC-20

**KONDAPALLY, YAMUNA, MD<sup>Ft</sup>**  
Provider ID: 100364194003  
📄 1701 E FLORIDA AVE  
HEMET, CA 92544  
☎ (951) 658-4486  
Effective as of 01-DEC-20

**MAPLETON, SHARINA, DO<sup>F</sup>**  
Provider ID: 100384944006  
📄 1030 E FLORIDA AVE  
HEMET, CA 92543  
☎ (833) 867-4642  
Effective as of 01-FEB-24

**MATHIAS, HERMAN, MD<sup>Mt</sup>**  
Provider ID: 100037216007  
📄 391 N SAN JACINTO ST  
HEMET, CA 92543  
☎ (951) 929-6003  
Effective as of 01-AUG-95

**PATEL, REENABEN, MD<sup>F</sup>**  
Provider ID: 100380064003  
📄 2390 E FLORIDA AVE STE  
101  
HEMET, CA 92544

☎ (951) 925-1449  
Effective as of 01-JAN-22  
**RAJA, MANIKANDA, MD<sup>Mt</sup>**  
Provider ID: 100113362004  
📄 1701 E FLORIDA AVE  
HEMET, CA 92544  
☎ (951) 658-4486  
📄 Tamil, Telugu  
Effective as of 01-AUG-02




**SALEH, HANA, MD<sup>Ft</sup>**  
Provider ID: 100246071002  
📄 391 N SAN JACINTO ST  
HEMET, CA 92543  
☎ (951) 533-5123  
📄 Spanish  
Effective as of 01-SEP-15

**SALEH, HANA, MD<sup>Ft</sup>**  
Provider ID: 100246071007  
📄 391 N SAN JACINTO ST  
HEMET, CA 92543  
☎ (951) 533-5123  
📄 Spanish  
Effective as of 01-OCT-23




**SHALABY, MOHSEN, MD<sup>Mt</sup>**  
Provider ID: 100306246002  
📄 1023 E FLORIDA AVE  
HEMET, CA 92543  
☎ (951) 599-8403  
📄 Arabic  
Effective as of 01-MAR-17

**TAECHARVONGPHAIROJ,  
VEERAVAT, MD<sup>M</sup>**  
Provider ID: 100226243030  
📄 850 E LATHAM AVE STE  
205  
HEMET, CA 92543  
☎ (951) 658-7205  
📄 Thai  
Effective as of 01-MAR-24




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

Provider ID: 100226243015  
 422 N SAN JACINTO ST STE  
 A  
 HEMET, CA 92543  
 (951) 665-1100  
 Thai  
 Effective as of 01-APR-21




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

Provider ID: 100226243014  
 903 E DEVONSHIRE AVE  
 STE D  
 HEMET, CA 92543  
 (808) 578-3911  
 Thai  
 Effective as of 01-APR-21

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


Provider ID: 100226243007  
 903 E DEVONSHIRE AVE  
 HEMET, CA 92543  
 (951) 216-6100  
 Thai  
 Effective as of 01-AUG-20


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

Provider ID: 100226243018  
 1525 W FLORIDA AVE  
 HEMET, CA 92543  
 (951) 929-6777  
 Thai  
 Effective as of 01-OCT-21

**FQHC**




**IMPERIAL BEACH HEALTH  
CENTER,**

Provider ID: PG0005455007  
 949 PALM AVE




IMPERIAL BEACH, CA 91932  
 (619) 429-3733  
 Teleservice  
 Effective as of 01-JUL-22

**FAMILY PRACTICE**




**CHANG, ALBERT, MD<sup>M†</sup>**

Provider ID: 100086039015  
 15825 LAGUNA CANYON  
 RD STE 202  
 IRVINE, CA 92618  
 (949) 585-9870  
 Korean, Spanish  
 Effective as of 01-JAN-17




**CHANG, ALBERT, MD<sup>M†</sup>**

Provider ID: 100086039013  
 15825 LAGUNA CANYON  
 RD STE 202  
 IRVINE, CA 92618  
 (949) 585-9870  
 Korean, Spanish  
 Effective as of 01-JAN-17

**CHANG, ALBERT, MD<sup>M†</sup>**




Provider ID: 100086039014  
 15825 LAGUNA CANYON  
 RD STE 202  
 IRVINE, CA 92618  
 (949) 585-9870  
 Korean, Spanish  
 Effective as of 01-JAN-17

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



Provider ID: 100086039033  
 15825 LAGUNA CANYON  
 RD STE 104  
 IRVINE, CA 92618  
 (949) 585-9870  
 Korean, Spanish  
 Effective as of 01-OCT-23

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




Provider ID: 100007711005

 18 ENDEAVOR STE 203  
 IRVINE, CA 92618  
 (949) 733-0168  
 Chinese, Mandarin,  
 Taiwanese  
 Effective as of 01-JUL-20




**MACAULEY, TODD, DO<sup>M†</sup>**

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




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

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



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

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

**SAAM, SHIDA, DO<sup>F†</sup>**



Provider ID: 100093095026  
 16300 SAND CANYON AVE  
 STE 602  
 IRVINE, CA 92618  
 (949) 783-1911  
 Farsi  
 Effective as of 01-JUN-19

**SAAM, SHIDA, DO<sup>F†</sup>**

Provider ID: 100093095030  
 16300 SAND CANYON AVE  
 STE 602  
 IRVINE, CA 92618  
 (949) 783-1911



 Farsi  
Effective as of 01-JUN-19

**SAAM, SHIDA, DO<sup>Ft</sup>**

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<sup>Ft</sup>**

Provider ID: 100093095027  
 16300 SAND CANYON AVE  
STE 602  
IRVINE, CA 92618  
 (949) 783-1911




 Farsi  
Effective as of 01-JUN-19

**SAAM, SHIDA, DO<sup>Ft</sup>**




Provider ID: 100093095032  
 16300 SAND CANYON AVE  
STE 602  
IRVINE, CA 92618  
 (949) 783-1911

 Farsi  
Effective as of 01-JUN-19




**SHEIDAYI, PERRY, DO<sup>Mt</sup>**

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




**SHEIDAYI, PERRY, DO<sup>Mt</sup>**

Provider ID: 100090804009  
 18 ENDEAVOR STE 201  
IRVINE, CA 92618  
 (949) 650-5771  
 Farsi, Persian, Spanish  
Effective as of 01-JAN-17




**SHEIDAYI, PERRY, DO<sup>Mt</sup>**

Provider ID: 100090804011  
 18 ENDEAVOR STE 201  
IRVINE, CA 92618  
 (949) 650-5771  
 Farsi, Persian, Spanish  
Effective as of 01-JAN-18




**SHEIDAYI, PERRY, DO<sup>Mt</sup>**

Provider ID: 100090804017  
 18 ENDEAVOR STE 201  
IRVINE, CA 92618  
 (949) 650-5771  
 Farsi, Persian, Spanish  
Effective as of 01-APR-22




**SHEIDAYI, PERRY, DO<sup>Mt</sup>**

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



**SHEIDAYI, PERRY, DO<sup>Mt</sup>**


Provider ID: 100090804015  
 18 ENDEAVOR STE 201  
IRVINE, CA 92618  
 (949) 650-5771  
 Farsi, Persian, Spanish  
Effective as of 01-JUL-19

**TONG, ELAIN, DO<sup>Ft</sup>**




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

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

Provider ID: 100010305009  
 22 ODYSSEY STE 115  
IRVINE, CA 92618  
 (949) 988-7550




 French, Spanish  
Teleservice  
Effective as of 01-OCT-16

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




Provider ID: 100010305018  
 22 ODYSSEY STE 115  
IRVINE, CA 92618  
 (949) 988-7550  
 French, Spanish  
Teleservice  
Effective as of 01-JUN-19

**GENERAL PRACTICE**

**ZAHEDI, MARCO, MD<sup>M</sup>**



Provider ID: 100308797011  
 16520 BAKE PKWY STE 115  
IRVINE, CA 92618  
 (949) 857-4444  
 Farsi, Spanish  
Effective as of 01-MAR-23

**ZAHEDI, MARCO, MD<sup>M</sup>**


Provider ID: 100308797010  
 16520 BAKE PKWY STE 115  
IRVINE, CA 92618  
 (949) 857-4444  
 Farsi, Spanish  
Effective as of 01-MAR-23

**INTERNAL MEDICINE**

**COUNCELBAUM, NANCY, MD**

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

**HUANG, CHARLIE, DO<sup>M</sup>**

Provider ID: 100325520007  
 16300 SAND CANYON AVE

STE 311  
IRVINE, CA 92618  
☎ (949) 791-3101  
📄 Mandarin, Taiwanese  
Effective as of 01-JAN-21

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

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

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

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

**MIKHAIL, EMAD, MD<sup>M</sup>**  
Provider ID: 100072526014  
📄 22 ODYSSEY STE 140  
IRVINE, CA 92618  
☎ (949) 653-5810

📄 Arabic, Farsi  
Effective as of 01-JUL-16

**MIKHAIL, EMAD, MD<sup>M</sup>**  
Provider ID: 100072526012  
📄 22 ODYSSEY STE 140  
IRVINE, CA 92618  
☎ (949) 653-5810  
📄 Arabic, Farsi  
Effective as of 01-JUL-16

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

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

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

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

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



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

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



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



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

**WANG, WEI, MD<sup>M</sup>**




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


**PEDIATRICS**




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




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




**FAMILY PRACTICE**




**AHMED, HEBA, DO<sup>F\*</sup>**  
 Provider ID: 100405870005  
 9850 GENESEE AVE STE  
 320  
 LA JOLLA, CA 92037  
 (858) 554-1212  
 Hindi, Urdu  
 Teleservice  
 Effective as of 01-NOV-23




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




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




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




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


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

**DEMBO-SMEATON, ELENA,  
MD<sup>F</sup>**  
 Provider ID: 100112789011  
 8950 VILLA LA JOLLA DR  
 STE C129  
 LA JOLLA, CA 92037  
 (858) 450-5900  
 Russian  
 Teleservice  
 Effective as of 01-JUL-21

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

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

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

**WU, ARMANDO, MD<sup>M</sup>**  
 Provider ID: 100381137007  
 9850 GENESEE AVE STE  
 320

LA JOLLA, CA 92037  
☎ (858) 864-9800  
📠 French, Italian, Spanish  
Teleservice  
Effective as of 01-MAR-22

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

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

### **GENERAL PRACTICE**

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

### **INTERNAL MEDICINE**

**AL-SALEH, YADANI, MD<sup>Ft</sup>**  
Provider ID: 100358544010  
📠 9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037

☎ (858) 864-9800  
📠 Spanish  
Effective as of 01-NOV-22

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

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

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

**RANA, SHAUNAK, MD<sup>Mt</sup>**  
Provider ID: 100194770022  
📠 7855 IVANHOE AVE STE 110  
LA JOLLA, CA 92037  
☎ (858) 799-0933  
Effective as of 01-SEP-22

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

**RANA, SHAUNAK, MD<sup>Mt</sup>**

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

### **FAMILY PRACTICE**

**KISKILA, NATHAN, MD<sup>M</sup>**  
Provider ID: 100138189015  
📠 6136 LAKE MURRAY BLVD  
LA MESA, CA 91942  
☎ (949) 760-9222  
📠 Spanish  
Effective as of 01-JAN-24

**PATEL, HEMANSHU, MD<sup>M</sup>**  
Provider ID: 100282252013  
📠 7339 EL CAJON BLVD STE I  
LA MESA, CA 91942  
☎ (619) 698-0606  
Effective as of 01-MAR-24

### **FQHC**

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

### **INTERNAL MEDICINE**

**ALAMAR, ALI, MD<sup>Mt</sup>**  
Provider ID: 100106664014  
📠 5565 GROSSMONT  
CENTER DR BLDG 1 STE 105  
LA MESA, CA 91942  
☎ (619) 724-6644  
📠 Arabic, Spanish  
Effective as of 01-SEP-20

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

Provider ID: 100047564021

5565 GROSSMONT  
CENTER DR STE 229  
LA MESA, CA 91942

(858) 349-3760

Spanish, Vietnamese

Effective as of 01-MAR-24

**FAMILY PRACTICE**

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

<sup>M</sup>

Provider ID: 100096772018

800 CORPORATE DR STE  
100  
LADERA RANCH, CA 92694

(949) 364-9112

Spanish

Effective as of 01-SEP-18

**INTERNAL MEDICINE**

**ELSANADI, RAEF, MD<sup>M†</sup>**

Provider ID: 100040631004

333 CORPORATE DR STE  
210  
LADERA RANCH, CA 92694

(949) 364-3582

Arabic

Effective as of 01-SEP-19

**FAMILY PRACTICE**

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

Provider ID: 100059699012

370 OCEAN AVE  
LAGUNA BEACH, CA 92651

(949) 557-0610

Effective as of 01-JAN-21

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

Provider ID: 100369042016

370 OCEAN AVE  
LAGUNA BEACH, CA 92651

(949) 557-0610

Effective as of 01-AUG-21

**INTERNAL MEDICINE**

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

Provider ID: 100105400007

31862 COAST HWY STE 200  
LAGUNA BEACH, CA 92651

(949) 340-5454

Effective as of 01-AUG-18

**FAMILY PRACTICE**

**CHANG, MICHAEL, DO<sup>M†</sup>**

Provider ID: 100294076006

26538 MOULTON PKWY  
STE 38E  
LAGUNA HILLS, CA 92653

(949) 448-0656

Effective as of 01-AUG-18

**CHANG, MICHAEL, DO<sup>M†</sup>**

Provider ID: 100294076007

26538 MOULTON PKWY  
STE 38E  
LAGUNA HILLS, CA 92653

(949) 448-0656

Effective as of 01-AUG-18

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

Provider ID: 100108418005

24411 HEALTH CENTER DR  
STE 460  
LAGUNA HILLS, CA 92653

(949) 373-7799

Effective as of 01-JAN-18

**GEE, KELLY, DO<sup>F†</sup>**

Provider ID: 100358387006

23521 PASEO DE VALENCIA  
STE 311  
LAGUNA HILLS, CA 92653

(949) 305-2660

Effective as of 01-FEB-22

**HICKS, TOMMY, MD<sup>M††</sup>**

Provider ID: 100093348004

23521 PASEO DE VALENCIA  
STE 108  
LAGUNA HILLS, CA 92653

(949) 588-7262

Effective as of 01-JAN-18

**HUYNH, JUDY, DO<sup>F†</sup>**

Provider ID: 100065290005

25401 CABOT RD STE 101  
LAGUNA HILLS, CA 92653

(949) 768-4850

Effective as of 01-JAN-18

**HUYNH, JUDY, DO<sup>F†</sup>**

Provider ID: 100065290003

25401 CABOT RD STE 101  
LAGUNA HILLS, CA 92653

(949) 768-4850

Effective as of 01-APR-12

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

Provider ID: 100017573010

23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653

(949) 916-9100

Effective as of 01-APR-22

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

Provider ID: 100017573009

23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653

(949) 916-9100

Effective as of 01-APR-22

**KHOSHREZA, HALEH, MD<sup>F†</sup>**

Provider ID: 100383918002

26538 MOULTON PKWY  
STE 38E  
LAGUNA HILLS, CA 92653

(949) 448-0656

Farsi, German



Effective as of 01-MAR-22

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

Provider ID: 100103119055

24411 HEALTH CENTER DR  
STE 460

LAGUNA HILLS, CA 92653

(949) 373-7799

Effective as of 01-JAN-18

**MANDEL, RONALD, DO<sup>M†</sup>**

Provider ID: 100034539004

25411 CABOT RD STE 115

LAGUNA HILLS, CA 92653

(949) 362-2121

Spanish

Effective as of 01-JAN-18

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

Provider ID: 100025171005

26538 MOULTON PKWY  
STE 38E

LAGUNA HILLS, CA 92653

(949) 448-0656

Hindi, Hindustani, Punjabi

Effective as of 01-AUG-18

**MUNIB, SABEEN, MD<sup>F†</sup>**

Provider ID: 100168805025

23181 LA CADENA DR STE  
101

LAGUNA HILLS, CA 92653

(949) 647-5234

Effective as of 01-FEB-20

**MUNIB, SABEEN, MD<sup>F†</sup>**

Provider ID: 100168805028

23181 LA CADENA DR STE  
101

LAGUNA HILLS, CA 92653

(949) 647-5234

Effective as of 01-OCT-20

**MUNIB, SABEEN, MD<sup>F†</sup>**

Provider ID: 100168805030

23181 LA CADENA DR STE  
101

LAGUNA HILLS, CA 92653

(949) 647-5234

Effective as of 01-MAR-21

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

Provider ID: 100059240008

23521 PASEO VALENCIA  
108

LAGUNA HILLS, CA 92653

(949) 588-7262

Spanish

Effective as of 01-JAN-18

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

Provider ID: 100090936012

24953 PASEO DE  
VALENCIA STE 1A  
LAGUNA HILLS, CA 92653

(949) 460-9200

Effective as of 01-JAN-17

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

Provider ID: 100090936014

24953 PASEO DE  
VALENCIA STE 1A  
LAGUNA HILLS, CA 92653

(949) 460-9200

Effective as of 01-JAN-18

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

Provider ID: 100010305019

23141 MOULTON PKWY STE  
102

LAGUNA HILLS, CA 92653

(949) 916-9100

French, Spanish

Teleservice

Effective as of 01-JUL-19

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

Provider ID: 100010305008

23141 MOULTON PKWY STE  
102

LAGUNA HILLS, CA 92653

(949) 916-9100

French, Spanish

Teleservice

Effective as of 01-APR-18

**GENERAL PRACTICE**

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

Provider ID: 100030436004

23521 PASEO DE VALENCIA  
LAGUNA HILLS, CA 92653

(949) 215-1511

Spanish

Effective as of 01-NOV-19

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

Provider ID: 100088859020

23141 MOULTON PKWY STE  
102

LAGUNA HILLS, CA 92653

(949) 916-9100

Spanish

Effective as of 01-SEP-20

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

Provider ID: 100088859016

23141 MOULTON PKWY STE  
102

LAGUNA HILLS, CA 92653

(949) 916-9100

Spanish

Effective as of 01-JUN-19

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

Provider ID: 100069369008

23141 MOULTON PKWY STE  
102

LAGUNA HILLS, CA 92653

(949) 916-9100

Teleservice

Effective as of 01-JUL-18

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

Provider ID: 100069369009

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

### INTERNAL MEDICINE

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

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

#### ARTHUR, KRISTINE, MD<sup>Ft</sup>

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

#### ASHTARI, MOZHGAN, MD<sup>Ft</sup>

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

#### BANDUKWALA, RAHIL, DO<sup>Mt</sup>

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

#### BANDUKWALA, RAHIL, DO<sup>Mt</sup>

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

#### BROWN, HOSEA, MD<sup>Mt</sup>

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

#### BROWN, HOSEA, MD<sup>Mt</sup>

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

#### BROWN, HOSEA, MD<sup>Mt</sup>

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

#### BROWN, HOSEA, MD<sup>Mt</sup>

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

#### BROWN, HOSEA, MD<sup>Mt</sup>

Provider ID: 100017878007  
25431 CABOT RD STE 118  
LAGUNA HILLS, CA 92653  
(949) 362-8877

Spanish  
Effective as of 01-JAN-14

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

Provider ID: 100079645013  
23141 MOULTON PKWY STE 102  
LAGUNA HILLS, CA 92653  
(949) 916-9100  
Chinese  
Effective as of 01-JUN-19

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

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

#### CLARK, LORI, MD<sup>Ft</sup>

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



#### COVARRUBIAS, GRACIA, MD<sup>Ft</sup>

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




#### COVARRUBIAS, GRACIA, MD<sup>Ft</sup>

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




**DABESTANI, ALI, MD<sup>M†</sup>**

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



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

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



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

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



**EDRIS, SAMI, MD<sup>M</sup>**

Provider ID: 100421676002  
 25283 CABOT RD STE 106  
 LAGUNA HILLS, CA 92653  
 (949) 364-9080  
 Effective as of 01-JAN-24

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



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

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



Provider ID: 100067842005  
 24221 CALLE DE LA LOUISA  
 STE 200  
 LAGUNA HILLS, CA 92653  
 (949) 420-5985

Effective as of 01-JAN-18




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

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




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

Provider ID: 100091780005  
 24411 HEALTH CENTER DR  
 STE 460  
 LAGUNA HILLS, CA 92653  
 (949) 373-7799  
 Effective as of 01-JAN-18




**JAVAHERI, MANIJEH, MD<sup>F\*\*</sup>**

Provider ID: 100111565009  
 23961 CALLE DE LA  
 MAGDALENA STE 430  
 LAGUNA HILLS, CA 92653  
 (949) 770-8100  
 Farsi, Turkish  
 Effective as of 01-JAN-18




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

Provider ID: 100011471005  
 24953 PASEO DE  
 VALENCIA STE 22A  
 LAGUNA HILLS, CA 92653  
 (949) 770-7333  
 Hindi  
 Effective as of 01-MAR-21



**LEW, HOMER, DO<sup>M†</sup>**

Provider ID: 100088621006  
 23521 PASEO DE VALENCIA  
 STE 108  
 LAGUNA HILLS, CA 92653  
 (949) 588-7262  
 Cantonese, Chinese  
 Effective as of 01-JAN-18




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

Provider ID: 100090449006  
 23521 PASEO DE VALENCIA  
 STE 310  
 LAGUNA HILLS, CA 92653  
 (949) 716-4555  
 Chinese, Mandarin, Spanish  
 Effective as of 01-JAN-18




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

Provider ID: 100022892004  
 25401 CABOT RD STE 101  
 LAGUNA HILLS, CA 92653  
 (949) 768-4850  
 Effective as of 01-JAN-18




**MANASSON, KATHERINE, MD**

<sup>F†</sup>  
 Provider ID: 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**

<sup>F†</sup>  
 Provider ID: 100113316013  
 24422 AVENIDA DE LA  
 CARLOTA STE 272  
 LAGUNA HILLS, CA 92653  
 (949) 446-6783  
 Russian  
 Effective as of 01-NOV-22

**MANASSON, KATHERINE, MD**

<sup>F†</sup>  
 Provider ID: 100113316016  
 24422 AVENIDA DE LA  
 CARLOTA STE 272  
 LAGUNA HILLS, CA 92653  
 (949) 446-6783  
 Russian

Effective as of 01-NOV-22

**MEHTA, SHILPA, MD<sup>F†</sup>**

Provider ID: 100332508008

23141 MOULTON PKWY STE  
102

LAGUNA HILLS, CA 92653

(949) 916-9100

Teleservice

Effective as of 01-JUN-19

**MEHTA, SHILPA, MD<sup>F†</sup>**

Provider ID: 100332508007

23141 MOULTON PKWY STE  
102

LAGUNA HILLS, CA 92653

(949) 916-9100

Teleservice

Effective as of 01-JUN-19

**PACE, SARAH, MD<sup>F†</sup>**

Provider ID: 100322536002

24321 AVENIDA DE LA  
CARLOTA

LAGUNA HILLS, CA 92653

(949) 204-3006

Spanish

Effective as of 01-AUG-22

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

Provider ID: 100114265015

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<sup>M</sup>**

Provider ID: 100114265008

23141 MOULTON PKWY STE  
102

LAGUNA HILLS, CA 92653

(949) 855-2279

Farsi, French, Spanish  
Teleservice

Effective as of 01-APR-18

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

Provider ID: 100107614005

24411 HEALTH CENTER DR  
STE 460

LAGUNA HILLS, CA 92653

(949) 334-8200

Farsi, Spanish, Swedish

Effective as of 01-JAN-18

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

Provider ID: 100082780005

24221 CALLE DE LA LOUISA  
STE 200

LAGUNA HILLS, CA 92653

(949) 420-5988

Chinese

Effective as of 01-JAN-18

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

F††

Provider ID: 100185861010

24321 AVENIDA DE LA  
CARLOTA

LAGUNA HILLS, CA 92653

(949) 204-3006

Farsi, Spanish

Effective as of 01-AUG-22

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

Provider ID: 100081005004

24411 HEALTH CENTER DR  
STE 460

LAGUNA HILLS, CA 92653

(949) 373-7799

Spanish

Effective as of 01-JAN-18

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

Provider ID: 100033007005

24411 HEALTH CENTER DR  
STE 460

LAGUNA HILLS, CA 92653

(949) 373-7799

Effective as of 01-JAN-18

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

Provider ID: 100105245004

24221 CALLE DE LA LOUISA  
STE 200

LAGUNA HILLS, CA 92653

(949) 420-5980

Vietnamese

Effective as of 01-JAN-18

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

Provider ID: 100086365005

24221 CALLE DE LA LOUISA  
STE 400

LAGUNA HILLS, CA 92653

(949) 770-2085

Effective as of 01-JAN-18

**ZAREMBA, MARK, MD<sup>M†</sup>**

Provider ID: 100021573005

25401 CABOT RD STE 107  
LAGUNA HILLS, CA 92653

(949) 273-8085

Effective as of 01-APR-18

**ZAREMBA, MARK, MD<sup>M†</sup>**

Provider ID: 100021573002

25401 CABOT RD STE 107  
LAGUNA HILLS, CA 92653

(949) 273-8085

Effective as of 01-JAN-13

**FAMILY PRACTICE**

**BEDRAN, ASAD, DO<sup>M†</sup>**

Provider ID: 100347139005

27231 LA PAZ RD STE A  
LAGUNA NIGUEL, CA 92677

(949) 643-9111

Effective as of 01-SEP-20

**BELLO, JUSTINE, MD<sup>F†</sup>**

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

**BREWER, SARAH, MD<sup>F†</sup>**

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

**FU, KAREN, MD<sup>F†</sup>**

Provider ID: 100095684012  
32341 GOLDEN LANTERN  
STE D  
LAGUNA NIGUEL, CA 92677  
(949) 363-9595  
Mandarin, Spanish  
Effective as of 01-JUN-22

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

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

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

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

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

Provider ID: 100197006024

27781 LA PAZ RD  
LAGUNA NIGUEL, CA 92677  
(949) 831-0300  
Dutch, Farsi  
Effective as of 01-OCT-19

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

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

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

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

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

Provider ID: 100197006028  
27781 LA PAZ RD  
LAGUNA NIGUEL, CA 92677  
(949) 831-0300  
Dutch, Farsi  
Effective as of 01-SEP-19

**LEE, SUSAN, MD<sup>F†</sup>**

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

**SALL, JEEVAN, MD<sup>M†</sup>**

Provider ID: 100353204063  
27231 LA PAZ RD STE A  
LAGUNA NIGUEL, CA 92677  
(949) 643-9111

Effective as of 01-JUN-22

**INTERNAL MEDICINE**

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

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

**KRAFCIK, SONJA, MD<sup>F\*</sup>**

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

**KRAFCIK, SONJA, MD<sup>F\*</sup>**

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

**PARISE, ERIN, MD<sup>F†</sup>**

Provider ID: 100034192011  
30281 GOLDEN LANTERN  
LAGUNA NIGUEL, CA 92677  
(949) 495-7144  
Spanish  
Effective as of 01-JAN-18

**PEDIATRICS**

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

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

**FAMILY PRACTICE**

**RIOS, DAVID, MD<sup>M†</sup>**

Provider ID: 100046040007  
 24331 EL TORO RD STE 330  
 LAGUNA WOODS, CA  
 92637  
 (949) 837-7521  
 Spanish  
 Effective as of 01-JAN-18

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

Provider ID: 100074767005  
 24331 EL TORO RD STE 330  
 LAGUNA WOODS, CA  
 92637  
 (949) 837-7521  
 Effective as of 01-JAN-18

**INTERNAL MEDICINE**

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

Provider ID: 100113408009  
 24268 EL TORO RD  
 LAGUNA WOODS, CA  
 92637  
 (657) 241-8455  
 Farsi  
 Effective as of 01-JAN-21

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

Provider ID: 100113408008  
 24268 EL TORO RD  
 LAGUNA WOODS, CA  
 92637  
 (657) 241-8455  
 Farsi  
 Effective as of 01-JAN-21

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

Provider ID: 100047456004  
 24331 EL TORO RD STE 330  
 LAGUNA WOODS, CA  
 92637  
 (949) 716-0833

Effective as of 01-JAN-18

**FAMILY PRACTICE**

**JACKSON, ANITA, MD<sup>F†</sup>**

Provider ID: 100060861006  
 31736 MISSION TRL STE G  
 LAKE ELSINORE, CA 92530  
 (951) 674-1505  
 Tagalog  
 Effective as of 01-NOV-11

**TORRES, REBECCA, MD<sup>F†</sup>**

Provider ID: 100187138016  
 31946 MISSION TRL STE A  
 LAKE ELSINORE, CA 92530  
 (951) 471-1800  
 Korean, Mandarin, Spanish  
 Effective as of 01-DEC-14

**TORRES, REBECCA, MD<sup>F†</sup>**

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

**GENERAL PRACTICE**

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

Provider ID: 100070994004  
 31571 CANYON ESTATES DR  
 STE 132  
 LAKE ELSINORE, CA 92532  
 (951) 674-7811  
 Spanish, Tagalog  
 Effective as of 01-JUL-22

**OLIVEIRA, THOMAS, DO<sup>M†</sup>**

Provider ID: 100088827007  
 506 W GRAHAM AVE STE  
 107  
 LAKE ELSINORE, CA 92530  
 (951) 471-5116

Italian, Spanish  
 Effective as of 01-APR-21

**INTERNAL MEDICINE**

**BAJWA, SAIF, MD<sup>M†</sup>**

Provider ID: 100113080002  
 16800 LAKESHORE DR STE  
 2  
 LAKE ELSINORE, CA 92530  
 (951) 674-2155  
 Spanish, Urdu  
 Effective as of 01-APR-17

**SAADAT, FARID, MD<sup>M†</sup>**

Provider ID: 100013848002  
 425 DIAMOND DR STE 102  
 LAKE ELSINORE, CA 92530  
 (951) 471-5711  
 Farsi, Persian  
 Effective as of 01-JUN-14

**FAMILY PRACTICE**

**AHSAN, NUSRAT, MD<sup>F†</sup>**



Provider ID: 100113788007  
 22621 LAKE FOREST DR STE  
 D1  
 LAKE FOREST, CA 92630  
 (949) 242-6902  
 Hindi  
 Effective as of 01-MAY-17

**ALI, MOHAMMED, MD<sup>M†</sup>**




Provider ID: 100114282064  
 23672 BIRTCHE DR STE A  
 LAKE FOREST, CA 92630  
 (949) 770-7301  
 Hindi, Telugu, Urdu  
 Effective as of 01-OCT-22

**ALI, MOHAMMED, MD<sup>M†</sup>**




Provider ID: 100114282032  
 23672 BIRTCHE DR STE A  
 LAKE FOREST, CA 92630

 (949) 770-7301  
 Hindi, Telugu, Urdu  
Effective as of 01-OCT-17




**ALI, MOHAMMED, MD<sup>M†</sup>**  
Provider ID: 100114282030

 23672 BIRTCHER DR STE A  
LAKE FOREST, CA 92630  
 (949) 770-7301  
 Hindi, Telugu, Urdu  
Effective as of 01-JAN-18




**ALI, MOHAMMED, MD<sup>M†</sup>**  
Provider ID: 100114282029

 23672 BIRTCHER DR STE A  
LAKE FOREST, CA 92630  
 (949) 770-7301  
 Hindi, Telugu, Urdu  
Effective as of 01-JAN-17




**ALI, MOHAMMED, MD<sup>M†</sup>**  
Provider ID: 100114282026

 23672 BIRTCHER DR STE A  
LAKE FOREST, CA 92630  
 (949) 770-7301  
 Hindi, Telugu, Urdu  
Effective as of 01-JAN-16

**ALI, MOHAMMED, MD<sup>M†</sup>**  
Provider ID: 100114282022



 23672 BIRTCHER DR STE A  
LAKE FOREST, CA 92630  
 (949) 770-7301  
 Hindi, Telugu, Urdu  
Effective as of 01-JAN-14

**ALI, MOHAMMED, MD<sup>M†</sup>**  
Provider ID: 100114282027

 23672 BIRTCHER DR STE A  
LAKE FOREST, CA 92630  
 (949) 770-7301  
 Hindi, Telugu, Urdu  
Effective as of 01-DEC-16

**KOUMAS, MARY, DO<sup>F\*</sup>**

Provider ID: 100089870008

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

**KOUMAS, JOHN, DO<sup>M††</sup>**




Provider ID: 100064961008

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

### **INTERNAL MEDICINE**




**GOVASHIRI, REZA, MD<sup>M†</sup>**

Provider ID: 100047181008

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

**MUY, MADINETH, MD<sup>F††</sup>**




Provider ID: 100082949013

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

### **FAMILY PRACTICE**



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

Provider ID: 100320650014

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



**PHAM, CHRISTINE, DO<sup>F</sup>**

Provider ID: 100397531003

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

**ZAMPELLO, LISA, MD<sup>F†</sup>**

Provider ID: 100340931005



 10039 VINE ST  
LAKESIDE, CA 92040  
 (858) 218-3000  
Effective as of 01-NOV-22

### **FQHC**

### **NEIGHBORHOOD**

**HEALTHCARE LAKESIDE, \***




Provider ID: PG0024990051

 10039 VINE ST  
LAKESIDE, CA 92040  
 (858) 218-3000  
Teleservice  
Effective as of 01-JUL-22

### **INTERNAL MEDICINE**




**MCFARLAND, NATHAN, MD<sup>M</sup>**

Provider ID: 100216268004

 10039 VINE ST  
LAKESIDE, CA 92040  
 (858) 218-3000  
 Italian, Spanish  
Effective as of 01-AUG-20

**MCFARLAND, NATHAN, MD<sup>M</sup>**

Provider ID: 100216268007

 10039 VINE ST  
LAKESIDE, CA 92040  
 (858) 218-3000  
 Italian, Spanish  
Effective as of 01-JAN-24

### **FQHC**

**LEMON GROVE FAMILY  
HEALTH CENTER,**

Provider ID: PG0085568003

7592 BROADWAY  
LEMON GROVE, CA 91945  
(619) 515-2550  
Effective as of 01-JAN-21

**FAMILY PRACTICE**

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

Provider ID: 100114105045

29826 HAUN RD STE 200  
MENIFEE, CA 92586  
(951) 414-4020  
Punjabi, Spanish, Urdu  
Effective as of 01-OCT-23

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

Provider ID: 100114105044

29826 HAUN RD STE 200  
MENIFEE, CA 92586  
(951) 414-4020  
Punjabi, Spanish, Urdu  
Effective as of 01-OCT-23

**CAMARILLO, DANIEL, MD<sup>Mt</sup>**

Provider ID: 100110735009

30420 HAUN RD  
MENIFEE, CA 92584  
(951) 676-4193  
Spanish  
Effective as of 01-OCT-15

**CAMARILLO, DANIEL, MD<sup>Mt</sup>**

Provider ID: 100110735017

30420 HAUN RD  
MENIFEE, CA 92584  
(951) 676-4193  
Spanish  
Effective as of 01-NOV-20

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

Provider ID: 100391418013

29826 HAUN RD STE 200

MENIFEE, CA 92586  
(951) 414-4020  
Effective as of 01-JUL-23

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

Provider ID: 100391418014

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

**HARRISON, AMY, MD<sup>Ft</sup>**

Provider ID: 100047360076

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

**HARRISON, AMY, MD<sup>Ft</sup>**

Provider ID: 100047360077

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

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

Provider ID: 100410706004

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

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

Provider ID: 100410706003

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

**MADRID, RICHARD, MD<sup>Mt</sup>**

Provider ID: 100077741007

30420 HAUN RD  
MENIFEE, CA 92584  
(951) 676-4193  
Teleservice

Effective as of 01-JAN-16

**ZURITA, DANIELA, MD<sup>Ft</sup>**

Provider ID: 100396617007

26926 CHERRY HILLS  
BLVD STE B  
MENIFEE, CA 92586  
(951) 216-2200  
Spanish

Effective as of 01-DEC-22

**ZURITA, DANIELA, MD<sup>Ft</sup>**

Provider ID: 100396617009

26926 CHERRY HILLS  
BLVD STE C  
MENIFEE, CA 92586  
(951) 216-2200  
Spanish  
Effective as of 01-DEC-22

**INTERNAL MEDICINE**

**ARANETA, TOMAS, MD<sup>Mt</sup>**

Provider ID: 100036305006

29826 HAUN RD STE 201  
MENIFEE, CA 92586  
(951) 301-1100  
Spanish, Tagalog  
Effective as of 01-OCT-22

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

Provider ID: 100318437033

29826 HAUN RD STE 200  
MENIFEE, CA 92586  
(951) 414-4020  
Hindi, Marathi  
Effective as of 01-JUL-23

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

Provider ID: 100318437034

29826 HAUN RD STE 200



MENIFEE, CA 92586  
☎ (951) 414-4020  
📄 Hindi, Marathi  
Effective as of 01-JUL-23

**BASAK, RYAN, MD<sup>M</sup>**  
Provider ID: 100378970016  
📄 29826 HAUN RD STE 200  
MENIFEE, CA 92586  
☎ (951) 414-4020  
Effective as of 01-JUL-23

**BASAK, RYAN, MD<sup>M</sup>**  
Provider ID: 100378970015  
📄 29826 HAUN RD STE 200  
MENIFEE, CA 92586  
☎ (951) 414-4020  
Effective as of 01-JUL-23

**GONZALES, EDIVINA, MD<sup>F</sup>**  
Provider ID: 100039220006  
📄 29798 HAUN RD STE 106  
MENIFEE, CA 92586  
☎ (951) 301-3588  
📄 Spanish, Tagalog  
Effective as of 01-JAN-11

**GONZALES, PATRICK, MD<sup>M†</sup>**  
Provider ID: 100109580005  
📄 29798 HAUN RD STE 106  
MENIFEE, CA 92586  
☎ (951) 301-3588  
Effective as of 01-SEP-10

**GONZALES, EDIVINA, MD<sup>F</sup>**  
Provider ID: 100039220005  
📄 29798 HAUN RD STE 106  
MENIFEE, CA 92586  
☎ (951) 301-3588  
📄 Spanish, Tagalog  
Effective as of 01-OCT-10

**GONZALES, PATRICK, MD<sup>M†</sup>**  
Provider ID: 100109580006  
📄 29798 HAUN RD STE 106

MENIFEE, CA 92586  
☎ (951) 301-3588  
Effective as of 01-JUN-17

**KIM, IRENE, DO<sup>F</sup>**  
Provider ID: 100380710004  
📄 27190 SUN CITY BLVD  
MENIFEE, CA 92586  
☎ (951) 676-4193  
Effective as of 01-JAN-22

**MARTINEZ, JORGE, MD<sup>M†</sup>**  
Provider ID: 100096235012  
📄 29826 HAUN RD STE 201  
MENIFEE, CA 92586  
☎ (951) 301-1100  
📄 Spanish  
Effective as of 01-JUN-22

### ***FAMILY PRACTICE***

**BALL-ZONDERVAN, MONICA,  
MD<sup>F†</sup>**  
Provider ID: 100294482047  
📄 26732 CROWN VALLEY  
PKWY STE 170  
MISSION VIEJO, CA 92691  
☎ (949) 364-7246  
Effective as of 01-SEP-19

**BARE, IAN, MD<sup>M†</sup>**  
Provider ID: 100110113009  
📄 30492 GATEWAY PL STE  
110  
MISSION VIEJO, CA 92694  
☎ (949) 542-7700  
📄 Spanish  
Effective as of 01-JUN-21

**BARE, IAN, MD<sup>M††</sup>**  
Provider ID: 100110113017  
📄 30492 GATEWAY PL STE  
110  
MISSION VIEJO, CA 92694  
☎ (949) 542-7700

📄 Spanish  
Effective as of 01-JUN-21

**BASICH, CANDACE, MD<sup>F††</sup>**  
Provider ID: 100073084010  
📄 30707 GATEWAY PL STE A2  
MISSION VIEJO, CA 92694  
☎ (657) 241-8435  
📄 Spanish  
Effective as of 01-DEC-21


**BASICH, CANDACE, MD<sup>F††</sup>**  
Provider ID: 100073084008  
📄 30707 GATEWAY PL STE A2  
MISSION VIEJO, CA 92694  
☎ (657) 241-8435  
📄 Spanish  
Effective as of 01-SEP-18

**BISUNA, BLANCA, MD<sup>F††</sup>**  
Provider ID: 100199166013  
📄 26732 CROWN VALLEY  
PKWY STE 170  
MISSION VIEJO, CA 92691  
☎ (949) 364-7246  
Effective as of 01-MAR-16

**CHO, ANTHONY, MD<sup>M†</sup>**  
Provider ID: 100326978002  
📄 30707 GATEWAY PL STE A2  
MISSION VIEJO, CA 92694  
☎ (657) 241-8601  
Effective as of 01-APR-18

**CUENCA, ARNOLD, DO<sup>M†</sup>**  
Provider ID: 100103510019  
📄 23512 MADERO  
MISSION VIEJO, CA 92691  
☎ (949) 583-1600  
Effective as of 01-JUL-18


**CUENCA, ARNOLD, DO<sup>M††</sup>**  
Provider ID: 100103510027  
📄 23512 MADERO  
MISSION VIEJO, CA 92691


 (949) 583-1600  
Effective as of 01-JAN-23

**DELNITZ, DANUTA, MD<sup>F</sup>**

Provider ID: 100109319011

 26691 PLAZA STE 140  
MISSION VIEJO, CA 92691

 (949) 240-8555


 Polish, Spanish


Effective as of 01-APR-19

**DELNITZ, DANUTA, MD<sup>F</sup>**

Provider ID: 100109319012

 26691 PLAZA STE 140  
MISSION VIEJO, CA 92691


 (949) 240-8555


 Polish, Spanish

Effective as of 01-APR-19

**FIGHTLIN, STEFANIE, DO<sup>F†</sup>**

Provider ID: 100086847010

 26991 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691

 (949) 582-5430


 Spanish

Effective as of 01-JAN-18

**FLORES, TERESA, MD<sup>F†</sup>**

Provider ID: 100207722054

 27725 SANTA MARGARITA  
PKWY STE 101  
MISSION VIEJO, CA 92691

 (949) 270-2100


 Spanish

Effective as of 01-DEC-19

**FLORES, TERESA, MD<sup>F†</sup>**

Provider ID: 100207722053

 27725 SANTA MARGARITA  
PKWY STE 101  
MISSION VIEJO, CA 92691

 (949) 270-2100


 Spanish

Effective as of 01-DEC-19

**GEBHARD, KARL, MD<sup>M</sup>**

Provider ID: 100071312010

 26922 OSO PKWY STE 380  
MISSION VIEJO, CA 92691


 (949) 305-0110

Effective as of 01-JAN-18

**GEBHARD, KARL, MD<sup>M</sup>**

Provider ID: 100071312004

 26922 OSO PKWY STE 380  
MISSION VIEJO, CA 92691


 (949) 305-0110

Effective as of 01-MAR-16

**GEBHARD, KARL, MD<sup>M</sup>**

Provider ID: 100071312013

 26922 OSO PKWY STE 380  
MISSION VIEJO, CA 92691


 (949) 305-0110

Effective as of 01-JUN-19

**GEBHARD, KARL, MD<sup>M</sup>**

Provider ID: 100071312012

 26922 OSO PKWY STE 380  
MISSION VIEJO, CA 92691


 (949) 305-0110

Effective as of 01-JUN-19

**GLOBUS, JEFFREY, MD<sup>M</sup>**

Provider ID: 100008104012

 26902 OSO PKWY STE 140  
MISSION VIEJO, CA 92691

 (949) 916-8870


 Spanish

Effective as of 01-OCT-22

**GLOBUS, JEFFREY, MD<sup>M</sup>**

Provider ID: 100008104009

 26902 OSO PKWY STE 140  
MISSION VIEJO, CA 92691

 (949) 916-8870


 Spanish

Effective as of 01-JAN-17

**GLOBUS, JEFFREY, MD<sup>M</sup>**

Provider ID: 100008104004

 26902 OSO PKWY STE 140  
MISSION VIEJO, CA 92691

 (949) 916-8870


 Spanish

Effective as of 01-DEC-14

**GONZALEZ, DAVID, MD<sup>M†</sup>**

Provider ID: 100096155006

 26732 CROWN VALLEY  
PKWY STE 170  
MISSION VIEJO, CA 92691


 (949) 364-7246


Effective as of 01-OCT-18

**KUMAR, NISHCHAL, MD<sup>M†</sup>**

Provider ID: 100224908013

 23512 MADERO  
MISSION VIEJO, CA 92691

 (949) 583-1600


 Hindi, Punjabi, Spanish

Effective as of 01-SEP-21

**KUMAR, NISHCHAL, MD<sup>M†</sup>**

Provider ID: 100224908011

 23512 MADERO  
MISSION VIEJO, CA 92691

 (949) 583-1600


 Hindi, Punjabi, Spanish


Effective as of 01-NOV-19

**LY, PHUONG, MD<sup>M†</sup>**

Provider ID: 100354280025

 26800 CROWN VALLEY  
PKWY STE 150  
MISSION VIEJO, CA 92691

 (949) 276-2111


 Vietnamese

Effective as of 01-AUG-22

**PEDARSANI, MARJAN, DO<sup>F††</sup>**




Provider ID: 100113548005

 23512 MADERO  
MISSION VIEJO, CA 92691



 (949) 583-1600

 Farsi  
Effective as of 01-MAY-12




**PEDARSANI, MARJAN, DO<sup>F†</sup>**

Provider ID: 100113548012  
 23512 MADERO  
MISSION VIEJO, CA 92691  
 (949) 583-1600  
 Farsi  
Effective as of 01-SEP-21




**RUTTEN, SONIA, MD<sup>F</sup>**

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



**SAMOORI, RAMA, DO<sup>F†</sup>**

Provider ID: 100112028003  
 26732 CROWN VALLEY  
PKWY STE 170  
MISSION VIEJO, CA 92691  
 (949) 364-7246  
 Farsi, Spanish  
Effective as of 01-SEP-15



**SHOAPOUR, CAMELLIA, MD<sup>F</sup>**

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



**THOMAS, CHERYL, MD<sup>F</sup>**

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



**THOMAS, CHERYL, MD<sup>F</sup>**

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



**THOMAS, CHERYL, MD<sup>F</sup>**

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



**THOMAS, CHERYL, MD<sup>F</sup>**

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


**THOMAS, CHERYL, MD<sup>F</sup>**



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

**THOMAS, CHERYL, MD<sup>F</sup>**

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




**YAZDANSHENAS, MARYAM,  
MD<sup>F†</sup>**

Provider ID: 100224906005  
 30492 GATEWAY PL STE  
110

MISSION VIEJO, CA 92694  
 (949) 542-7700  
 Farsi  
Effective as of 01-AUG-20




**GENERAL PRACTICE**

**JANISZEWSKI, EVA, MD<sup>F</sup>**




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

**INTERNAL MEDICINE**




**ALLAMEHZADEH, REZA, MD<sup>M††</sup>**

Provider ID: 100114378012  
 25982 PALA STE 170  
MISSION VIEJO, CA 92691  
 (949) 581-2002  
 Farsi, German, Persian  
Effective as of 01-JAN-18




**BADIE, MEHRNAZ, MD<sup>F††</sup>**

Provider ID: 100113854005  
 26800 CROWN VALLEY  
PKWY STE 325  
MISSION VIEJO, CA 92691  
 (949) 364-6000  
 Farsi  
Effective as of 01-NOV-12




**BENNER, ERIC, MD<sup>M†</sup>**

Provider ID: 100074899004  
 26800 CROWN VALLEY  
PKWY STE 315  
MISSION VIEJO, CA 92691  
 (949) 364-6000  
 Spanish  
Effective as of 01-NOV-12




**CHANG, HELEN, MD<sup>F††</sup>**

Provider ID: 100080383005  
 25982 PALA STE 250  
 MISSION VIEJO, CA 92691  
 (949) 588-0051  
 Mandarin, Thai  
 Effective as of 01-JAN-18



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

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




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

Provider ID: 100109548011  
 23512 MADERO  
 MISSION VIEJO, CA 92691  
 (949) 583-1600  
 Spanish  
 Effective as of 01-SEP-21


**LU, LESLIE, MD<sup>M†</sup>**



Provider ID: 100332363002  
 26800 CROWN VALLEY  
 PKWY STE 305  
 MISSION VIEJO, CA 92691  
 (949) 364-6000  
 Effective as of 01-SEP-18

**MAYET, KHADIJA, MD<sup>F†</sup>**



Provider ID: 100062204006  
 26800 CROWN VALLEY  
 PKWY STE 315  
 MISSION VIEJO, CA 92691  
 (949) 364-6000  
 Gujarati, Urdu  
 Effective as of 01-FEB-16

**NGUYEN, VY, MD<sup>F††</sup>**



Provider ID: 100105037005  
 26800 CROWN VALLEY  
 PKWY STE 325  
 MISSION VIEJO, CA 92691

 (949) 364-6000  
 Vietnamese  
 Effective as of 01-NOV-12



**NIETO, ELIZABETH, MD<sup>F†</sup>**

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



**NIETO, ELIZABETH, MD<sup>F†</sup>**

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




**NOORIAN, NADER, MD<sup>M††</sup>**

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




**PRATT, DONALD, MD<sup>M††</sup>**

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




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

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




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

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




**SELIGSOHN, BRUCE, MD<sup>M\*</sup>**

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




**SERGEYEVA, YELENA, MD<sup>F</sup>**

Provider ID: 100403248003  
 27800 MEDICAL CENTER  
 RD STE 110  
 MISSION VIEJO, CA 92691  
 (949) 364-3532  
 Russian  
 Teleservice  
 Effective as of 01-MAR-23




**SERGEYEVA, YELENA, MD<sup>F</sup>**

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




**SERGEYEVA, YELENA, MD<sup>F</sup>**

Provider ID: 100403248005  
 27800 MEDICAL CENTER  
 RD STE 110  
 MISSION VIEJO, CA 92691  
 (949) 364-3532  
 Russian  
 Teleservice  
 Effective as of 01-DEC-23



**SERGEYEVA, YELENA, MD<sup>F</sup>**

Provider ID: 100403248004  
 27800 MEDICAL CENTER  
RD STE 110  
MISSION VIEJO, CA 92691  
 (949) 364-3532  
 Russian  
 Teleservice  
 Effective as of 01-DEC-23



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

Provider ID: 100185861008  
 26800 CROWN VALLEY  
PKWY STE 315  
MISSION VIEJO, CA 92691  
 (949) 364-6000  
 Farsi, Spanish  
 Effective as of 01-AUG-19




**STAUNTON, MICHELE, MD<sup>F†</sup>**

Provider ID: 100043245014  
 26800 CROWN VALLEY  
PKWY STE 325  
MISSION VIEJO, CA 92691  
 (949) 364-6000  
 Effective as of 01-AUG-22




**STAUNTON, MICHELE, MD<sup>F††</sup>**

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




**SWADENER, NINA, MD<sup>F†</sup>**

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



**TRUONG, ANDREW, MD<sup>M†</sup>**

Provider ID: 100344383002  
 26800 CROWN VALLEY  
PKWY STE 305  
MISSION VIEJO, CA 92691  
 (949) 364-6000  
 Vietnamese  
 Effective as of 01-JUL-19



**TSAI, MON TA, MD<sup>M††</sup>**

Provider ID: 100060379006  
 25982 PALA STE 250  
MISSION VIEJO, CA 92691  
 (949) 588-0051  
 Chinese, Mandarin,  
Taiwanese  
 Effective as of 01-JAN-18

**WADELL, CHAD, MD<sup>M†</sup>**




Provider ID: 100108309006  
 26800 CROWN VALLEY  
PKWY STE 315  
MISSION VIEJO, CA 92691  
 (949) 364-6000  
 Effective as of 01-NOV-14

**YAZDI, JANET, MD<sup>F††</sup>**




Provider ID: 100086097007  
 26800 CROWN VALLEY  
PKWY STE 305  
MISSION VIEJO, CA 92691  
 (949) 364-6000  
 Effective as of 01-MAR-13

**FAMILY PRACTICE**




**BREWER, ANH, DO<sup>F†</sup>**

Provider ID: 100260727002  
 27722 CLINTON KEITH RD  
BLDG F  
MURRIETA, CA 92562  
 (951) 878-9820  
 Vietnamese  
 Effective as of 01-FEB-16



**BREWER, ANH, DO<sup>F†</sup>**

Provider ID: 100260727007  
 27722 CLINTON KEITH RD  
BLDG F  
MURRIETA, CA 92562  
 (951) 878-9820  
 Vietnamese  
 Effective as of 01-NOV-20




**BRIGGS, BRIDGET, MD<sup>F</sup>**

Provider ID: 100069323004  
 25470 MEDICAL CENTER  
DR STE 102  
MURRIETA, CA 92562  
 (951) 698-6090  
 Spanish  
 Effective as of 01-SEP-10




**MCKERAHAN, KELLY, DO<sup>M</sup>**

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

**MEHARDA, SANJIWANI, MD<sup>F</sup>**

Provider ID: 100327486018  
 24910 LAS BRISAS RD STE  
111  
MURRIETA, CA 92562  
 (951) 694-8549  
 Hindi, Punjabi, Urdu  
 Effective as of 01-DEC-23

**NGUYEN, BACH, MD<sup>M†</sup>**

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

**NGUYEN, BACH, MD<sup>M†</sup>**

Provider ID: 100107585007

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

**PHILLIPS, LILY, MD<sup>F†</sup>**

Provider ID: 100113116009  
27910 LAS BRISAS RD  
STE 106  
MURRIETA, CA 92562  
(951) 231-1385  
Chinese, Mandarin, Spanish  
Effective as of 01-AUG-14

**PHILLIPS, LILY, MD<sup>F†</sup>**

Provider ID: 100113116007  
27910 LAS BRISAS RD  
STE 105  
MURRIETA, CA 92562  
(951) 231-1385  
Chinese, Mandarin, Spanish  
Effective as of 01-AUG-14

**SOTIS, JAMES, MD<sup>M†</sup>**

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

**WALTER, ROME, DO<sup>M</sup>**

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

**YUN, JONATHAN, DO<sup>M†</sup>**

Provider ID: 100025475022  
24910 LAS BRISAS RD STE  
111  
MURRIETA, CA 92562

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

**YUN, JONATHAN, DO<sup>M†</sup>**

Provider ID: 100025475024  
24910 LAS BRISAS RD STE  
111  
MURRIETA, CA 92562  
(951) 694-8549  
Korean, Spanish  
Effective as of 01-NOV-20

**GENERAL PRACTICE**

**LULIC, DZENAN, MD<sup>M†</sup>**

Provider ID: 100283060006  
40700 CALIFORNIA OAKS  
RD STE 206  
MURRIETA, CA 92562  
(951) 412-0011  
Spanish  
Effective as of 01-MAR-19

**INTERNAL MEDICINE**

**BLACK, JASON, MD<sup>M†</sup>**

Provider ID: 100073449005  
24680 JEFFERSON AVE  
STE A  
MURRIETA, CA 92562  
(951) 677-2252  
Effective as of 01-JAN-16

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

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

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

Provider ID: 100039220008  
39755 DATE ST STE 103

MURRIETA, CA 92563  
(951) 304-3221  
Spanish, Tagalog  
Effective as of 01-SEP-10

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

Provider ID: 100109580007  
39755 DATE ST STE 103  
MURRIETA, CA 92563  
(951) 304-3221  
Effective as of 01-APR-19

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

Provider ID: 100109580008  
39755 DATE ST STE 103  
MURRIETA, CA 92563  
(951) 304-3221  
Effective as of 01-APR-19

**MARTINEZ, JORGE, MD<sup>M†</sup>**

Provider ID: 100096235010  
39755 MURRIETA HOT  
SPRINGS RD STE E120  
MURRIETA, CA 92563  
(951) 461-1331  
Spanish  
Effective as of 01-FEB-21

**MARTINEZ, JORGE, MD<sup>M†</sup>**

Provider ID: 100096235003  
39755 MURRIETA HOT  
SPRINGS RD STE E120  
MURRIETA, CA 92563  
(951) 461-1331  
Spanish  
Effective as of 01-DEC-12

**REYNOLDS, RICHARD, MD<sup>M†</sup>**

Provider ID: 100043439030  
25109 JEFFERSON AVE STE  
100  
MURRIETA, CA 92562  
(951) 698-0440  
Effective as of 01-OCT-22

**PEDIATRICS**

**NGUYEN, TUAN, MD<sup>M†</sup>**

Provider ID: 100105070004

28078 BAXTER RD STE 320  
MURRIETA, CA 92563

(951) 246-4546

Effective as of 01-APR-21

**FAMILY PRACTICE**

**ALGHAMDI, ASMA, MD<sup>F†</sup>**

Provider ID: 100359014006

2400 E 8TH ST  
NATIONAL CITY, CA 91950

(619) 662-4100

Effective as of 01-NOV-21

**ALVAREZ-ESTRADA, MIGUEL,  
MD<sup>M</sup>**

Provider ID: 100360099026

2835 HIGHLAND AVE  
NATIONAL CITY, CA 91950

(844) 200-2426

Spanish

Effective as of 01-FEB-24

**CAMPBELL, BRIANNA, MD<sup>F†</sup>**

Provider ID: 100360159004

2400 E 8TH ST  
NATIONAL CITY, CA 91950

(619) 662-4100

Effective as of 01-JAN-21

**CARLSON, ROBERT, MD<sup>M†</sup>**

Provider ID: 100002398003

36 N EUCLID AVE STE 105  
NATIONAL CITY, CA 91950

(619) 255-2950

Spanish, Tagalog

Effective as of 01-SEP-22

**CEVALLOS, JAMES, MD<sup>M††</sup>**

Provider ID: 100079582009

1136 D AVE

NATIONAL CITY, CA 91950

(619) 662-4100

Spanish

Effective as of 01-APR-23

**CEVALLOS, JAMES, MD<sup>M†</sup>**

Provider ID: 100079582004

1136 D AVE  
NATIONAL CITY, CA 91950

(619) 662-4100

Spanish

Effective as of 01-MAR-16

**DILLON, MAYRA, MD<sup>F††</sup>**

Provider ID: 100163378003

1136 D AVE  
NATIONAL CITY, CA 91950

(619) 662-4100

Spanish

Effective as of 01-JAN-14

**KAKAIYA, ROSHNI, DO<sup>F</sup>**

Provider ID: 100395889005

2835 HIGHLAND AVE  
NATIONAL CITY, CA 91950

(844) 200-2426

Spanish

Effective as of 01-FEB-24

**KUNIN-RIDA, TERI, MD<sup>F†</sup>**

Provider ID: 100064070023

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

(619) 434-7308

Armenian, Arabic, Spanish  
Teleservice

Effective as of 01-NOV-21

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

Provider ID: 100021162012

610 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

(619) 527-7700

Spanish, Tagalog

Effective as of 01-NOV-20

**MEDINA, ALEXANDER, MD<sup>M</sup>**

Provider ID: 100325216020

334 E 8TH ST  
NATIONAL CITY, CA 91950

(619) 662-4100

Spanish

Effective as of 01-APR-23

**MEDINA, ALEXANDER, MD<sup>M</sup>**

Provider ID: 100325216021

335 E 8TH ST  
NATIONAL CITY, CA 91950

(619) 662-4100

Spanish

Effective as of 01-APR-23

**MEDINA, ALEXANDER, MD<sup>M</sup>**

Provider ID: 100325216022

336 E 8TH ST  
NATIONAL CITY, CA 91950

(619) 662-4100

Spanish

Effective as of 01-APR-23

**MEDINA, ALEXANDER, MD<sup>M</sup>**

Provider ID: 100325216023

337 E 8TH ST  
NATIONAL CITY, CA 91950

(619) 662-4100

Spanish

Effective as of 01-APR-23

**MEDINA, ALEXANDER, MD<sup>M†</sup>**

Provider ID: 100325216002

330 E 8TH ST  
NATIONAL CITY, CA 91950

(619) 662-4100



Spanish

Effective as of 01-FEB-18




**MEDINA, ALEXANDER, MD<sup>M</sup>**

Provider ID: 100325216026




340 E 8TH ST STE 330  
NATIONAL CITY, CA 91950

 (619) 662-4100  
 Spanish  
Effective as of 01-MAY-23




**MEDINA, ALEXANDER, MD<sup>M†</sup>**  
Provider ID: 100325216016

 330 E 8TH ST  
NATIONAL CITY, CA 91950  
 (619) 662-4100  
 Spanish  
Effective as of 01-APR-23




**MEDINA, ALEXANDER, MD<sup>M</sup>**  
Provider ID: 100325216019

 333 E 8TH ST  
NATIONAL CITY, CA 91950  
 (619) 662-4100  
 Spanish  
Effective as of 01-APR-23




**MEDINA, ALEXANDER, MD<sup>M</sup>**  
Provider ID: 100325216024

 338 E 8TH ST  
NATIONAL CITY, CA 91950  
 (619) 662-4100  
 Spanish  
Effective as of 01-APR-23


**MEDINA, ALEXANDER, MD<sup>M</sup>**  
Provider ID: 100325216025



 339 E 8TH ST  
NATIONAL CITY, CA 91950  
 (619) 662-4100  
 Spanish  
Effective as of 01-APR-23

**MEDINA, ALEXANDER, MD<sup>M</sup>**  
Provider ID: 100325216017




 331 E 8TH ST  
NATIONAL CITY, CA 91950  
 (619) 662-4100  
 Spanish  
Effective as of 01-APR-23

**MEDINA, ALEXANDER, MD<sup>M</sup>**




Provider ID: 100325216018  
 332 E 8TH ST  
NATIONAL CITY, CA 91950

 (619) 662-4100  
 Spanish  
Effective as of 01-APR-23




**NAVARRO, VANESSA, MD<sup>F†</sup>**

Provider ID: 100173914003  
 2400 E 8TH ST  
NATIONAL CITY, CA 91950  
 (619) 662-4100  
 Filipino, Spanish, Tagalog  
Effective as of 01-JAN-14



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

Provider ID: 100244053019  
 610 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950  
 (619) 527-7700  
 Spanish  
Effective as of 01-APR-23




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

Provider ID: 100244053014  
 610 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950  
 (619) 527-7700  
 Spanish  
Effective as of 01-SEP-20

**OCEGUEDA, JOSHUA, MD<sup>M†</sup>**



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

**ORTIZ ILIZALITURRI, ANA, MD<sup>F\*</sup>**



Provider ID: 100394347012  
 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
 (619) 434-7308  
 Spanish

Teleservice  
Effective as of 01-OCT-23




**PATEL, PAAVAN, DO<sup>M</sup>**

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



**PATEL, PAAVAN, DO<sup>M</sup>**

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




**ROBERTS, POMAI, MD<sup>F††</sup>**

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


**SAZEGAR, PAYAM, MD<sup>M†</sup>**

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



**SNOOK, BRIAN, DO<sup>M††</sup>**



Provider ID: 100211994006  
 2400 E 8TH ST  
NATIONAL CITY, CA 91950  
 (619) 662-4100  
 Spanish  
Effective as of 01-JAN-21




**SNOOK, BRIAN, DO<sup>M††</sup>**




Provider ID: 100211994002  
 2400 E 8TH ST  
NATIONAL CITY, CA 91950





 (619) 662-4100  
 Spanish  
Effective as of 01-JUN-14



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



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



**VELASQUEZ, SHARON, MD<sup>F†</sup>**  
Provider ID: 100189428010  
 2400 E 8TH ST  
NATIONAL CITY, CA 91950  
 (619) 662-4100  
 Spanish  
Effective as of 01-NOV-23



## **FQHC**



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



**LA MAESTRA FAMILY CLINIC  
INC, †**  
Provider ID: PG0053396004  
 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
 (619) 434-7308  
Effective as of 01-JAN-21

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




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




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




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

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




## **GENERAL PRACTICE**




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

**MEDINA, NATALIE, MD<sup>F</sup>**  
Provider ID: 100254911004  
 502 EUCLID AVE STE 306  
NATIONAL CITY, CA 91950  
 (619) 267-1168  
 Spanish  
Effective as of 01-MAR-18




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

## **INTERNAL MEDICINE**


**BRAVERMAN, IRA, MD<sup>M†</sup>**  
Provider ID: 100012010021  
 610 EUCLID AVE STE 201  
NATIONAL CITY, CA 91950  
 (619) 267-8181  
 Spanish, Tagalog  
Effective as of 01-APR-21

**BRAVERMAN, IRA, MD<sup>M†</sup>**  
Provider ID: 100012010018  
 610 EUCLID AVE STE 201  
NATIONAL CITY, CA 91950  
 (619) 267-8181  
 Spanish, Tagalog  
Effective as of 01-AUG-20




**BRAVERMAN, IRA, MD<sup>M†</sup>**

Provider ID: 100012010020  
 610 EUCLID AVE STE 201  
 NATIONAL CITY, CA 91950  
 (619) 267-8181  
 Spanish, Tagalog  
 Effective as of 01-NOV-20




**CANTU-REYNA, GUILLERMO, MD<sup>Mt</sup>**

Provider ID: 100214575010  
 217 HIGHLAND AVE  
 NATIONAL CITY, CA 91950  
 (619) 434-7308  
 Teleservice  
 Effective as of 01-JUL-21




**COMUNALE, RODERICK, MD<sup>Mt</sup>**

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

**DELA PAZ, LENNIE, MD<sup>Mt</sup>**



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

**EL GHONEIMY, AHMED, MD<sup>Mt</sup>**



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

**HEKMAT, RAZI, MD<sup>Mt</sup>**



Provider ID: 100081732019

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



**HEKMAT, RAZI, MD<sup>Mt</sup>**

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




**HEKMAT, RAZI, MD<sup>Mt</sup>**

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




**KURUVADI, NISHA, DO<sup>Ft</sup>**

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


**MEDINA, NATALIE, MD<sup>F</sup>**



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

**PRATHIPATI, LAKSHMI, MD<sup>Ft</sup>**




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

**PRATHIPATI, LAKSHMI, MD<sup>Ft</sup>**




Provider ID: 100041945033  
 502 EUCLID AVE STE 2013

NATIONAL CITY, CA 91950  
 (619) 267-0553  
 Spanish, Telugu, Tagalog  
 Effective as of 01-AUG-22




**TIANGCO, IRINEO, MD<sup>Mt</sup>**

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




**TIANGCO, IRINEO, MD<sup>Mt</sup>**

Provider ID: 100107246016  
 2340 E 8TH ST STE J  
 NATIONAL CITY, CA 91950  
 (619) 479-0320  
 Spanish, Tagalog  
 Effective as of 01-JAN-21




**TIANGCO, IRINEO, MD<sup>Mt</sup>**

Provider ID: 100107246005  
 2340 E 8TH ST STE J  
 NATIONAL CITY, CA 91950  
 (619) 479-0320  
 Spanish, Tagalog  
 Effective as of 01-JAN-14

**TIANGCO, IRINEO, MD<sup>Mt</sup>**



Provider ID: 100107246017  
 2340 E 8TH ST STE J  
 NATIONAL CITY, CA 91950  
 (619) 479-0320  
 Spanish, Tagalog  
 Effective as of 01-SEP-20

**TIANGCO, IRINEO, MD<sup>Mt</sup>**



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

**FAMILY PRACTICE**



**GREENBERG, CATOU, MD<sup>F\*</sup>**

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




**GREENBERG, CATOU, MD<sup>F\*</sup>**

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


**GREENBERG, CATOU, MD<sup>F\*</sup>**



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

**KIM, KAREN, DO<sup>F\*</sup>**



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


**KIM, KAREN, DO<sup>F</sup>**

Provider ID: 100070645006  
 1441 AVOCADO AVE STE  
 503  
 NEWPORT BEACH, CA  
 92660


 (949) 718-9020  
 Korean  
 Effective as of 01-JAN-14



**KIM, KAREN, DO<sup>F</sup>**

Provider ID: 100070645007  
 1441 AVOCADO AVE STE  
 503  
 NEWPORT BEACH, CA  
 92660  
 (949) 718-9020


 Korean  
 Effective as of 01-SEP-22



**MANGOBA, LUTHER, MD<sup>M†</sup>**

Provider ID: 100107397012  
 400 NEWPORT CENTER  
 DR STE 303  
 NEWPORT BEACH, CA  
 92660

 (949) 644-1300  
 Spanish  
 Effective as of 01-APR-22




**MANGOBA, LUTHER, MD<sup>M†</sup>**

Provider ID: 100107397011  
 400 NEWPORT CENTER  
 DR STE 303  
 NEWPORT BEACH, CA  
 92660



 (949) 644-1300  
 Spanish  
 Effective as of 01-APR-22

**INTERNAL MEDICINE**

**SPRINGSTUBB, ADITI, MD<sup>F†</sup>**




Provider ID: 100201144014  
 360 SAN MIGUEL DR STE  
 300  
 NEWPORT BEACH, CA  
 92660  
 (949) 557-0830  
 Hindi, Spanish  
 Effective as of 01-OCT-21

**SYED, SAMEENA, DO<sup>F</sup>**




Provider ID: 100380768002  
 360 SAN MIGUEL DR STE  
 300  
 NEWPORT BEACH, CA  
 92660  
 (949) 557-0830  
 Effective as of 01-DEC-21

**FAMILY PRACTICE**




**BANIADAM, BEHZAD, MD<sup>M</sup>**

Provider ID: 100069979008  
 3231 WARING CT STE L  
 OCEANSIDE, CA 92056  
 (760) 630-6300  
 Spanish  
 Effective as of 01-MAR-21




**DONNELL, MARTI, MD<sup>F\*</sup>**

Provider ID: 100049875027  
 517 N HORNE ST  
 OCEANSIDE, CA 92054  
 (844) 308-5003  
 Spanish  
 Effective as of 01-JAN-24

**DONNELL, MARTI, MD<sup>F\*</sup>**

Provider ID: 100049875026  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057  
 (844) 308-5003  
 Spanish  
 Effective as of 01-JAN-24

**DONNELL, MARTI, MD<sup>F\*</sup>**

Provider ID: 100049875025  
 818 PIER VIEW WAY  
 OCEANSIDE, CA 92054  
 (844) 308-5003  
 Spanish  
 Effective as of 01-JAN-24

**ESPINOSA-SILVA, YAMINAH,  
DO<sup>F\*</sup>**

Provider ID: 100358800018

818 PIER VIEW WAY  
OCEANSIDE, CA 92054

(760) 631-5000

Spanish

Effective as of 01-JAN-24

**ESPINOSA-SILVA, YAMINAH,  
DO<sup>F\*</sup>**

Provider ID: 100358800016

4700 N RIVER RD  
OCEANSIDE, CA 92057

(760) 631-5000

Spanish

Effective as of 01-JAN-24

**ESPINOSA-SILVA, YAMINAH,  
DO<sup>F\*</sup>**

Provider ID: 100358800017

517 N HORNE ST  
OCEANSIDE, CA 92054

(760) 631-5000

Spanish

Effective as of 01-JAN-24

**GONZALES, MICHELLE, MD<sup>F</sup>**

Provider ID: 100063095006

3601 VISTA WAY  
OCEANSIDE, CA 92056

(760) 639-1204

Spanish

Effective as of 01-SEP-21

**KURUKULASURIYA,  
DAYANTHITHI, DO<sup>F</sup>**

Provider ID: 100326148005

605 CROUCH ST  
OCEANSIDE, CA 92054

(760) 736-6767

Effective as of 01-FEB-23

**MARTINEZ, LESLY, MD<sup>F\*</sup>**

Provider ID: 100397984036

517 N HORNE ST

OCEANSIDE, CA 92054

(766) 315-0000

Spanish

Effective as of 01-JAN-24

**MARTINEZ, LESLY, MD<sup>F\*</sup>**

Provider ID: 100397984037

4700 N RIVER RD  
OCEANSIDE, CA 92057

(760) 631-5000

Spanish

Effective as of 01-JAN-24

**MARTINEZ, LESLY, MD<sup>F\*</sup>**

Provider ID: 100397984038

818 PIER VIEW WAY  
OCEANSIDE, CA 92054

(760) 631-5000

Spanish

Effective as of 01-JAN-24

**PANICKER, CIBU, MD<sup>M</sup>**

Provider ID: 100322969007

4700 N RIVER RD  
OCEANSIDE, CA 92057

(760) 631-5000

Effective as of 01-JAN-24

**SAFI, ROOZCHEHR, MD<sup>F†</sup>**

Provider ID: 100201387012

605 CROUCH ST  
OCEANSIDE, CA 92054

(760) 736-6767

Farsi

Effective as of 01-APR-14

**VIDAL, MONICA, DO<sup>F†</sup>**

Provider ID: 100327876044

4700 N RIVER RD  
OCEANSIDE, CA 92057

(760) 631-5000

Spanish

Effective as of 01-JAN-24

**VIDAL, MONICA, DO<sup>F†</sup>**

Provider ID: 100327876042

818 PIER VIEW WAY  
OCEANSIDE, CA 92054

(844) 308-5003

Spanish

Effective as of 01-JAN-24

**VIDAL, MONICA, DO<sup>F†</sup>**

Provider ID: 100327876043

517 N HORNE ST  
OCEANSIDE, CA 92054

(760) 631-5000

Spanish

Effective as of 01-JAN-24

**ZAMPELLO, LISA, MD<sup>F</sup>**

Provider ID: 100340931012

818 PIER VIEW WAY  
OCEANSIDE, CA 92054

(760) 631-5000

Effective as of 01-JUN-23

**ZAMPELLO, LISA, MD<sup>F</sup>**

Provider ID: 100340931014

818 PIER VIEW WAY  
OCEANSIDE, CA 92054

(760) 631-5000

Effective as of 01-DEC-23

**ZAMPELLO, LISA, MD<sup>F</sup>**

Provider ID: 100340931008

818 PIER VIEW WAY  
OCEANSIDE, CA 92054

(760) 631-5000

Effective as of 01-JAN-23

**ZAMPELLO, LISA, MD<sup>F</sup>**

Provider ID: 100340931015

818 PIER VIEW WAY  
OCEANSIDE, CA 92054

(760) 631-5000

Effective as of 01-JAN-24

**FQHC**

**VISTA COMMUNITY CLINIC, †**

Provider ID: PG0072409007

4700 N RIVER RD  
OCEANSIDE, CA 92057

(760) 631-5000

Teleservice

Effective as of 01-JUL-22

**VISTA COMMUNITY CLINIC  
HORNE STREET,**

Provider ID: PG0084639007

517 N HORNE ST  
OCEANSIDE, CA 92054

(760) 631-5000

Teleservice

Effective as of 01-JUL-22

**VISTA COMMUNITY CLINIC  
PIER VIEW WAY,**

Provider ID: PG0084683007

818 PIER VIEW WAY  
OCEANSIDE, CA 92054

(760) 631-5000

Teleservice

Effective as of 01-JUL-22

**INTERNAL MEDICINE**

**CHONG, ILSONG, MD<sup>M</sup>**

Provider ID: 100334344006

605 CROUCH ST  
OCEANSIDE, CA 92054

(760) 736-6767

Korean

Effective as of 01-FEB-23

**CURRAN, PERRIN, MD<sup>M</sup>**

Provider ID: 100083095002

3601 VISTA WAY STE 201  
OCEANSIDE, CA 92056

(760) 945-1894

Effective as of 01-FEB-05

**HEIFETZ, SUSAN, MD<sup>F</sup>**

Provider ID: 100024397011

3601 VISTA WAY STE 201  
OCEANSIDE, CA 92056

(760) 529-9514

Effective as of 01-SEP-21

**LAWSON, CATHERINE, MD<sup>F</sup>**

Provider ID: 100080716004

3230 WARING CT STE J  
OCEANSIDE, CA 92056

(760) 941-4498

Effective as of 01-DEC-10

**LIZOTTE, PAUL, DO<sup>M†</sup>**

Provider ID: 100212648008

115 N EL CAMINO REAL STE  
A

OCEANSIDE, CA 92058

(760) 330-5055

Spanish

Effective as of 01-MAR-21

**MACMURRAY, MICHAEL, MD<sup>M</sup>**

Provider ID: 100067535007

818 PIER VIEW WAY  
OCEANSIDE, CA 92054

(760) 631-5000

Spanish

Effective as of 01-MAR-20

**MACMURRAY, MICHAEL, MD<sup>M</sup>**

Provider ID: 100067535003

818 PIER VIEW WAY  
OCEANSIDE, CA 92054

(760) 631-5000

Spanish

Effective as of 01-OCT-05

**MACMURRAY, MICHAEL, MD<sup>M</sup>**

Provider ID: 100067535012

818 PIER VIEW WAY  
OCEANSIDE, CA 92054

(760) 631-5000

Spanish

Effective as of 01-JAN-24

**ZIMMERMANN, ANDRES, MD<sup>M</sup>**

Provider ID: 100015622004

3601 VISTA WAY STE 201  
OCEANSIDE, CA 92056

(760) 639-1714

Spanish

Effective as of 01-SEP-21

**FAMILY PRACTICE**

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

Provider ID: 100320650015

16650 HIGHWAY 76  
PAUMA VALLEY, CA 92061

(760) 742-9919

Spanish

Effective as of 01-FEB-24

**FQHC**

**NEIGHBORHOOD**

**HEALTHCARE PAUMA  
VALLEY,**

Provider ID: PG0024990047

16650 HIGHWAY 76  
PAUMA VALLEY, CA 92061

(760) 742-9919

Teleservice

Effective as of 01-JUL-22

**GENERAL PRACTICE**

**LAFONTANT, JEAN, MD<sup>M†</sup>**

Provider ID: 100218405011

524 W 4TH ST STE B  
PERRIS, CA 92570

(951) 355-0030

French, Spanish

Effective as of 01-APR-21

**INTERNAL MEDICINE**

**SANUCCI, SHAUN, DO<sup>F</sup>**

Provider ID: 100352649064

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

**SANUCCI, SHAUN, DO<sup>F</sup>**  
Provider ID: 100352649063

524 W 4TH ST STE B  
PERRIS, CA 92570  
(951) 355-0030  
Effective as of 01-NOV-23

### **FAMILY PRACTICE**

**KAUR, JATINDER, MD<sup>F</sup>**  
Provider ID: 100315025013

13010 POWAY RD  
POWAY, CA 92064  
(858) 218-3000  
Hindi, Urdu  
Effective as of 01-MAY-23

**KAUR, JATINDER, MD<sup>F</sup>**  
Provider ID: 100315025014

13010 POWAY RD  
POWAY, CA 92064  
(858) 218-3000  
Hindi, Urdu  
Effective as of 01-JAN-24

**TANKSLEY, SIMON, MD<sup>M</sup>**  
Provider ID: 100353447004

15611 POMERADO RD FL 3  
POWAY, CA 92064  
(858) 675-3210  
Spanish  
Effective as of 01-JAN-24

### **FQHC**

**NEIGHBORHOOD  
HEALTHCARE GOLD FAMILY  
HEALTH CENTER,**  
Provider ID: PG0092632004  
13010 POWAY RD

POWAY, CA 92064  
(858) 218-3000  
Effective as of 01-JUL-22

### **INTERNAL MEDICINE**

**CAPARSO, AMANDA, DO<sup>F†</sup>**  
Provider ID: 100202026020

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

**RIVERA, MARCELO, MD<sup>M†</sup>**  
Provider ID: 100036662015

13525 MIDLAND RD STE F  
POWAY, CA 92064  
(858) 486-9100  
Spanish, Tagalog  
Effective as of 01-JAN-21

**RIVERA, MARCELO, MD<sup>M†</sup>**  
Provider ID: 100036662019

13525 MIDLAND RD STE F  
POWAY, CA 92064  
(858) 486-9100  
Spanish, Tagalog  
Effective as of 01-SEP-23

**RIVERA, MARCELO, MD<sup>M</sup>**  
Provider ID: 100036662022

15644 POMERADO RD STE  
100  
POWAY, CA 92064  
(858) 485-5111  
Spanish, Tagalog  
Effective as of 01-DEC-23

**RIVERA, MARCELO, MD<sup>M</sup>**  
Provider ID: 100036662021

15644 POMERADO RD STE  
100  
POWAY, CA 92064  
(858) 485-5111  
Spanish, Tagalog

Effective as of 01-SEP-23

**RIVERA, MARCELO, MD<sup>M</sup>**  
Provider ID: 100036662020

15644 POMERADO RD STE  
100  
POWAY, CA 92064  
(858) 485-5111  
Spanish, Tagalog  
Effective as of 01-SEP-23

**WINE, DAVID, MD<sup>M</sup>**  
Provider ID: 100035139012

15611 POMERADO RD STE  
400  
POWAY, CA 92064  
(858) 675-3100  
Effective as of 01-FEB-24

### **PEDIATRICS**

**YUNG, DORIS, MD<sup>F†</sup>**  
Provider ID: 100036513005

220 ROTANZI ST  
RAMONA, CA 92065  
(760) 736-6767  
Chinese, Mandarin, Spanish  
Effective as of 01-DEC-18

### **FAMILY PRACTICE**

**BILAN, NATALIA, MD<sup>F</sup>**  
Provider ID: 100112756005

29809 SANTA MARGARITA  
PKWY STE 300  
RANCHO SANTA  
MARGARITA, CA 92688  
(949) 709-5100  
Russian  
Effective as of 01-JAN-18

**CIANCIOLA, MARK, MD<sup>M††</sup>**  
Provider ID: 100057057005

29472 AVENIDA DE LAS  
BANDERA

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

**GHAZI, FARANAK, MD<sup>F†</sup>**  
Provider ID: 100332514003  
📍 29873 SANTA MARGARITA  
PKWY STE 100  
RANCHO SANTA  
MARGARITA, CA 92688  
☎ (949) 709-0988  
Effective as of 01-AUG-18

**KARIMABADI, MARJAN, MD<sup>F†</sup>**  
Provider ID: 100196435002  
📍 29472 AVENIDA DE LAS  
BANDERA  
RANCHO SANTA  
MARGARITA, CA 92688  
☎ (949) 459-9968  
📄 Farsi  
Effective as of 01-OCT-13

### **GENERAL PRACTICE**

**RAMIREZ, HECTOR, MD<sup>M</sup>**  
Provider ID: 100077601004  
📍 29833 SANTA MARGARITA  
PKWY STE 200  
RANCHO SANTA  
MARGARITA, CA 92688  
☎ (949) 858-8652  
📄 Spanish  
Effective as of 01-JAN-18

### **INTERNAL MEDICINE**

**GORE, GWENDOLYN, MD<sup>F†</sup>**  
Provider ID: 100020754005  
📍 29472 AVENIDA DE LAS  
BANDERA  
RANCHO SANTA  
MARGARITA, CA 92688  
☎ (949) 459-9968

Effective as of 01-MAY-12  
**KAMAREI, SHAPARAK, MD<sup>F†</sup>**  
Provider ID: 100132319012  
📍 29873 SANTA MARGARITA  
PKWY STE 100  
RANCHO SANTA  
MARGARITA, CA 92688  
☎ (949) 709-0988  
📄 Farsi  
Effective as of 01-JAN-18

**TRAN, LILIAN, MD<sup>F†</sup>**  
Provider ID: 100105534008  
📍 29472 AVENIDA DE LAS  
BANDERA  
RANCHO SANTA  
MARGARITA, CA 92688  
☎ (949) 459-9968  
📄 Vietnamese  
Effective as of 01-MAR-15

### **FAMILY PRACTICE**

**DESILVA, PETER, MD<sup>M</sup>**  
Provider ID: 100046594003  
📍 29809 SANTA MARGARITA  
PKWY STE 300  
RCHO STA MARG, CA  
92688  
☎ (949) 709-5100  
Effective as of 01-JAN-18

**ALI, MOHAMMED, MD<sup>M†</sup>**  
Provider ID: 100114282052  
📍 665 CAMINO DE LOS  
MARES STE 203  
SAN CLEMENTE, CA 92673  
☎ (949) 493-9344  
📄 Hindi, Telugu, Urdu  
Effective as of 01-DEC-18

**ALI, MOHAMMED, MD<sup>M†</sup>**  
Provider ID: 100114282063  
📍 665 CAMINO DE LOS

MARES STE 203  
SAN CLEMENTE, CA 92673  
☎ (949) 493-9344  
📄 Hindi, Telugu, Urdu  
Effective as of 01-JAN-22

**ALI, MOHAMMED, MD<sup>M†</sup>**  
Provider ID: 100114282021  
📍 665 CAMINO DE LOS  
MARES STE 203  
SAN CLEMENTE, CA 92673  
☎ (949) 493-9344  
📄 Hindi, Telugu, Urdu  
Effective as of 01-JAN-16

**ALI, MOHAMMED, MD<sup>M†</sup>**  
Provider ID: 100114282028  
📍 665 CAMINO DE LOS  
MARES STE 203  
SAN CLEMENTE, CA 92673  
☎ (949) 493-9344  
📄 Hindi, Telugu, Urdu  
Effective as of 01-JAN-17

**ALI, MOHAMMED, MD<sup>M†</sup>**  
Provider ID: 100114282008  
📍 665 CAMINO DE LOS  
MARES STE 203  
SAN CLEMENTE, CA 92673  
☎ (949) 493-9344  
📄 Hindi, Telugu, Urdu  
Effective as of 01-OCT-15

**DAVALOS, RICARDO, MD<sup>M</sup>**  
Provider ID: 100077642004  
📍 150 AVENIDA CABRILLO  
STE A  
SAN CLEMENTE, CA 92672  
☎ (949) 369-6993  
📄 Spanish  
Effective as of 01-JAN-18

**RAMSEY, KAYLA, DO<sup>F</sup>**  
Provider ID: 100365540002  
📍 1031 AVENIDA PICO STE

203  
SAN CLEMENTE, CA 92673  
☎ (949) 557-0820  
Effective as of 01-JAN-21

**ROBERSON, ANDREA, DO<sup>F†</sup>**

Provider ID: 100091717003  
📍 105 AVENIDA DE LA ESTRELLA STE 1A  
SAN CLEMENTE, CA 92672  
☎ (949) 586-8000  
Effective as of 01-JAN-18

**SAFAVI, MAHSA, MD<sup>F†</sup>**

Provider ID: 100350049007  
📍 724 S EL CAMINO REAL  
SAN CLEMENTE, CA 92672  
☎ (949) 493-6113  
📱 Farsi, Persian  
Effective as of 01-JAN-23

**SHOKOUHI, SARA, MD<sup>F†</sup>**

Provider ID: 100111432006  
📍 665 CAMINO DE LOS MARES STE 207  
SAN CLEMENTE, CA 92673  
☎ (949) 661-4411  
📱 Farsi, Persian  
Effective as of 01-JAN-18

**YU, CHRISTINE, DO<sup>F</sup>**

Provider ID: 100420091002  
📍 638 CAMINO DE LOS MARES STE D4  
SAN CLEMENTE, CA 92673  
☎ (949) 542-8865  
📱 Chinese, Mandarin  
Effective as of 01-DEC-23

**INTERNAL MEDICINE**

**CHANG, LAWRENCE, MD<sup>M</sup>**

Provider ID: 100045275002  
📍 665 CAMINO LOS MARES 301

SAN CLEMENTE, CA 92673  
☎ (949) 240-9664  
📱 Chinese, Mandarin, Spanish  
Effective as of 01-JAN-18

**GARNER, KAREN, MD<sup>F†</sup>**

Provider ID: 100100519023  
📍 831 VIA SUERTE STE 102  
SAN CLEMENTE, CA 92673  
☎ (949) 364-5600  
Effective as of 01-NOV-17

**MITREVSKI, PREDRAG, MD<sup>M†</sup>**

Provider ID: 100071204007  
📍 675 CAMINO DE LOS MARES STE 200  
SAN CLEMENTE, CA 92673  
☎ (949) 542-8865  
Effective as of 01-JAN-15

**REXINGER, KENNETH, MD<sup>M†</sup>**

Provider ID: 100058286009  
📍 831 VIA SUERTE STE 102  
SAN CLEMENTE, CA 92673  
☎ (949) 364-5600  
Effective as of 01-JAN-15

**UNDERWOOD JOLLY, AMY, MD<sup>F†</sup>**

Provider ID: 100086849011  
📍 831 VIA SUERTE STE 102  
SAN CLEMENTE, CA 92673  
☎ (949) 364-5600  
Effective as of 01-JAN-22

**WOOD, YELENA, MD<sup>F†</sup>**

Provider ID: 100018427006  
📍 724 S EL CAMINO REAL  
SAN CLEMENTE, CA 92672  
☎ (949) 493-6113  
Effective as of 01-JAN-18

**FAMILY PRACTICE**

**ALVAREZ-ESTRADA, MIGUEL,**

**MD<sup>M†</sup>**

Provider ID: 100360099016  
📍 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113  
☎ (619) 662-4100  
📱 Spanish  
Effective as of 01-MAY-22

**ALVAREZ-ESTRADA, MIGUEL, MD<sup>M†</sup>**

Provider ID: 100360099012  
📍 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113  
☎ (619) 662-4100  
📱 Spanish  
Effective as of 01-JAN-21

**BOYD, JAMES, MD<sup>M</sup>**

Provider ID: 100053030010  
📍 9333 GENESEE AVE STE 250  
SAN DIEGO, CA 92121  
☎ (619) 810-7027  
📱 Spanish  
Teleservice  
Effective as of 01-DEC-23

**CUTLER, MICHAEL, MD<sup>M</sup>**

Provider ID: 100225708017  
📍 8996 MIRAMAR RD STE 308  
SAN DIEGO, CA 92126  
☎ (858) 335-2670  
📱 Russian, Spanish  
Effective as of 01-OCT-23

**CUTLER, MICHAEL, MD<sup>M</sup>**

Provider ID: 100225708021  
📍 3802 NATIONAL AVE  
SAN DIEGO, CA 92113  
☎ (619) 264-2591  
📱 Russian, Spanish  
Effective as of 01-JAN-24

**CUTLER, MICHAEL, MD<sup>M</sup>**



Provider ID: 100225708019

3802 NATIONAL AVE  
SAN DIEGO, CA 92113

(619) 264-2591

Russian, Spanish

Effective as of 01-DEC-23

**DABO, TARAM, MD<sup>M†</sup>**

Provider ID: 100075261004

1919 GRAND AVE STE 1E  
SAN DIEGO, CA 92109

(858) 270-5454

Chinese, French, Mandarin

Effective as of 01-JAN-14

**DABO, TARAM, MD<sup>M†</sup>**

Provider ID: 100075261003

1919 GRAND AVE STE 1E  
SAN DIEGO, CA 92109

(858) 270-5454

Chinese, French, Mandarin

Effective as of 01-MAR-11

**DAVIS, DEIRDRE, MD<sup>F†</sup>**

Provider ID: 100375869002

950 S EUCLID AVE  
SAN DIEGO, CA 92114

(619) 662-4100

Spanish

Teleservice

Effective as of 01-AUG-21

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

Provider ID: 100409222005

3750 CONVOY ST STE 118  
SAN DIEGO, CA 92111

(760) 741-1224

French, Hungarian, Spanish

Effective as of 01-AUG-23

**DENYSIAK, JACQUELINE, MD<sup>F†</sup>**

Provider ID: 100363725002

3969 4TH AVE STE 203  
SAN DIEGO, CA 92103

(619) 294-6500

Teleservice

Effective as of 01-DEC-20

**DENYSIAK, JACQUELINE, MD<sup>F†</sup>**

Provider ID: 100363725005

3969 4TH AVE STE 203  
SAN DIEGO, CA 92103

(619) 294-6500

Teleservice

Effective as of 01-JAN-21

**DENYSIAK, JACQUELINE, MD<sup>F†</sup>**

Provider ID: 100363725007

3969 4TH AVE STE 203  
SAN DIEGO, CA 92103

(619) 294-6500

Teleservice

Effective as of 01-NOV-21

**DIEP, BRIAN, MD<sup>M†</sup>**

Provider ID: 100324529011

7345 LINDA VISTA RD STE A  
SAN DIEGO, CA 92111

(858) 277-5463

Vietnamese

Teleservice

Effective as of 01-JUN-22

**DIEP, BRIAN, MD<sup>M†</sup>**

Provider ID: 100324529013

4551 EL CAJON BLVD  
SAN DIEGO, CA 92115

(619) 280-7185

Vietnamese

Teleservice

Effective as of 01-OCT-22

**DRZYMALSKI, MONIKA, DO<sup>F</sup>**

Provider ID: 100390753002

3180 UNIVERSITY AVE STE  
120  
SAN DIEGO, CA 92104

(858) 529-7229

Teleservice

Effective as of 01-AUG-22

**DRZYMALSKI, MONIKA, DO<sup>F</sup>**

Provider ID: 100390753010

3180 UNIVERSITY AVE STE  
120

SAN DIEGO, CA 92104

(858) 529-7229

Teleservice

Effective as of 01-SEP-23

**DRZYMALSKI, MONIKA, DO<sup>F</sup>**

Provider ID: 100390753005

3180 UNIVERSITY AVE STE  
120

SAN DIEGO, CA 92104

(858) 529-7229

Teleservice

Effective as of 01-NOV-23

**DRZYMALSKI, MONIKA, DO<sup>F</sup>**

Provider ID: 100390753004

3180 UNIVERSITY AVE STE  
120

SAN DIEGO, CA 92104

(858) 529-7229

Teleservice

Effective as of 01-OCT-22

**DRZYMALSKI, MONIKA, DO<sup>F</sup>**

Provider ID: 100390753009

3180 UNIVERSITY AVE STE  
120

SAN DIEGO, CA 92104

(858) 529-7229

Teleservice

Effective as of 01-MAR-23

**DUDAREWICZ, TERESA, MD<sup>F†</sup>**

Provider ID: 100068264013

9909 MIRA MESA BLVD  
STE 110

SAN DIEGO, CA 92131

(858) 788-7208

📠 French, Polish, Russian  
Teleservice  
Effective as of 01-NOV-23

**DUDAREWICZ, TERESA, MD<sup>Ft</sup>**

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

**DUDAREWICZ, TERESA, MD<sup>Ft</sup>**

Provider ID: 100068264016  
📠 9909 MIRA MESA BLVD  
STE 110  
SAN DIEGO, CA 92131  
📞 (858) 788-7208  
📠 French, Polish, Russian  
Teleservice  
Effective as of 01-OCT-22

**FAMBRO, CYNTHIA, MD<sup>Ft</sup>**

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

**GIL, GABRIEL, MD<sup>M†</sup>**

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

**GIL, GABRIEL, MD<sup>M†</sup>**

Provider ID: 100094547011  
📠 903 CARDIFF ST  
SAN DIEGO, CA 92114  
📞 (619) 465-3121

📠 Spanish  
Effective as of 01-JAN-18

**GIL, GABRIEL, MD<sup>M†</sup>**

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

**GIL, GABRIEL, MD<sup>M†</sup>**

Provider ID: 100094547026  
📠 903 CARDIFF ST  
SAN DIEGO, CA 92114  
📞 (619) 465-3121  
📠 Spanish  
Effective as of 01-NOV-20

**GUTIERREZ, LORAIN, MD<sup>Ft</sup>**

Provider ID: 100334279007  
📠 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
📞 (619) 255-9155  
Teleservice  
Effective as of 01-AUG-21

**HAMIDI, MAHSHID, MD<sup>Ft</sup>**

Provider ID: 100110351005  
📠 5222 BALBOA AVE STE 31  
SAN DIEGO, CA 92117  
📞 (858) 565-6394  
📠 Farsi, French, Spanish  
Effective as of 01-APR-18

**HAMIDI, MAHSHID, MD<sup>Ft</sup>**

Provider ID: 100110351015  
📠 5222 BALBOA AVE STE 31  
SAN DIEGO, CA 92117  
📞 (858) 565-6394  
📠 Farsi, French, Spanish  
Effective as of 01-JAN-21

**HAMIDI, MAHSHID, MD<sup>Ft</sup>**

Provider ID: 100110351016

📠 5222 BALBOA AVE STE 31  
SAN DIEGO, CA 92117  
📞 (858) 565-6394  
📠 Farsi, French, Spanish  
Effective as of 01-FEB-22

**HAMIDI, MAHSHID, MD<sup>Ft</sup>**

Provider ID: 100110351013  
📠 5222 BALBOA AVE STE 31  
SAN DIEGO, CA 92117  
📞 (858) 565-6394  
📠 Farsi, French, Spanish  
Effective as of 01-AUG-20

**HAMIDI, MAHSHID, MD<sup>Ft</sup>**

Provider ID: 100110351017  
📠 5222 BALBOA AVE STE 31  
SAN DIEGO, CA 92117  
📞 (858) 565-6394  
📠 Farsi, French, Spanish  
Effective as of 01-APR-23

**HEIMLER, GRAHAM, MD<sup>M</sup>**

Provider ID: 100395560005  
📠 9333 GENESEE AVE  
SAN DIEGO, CA 92121  
📞 (800) 926-8273  
Effective as of 01-JUL-23

**HENRY, REBECCA, MD<sup>F</sup>**

Provider ID: 100418054002  
📠 6386 ALVARADO CT STE  
101  
SAN DIEGO, CA 92120  
📞 (858) 554-1212  
Effective as of 01-NOV-23

**HOUGHTON, ROBERT, MD<sup>M†</sup>**

Provider ID: 100034977002  
📠 1855 1ST AVE STE 200B  
SAN DIEGO, CA 92101  
📞 (619) 233-4044  
📠 German, Spanish  
Effective as of 01-FEB-07

**JENKIN, FREDERICK, DO<sup>M†</sup>**

Provider ID: 100038612009

3562 GOVERNOR DR STE 1  
SAN DIEGO, CA 92122

(858) 774-5157

Effective as of 01-MAY-21

**JOHN, TANNER, MD<sup>M</sup>**

Provider ID: 100415495003

3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

(619) 662-4100

Teleservice

Effective as of 01-OCT-23

**KAUFHOLD, ANNE, MD<sup>F†</sup>**

Provider ID: 100086435019

3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

(619) 662-4100

Arabic, Spanish

Effective as of 01-JAN-21

**KIDDER, BRENDAN, MD<sup>M†</sup>**

Provider ID: 100334556005

3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

(619) 662-4100

Spanish

Effective as of 01-MAY-22

**KUNIN-RIDA, TERI, MD<sup>F†</sup>**

Provider ID: 100064070025

1032 BROADWAY  
SAN DIEGO, CA 92101

(619) 795-5991

Armenian, Arabic, Spanish  
Teleservice

Effective as of 01-NOV-21

**KUNIN-RIDA, TERI, MD<sup>F†</sup>**

Provider ID: 100064070026

4171 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

(619) 269-1269

Armenian, Arabic, Spanish  
Teleservice

Effective as of 01-NOV-21

**KUNIN-RIDA, TERI, MD<sup>F†</sup>**

Provider ID: 100064070020

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

(619) 255-9155

Armenian, Arabic, Spanish  
Teleservice

Effective as of 01-NOV-21

**LEBANO, RICHARD, MD<sup>M</sup>**

Provider ID: 100340129005

10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

(844) 200-2426

Spanish

Effective as of 01-OCT-23

**LIU, CHIA-LIN, DO<sup>M</sup>**

Provider ID: 100102354004

2185 GARNET AVE  
SAN DIEGO, CA 92109

(858) 270-9270

Chinese, Mandarin, Spanish

Effective as of 01-APR-23

**LIU, CHIA-LIN, DO<sup>M</sup>**

Provider ID: 100102354002

2185 GARNET AVE  
SAN DIEGO, CA 92109

(858) 270-9270

Chinese, Mandarin, Spanish

Effective as of 01-DEC-03

**LUAN, GORDON, MD<sup>M†</sup>**

Provider ID: 100012685018

4320 GENESEE AVE STE  
103

SAN DIEGO, CA 92117

(858) 598-6789

Chinese, Mandarin

Effective as of 01-NOV-23

**LUAN, GORDON, MD<sup>M†</sup>**

Provider ID: 100012685016

4320 GENESEE AVE STE  
103

SAN DIEGO, CA 92117

(858) 598-6789

Chinese, Mandarin

Effective as of 01-JUN-22

**MARQUEZ, LUIS, MD<sup>M†</sup>**

Provider ID: 100078829006

4060 4TH AVE STE 540  
SAN DIEGO, CA 92103

(619) 236-8796

Italian, Spanish

Effective as of 01-NOV-21

**MATSON, GARY, DO<sup>M†</sup>**

Provider ID: 100051901002

4501 MISSION BAY DR STE  
3E

SAN DIEGO, CA 92109

(858) 270-4343

French, Spanish

Effective as of 01-FEB-07

**MORALES, ALEJANDRA, MD<sup>F†</sup>**

Provider ID: 100363732003

3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

(619) 662-4100

Effective as of 01-JAN-21

**MORALES, ALEJANDRA, MD<sup>F†</sup>**

Provider ID: 100363732006

3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

(619) 662-4100

Effective as of 01-MAY-22

**NGUYEN, LINHKIEU, MD<sup>F†</sup>**

Provider ID: 100073181012

3575 EUCLID AVE STE 100  
SAN DIEGO, CA 92105  
(619) 284-1400  
Chinese, Spanish, Tagalog  
Effective as of 01-JAN-21

**NGUYEN, LINHKIEU, MD<sup>Ft</sup>**

Provider ID: 100073181014

6905 LINDA VISTA RD  
SAN DIEGO, CA 92111  
(619) 284-1400  
Chinese, Spanish, Tagalog  
Effective as of 01-FEB-22

**NGUYEN, HUONG, MD<sup>F+t</sup>**

Provider ID: 100104992004

4444 EL CAJON BLVD STE  
6  
SAN DIEGO, CA 92115  
(619) 285-1522  
Cantonese, Cambodian,  
Mandarin

Effective as of 01-JAN-14

**NGUYEN, HUONG, MD<sup>Ft</sup>**

Provider ID: 100104992018

4444 EL CAJON BLVD STE  
6  
SAN DIEGO, CA 92115  
(619) 285-1522  
Cantonese, Cambodian,  
Mandarin

Effective as of 01-OCT-23

**ORTIZ, KENNETH, MD<sup>Mt</sup>**

Provider ID: 100335275027

316 25TH ST  
SAN DIEGO, CA 92102  
(619) 662-4100

Teleservice

Effective as of 01-OCT-22

**ORTIZ ILIZALITURRI, ANA, MD<sup>F\*</sup>**

F\*

Provider ID: 100394347011

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
(619) 280-4213  
Spanish  
Teleservice  
Effective as of 01-OCT-23

**RITTER, STEVEN, DO<sup>Mt</sup>**

Provider ID: 100332302002

950 S EUCLID AVE  
SAN DIEGO, CA 92114  
(619) 662-4100  
Effective as of 01-AUG-18

**RODRIGUEZ, SEAN, MD<sup>M</sup>**

Provider ID: 100197884009

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

**SALEH, ANDREW, MD<sup>Mt</sup>**

Provider ID: 100293587004

1370 ROSECRANS ST STE A  
SAN DIEGO, CA 92106  
(619) 223-2668  
Arabic, Spanish  
Effective as of 01-DEC-23

**SAZEGAR, PAYAM, MD<sup>Mt</sup>**

Provider ID: 100187888011

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
(619) 255-9155  
Teleservice  
Effective as of 01-JUL-21

**SAZEGAR, PAYAM, MD<sup>Mt</sup>**

Provider ID: 100187888013

4171 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
(619) 269-1269  
Teleservice  
Effective as of 01-JUL-21

**SCOTT, LAGINA, MD<sup>F</sup>**

Provider ID: 100363586003

292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114  
(619) 662-4100  
Teleservice  
Effective as of 01-MAR-21

**SHAMANI, AZAM, MD<sup>Ft</sup>**

Provider ID: 100132296023

5555 RESERVOIR DR STE  
312  
SAN DIEGO, CA 92120  
(619) 639-7285  
Farsi, Spanish, Faroese  
Effective as of 01-SEP-22

**SHAMANI, AZAM, MD<sup>Ft</sup>**

Provider ID: 100132296022

5555 RESERVOIR DR STE  
312  
SAN DIEGO, CA 92120  
(619) 639-7285  
Farsi, Spanish, Faroese  
Effective as of 01-SEP-21

**SHAMANI, AZAM, MD<sup>Ft</sup>**

Provider ID: 100132296015

5555 RESERVOIR DR STE  
312  
SAN DIEGO, CA 92120  
(619) 639-7285  
Farsi, Spanish, Faroese  
Effective as of 01-APR-18

**SHAMANI, AZAM, MD<sup>Ft</sup>**

Provider ID: 100132296021

5555 RESERVOIR DR STE  
312  
SAN DIEGO, CA 92120  
(619) 639-7285  
Farsi, Spanish, Faroese  
Effective as of 01-JAN-21

**SINGER, JACOB, MD<sup>M</sup>**

Provider ID: 100340992007

4320 GENESEE AVE  
SAN DIEGO, CA 92117

(858) 598-6789

Effective as of 01-OCT-23

**SINGER, JACOB, MD<sup>M</sup>**

Provider ID: 100340992008

4320 GENESEE AVE  
SAN DIEGO, CA 92117

(858) 598-6789

Effective as of 01-DEC-23

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

Provider ID: 100418703003

3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

(619) 662-4100

Teleservice

Effective as of 01-NOV-23

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

Provider ID: 100024789053

4690 EL CAJON BLVD  
SAN DIEGO, CA 92115

(619) 662-4100

Spanish

Teleservice

Effective as of 01-MAR-22

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

Provider ID: 100387928007

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

(619) 255-9155

Teleservice

Effective as of 01-MAY-22

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

Provider ID: 100387928008

4171 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

(619) 269-1269

Teleservice

Effective as of 01-MAY-22

**SZMIDT, MARIA, MD<sup>F</sup>**

Provider ID: 100108398011

12395 EL CAMINO REAL  
STE 100

SAN DIEGO, CA 92130

(858) 259-5655

Polish, Russian, Spanish

Effective as of 01-JAN-21

**SZMIDT, MARIA, MD<sup>F</sup>**

Provider ID: 100108398007

12395 EL CAMINO REAL  
STE 100

SAN DIEGO, CA 92130

(858) 259-5655

Polish, Russian, Spanish

Effective as of 01-SEP-15

**TEGUH, COLLIN, DO<sup>Mt</sup>**

Provider ID: 100089123007

2045 ADAMS AVE  
SAN DIEGO, CA 92116

(619) 281-8988

German, Indonesian,  
Malayalam

Teleservice

Effective as of 01-AUG-20

**VAZQUEZ-BOJORQUEZ,**

**ALEJANDRA, MD<sup>F</sup>**

Provider ID: 100391945010

3900 5TH AVE STE 110  
SAN DIEGO, CA 92103

(858) 554-1212

Spanish

Effective as of 01-NOV-22

**VO, PHU LUONG, DO<sup>F</sup>**

Provider ID: 100415527003

4690 EL CAJON BLVD  
SAN DIEGO, CA 92115

(619) 662-4100

Spanish, Vietnamese

Teleservice

Effective as of 01-NOV-23

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

Provider ID: 100090572016

9800 GLEN CENTER DR  
SAN DIEGO, CA 92131

(858) 832-2500

Teleservice

Effective as of 01-NOV-23

**WONG, CALVIN, MD<sup>Mt</sup>**

Provider ID: 100095226007

444 W C ST STE 185  
SAN DIEGO, CA 92101

(619) 232-6262

Chinese, Spanish

Effective as of 01-JUN-11

**YUEN, SELENE, MD<sup>Ft</sup>**

Provider ID: 100246155013

4320 GENESEE AVE STE  
103

SAN DIEGO, CA 92117

(858) 598-6789

Chinese

Teleservice

Effective as of 01-APR-22

**YUEN, SELENE, MD<sup>Ft</sup>**

Provider ID: 100246155015

4320 GENESEE AVE STE  
103

SAN DIEGO, CA 92117

(858) 598-6789

Chinese


Teleservice

Effective as of 01-JUN-22

**ZINK, IRENE, MD<sup>Ft\*</sup>**

Provider ID: 100324255002

3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

 (619) 662-4100


 German


Teleservice

Effective as of 01-AUG-17

**ZINK, IRENE, MD<sup>F†</sup>**

Provider ID: 100324255006

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

 (619) 662-4100

 German

Teleservice

Effective as of 01-APR-23


**FQHC**

**DIAMOND NEIGHBORHOODS**

**FAMILY HLTH CTRS INC,**

Provider ID: PG0025044041

 4725 MARKET ST  
SAN DIEGO, CA 92102


 (619) 515-2560

Effective as of 01-JAN-21

**DOWNTOWN FAMILY CTR AT  
CONNECTIONS, †**

Provider ID: PG0084437004

 1250 6TH AVE STE 100  
SAN DIEGO, CA 92101


 (619) 515-2430

Effective as of 01-JAN-21

**FAMILY HEALTH CTR IBARRA,  
†**

Provider ID: PG0084517004

 4874 POLK AVE  
SAN DIEGO, CA 92105

 (619) 515-2426


Effective as of 01-JAN-21

**FAMILY HEALTH CTR OF SD-  
ELM ST, †**

Provider ID: PG0083911003

 140 ELM ST

SAN DIEGO, CA 92101


 (619) 515-2520

Effective as of 01-JAN-21

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

Provider ID: PG0084522003

 5160 FEDERAL BLVD  
SAN DIEGO, CA 92105


 (619) 515-2454

Effective as of 01-JAN-21

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

Provider ID: PG0084522006

 2114 NATIONAL AVE  
SAN DIEGO, CA 92113

 (619) 515-2406


Effective as of 01-JAN-21

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

Provider ID: PG0083950003

 2325 COMMERCIAL ST STE  
1400

SAN DIEGO, CA 92113


 (619) 515-2422

Effective as of 01-JAN-21

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

Provider ID: PG0085338003

 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101


 (619) 515-2525

Effective as of 01-JAN-21

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

Provider ID: PG0083156003

 3705 MISSION BLVD  
SAN DIEGO, CA 92109

 (619) 515-2444


Effective as of 01-JAN-21

**FAMILY HLTH CTR SD**

**HILLCREST, †**

Provider ID: PG0084516014

 4094 4TH AVE  
SAN DIEGO, CA 92103


 (619) 515-2545

Effective as of 01-JAN-21

**KING CHAVEZ HEALTH  
CENTER, †**

Provider ID: PG0047560014

 950 S EUCLID AVE  
SAN DIEGO, CA 92114

 (619) 662-4100


Teleservice

Effective as of 01-JAN-21

**LA MAESTRA FAMILY CLINIC  
INC, †**

Provider ID: PG0053396003

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

 (619) 280-4213


Teleservice

Effective as of 01-JAN-21

**LINDA VISTA HEALTH CARE  
CTR,**

Provider ID: PG0024858005

 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: PG0083606005

10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

(844) 200-2426

Effective as of 01-JAN-21

**OPERATION SAMAHAN - MIRA  
MESA,**

Provider ID: PG0083606006

9855 ERMA RD STE 105  
SAN DIEGO, CA 92131

(844) 200-2426

Effective as of 01-JAN-21

**OPERATION SAMAHAN  
RANCHO PENASQUITOS,**

Provider ID: PG0083903005

9995 CARMEL MOUNTAIN  
RD STE B10 AND B11  
SAN DIEGO, CA 92129

(844) 200-2426

Effective as of 01-JAN-21

**SAN DIEGO AMERICAN INDIAN  
HEALTH CENTER,**

Provider ID: PG0025869017

2630 1ST AVE  
SAN DIEGO, CA 92103

(619) 234-2158

Teleservice

Effective as of 01-JUL-22

**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

Teleservice

Effective as of 01-JAN-21

**SHERMAN HEIGHTS FAMILY  
HLTH CTRS INC,**

Provider ID: PG0082766003

2391 ISLAND AVE  
SAN DIEGO, CA 92102


(619) 515-2435

Effective as of 01-JAN-21

**ST VINCENT DE PAUL VILLAGE  
FAMILY HEALTH CENTER, ††**

Provider ID: PG0086361006

1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 (619) 233-8500  
Teleservice  
Effective as of 01-JUL-22

### **GENERAL PRACTICE**

#### **BORRERO, MARCOS, MD<sup>Mt+</sup>**

Provider ID: 100104392019

 3490 PALM AVE  
SAN DIEGO, CA 92154  
 (619) 423-5616  
 Spanish  
Teleservice

Effective as of 01-JUN-23

#### **BORRERO, MARCOS, MD<sup>Mt</sup>**

Provider ID: 100104392005

 3490 PALM AVE  
SAN DIEGO, CA 92154  
 (619) 423-5616  
 Spanish  
Teleservice

Effective as of 01-MAY-18

#### **BORRERO, MARCOS, MD<sup>Mt</sup>**


Provider ID: 100104392016

 3490 PALM AVE  
SAN DIEGO, CA 92154  
 (619) 423-5616  
 Spanish  
Teleservice

Effective as of 01-NOV-20

#### **BORRERO, MARCOS, MD<sup>Mt</sup>**



Provider ID: 100104392018

 3490 PALM AVE  
SAN DIEGO, CA 92154  
 (619) 423-5616  
 Spanish  
Teleservice

Effective as of 01-DEC-21

#### **BORRERO, MARCOS, MD<sup>Mt</sup>**

Provider ID: 100104392015

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

#### **DENYSIAK, JACQUELINE, MD<sup>Ft</sup>**

Provider ID: 100363725006

 3969 4TH AVE STE 203  
SAN DIEGO, CA 92103  
 (619) 294-6500  
Teleservice

Effective as of 01-JAN-21

#### **GERBATSCH-BORNEMISZA, ILDIKO, MD<sup>Ft</sup>**

Provider ID: 100325246016

 3490 PALM AVE  
SAN DIEGO, CA 92154  
 (619) 423-5616  
Teleservice

Effective as of 01-JUL-23

#### **GUEFEN, URI, MD<sup>M</sup>**




Provider ID: 100072802030

 555 W C ST STE 102  
SAN DIEGO, CA 92101  
 (858) 554-1212  
 Spanish

Effective as of 01-DEC-23


#### **KIDOKORO, YASUKO, MD<sup>Ft</sup>**



Provider ID: 100075657015

 5222 BALBOA AVE STE 31  
SAN DIEGO, CA 92117  
 (858) 277-9669  
 Japanese  
Effective as of 01-JAN-21

#### **KIDOKORO, YASUKO, MD<sup>Ft</sup>**




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<sup>Ft</sup>**

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<sup>Mt</sup>**

Provider ID: 100084653010

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




#### **MIRKARIMI, MORTEZA, MD<sup>Mt</sup>**

Provider ID: 100084653003

 3863 CLAIREMONT DR  
SAN DIEGO, CA 92117  
 (858) 483-5570  
 Farsi, Spanish, Faroese  
Effective as of 01-DEC-12




#### **MIRKARIMI, MORTEZA, MD<sup>Mt</sup>**

Provider ID: 100084653009

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

#### **NGUYEN, HUONG, MD<sup>Ft+</sup>**

Provider ID: 100104992014

 4444 EL CAJON BLVD STE  
6  
SAN DIEGO, CA 92115  
 (619) 285-1522  
 Cantonese, Cambodian,  
Mandarin  
Effective as of 01-AUG-20



**NGUYEN, HUONG, MD<sup>Ft</sup>**

Provider ID: 100104992007

4444 EL CAJON BLVD STE  
6

SAN DIEGO, CA 92115

(619) 285-1522

Cantonese, Cambodian,  
Mandarin

Effective as of 01-MAR-18

**INTERNAL MEDICINE**

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

Provider ID: 100358544019

3737 MORAGA AVE STE  
B103

SAN DIEGO, CA 92117

(858) 799-0855

Spanish

Effective as of 01-SEP-23

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

Provider ID: 100358544020

3737 MORAGA AVE STE  
B103

SAN DIEGO, CA 92117

(858) 799-0855

Spanish

Effective as of 01-FEB-24

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

Provider ID: 100358544012

3737 MORAGA AVE STE  
B103

SAN DIEGO, CA 92117

(858) 799-0855

Spanish

Effective as of 01-DEC-22

**BUTLER, LISA, MD<sup>Ft</sup>**

Provider ID: 100068570008

3260 3RD AVE

SAN DIEGO, CA 92103

(619) 297-3737

Hindi, Italian, Spanish

Effective as of 01-JUN-20

**CARAMBAS, CLARITA, MD<sup>Ft</sup>**

Provider ID: 100070756004

9190 MIRA MESA BLVD  
SAN DIEGO, CA 92126

(858) 689-1814

Tagalog

Effective as of 01-SEP-22

**DE CARVALHO, CARLOS, MD<sup>Mt</sup>**

Provider ID: 100077227047

2939 BEYER BLVD  
SAN DIEGO, CA 92154

(619) 423-0343

Portuguese, Spanish,  
Tagalog

Teleservice

Effective as of 01-JAN-21

**DE CARVALHO, CARLOS, MD<sup>Mt</sup>**

Provider ID: 100077227054

2939 BEYER BLVD  
SAN DIEGO, CA 92154

(619) 423-0343

Portuguese, Spanish,  
Tagalog

Teleservice

Effective as of 01-SEP-22

**DE CARVALHO, CARLOS, MD<sup>Mt</sup>**

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<sup>Mt</sup>**

Provider ID: 100103500012

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

(619) 255-9155

Arabic

Teleservice

Effective as of 01-AUG-22

**EL GHONEIMY, AHMED, MD<sup>Mt</sup>**

Provider ID: 100103500013

4171 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

(619) 269-1269

Arabic

Teleservice

Effective as of 01-AUG-22

**FAKHRO, SAMEEH, MD<sup>Mt</sup>**

Provider ID: 100379921002

3490 PALM AVE  
SAN DIEGO, CA 92154

(619) 423-5616

Effective as of 01-NOV-21

**FAKHRO, SAMEEH, MD<sup>Mt</sup>**

Provider ID: 100379921011

3490 PALM AVE  
SAN DIEGO, CA 92154

(619) 423-5616

Effective as of 01-JUN-23

**FAKHRO, SAMEEH, MD<sup>Mt</sup>**

Provider ID: 100379921004

3490 PALM AVE  
SAN DIEGO, CA 92154

(619) 423-5616

Effective as of 01-DEC-21

**FAKHRO, SAMEEH, MD<sup>Mt</sup>**

Provider ID: 100379921006

3490 PALM AVE  
SAN DIEGO, CA 92154



(619) 423-5616

Effective as of 01-APR-22




**FRANK, STEWART, MD<sup>Mt</sup>**




Provider ID: 100018840004




4060 4TH AVE STE 605  
SAN DIEGO, CA 92103




 (619) 298-1318  
 Spanish  
Effective as of 01-FEB-07




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




**GREEN, BILLIE, MD<sup>F††</sup>**  
Provider ID: 100023101004  
 1101 FELSPAR ST  
SAN DIEGO, CA 92109  
 (858) 483-1720  
 French  
Effective as of 01-AUG-05




**GREEN, BILLIE, MD<sup>F††</sup>**  
Provider ID: 100023101005  
 1101 FELSPAR ST  
SAN DIEGO, CA 92109  
 (858) 483-1720  
 French  
Effective as of 01-SEP-09




**GUHAROY, ASIM, MD<sup>M†</sup>**  
Provider ID: 100107045016  
 4540 KEARNY VILLA RD  
STE 106  
SAN DIEGO, CA 92123  
 (858) 430-6656  
 Bengali, Hindi, Malayalam  
Effective as of 01-OCT-23



**GUHAROY, ASIM, MD<sup>M†</sup>**  
Provider ID: 100107045009  
 4540 KEARNY VILLA RD  
STE 106  
SAN DIEGO, CA 92123  
 (858) 430-6656  
 Bengali, Hindi, Malayalam  
Effective as of 01-SEP-20

**GUHAROY, ASIM, MD<sup>M†</sup>**  
Provider ID: 100107045011  
 4540 KEARNY VILLA RD  
STE 106  
SAN DIEGO, CA 92123  
 (858) 430-6656  
 Bengali, Hindi, Malayalam  
Effective as of 01-JAN-21



**GUHAROY, ASIM, MD<sup>M†</sup>**  
Provider ID: 100107045012  
 4540 KEARNY VILLA RD  
STE 106  
SAN DIEGO, CA 92123  
 (858) 430-6656  
 Bengali, Hindi, Malayalam  
Effective as of 01-MAR-23




**GUHAROY, ASIM, MD<sup>M†</sup>**  
Provider ID: 100107045003  
 4540 KEARNY VILLA RD  
STE 106  
SAN DIEGO, CA 92123  
 (858) 430-6656  
 Bengali, Hindi, Malayalam  
Effective as of 01-APR-16




**GUHAROY, ASIM, MD<sup>M</sup>**  
Provider ID: 100107045014  
 4075 54TH ST  
SAN DIEGO, CA 92105  
 (858) 598-5654  
 Bengali, Hindi, Malayalam  
Effective as of 01-APR-23



**HENDRICKS, MARK, MD<sup>M†</sup>**  
Provider ID: 100055830004  
 2525 CAMINO DEL RIO S  
STE 165  
SAN DIEGO, CA 92108  
 (619) 543-9655  
Effective as of 01-AUG-22



**HENRY, ANEEL, MD<sup>M</sup>**  
Provider ID: 100418814002



 6386 ALVARADO CT STE  
101  
SAN DIEGO, CA 92120  
 (858) 554-1212  
Effective as of 01-DEC-23

**HUA, NATHAN, MD<sup>M</sup>**  
Provider ID: 100408831002  
 7345 LINDA VISTA RD STE A  
SAN DIEGO, CA 92111  
 (858) 277-5463  
 Vietnamese  
Effective as of 01-JUN-23

**KHEHAR, BHUPINDER, MD<sup>M†</sup>**  
Provider ID: 100110360008  
 3260 3RD AVE  
SAN DIEGO, CA 92103  
 (619) 297-3737  
 Hindi, Punjabi, Swahili  
Effective as of 01-JAN-21

**KINGSBURY, A GRANT, MD<sup>M†</sup>**  
Provider ID: 100063083007  
 4060 4TH AVE STE 102  
SAN DIEGO, CA 92103  
 (619) 298-2900  
Effective as of 01-NOV-22

**KURUVADI, NISHA, DO<sup>F\*</sup>**  
Provider ID: 100412012004  
 4276 54TH PL STE B  
SAN DIEGO, CA 92115  
 (619) 267-0553  
Effective as of 01-OCT-23

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

**NAJAR, FAUZI, MD<sup>M</sup>**  
Provider ID: 100390568002

📍 3490 PALM AVE  
SAN DIEGO, CA 92154  
☎️ (619) 423-5616  
🗣️ Arabic  
Effective as of 01-AUG-22

**NAJAR, FAUZI, MD<sup>M</sup>**  
Provider ID: 100390568003

📍 3490 PALM AVE  
SAN DIEGO, CA 92154  
☎️ (619) 423-5616  
🗣️ Arabic  
Effective as of 01-DEC-22

**NAJAR, FAUZI, MD<sup>M\*</sup>**  
Provider ID: 100390568005

📍 3490 PALM AVE  
SAN DIEGO, CA 92154  
☎️ (619) 423-5616  
🗣️ Arabic  
Effective as of 01-JUN-23

**NAJAR, FAUZI, MD<sup>M</sup>**  
Provider ID: 100390568007

📍 3490 PALM AVE  
SAN DIEGO, CA 92154  
☎️ (619) 423-5616  
🗣️ Arabic  
Effective as of 01-OCT-23

**NGUYEN, NGOCBICH, MD<sup>F</sup>**  
Provider ID: 100084488006

📍 3969 4TH AVE STE 207  
SAN DIEGO, CA 92103  
☎️ (619) 543-0042  
🗣️ Vietnamese  
Effective as of 01-FEB-17

**OLIVER, DEANNA, MD<sup>F†</sup>**  
Provider ID: 100328564035

📍 995 GATEWAY CENTER  
WAY  
SAN DIEGO, CA 92102  
☎️ (619) 264-1935  
🗣️ Spanish

Effective as of 01-SEP-22

**QUINONEZ, JOSE, MD<sup>M</sup>**  
Provider ID: 100085905004

📍 250 MARKET ST  
SAN DIEGO, CA 92101  
☎️ (619) 239-9675  
🗣️ Spanish  
Effective as of 01-FEB-07

**RAMINENI, NEELAKANTAN,  
MD<sup>M†</sup>**

Provider ID: 100051318002

📍 4537 COLLEGE AVE  
SAN DIEGO, CA 92115  
☎️ (619) 265-0504  
🗣️ Spanish, Telugu  
Effective as of 01-FEB-07

**RAMINENI, NEELAKANTAN,  
MD<sup>M†</sup>**

Provider ID: 100051318005

📍 4537 COLLEGE AVE  
SAN DIEGO, CA 92115  
☎️ (619) 265-0504  
🗣️ Spanish, Telugu  
Effective as of 01-NOV-18

**RIADH, MAYSAM, MD<sup>F</sup>**

Provider ID: 100413125002

📍 3260 3RD AVE  
SAN DIEGO, CA 92103  
☎️ (619) 297-3737  
🗣️ Arabic  
Effective as of 01-SEP-23

**SHAJAN, JOSHAN, MD<sup>M</sup>**

Provider ID: 100422554002

📍 3863 CLAIREMONT DR  
SAN DIEGO, CA 92117  
☎️ (858) 483-5570  
🗣️ Spanish  
Effective as of 01-FEB-24

**SHI, RONG, MD<sup>F†</sup>**

Provider ID: 100133432007

📍 3260 3RD AVE  
SAN DIEGO, CA 92103  
☎️ (619) 297-3737  
🗣️ Mandarin  
Effective as of 01-AUG-15

**SZMIDT, MARIA, MD<sup>F</sup>**

Provider ID: 100108398006

📍 12395 EL CAMINO REAL  
STE 100  
SAN DIEGO, CA 92130  
☎️ (858) 259-5655  
🗣️ Polish, Russian, Spanish  
Effective as of 01-JUL-04

**TESSIER, ADLA, MD<sup>F</sup>**

Provider ID: 100077390010

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

**WAGNER, PAUL, MD<sup>M</sup>**

Provider ID: 100088692006

📍 4060 4TH AVE STE 100  
SAN DIEGO, CA 92103  
☎️ (619) 718-9444  
🗣️ Spanish  
Effective as of 01-JAN-08

**WATTS, ELI, MD<sup>M†</sup>**

Provider ID: 100384223003

📍 292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114  
☎️ (619) 662-4100  
Effective as of 01-MAR-22

**WILLGING, STEFAN, MD<sup>M†</sup>**

Provider ID: 100106507003

📍 4060 4TH AVE STE 505  
SAN DIEGO, CA 92103  
☎️ (619) 298-1318  
🗣️ German  
Effective as of 01-FEB-07

**WILLIAMS, HOWARD, MD<sup>M†</sup>**

Provider ID: 100070298003

4060 4TH AVE STE 505  
SAN DIEGO, CA 92103

(619) 298-1318

Spanish

Effective as of 01-FEB-07

**WOODALL, GARY, MD<sup>M†</sup>**

Provider ID: 100096806003

2970 5TH AVE STE 140  
SAN DIEGO, CA 92103

(619) 260-3456

Effective as of 01-FEB-07

**PEDIATRICS**

**NGUYEN, HUONG, MD<sup>F†</sup>**

Provider ID: 100104992017

4444 EL CAJON BLVD STE  
6

SAN DIEGO, CA 92115

(619) 285-1522

Cantonese, Cambodian,  
Mandarin

Effective as of 01-APR-21

**FAMILY PRACTICE**

**ASHIZAWA, JAMES, MD<sup>M†</sup>**

Provider ID: 100056553008

31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

(949) 661-9600

Japanese, Spanish

Effective as of 01-JUL-15

**GONZALEZ, DAVID, MD<sup>M†</sup>**

Provider ID: 100200908009

31001 RANCHO VIEJO RD  
STE 200

SAN JUAN CAPISTRANO,

CA 92675

(949) 661-9600

Spanish

Effective as of 01-JUL-15

**HONG, ANDREW, MD<sup>M†</sup>**

Provider ID: 100043550008

31001 RANCHO VIEJO RD  
STE 200

SAN JUAN CAPISTRANO,  
CA 92675

(949) 661-9600

Effective as of 01-OCT-15

**NAFICY, K, MD<sup>M†</sup>**

Provider ID: 100104435018

30448 RANCHO VIEJO RD  
STE 150

SAN JUAN CAPISTRANO,  
CA 92675

(949) 489-0773

Farsi, French, Spanish

Teleservice

Effective as of 01-JUL-21

**NAFICY, K, MD<sup>M†</sup>**

Provider ID: 100104435017

30448 RANCHO VIEJO RD  
STE 150

SAN JUAN CAPISTRANO,  
CA 92675

(949) 489-0773

Farsi, French, Spanish

Teleservice

Effective as of 01-MAY-21

**NAFICY, K, MD<sup>M†</sup>**

Provider ID: 100104435016

30448 RANCHO VIEJO RD  
STE 150

SAN JUAN CAPISTRANO,  
CA 92675

(949) 489-0773

Farsi, French, Spanish

Teleservice

Effective as of 01-MAY-21

**PANDY, LIZANDER, DO<sup>M†</sup>**

Provider ID: 100113474013

31001 RANCHO VIEJO RD  
STE 200

SAN JUAN CAPISTRANO,  
CA 92675

(949) 661-9600

Spanish

Effective as of 01-OCT-21

**PANDY, LIZANDER, DO<sup>M†</sup>**

Provider ID: 100113474012

31001 RANCHO VIEJO RD  
STE 200

SAN JUAN CAPISTRANO,  
CA 92675

(949) 661-9600

Spanish

Effective as of 01-OCT-21

**SERNA, SANDY, MD<sup>F†</sup>**

Provider ID: 100393508002

31001 RANCHO VIEJO RD  
STE 200

SAN JUAN CAPISTRANO,  
CA 92675

(949) 661-9600

Spanish

Effective as of 01-SEP-22

**TRINH, MIMI, MD<sup>F†</sup>**

Provider ID: 100105591008

31001 RANCHO VIEJO RD  
STE 200

SAN JUAN CAPISTRANO,  
CA 92675

(949) 661-9600

Vietnamese

Effective as of 01-JUL-15

**ZHENG, VINCENT, DO<sup>M†</sup>**

Provider ID: 100393531003

31001 RANCHO VIEJO RD

STE 200  
SAN JUAN CAPISTRANO,  
CA 92675  
☎ (949) 661-9600  
Effective as of 01-SEP-22

**ZHENG, VINCENT, DO<sup>M†</sup>**

Provider ID: 100393531002  
📍 31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675  
☎ (949) 661-9600  
Effective as of 01-SEP-22

**INTERNAL MEDICINE**

**FORTMANN, DANIEL, MD<sup>M\*</sup>**

Provider ID: 100017458004  
📍 32281 CAMINO CPSTRN  
C102  
SAN JUAN CAPISTRANO,  
CA 92675  
☎ (949) 493-7981  
Effective as of 01-JAN-18

**NGUYEN, THUYTRANG, MD<sup>F††</sup>**

Provider ID: 100198226006  
📍 30300 CAMINO  
CAPISTRANO  
SAN JUAN CAPISTRANO,  
CA 92675  
☎ (949) 240-2272  
📄 Spanish, Vietnamese  
Effective as of 01-JAN-18

**FAMILY PRACTICE**

**HALIM, NEIL, MD<sup>M</sup>**

Provider ID: 100153551007  
📍 1030 LA BONITA DR STE  
316  
SAN MARCOS, CA 92078  
☎ (760) 744-9626  
📄 Arabic, Spanish

Effective as of 01-FEB-13

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

Provider ID: 100350661005  
📍 150 VALPRED A RD  
SAN MARCOS, CA 92069  
☎ (760) 736-6767  
📄 Portuguese  
Effective as of 01-APR-23

**FQHC**

**TRUECARE,**

Provider ID: PG0025086042  
📍 150 VALPRED A RD  
SAN MARCOS, CA 92069  
☎ (760) 736-6767  
Teleservice  
Effective as of 01-JUL-22

**TRUECARE,**

Provider ID: PG0025086047  
📍 1595 GRAND AVE STE 106  
SAN MARCOS, CA 92078  
☎ (760) 736-6767  
Effective as of 01-FEB-23

**INTERNAL MEDICINE**

**PONIACHIK, SAMUEL, MD<sup>M†</sup>**

Provider ID: 100099164012  
📍 150 VALPRED A RD  
SAN MARCOS, CA 92069  
☎ (760) 736-6767  
📄 Spanish  
Effective as of 01-OCT-14

**WITCZAK, IZABELA, MD<sup>F††</sup>**

Provider ID: 100036527006  
📍 150 VALPRED A RD  
SAN MARCOS, CA 92069  
☎ (760) 736-6767  
📄 Polish  
Effective as of 01-FEB-19

**FAMILY PRACTICE**

**ALGHAMDI, ASMA, MD<sup>F†</sup>**

Provider ID: 100359014012  
📍 1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173  
☎ (619) 662-4100  
Effective as of 01-AUG-22

**ALGHAMDI, ASMA, MD<sup>F†</sup>**

Provider ID: 100359014004  
📍 3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
☎ (619) 662-4100  
Effective as of 01-JAN-21

**ALVAREZ-ESTRADA, MIGUEL,  
MD<sup>M†</sup>**

Provider ID: 100360099010  
📍 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
☎ (619) 662-4100  
📄 Spanish  
Effective as of 01-JAN-21

**ALVAREZ-ESTRADA, MIGUEL,  
MD<sup>M†</sup>**

Provider ID: 100360099011  
📍 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
☎ (619) 662-4100  
📄 Spanish  
Effective as of 01-JAN-21

**ARRIETA, NOEMI, DO<sup>F</sup>**

Provider ID: 100214881011  
📍 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
☎ (619) 662-4100  
📄 Spanish  
Teleservice  
Effective as of 01-APR-23

**CARRIEDO CENICEROS,  
MARIA, MD<sup>F†</sup>**

Provider ID: 100066452012

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

(619) 662-4100

Spanish

Effective as of 01-JAN-21

**CUTLER, MICHAEL, MD<sup>M</sup>**

Provider ID: 100225708022

4630 BORDER VILLAGE RD  
STE H

SAN YSIDRO, CA 92173

(619) 264-2591

Russian, Spanish

Effective as of 01-JAN-24

**DILLON, MAYRA, MD<sup>F+t</sup>**

Provider ID: 100163378008

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

(619) 662-4100

Spanish

Effective as of 01-NOV-20

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

Provider ID: 100080408013

3364 BEYER BLVD  
SAN YSIDRO, CA 92173

(619) 662-4100

Spanish

Effective as of 01-JAN-21

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

Provider ID: 100080408021

1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173

(619) 662-4100

Spanish

Effective as of 01-AUG-22

**LEE, JOSEPH, MD<sup>Mt</sup>**

Provider ID: 100368709004

3364 BEYER BLVD  
SAN YSIDRO, CA 92173

(619) 662-4100

Teleservice

Effective as of 01-AUG-21

**LEPEZ, DAVID, MD<sup>Mt</sup>**

Provider ID: 100255267002

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

(619) 662-4100

Spanish

Effective as of 01-NOV-15

**LEPEZ, DAVID, MD<sup>Mt</sup>**

Provider ID: 100255267005

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

(619) 662-4100

Spanish

Effective as of 01-APR-23

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

Provider ID: 100099596010

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

(619) 662-4100

Spanish

Effective as of 01-APR-23

**NAVARRO, VANESSA, MD<sup>Ft</sup>**

Provider ID: 100173914015

1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173

(619) 662-4100

Filipino, Spanish, Tagalog

Effective as of 01-AUG-22

**NAVARRO, VANESSA, MD<sup>Ft</sup>**

Provider ID: 100173914012

3364 BEYER BLVD STE 103  
SAN YSIDRO, CA 92173

(619) 662-4100

Filipino, Spanish, Tagalog

Effective as of 01-JAN-21

**ORTEGA, LUIS, MD<sup>Mt</sup>**

Provider ID: 100394387002

4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
(619) 662-4100

Spanish

Teleservice

Effective as of 01-OCT-22

**ORTIZ ILIZALITURRI, ANA, MD<sup>F+t</sup>**

F+t

Provider ID: 100394347003

4050 BEYER BLVD  
SAN YSIDRO, CA 92173

(619) 662-4100

Spanish

Teleservice

Effective as of 01-OCT-22

**RAJAIPOUR, NEGIN, MD<sup>Ft</sup>**

Provider ID: 100300998007

3364 BEYER BLVD  
SAN YSIDRO, CA 92173

(619) 662-4100

Farsi

Effective as of 01-JAN-21

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

Provider ID: 100024789042

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

(619) 662-4100

Spanish

Effective as of 01-JAN-21

**STALEY, MICHAELA, MD<sup>Ft</sup>**

Provider ID: 100359422003

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

(619) 662-4100


Effective as of 01-JAN-21

**TALAVERA, GREGORY, MD<sup>M</sup>**

Provider ID: 100334847007



4004 BEYER BLVD  
SAN YSIDRO, CA 92173

(619) 662-4100



 Spanish  
Teleservice  
Effective as of 01-APR-23

## **FQHC**



### **SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR, †**

Provider ID: PG0047542012  
 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 (619) 662-4100  
Teleservice  
Effective as of 01-JAN-21

### **SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER, †**




Provider ID: PG0047448004  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 (619) 662-4100  
Teleservice  
Effective as of 01-JAN-21

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




Provider ID: PG0047560015  
 3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
 (619) 662-4100  
Teleservice  
Effective as of 01-JAN-21

## **INTERNAL MEDICINE**




### **CHEGINI, SEPIDEH, MD<sup>F</sup>**

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



### **PROMER, KATHERINE, MD<sup>F†</sup>**

Provider ID: 100357070007  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 (619) 662-4100  
 Spanish  
Effective as of 01-MAY-22




### **RAMIREZ SANCHEZ, CLAUDIA, MD<sup>F†</sup>**

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




### **SALERNO, MARIANA, MD<sup>F†</sup>**

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

### **SY, RAMON, MD<sup>M†</sup>**

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



### **SY, RAMON, MD<sup>M†</sup>**

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

## **FAMILY PRACTICE**



### **ADEMA, DONALD, DO<sup>M</sup>**

Provider ID: 100086591006



 10201 MISSION GORGE RD  
STE M  
SANTEE, CA 92071  
 (619) 596-5445  
Effective as of 01-JAN-14

## **INTERNAL MEDICINE**

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



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

### **GUERRA, JACQUELINE, MD<sup>F†</sup>**

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



## **FAMILY PRACTICE**

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

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

## **INTERNAL MEDICINE**

### **WISNIEWSKI, MORRIS, MD<sup>M</sup>**

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

### **WISNIEWSKI, MORRIS, MD<sup>M</sup>**

Provider ID: 100018082007

380 STEVENS AVE STE 310  
SOLANA BEACH, CA 92075  
(858) 554-1212  
Effective as of 01-MAR-23

**FAMILY PRACTICE**

**AFFLALO, SUZANNE, MD<sup>F</sup>**

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

**FQHC**

**GROSSMONT SPRING VALLEY  
FAMILY HLTH CTRS INC,**

Provider ID: PG0025044038  
8788 JAMACHA RD  
SPRING VALLEY, CA 91977  
(619) 515-2555  
Effective as of 01-JAN-21

**FAMILY PRACTICE**

**BEHNAWA, SUSAN, MD<sup>F†</sup>**

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

**BEHNAWA, SUSAN, MD<sup>F†</sup>**

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

**GANTA, SANYASI, MD<sup>M†</sup>**

Provider ID: 100113069006

26960 CHERRY HILLS  
BLVD STE A  
SUN CITY, CA 92586  
(951) 672-2856  
Hindi, Spanish, Telugu  
Teleservice  
Effective as of 01-AUG-16

**GANTA, SANYASI, MD<sup>M†</sup>**

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

**GANTA, SANYASI, MD<sup>M†</sup>**

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

**SCHOONMAKER, JOHN, DO<sup>M†</sup>**

Provider ID: 100064979020  
29826 HAUN RD STE 300  
SUN CITY, CA 92586  
(951) 679-7022  
Spanish  
Effective as of 01-SEP-22

**INTERNAL MEDICINE**

**NGUYEN, THANG, MD<sup>M†</sup>**

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

**NGUYEN, DAVID, MD<sup>M</sup>**

Provider ID: 100105561002  
27830 BRADLEY RD  
SUN CITY, CA 92586  
(951) 679-2358  
Vietnamese  
Effective as of 01-NOV-12

**STANFORD, DAVID, MD<sup>M†</sup>**

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

**FAMILY PRACTICE**

**AKLADEOS, NERMEEN, MD<sup>F</sup>**

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

**AYON MARTINEZ, CARLOS,  
MD<sup>M</sup>**

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

**AYON MARTINEZ, CARLOS,  
MD<sup>M</sup>**

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



**BAILEY, CRISTINA, MD<sup>F†</sup>**

Provider ID: 100060834010

28780 SINGLE OAK DR STE  
160

TEMECULA, CA 92590

(951) 676-4193

Spanish

Effective as of 01-NOV-20

**BAILEY, CRISTINA, MD<sup>F†</sup>**

Provider ID: 100060834004

28780 SINGLE OAK DR STE  
160

TEMECULA, CA 92590

(951) 676-4193

Spanish

Effective as of 01-JUN-04

**BERNARDO, STACEY, DO<sup>F</sup>**

Provider ID: 100377889003

28780 SINGLE OAK DR STE  
160

TEMECULA, CA 92590

(951) 676-4193

Teleservice

Effective as of 01-DEC-21

**BLOSSER, JOSHUA, DO<sup>M</sup>**

Provider ID: 100422006002

31720 TEMECULA PKWY  
STE 200

TEMECULA, CA 92592

(833) 684-4642

Effective as of 01-JAN-24

**BRIGGS, BRIDGET, MD<sup>F</sup>**

Provider ID: 100069323005

31170 TEMECULA PKWY  
STE 100

TEMECULA, CA 92592

(951) 698-6090

Spanish

Effective as of 01-JAN-16

**CAMARILLO, DANIEL, MD<sup>M†</sup>**

Provider ID: 100110735016

28780 SINGLE OAK DR STE  
160

TEMECULA, CA 92590

(951) 676-4193

Spanish

Effective as of 01-NOV-20

**CAMARILLO, DANIEL, MD<sup>M†</sup>**

Provider ID: 100110735008

28780 SINGLE OAK DR STE  
160

TEMECULA, CA 92590

(951) 676-4193

Spanish

Effective as of 01-MAR-12

**COBIAN, VANESSA, MD<sup>F</sup>**

Provider ID: 100350271003

41840 ENTERPRISE CIR N  
TEMECULA, CA 92590

(951) 225-6400

Effective as of 01-MAR-22

**COMBS, MATTHEW, MD<sup>M†</sup>**

Provider ID: 100337168003

28780 SINGLE OAK DR STE  
160

TEMECULA, CA 92590

(951) 676-4193

Effective as of 01-DEC-18

**COMBS, WALTER, MD<sup>M†</sup>**

Provider ID: 100085605012

28780 SINGLE OAK DR STE  
160

TEMECULA, CA 92590

(951) 252-8650

Spanish

Effective as of 01-NOV-20

**COMBS, WALTER, MD<sup>M†</sup>**

Provider ID: 100085605005

28780 SINGLE OAK DR STE

160

TEMECULA, CA 92590

(951) 252-8650

Spanish

Effective as of 01-JUN-04

**DORR, KASIE, DO<sup>F</sup>**

Provider ID: 100422004002

41840 ENTERPRISE CIR N  
TEMECULA, CA 92590

(951) 225-6400

Effective as of 01-JAN-24

**ELKAYAM, ISAK, MD<sup>M</sup>**

Provider ID: 100400487003

31720 TEMECULA PKWY  
STE 200

TEMECULA, CA 92592

(760) 520-8100

Hebrew, Spanish

Effective as of 01-NOV-23

**HIZON, GERARDO, MD<sup>M†</sup>**

Provider ID: 100098571012

27699 JEFFERSON AVE STE  
101

TEMECULA, CA 92590

(951) 790-0107

Effective as of 01-JAN-23

**HIZON, GERARDO, MD<sup>M†</sup>**

Provider ID: 100098571011

27699 JEFFERSON AVE STE  
101

TEMECULA, CA 92590

(951) 790-0107

Effective as of 01-JAN-23

**IM, TAE WOONG, MD<sup>M†</sup>**

Provider ID: 100039015004

28780 SINGLE OAK DR STE  
160

TEMECULA, CA 92590

(951) 676-4193

Korean

Effective as of 01-JUN-04

**JACKSON, ANITA, MD<sup>F†</sup>**

Provider ID: 100060861005

44274 GEORGE CUSHMAN  
CT STE 212  
TEMECULA, CA 92592

(951) 694-4688

Tagalog

Effective as of 01-NOV-11

**KURAIISHI, AQDAS, MD<sup>M†</sup>**

Provider ID: 100089154013

31720 TEMECULA PKWY  
STE 203  
TEMECULA, CA 92592

(951) 302-4700

Effective as of 01-FEB-21

**MADRID, RICHARD, MD<sup>M†</sup>**

Provider ID: 100077741014

28780 SINGLE OAK DR STE  
160  
TEMECULA, CA 92590

(951) 676-4193

Effective as of 01-NOV-20

**MADRID, RICHARD, MD<sup>M†</sup>**

Provider ID: 100077741005

28780 SINGLE OAK DR STE  
160  
TEMECULA, CA 92590

(951) 676-4193

Effective as of 01-OCT-05

**MAJEED, WASAN, MD<sup>F</sup>**

Provider ID: 100398263003

41840 ENTERPRISE CIR N  
TEMECULA, CA 92590

(951) 225-6400

Arabic

Effective as of 01-MAR-23

**MCDONALD, MARY, MD<sup>F</sup>**

Provider ID: 100051408003

31493 RANCHO PUEBLO  
RD STE 107  
TEMECULA, CA 92592

(951) 303-3337

Effective as of 01-OCT-09

**MCDONALD, ROBERT, MD<sup>M†</sup>**

Provider ID: 100093825003

31493 RANCHO PUEBLO  
RD STE 107  
TEMECULA, CA 92592

(951) 303-3337

Effective as of 01-OCT-09

**MILLER, BRANDON, DO<sup>M†</sup>**

Provider ID: 100148562008

31720 TEMECULA PKWY  
TEMECULA, CA 92592

(951) 676-4193

Effective as of 01-OCT-11

**MILLER, BRANDON, DO<sup>M†</sup>**

Provider ID: 100148562007

28780 SINGLE OAK DR STE  
160  
TEMECULA, CA 92590

(951) 676-4193

Effective as of 01-OCT-11

**NWOSU, MICHAEL, MD<sup>M</sup>**

Provider ID: 100367685005

41840 ENTERPRISE CIR N  
TEMECULA, CA 92590

(951) 225-6400

Effective as of 01-AUG-22

**PHILLIPS, LILY, MD<sup>F††</sup>**

Provider ID: 100113116012

31565 RANCHO PUEBLO  
RD STE 102B  
TEMECULA, CA 92592

(951) 231-1385

Chinese, Mandarin, Spanish

Effective as of 01-SEP-18

**POSTE, ALETHEA, MD<sup>F</sup>**

Provider ID: 100418802002

28780 SINGLE OAK DR STE  
160  
TEMECULA, CA 92590

(951) 676-4193

Teleservice

Effective as of 01-JAN-24

**RAHMAN, MAISARA, MD<sup>F†</sup>**

Provider ID: 100083398012

31150 TEMECULA PKWY  
STE 200  
TEMECULA, CA 92592

(951) 676-4193

Arabic

Effective as of 01-AUG-16

**RAHMAN, MAISARA, MD<sup>F†</sup>**

Provider ID: 100083398023

31720 TEMECULA PKWY  
TEMECULA, CA 92592

(951) 676-4193

Arabic

Effective as of 01-NOV-20

**SCHULTZ, JAMES, MD<sup>M†</sup>**

Provider ID: 100030577018

41840 ENTERPRISE CIR N  
TEMECULA, CA 92590

(951) 225-6400

Farsi, Greek, Spanish

Effective as of 01-AUG-20

**SIMMONS, PAMELA, MD<sup>F†</sup>**

Provider ID: 100057995006

28780 SINGLE OAK DR STE  
160  
TEMECULA, CA 92590

(951) 676-4193

Effective as of 01-JUL-17

**VINCENT, WILLIAM, MD<sup>M†</sup>**

Provider ID: 100320230007

31720 TEMECULA PKWY

STE 100  
TEMECULA, CA 92592  
☎ (951) 225-6838  
Effective as of 01-MAY-21

**WISE, DOUGLAS, DO<sup>M†</sup>**

Provider ID: 100023557005  
📍 40285 WINCHESTER RD  
STE 103  
TEMECULA, CA 92591  
☎ (951) 296-5844  
Effective as of 01-NOV-22

**ZEBARJADI, Omid, DO<sup>M</sup>**

Provider ID: 100379100008  
📍 27699 JEFFERSON AVE STE  
305  
TEMECULA, CA 92590  
☎ (951) 503-8730  
📄 Farsi, Spanish  
Teleservice  
Effective as of 01-AUG-23

**ZEBRACK, DAVID, DO<sup>M†</sup>**

Provider ID: 100064903010  
📍 40285 WINCHESTER RD  
STE 103  
TEMECULA, CA 92591  
☎ (951) 296-5844  
📄 Spanish  
Effective as of 01-NOV-22

**ZEBRACK, DAVID, DO<sup>M†</sup>**

Provider ID: 100064903006  
📍 40285 WINCHESTER RD  
STE 103  
TEMECULA, CA 92591  
☎ (951) 296-5844  
📄 Spanish  
Effective as of 01-SEP-04

**ZURITA, DANIELA, MD<sup>F†</sup>**

Provider ID: 100396617008  
📍 41840 ENTERPRISE CIR N  
TEMECULA, CA 92590

☎ (951) 216-2200  
📄 Spanish  
Effective as of 01-DEC-22

**INTERNAL MEDICINE**

**BASCH, MICHAEL, MD<sup>M†</sup>**

Provider ID: 100011399007  
📍 41593 WINCHESTER RD  
STE 101  
TEMECULA, CA 92590  
☎ (951) 719-1111  
📄 Arabic, Spanish  
Effective as of 01-SEP-09

**BLOSSER, NICHELE, DO<sup>F</sup>**

Provider ID: 100411369003  
📍 28780 SINGLE OAK DR STE  
160  
TEMECULA, CA 92590  
☎ (951) 676-4193  
Effective as of 01-NOV-23

**GISI, SYLVIA, MD<sup>F</sup>**

Provider ID: 100100126002  
📍 31493 RANCHO PUEBLO  
RD STE 206  
TEMECULA, CA 92592  
☎ (951) 303-6158  
📄 Spanish  
Effective as of 01-AUG-19

**GOMER, JEREMY, MD<sup>M†</sup>**

Provider ID: 100379005002  
📍 27403 YNEZ RD STE 108  
TEMECULA, CA 92591  
☎ (951) 750-7888  
Effective as of 01-NOV-21

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

Provider ID: 100380710003  
📍 28780 SINGLE OAK DR STE  
160  
TEMECULA, CA 92590  
☎ (951) 676-4193

Effective as of 01-JAN-22

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

Provider ID: 100384944005  
📍 41840 ENTERPRISE CIR N  
TEMECULA, CA 92590  
☎ (951) 225-6400  
Effective as of 01-FEB-24

**SALAS, ERNESTO, MD<sup>M†</sup>**

Provider ID: 100093444002  
📍 27699 JEFFERSON AVE STE  
311  
TEMECULA, CA 92590  
☎ (951) 693-1159  
📄 Spanish, Tagalog  
Effective as of 01-NOV-00

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

Provider ID: 100414181005  
📍 31951 DOVE CANYON DR  
TRABUCO CANYON, CA  
92679  
☎ (949) 557-0890  
Effective as of 01-SEP-23

**FAMILY PRACTICE**

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

Provider ID: 100030577029  
📍 28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082  
☎ (760) 742-9919  
📄 Farsi, Greek, Spanish  
Effective as of 01-JAN-24



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

Provider ID: 100030577024  
📍 28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082  
☎ (760) 742-9919  
📄 Farsi, Greek, Spanish  
Effective as of 01-MAR-23

**FQHC**




**NEIGHBORHOOD**

**HEALTHCARE,**




Provider ID: PG0024990061  
 28477 LIZARD ROCKS RD  
 VALLEY CENTER, CA 92082  
 (760) 742-9919  
 Teleservice  
 Effective as of 01-FEB-24

**FAMILY PRACTICE**




**CASTREJON, JOSEPH, MD<sup>M\*</sup>**

Provider ID: 100097250007  
 2023 W VISTA WAY STE K  
 VISTA, CA 92083  
 (760) 806-1406  
 Spanish  
 Effective as of 01-SEP-21




**CLARK, MA BELEN, MD<sup>F†</sup>**

Provider ID: 100015309003  
 1954 VIA CTR STE B  
 VISTA, CA 92081  
 (760) 529-9700  
 Tagalog  
 Effective as of 01-DEC-15




**DONNELL, MARTI, MD<sup>F\*</sup>**

Provider ID: 100049875024  
 134 GRAPEVINE RD  
 VISTA, CA 92083  
 (844) 308-5003  
 Spanish  
 Effective as of 01-JAN-24




**DONNELL, MARTI, MD<sup>F\*</sup>**

Provider ID: 100049875023  
 1000 VALE TERRACE DR  
 VISTA, CA 92084  
 (760) 631-5000  
 Spanish  
 Effective as of 01-JAN-24



**ESPINOSA-SILVA, YAMINAH,  
DO<sup>F\*</sup>**

Provider ID: 100358800015  
 134 GRAPEVINE RD  
 VISTA, CA 92083  
 (760) 631-5000  
 Spanish  
 Effective as of 01-JAN-24



**ESPINOSA-SILVA, YAMINAH,  
DO<sup>F\*</sup>**

Provider ID: 100358800014  
 1000 VALE TERRACE DR  
 VISTA, CA 92084  
 (760) 631-5000  
 Spanish  
 Effective as of 01-JAN-24



**FERBER, JEFFREY, MD<sup>M††</sup>**

Provider ID: 100092669014  
 1926 VIA CTR  
 VISTA, CA 92081  
 (760) 940-7000  
 Effective as of 01-SEP-21



**HIKES, RYAN, MD<sup>M</sup>**

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



**HIKES, RYAN, MD<sup>M</sup>**

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




**HIKES, RYAN, MD<sup>M</sup>**

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




**HURD, MELISSA, MD<sup>F†</sup>**

Provider ID: 100054491003  
 161 THUNDER DR STE 103  
 VISTA, CA 92083  
 (760) 758-1988  
 Effective as of 01-JUL-13




**LEONARD, LISA, MD<sup>F†</sup>**

Provider ID: 100278907004  
 1000 VALE TERRACE DR  
 VISTA, CA 92084  
 (760) 631-5000  
 French, Spanish  
 Effective as of 01-OCT-21



**MARTINEZ, LESLY, MD<sup>F\*</sup>**

Provider ID: 100397984035  
 134 GRAPEVINE RD  
 VISTA, CA 92083  
 (760) 631-5000  
 Spanish  
 Effective as of 01-JAN-24




**MARTINEZ, LESLY, MD<sup>F\*</sup>**

Provider ID: 100397984039  
 1000 VALE TERRACE DR  
 VISTA, CA 92084  
 (760) 631-5000  
 Spanish  
 Effective as of 01-JAN-24



**NOVAK, LOREN, DO<sup>M†</sup>**

Provider ID: 100093766013  
 1926 VIA CENTRE DRIVE  
 SUITE A  
 VISTA, CA 92081  
 (760) 940-7000  
 Effective as of 01-SEP-21




**ONG, DONALD, MD<sup>M†</sup>**

Provider ID: 100033027006  
 1000 VALE TERRACE DR  
 VISTA, CA 92084  
 (760) 631-5000  
 Filipino, Spanish, Tagalog  
 Effective as of 01-JAN-24




**PANICKER, CIBU, MD<sup>M</sup>**

Provider ID: 100322969008  
 1000 VALE TERRACE DR  
 VISTA, CA 92084  
 (760) 631-5000  
 Effective as of 01-NOV-20




**POP, SIMONA, MD<sup>F†</sup>**

Provider ID: 100021772013  
 145 THUNDER DR  
 VISTA, CA 92083  
 (760) 941-9002  
 Romanian  
 Effective as of 01-NOV-23




**RIVERA, MIDORI, MD<sup>F</sup>**

Provider ID: 100111732027  
 204 S SANTA FE AVE  
 VISTA, CA 92084  
 (858) 554-1212  
 Japanese, Spanish  
 Effective as of 01-DEC-23



**RIVERA, MIDORI, MD<sup>F</sup>**

Provider ID: 100111732024  
 204 S SANTA FE AVE  
 VISTA, CA 92084  
 (858) 554-1212  
 Japanese, Spanish  
 Effective as of 01-OCT-23

**TRAN, DAO, DO<sup>M</sup>**




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

**TRAN, DAO, DO<sup>M</sup>**




Provider ID: 100325638010  
 134 GRAPEVINE RD  
 VISTA, CA 92083  
 (760) 631-5000

 Vietnamese  
 Effective as of 01-MAR-20




**TRAN, DAO, DO<sup>M</sup>**

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




**TRAN, DAO, DO<sup>M</sup>**

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

**VIDAL, MONICA, DO<sup>F†</sup>**



Provider ID: 100327876041  
 134 GRAPEVINE RD  
 VISTA, CA 92083  
 (844) 308-5003  
 Spanish  
 Effective as of 01-JAN-24

**VIDAL, MONICA, DO<sup>F†</sup>**

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<sup>M†</sup>**

Provider ID: 100102198003  
 969 S SANTA FE AVE STE A  
 VISTA, CA 92083  
 (760) 941-7050  
 Spanish  
 Effective as of 01-DEC-17




**OLIVA, CARLOS, MD<sup>M†</sup>**

Provider ID: 100102198008  
 969 S SANTA FE AVE STE A  
 VISTA, CA 92083  
 (760) 941-7050  
 Spanish  
 Effective as of 01-SEP-22


**ONG, DONALD, MD<sup>M†</sup>**

Provider ID: 100033027003  
 1000 VALE TERRACE DR  
 VISTA, CA 92084  
 (760) 631-5000  
 Filipino, Spanish, Tagalog  
 Effective as of 01-DEC-10

**ONG, DONALD, MD<sup>M†</sup>**

Provider ID: 100033027005  
 1000 VALE TERRACE DR  
 VISTA, CA 92084  
 (760) 631-5000  
 Filipino, Spanish, Tagalog  
 Effective as of 01-MAR-20

**SMITH, GREGORY, MD<sup>M\*</sup>**

Provider ID: 100062596003  
 161 THUNDER DR STE 207

VISTA, CA 92083  
☎ (760) 598-8410  
Effective as of 01-DEC-06

**INTERNAL MEDICINE**

**BOQUIN, ENRIQUE, MD<sup>M</sup>**  
Provider ID: 100062570003  
📍 1000 VALE TERRACE DR  
VISTA, CA 92084  
☎ (760) 631-5000  
📄 Spanish  
Effective as of 01-DEC-07

**BOQUIN, ENRIQUE, MD<sup>M</sup>**  
Provider ID: 100062570008  
📍 1000 VALE TERRACE DR  
VISTA, CA 92084  
☎ (760) 631-5000  
📄 Spanish  
Effective as of 01-JAN-24

**BOQUIN, ENRIQUE, MD<sup>M</sup>**  
Provider ID: 100062570005  
📍 1000 VALE TERRACE DR  
VISTA, CA 92084  
☎ (760) 631-5000  
📄 Spanish  
Effective as of 01-NOV-20

**BRAR, KARANBIR, MD<sup>M†</sup>**  
Provider ID: 100305037016  
📍 1926 VIA CTR STE A  
VISTA, CA 92081  
☎ (760) 940-7000  
Effective as of 01-SEP-21

**CHEN, MAX, MD<sup>M</sup>**  
Provider ID: 100140307006  
📍 105 DURIAN ST STE B  
VISTA, CA 92083  
☎ (760) 631-5000  
📄 Burmese, Chinese,  
Mandarin  
Effective as of 01-JAN-24

**CHEN, MAX, MD<sup>M</sup>**  
Provider ID: 100140307003  
📍 105 DURIAN ST STE B  
VISTA, CA 92083  
☎ (760) 631-5000  
📄 Burmese, Chinese,  
Mandarin  
Effective as of 01-APR-23

**CLANCY, TARA, DO<sup>F†</sup>**  
Provider ID: 100265397003  
📍 2375 S MELROSE DR  
VISTA, CA 92081  
☎ (760) 305-1900  
Effective as of 01-JUL-16

**CLANCY, JOHN, DO<sup>M†</sup>**  
Provider ID: 100215810013  
📍 2375 S MELROSE DR  
VISTA, CA 92081  
☎ (760) 305-1900  
Effective as of 01-SEP-21

**DAO, MARC, MD<sup>M</sup>**  
Provider ID: 100307890014  
📍 1000 VALE TERRACE DR  
VISTA, CA 92084  
☎ (760) 631-5000  
📄 French, Vietnamese  
Effective as of 01-JUN-23

**DAO, MARC, MD<sup>M</sup>**  
Provider ID: 100307890010  
📍 1000 VALE TERRACE DR  
VISTA, CA 92084  
☎ (760) 631-5000  
📄 French, Vietnamese  
Effective as of 01-FEB-23

**DAO, MARC, MD<sup>M</sup>**  
Provider ID: 100307890016  
📍 1000 VALE TERRACE DR  
VISTA, CA 92084  
☎ (760) 631-5000  
📄 French, Vietnamese

Effective as of 01-JAN-24  
**HALPERIN, JASON, MD<sup>M</sup>**  
Provider ID: 100400241004  
📍 134 GRAPEVINE RD  
VISTA, CA 92083  
☎ (760) 631-5000  
Effective as of 01-JAN-24

**KOBAYASHI, GARY, MD<sup>M†</sup>**  
Provider ID: 100090343008  
📍 145 THUNDER DR STE 1  
VISTA, CA 92083  
☎ (760) 941-9002  
Effective as of 01-SEP-21

**LI, XIANGLI, MD<sup>F†</sup>**  
Provider ID: 100239749009  
📍 1926 VIA CTR STE A  
VISTA, CA 92081  
☎ (760) 940-7000  
Effective as of 01-SEP-21

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

**NGUYEN, ETHAN, MD<sup>M</sup>**  
Provider ID: 100362686005  
📍 145 THUNDER DR  
VISTA, CA 92083  
☎ (760) 941-9002  
Effective as of 01-AUG-22

**RHIANNON, JULIA, MD<sup>F</sup>**  
Provider ID: 100382647008  
📍 105 DURIAN ST STE B  
VISTA, CA 92083  
☎ (760) 631-5000  
Effective as of 01-SEP-22

**RHIANNON, JULIA, MD<sup>F</sup>**

Provider ID: 100382647010

📍 105 DURIAN ST STE B  
VISTA, CA 92083

☎ (760) 631-5000

Effective as of 01-JAN-24

**RHIANNON, JULIA, MD<sup>F</sup>**

Provider ID: 100382647007

📍 105 DURIAN ST STE A  
VISTA, CA 92083

☎ (760) 631-5000

Effective as of 01-SEP-22

**RHIANNON, JULIA, MD<sup>F</sup>**

Provider ID: 100382647009

📍 1000 VALE TERRACE DR  
VISTA, CA 92084

☎ (760) 631-5000

Effective as of 01-JAN-24

**RHIANNON, JULIA, MD<sup>F</sup>**

Provider ID: 100382647006

📍 1000 VALE TERRACE DR  
VISTA, CA 92084

☎ (760) 631-5000

Effective as of 01-SEP-22

**RHIANNON, JULIA, MD<sup>F</sup>**

Provider ID: 100382647002

📍 1000 VALE TERRACE DR  
VISTA, CA 92084

☎ (760) 631-5000

Effective as of 01-JAN-22

**RUTMAN, MICHAEL, DO<sup>M†</sup>**

Provider ID: 100024612005

📍 2355 S MELROSE DR  
VISTA, CA 92081

☎ (760) 598-0088

Effective as of 01-OCT-00

**RUTMAN, MICHAEL, DO<sup>M†</sup>**

Provider ID: 100024612023

📍 2355 S MELROSE DR

VISTA, CA 92081

☎ (760) 598-0088

Effective as of 01-JAN-21

**SHALI, REYZAN, MD<sup>F†</sup>**

Provider ID: 100113968008

📍 1926 VIA CTR STE A  
VISTA, CA 92081

☎ (760) 940-7000

📄 Arabic, Hebrew

Effective as of 01-SEP-21

***FAMILY PRACTICE***

**BONNICI, MARCELLA, MD<sup>F\*</sup>**

Provider ID: 100072106002

📍 36320 INLAND VALLEY DR  
STE 201

WILDOMAR, CA 92595

☎ (951) 816-3233

Effective as of 01-OCT-16

***INTERNAL MEDICINE***

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

Provider ID: 100380064004

📍 36243 INLAND VALLEY DR  
STE 160

WILDOMAR, CA 92595

☎ (951) 698-8821

Effective as of 01-JAN-22

**CERTIFIED NURSE  
PRACTITIONER**

**WONG, KRISTLE, NP**

Provider ID: N/A

26671 ALISO CREEK RD STE 202  
ALISO VIEJO, CA 92656  
Effective as of 01-NOV-23

**DERMATOLOGY**

**LANDER, JEFFREY, MD†**

Provider ID: N/A

24541 PACIFIC PARK DR STE 103  
ALISO VIEJO, CA 92656  
Effective as of 01-DEC-22

**LANDER, JEFFREY, MD†**

Provider ID: N/A

24541 PACIFIC PARK DR STE 103  
ALISO VIEJO, CA 92656  
Effective as of 01-OCT-23

**DEVELOPMENTAL**

**BEHAVIORAL PEDIATRICS**

**FELDMAN, GARY, MD†**

Provider ID: N/A

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

**ENDOCRINOLOGY**

**METABOLISM DIABETES**

**NADEAU, DANIEL, MD**

Provider ID: N/A

26671 ALISO CREEK RD STE 205  
ALISO VIEJO, CA 92656  
Effective as of 01-JUN-23

**NADEAU, DANIEL, MD**

Provider ID: N/A

26671 ALISO CREEK RD STE 205  
ALISO VIEJO, CA 92656  
Effective as of 01-JUN-23

**ROBERTSON, ASHA, MD**

Provider ID: N/A

26671 ALISO CREEK RD STE 205  
ALISO VIEJO, CA 92656  
Effective as of 01-JUN-23

**ROBERTSON, ASHA, MD**

Provider ID: N/A

26671 ALISO CREEK RD STE 205  
ALISO VIEJO, CA 92656  
Effective as of 01-JUN-23

**HEMATOLOGY /  
ONCOLOGY**

**IYER, LAXMI, MD†**

Provider ID: N/A

2 JOURNEY STE 201  
ALISO VIEJO, CA 92656  
Effective as of 01-NOV-21

**IYER, LAXMI, MD†**

Provider ID: N/A

2 JOURNEY STE 201  
ALISO VIEJO, CA 92656  
Effective as of 01-NOV-21

**IYER, LAXMI, MD†**

Provider ID: N/A

2 JOURNEY STE 201  
ALISO VIEJO, CA 92656  
Effective as of 01-NOV-21

**IYER, LAXMI, MD†**

Provider ID: N/A

2 JOURNEY STE 201  
ALISO VIEJO, CA 92656  
Effective as of 01-NOV-21

**IYER, LAXMI, MD†**

Provider ID: N/A

2 JOURNEY STE 201  
ALISO VIEJO, CA 92656  
Effective as of 01-NOV-21

**POW-ANPONGKUL, PETE, MD†**

Provider ID: N/A

2 JOURNEY STE 201  
ALISO VIEJO, CA 92656\*  
Effective as of 01-NOV-21

**INFECTIOUS DISEASE**

**BAILEY, CHARLES, MD†**

Provider ID: N/A

26671 ALISO CREEK RD STE 301  
ALISO VIEJO, CA 92656  
Effective as of 01-APR-23

**BAILEY, CHARLES, MD†**

Provider ID: N/A

26671 ALISO CREEK RD STE 301  
ALISO VIEJO, CA 92656  
Effective as of 01-APR-23

**NEUROLOGY**

**BIXBY, MINDY, DO**

Provider ID: N/A

26671 ALISO CREEK RD STE 203  
ALISO VIEJO, CA 92656  
Teleservice  
Effective as of 01-JAN-23

**BIXBY, MINDY, DO**

Provider ID: N/A

26671 ALISO CREEK RD STE



203  
ALISO VIEJO, CA 92656  
Teleservice  
Effective as of 01-JAN-23

**BIXBY, MINDY, DO**

Provider ID: N/A  
26671 ALISO CREEK RD STE 203  
ALISO VIEJO, CA 92656  
Teleservice  
Effective as of 01-FEB-23

**BIXBY, MINDY, DO**

Provider ID: N/A  
26671 ALISO CREEK RD STE 203  
ALISO VIEJO, CA 92656  
Teleservice  
Effective as of 01-FEB-23

**BIXBY, MINDY, DO**

Provider ID: N/A  
26671 ALISO CREEK RD STE 203  
ALISO VIEJO, CA 92656  
Teleservice  
Effective as of 01-FEB-23

**BIXBY, MINDY, DO**

Provider ID: N/A  
26671 ALISO CREEK RD STE 203  
ALISO VIEJO, CA 92656  
Teleservice  
Effective as of 01-FEB-23

**BIXBY, MINDY, DO**

Provider ID: N/A  
26671 ALISO CREEK RD STE 203  
ALISO VIEJO, CA 92656  
Teleservice  
Effective as of 01-FEB-23

**LUDEMA, THOMAS, MD†**  
Provider ID: N/A  
15 MAREBLU STE 250  
ALISO VIEJO, CA 92656  
Effective as of 01-OCT-18

**LUDEMA, THOMAS, MD†**  
Provider ID: N/A  
15 MAREBLU STE 250  
ALISO VIEJO, CA 92656  
Effective as of 01-OCT-18

**MARTINEZ, KENNETH, MD**

Provider ID: N/A  
5 JOURNEY STE 210  
ALISO VIEJO, CA 92656  
Effective as of 01-APR-23

**MARTINEZ, KENNETH, MD**

Provider ID: N/A  
5 JOURNEY STE 210  
ALISO VIEJO, CA 92656  
Effective as of 01-JAN-17

**MARTINEZ, KENNETH, MD**

Provider ID: N/A  
5 JOURNEY STE 210  
ALISO VIEJO, CA 92656  
Effective as of 01-NOV-14

**MARTINEZ, KENNETH, MD**

Provider ID: N/A  
5 JOURNEY STE 210  
ALISO VIEJO, CA 92656  
Effective as of 01-MAR-20

**MARTINEZ, KENNETH, MD**

Provider ID: N/A  
5 JOURNEY STE 210  
ALISO VIEJO, CA 92656  
Effective as of 01-MAR-20

**MARTINEZ, KENNETH, MD**

Provider ID: N/A  
5 JOURNEY STE 210

ALISO VIEJO, CA 92656  
Effective as of 01-MAR-20

**SALEHI, HAMID, MD†**

Provider ID: N/A  
26895 ALISO CREEK RD STE B302  
ALISO VIEJO, CA 92656  
Effective as of 01-JAN-18

**OPTOMETRIST**

**NGUYEN, LETHUY, OD†**

Provider ID: N/A  
27001 MOULTON PKWY STE A100  
ALISO VIEJO, CA 92656  
Effective as of 01-JAN-18

**PEDIATRICS**

**FELDMAN, GARY, MD†**

Provider ID: N/A  
11 MAREBLU STE 200  
ALISO VIEJO, CA 92656  
Effective as of 01-FEB-23

**FELDMAN, GARY, MD†**

Provider ID: N/A  
11 MAREBLU STE 200  
ALISO VIEJO, CA 92656  
Effective as of 01-NOV-18

**YANNI, ELIZABETH, MD†**

Provider ID: N/A  
26671 ALISO CREEK RD STE 200  
ALISO VIEJO, CA 92656\*  
Effective as of 01-JAN-21

**PHYSICIANS ASSISTANT**

**GREEN, TRAVIS, PA**

Provider ID: N/A  
26671 ALISO CREEK RD STE

101  
ALISO VIEJO, CA 92656\*  
Effective as of 01-MAY-23

**PODIATRIST**

**ENG, STEVE, DPM†**

Provider ID: N/A  
5 JOURNEY STE 210  
ALISO VIEJO, CA 92656  
Effective as of 01-JUL-21

**ENG, STEVE, DPM†**

Provider ID: N/A  
5 JOURNEY STE 210  
ALISO VIEJO, CA 92656  
Effective as of 01-JUL-21

**ENG, STEVE, DPM†**

Provider ID: N/A  
5 JOURNEY STE 210  
ALISO VIEJO, CA 92656  
Effective as of 01-JUL-21

**ENG, STEVE, DPM†**

Provider ID: N/A  
5 JOURNEY STE 210  
ALISO VIEJO, CA 92656  
Effective as of 01-JUL-21

**ENG, STEVE, DPM†**

Provider ID: N/A  
5 JOURNEY STE 210  
ALISO VIEJO, CA 92656  
Effective as of 01-APR-23

**ENG, STEVE, DPM†**

Provider ID: N/A  
5 JOURNEY STE 210  
ALISO VIEJO, CA 92656  
Effective as of 01-APR-23

**HEHE, KYLE, DPM**

Provider ID: N/A  
15 MAREBLU STE 240

ALISO VIEJO, CA 92656  
Effective as of 01-AUG-23

**HEHE, KYLE, DPM**

Provider ID: N/A  
15 MAREBLU STE 240  
ALISO VIEJO, CA 92656  
Effective as of 01-AUG-23

**PSYCHIATRY**

**MARTINEZ, KENNETH, MD**

Provider ID: N/A  
5 JOURNEY STE 210  
ALISO VIEJO, CA 92656  
Effective as of 01-JAN-17

**MARTINEZ, KENNETH, MD**

Provider ID: N/A  
5 JOURNEY STE 210  
ALISO VIEJO, CA 92656  
Effective as of 01-APR-23

**MARTINEZ, KENNETH, MD**

Provider ID: N/A  
5 JOURNEY STE 210  
ALISO VIEJO, CA 92656  
Effective as of 01-MAR-20

**MARTINEZ, KENNETH, MD**

Provider ID: N/A  
5 JOURNEY STE 210  
ALISO VIEJO, CA 92656  
Effective as of 01-MAR-20

**MARTINEZ, KENNETH, MD**

Provider ID: N/A  
5 JOURNEY STE 210  
ALISO VIEJO, CA 92656  
Effective as of 01-MAR-20

**MARTINEZ, KENNETH, MD**

Provider ID: N/A  
5 JOURNEY STE 210  
ALISO VIEJO, CA 92656

Effective as of 01-NOV-14

**MARTINEZ, KENNETH, MD**

Provider ID: N/A  
5 JOURNEY STE 210  
ALISO VIEJO, CA 92656  
Effective as of 01-MAR-20

**MARTINEZ, KENNETH, MD**

Provider ID: N/A  
5 JOURNEY STE 210  
ALISO VIEJO, CA 92656  
Effective as of 01-MAR-20

**MARTINEZ, KENNETH, MD**

Provider ID: N/A  
5 JOURNEY STE 210  
ALISO VIEJO, CA 92656  
Effective as of 01-MAR-20

**MARTINEZ, KENNETH, MD**

Provider ID: N/A  
5 JOURNEY STE 210  
ALISO VIEJO, CA 92656  
Effective as of 01-NOV-14

**MARTINEZ, KENNETH, MD**

Provider ID: N/A  
5 JOURNEY STE 210  
ALISO VIEJO, CA 92656  
Effective as of 01-JAN-17

**MARTINEZ, KENNETH, MD**

Provider ID: N/A  
5 JOURNEY STE 210  
ALISO VIEJO, CA 92656  
Effective as of 01-APR-23

**PULMONARY DISEASES**

**GALKO, BARBARA, 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-NOV-23

**SHAHINIAN, GEORGE, MD**

Provider ID: N/A

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

**SURGERY GENERAL**

**RUSSO, MICHAEL, MD<sup>†</sup>**

Provider ID: N/A

11 MAREBLU STE 200  
ALISO VIEJO, CA 92656  
Effective as of 01-MAY-21

**RUSSO, MICHAEL, MD<sup>†</sup>**

Provider ID: N/A

11 MAREBLU STE 200  
ALISO VIEJO, CA 92656  
Effective as of 01-MAY-21

**RUSSO, MICHAEL, MD<sup>†</sup>**

Provider ID: N/A

11 MAREBLU STE 200  
ALISO VIEJO, CA 92656  
Effective as of 01-APR-21

**SURGERY**

**NEUROLOGICAL**

**MEHTA, VIKRAM, MD**

Provider ID: N/A

26671 ALISO CREEK RD STE

203

ALISO VIEJO, CA 92656  
Effective as of 01-DEC-23

**MEHTA, VIKRAM, MD**

Provider ID: N/A

26671 ALISO CREEK RD STE  
203  
ALISO VIEJO, CA 92656  
Effective as of 01-DEC-23

**CERTIFIED NURSE  
PRACTITIONER**

**SANDERS, JESSICA, NP<sup>†</sup>**

Provider ID: N/A

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901  
Teleservice  
Effective as of 01-NOV-22

**CHIROPRACTOR**

**ABDULRAHIM, AHMED, DC<sup>†</sup>**

Provider ID: N/A

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901  
Teleservice  
Effective as of 01-JUL-22

**KELCHNER, MATTHEW, DC<sup>†</sup>**

Provider ID: N/A

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901  
Effective as of 01-JUL-22

**KELCHNER, MATTHEW, DC<sup>†</sup>**

Provider ID: N/A

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901  
Effective as of 01-JAN-21

**PHILLIPS, KATHERINE, DC**

Provider ID: N/A

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901  
Effective as of 01-FEB-24

**FAMILY PRACTICE**

**VAN HOLLEBEKE, RACHEL,  
MD**

Provider ID: N/A

1620 ALPINE BLVD  
ALPINE, CA 91901  
Effective as of 01-JUN-23

**WYLIE, BLAKE, DO<sup>†</sup>**

Provider ID: N/A

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901  
Teleservice  
Effective as of 01-AUG-22

**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<sup>†</sup>**

Provider ID: N/A

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901  
Effective as of 01-SEP-22

**BINDER, NICHOLAS, MD<sup>†</sup>**

Provider ID: N/A

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

**CHANG, TOM, MD<sup>†</sup>**

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  
Effective as of 01-SEP-22

**PATEL, GITANE, MD†**

Provider ID: N/A

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901  
Effective as of 01-SEP-22

**PATEL, GITANE, MD†**

Provider ID: N/A

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

**PATEL, GITANE, MD†**

Provider ID: N/A

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901  
Effective as of 01-AUG-20

**PATEL, GITANE, MD†**

Provider ID: N/A

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901  
Effective as of 01-MAR-18

**PRABHU, SUJATA, MD†**

Provider ID: N/A

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901  
Effective as of 01-SEP-22

**WAINESS, REID, MD†**

Provider ID: N/A

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

**OPTOMETRIST**

**AOTO, KIM, OD†**

Provider ID: N/A

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901  
Effective as of 01-SEP-22

**DYER, SHARON, OD†**

Provider ID: N/A

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

**DYER, SHARON, OD†**

Provider ID: N/A

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901  
Effective as of 01-SEP-22

**MARR, RYAN, OD**

Provider ID: N/A

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901  
Effective as of 01-DEC-22

**PSYCHOLOGIST**

**FRITZ, JENNIFER, PhD†**

Provider ID: N/A

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901  
Effective as of 01-DEC-22

**FRITZ, JENNIFER, PhD†**

Provider ID: N/A

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901  
Effective as of 01-DEC-22

**SMITH, STEPHANIE, PhD†**

Provider ID: N/A

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

Teleservice

Effective as of 01-AUG-22

**SMITH, STEPHANIE, PhD†**

Provider ID: N/A

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901  
Teleservice

Effective as of 01-AUG-22

**TORRES, RANDALL, PSYD**

Provider ID: N/A

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901  
Effective as of 01-FEB-24

**TORRES, RANDALL, PSYD**

Provider ID: N/A

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901  
Effective as of 01-FEB-24

**OPTOMETRIST**

**HOLMSTROM, STEVEN, OD†**

Provider ID: N/A

31722 RAILROAD CANYON  
RD  
CANYON LAKE, CA 92587  
Effective as of 01-JUL-23

**ANESTHESIOLOGY PAIN  
MANAGEMENT**

**MADHAV, SANDIP, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Teleservice

Effective as of 01-JAN-20

**MADHAV, SANDIP, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Teleservice

Effective as of 01-JAN-21

**PRASAD, RUPA, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Teleservice

Effective as of 01-NOV-21

**PRASAD, RUPA, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Teleservice

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

**CERTIFIED NURSE**

**PRACTITIONER**

**BATAC, NADINE, NP†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 110  
CARLSBAD, CA 92011

Effective as of 01-DEC-22

**BINAVI, HOWNAZ, NP†**

Provider ID: N/A

6010 HIDDEN VALLEY RD

STE 120  
CARLSBAD, CA 92011  
Effective as of 01-SEP-22

**BISHOP, LESLIE, NP†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Teleservice

Effective as of 01-JAN-21

**BISHOP, LESLIE, NP†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Teleservice

Effective as of 01-JAN-21

**HALPERN, DAVID, NP†**

Provider ID: N/A

1905 CALLE BARCELONA  
STE 211  
CARLSBAD, CA 92009

Effective as of 01-JAN-21

**HOOPER, BONNIE, NP†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 120  
CARLSBAD, CA 92011

Effective as of 01-JAN-21

**HOOPER, BONNIE, NP†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 120  
CARLSBAD, CA 92011

Effective as of 01-JAN-21

**MOURADIAN, KRISTINA, NP†**

Provider ID: N/A

1295 CARLSBAD VILLAGE  
DR STE 100

CARLSBAD, CA 92008  
Effective as of 01-NOV-22

**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-JAN-22

**RICE, ELIZABETH, NP**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Effective as of 01-MAR-24

**SOLIC, DIANE, NP**

Provider ID: N/A

1905 CALLE BARCELONA  
STE 211  
CARLSBAD, CA 92009

Teleservice

Effective as of 01-OCT-22

**SYMANSKI, ELIZABETH, NP†**

Provider ID: N/A

1905 CALLE BARCELONA  
STE 211  
CARLSBAD, CA 92009

Teleservice

Effective as of 01-AUG-22

**CHIROPRACTOR**

**BERRY, MICHAEL, DC**

Provider ID: N/A

6986 EL CAMINO REAL STE

F  
CARLSBAD, CA 92009  
Effective as of 01-APR-15

**MILLER, JAMES, DC**

Provider ID: N/A

6986 EL CAMINO REAL STE  
F  
CARLSBAD, CA 92009  
Effective as of 01-JUL-17

**CLINICAL**

**NEUROPSYCHOLOGIST**

**ALASANTRO, LORI, PhD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-FEB-18

**ALASANTRO, LORI, PhD†**

Provider ID: N/A

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

**ALASANTRO, LORI, PhD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-SEP-22

**DERMATOLOGY**

**ANGRA, KUNAL, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 120  
CARLSBAD, CA 92011  
Effective as of 01-JUL-21

**ANGRA, KUNAL, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 120  
CARLSBAD, CA 92011  
Effective as of 01-JUL-21

**BUSCH, HEIDI, MD†**

Provider ID: N/A

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

**BUSCH, HEIDI, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 120  
CARLSBAD, CA 92011  
Teleservice  
Effective as of 01-JAN-24

**BUSCH, HEIDI, MD†**

Provider ID: N/A

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

**BUSCH, HEIDI, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 120  
CARLSBAD, CA 92011  
Teleservice  
Effective as of 01-OCT-22

**RILEY, JESSICA, DO†**

Provider ID: N/A

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

**RILEY, JESSICA, DO†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 120  
CARLSBAD, CA 92011  
Effective as of 01-JAN-24

**RILEY, JESSICA, DO†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 120  
CARLSBAD, CA 92011  
Effective as of 01-JAN-21

**RILEY, JESSICA, DO†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 120  
CARLSBAD, CA 92011  
Effective as of 01-JAN-21

**ZUBAIR, RAHEEL, MD**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 120  
CARLSBAD, CA 92011  
Effective as of 01-JAN-24

**ZUBAIR, RAHEEL, MD**

Provider ID: N/A

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

**FAMILY PRACTICE**


**MADHAV, KINJAL, MD†**

Provider ID: N/A


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

**HEARING AID DEALER /  
SUPPLIER**

**DAVIS, KELLE, MA<sup>†</sup>**


Provider ID: N/A  
 1820 MARRON RD  
 CARLSBAD, CA 92008  
 Effective as of 01-JAN-21

**DAVIS, KELLE, MA<sup>†</sup>**

Provider ID: N/A  
 1820 MARRON RD STE 102  
 CARLSBAD, CA 92008  
 Effective as of 01-SEP-22


**NEPHROLOGY**

**SAVANI, AMAN, MD**


Provider ID: N/A  
 6010 HIDDEN VALLEY RD  
 STE 200  
 CARLSBAD, CA 92011  
 Effective as of 01-AUG-23

**NEUROLOGY**


**BAKER, DAVID, DO**

Provider ID: N/A  
 6010 HIDDEN VALLEY RD  
 STE 200  
 CARLSBAD, CA 92011  
 Effective as of 01-JAN-24

**BAKER, DAVID, DO**


Provider ID: N/A  
 6010 HIDDEN VALLEY RD  
 STE 200  
 CARLSBAD, CA 92011  
 Effective as of 01-DEC-23

**CHOUDRY, BILAL, MD<sup>†</sup>**


Provider ID: N/A  
 6010 HIDDEN VALLEY RD  
 STE 200  
 CARLSBAD, CA 92011

Effective as of 01-JAN-21


**CHOUDRY, BILAL, MD<sup>†</sup>**

Provider ID: N/A  
 6010 HIDDEN VALLEY RD  
 STE 200  
 CARLSBAD, CA 92011  
 Effective as of 01-JAN-21


**CHOUDRY, BILAL, MD<sup>†</sup>**

Provider ID: N/A  
 6010 HIDDEN VALLEY RD  
 STE 200  
 CARLSBAD, CA 92011  
 Effective as of 01-FEB-16


**CHOUDRY, BILAL, MD<sup>†</sup>**

Provider ID: N/A  
 6010 HIDDEN VALLEY RD  
 STE 200  
 CARLSBAD, CA 92011  
 Effective as of 01-FEB-16


**DELANEY, MICHAEL, MD<sup>†</sup>**

Provider ID: N/A  
 6010 HIDDEN VALLEY RD  
 STE 200  
 CARLSBAD, CA 92011  
 Teleservice  
 Effective as of 01-JAN-21

**DELANEY, MICHAEL, MD<sup>†</sup>**


Provider ID: N/A  
 6010 HIDDEN VALLEY RD  
 STE 200  
 CARLSBAD, CA 92011  
 Teleservice  
 Effective as of 01-NOV-22

**DELANEY, MICHAEL, MD<sup>†</sup>**


Provider ID: N/A  
 6010 HIDDEN VALLEY RD  
 STE 200  
 CARLSBAD, CA 92011  
 Teleservice

Effective as of 01-SEP-21


**DROKER, BRIAN, MD**

Provider ID: N/A  
 6010 HIDDEN VALLEY RD  
 STE 200  
 CARLSBAD, CA 92011  
 Effective as of 01-MAR-24


**DROKER, BRIAN, MD**

Provider ID: N/A  
 6010 HIDDEN VALLEY RD  
 STE 200  
 CARLSBAD, CA 92011  
 Effective as of 01-DEC-23


**FARNSWORTH, WILLIAM, MD<sup>†</sup>**

Provider ID: N/A  
 6010 HIDDEN VALLEY RD  
 STE 200  
 CARLSBAD, CA 92011  
 Effective as of 01-NOV-21


**FARNSWORTH, WILLIAM, MD<sup>†</sup>**

Provider ID: N/A  
 6010 HIDDEN VALLEY RD  
 STE 200  
 CARLSBAD, CA 92011  
 Effective as of 01-NOV-21

**FARNSWORTH, WILLIAM, MD<sup>†</sup>**

Provider ID: N/A  
 6010 HIDDEN VALLEY RD  
 STE 200  
 CARLSBAD, CA 92011  
 Effective as of 01-FEB-22

**FRISHBERG, BENJAMIN, MD<sup>†</sup>**

Provider ID: N/A  
 6010 HIDDEN VALLEY RD  
 STE 200  
 CARLSBAD, CA 92011  
 Effective as of 01-SEP-22

**FRISHBERG, BENJAMIN, MD<sup>†</sup>**

Provider ID: N/A

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

**FRISHBERG, BENJAMIN, MD†**

Provider ID: N/A

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

**FRISHBERG, BENJAMIN, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-FEB-16

**FRISHBERG, BENJAMIN, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-FEB-16

**HALL, JACOB, MD†**

Provider ID: N/A

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

**HALL, JACOB, MD†**

Provider ID: N/A

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

**HALL, JACOB, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200

CARLSBAD, CA 92011

Effective as of 01-FEB-21

**HO, GILBERT, MD**

Provider ID: N/A

5814 VAN ALLEN WAY STE  
209  
CARLSBAD, CA 92008  
Effective as of 01-JAN-21

**LANE, RICHARD, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-SEP-22

**LANE, RICHARD, MD†**

Provider ID: N/A

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

**LANE, RICHARD, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-DEC-23

**LOBATZ, MICHAEL, MD†**

Provider ID: N/A

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

**LOBATZ, MICHAEL, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-SEP-22

**LOBATZ, MICHAEL, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-FEB-16

**LUHAR, RIYA, DO**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Teleservice  
Effective as of 01-AUG-23

**LUHAR, RIYA, DO**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Teleservice  
Effective as of 01-JAN-23

**LUHAR, RIYA, DO**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Teleservice  
Effective as of 01-JAN-23

**NIELSEN, AMY, DO†**

Provider ID: N/A

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

**NIELSEN, AMY, DO†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-JAN-16



**NIELSEN, AMY, DO†**

Provider ID: N/A

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

**NIELSEN, AMY, DO†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-FEB-16

**NIELSEN, AMY, DO†**

Provider ID: N/A

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

**OH, IRENE, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-SEP-22

**OH, IRENE, MD†**

Provider ID: N/A

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

**OH, IRENE, MD†**

Provider ID: N/A

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

**OH, IRENE, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD

STE 200  
CARLSBAD, CA 92011  
Effective as of 01-FEB-16

**OMURO, ARTHUR, DO†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-SEP-22

**OMURO, ARTHUR, DO†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-NOV-23

**PADUGA, REMIA, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-FEB-16

**PADUGA, REMIA, MD†**

Provider ID: N/A

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

**QUESNELL, TARA, DO†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-NOV-23

**QUESNELL, TARA, DO†**

Provider ID: N/A

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

**SADOFF, MARK, MD†**

Provider ID: N/A

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

**SADOFF, MARK, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-FEB-16

**SADOFF, MARK, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-FEB-16

**SADOFF, MARK, MD†**

Provider ID: N/A

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

**SAVANI, AMAN, MD**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-NOV-23

**SCHIM, JACK, MD†**

Provider ID: N/A

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

**SCHIM, JACK, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-FEB-16

**SCHIM, JACK, MD†**

Provider ID: N/A

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

**WANG, ANCHI, MD†**

Provider ID: N/A

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

**WANG, CHUNYANG, MD†**

Provider ID: N/A

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

**WANG, ANCHI, MD†**

Provider ID: N/A

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

**WANG, CHUNYANG, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-FEB-16

**WANG, CHUNYANG, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Effective as of 01-FEB-16

**WANG, ANCHI, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-FEB-16

**WANG, CHUNYANG, MD†**

Provider ID: N/A

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

**WANG, ANCHI, MD†**

Provider ID: N/A

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

**WANG, ANCHI, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-FEB-16

**WRIGHT, BRENTON, MD**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-AUG-23

**YOSHII-CONTRERAS, JUNE, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-JAN-23

**NEUROPHYSIOLOGY  
CLINICAL**

**PADUGA, REMIA, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-NOV-23

**QUESNELL, TARA, DO†**

Provider ID: N/A

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

**OTOLARYNGOLOGY**

**ABDOU, RAMI, MD†**

Provider ID: N/A

2390 FARADAY AVE  
CARLSBAD, CA 92008  
Effective as of 01-AUG-22

**CALZADA, AUDREY, MD†**

Provider ID: N/A

2390 FARADAY AVE  
CARLSBAD, CA 92008  
Effective as of 01-OCT-22

**CHANG, EDWARD, MD**

Provider ID: N/A

2390 FARADAY AVE  
CARLSBAD, CA 92008  
Effective as of 01-MAR-24

**DATE, AMIT, MD**

Provider ID: N/A

2390 FARADAY AVE  
CARLSBAD, CA 92008  
Teleservice  
Effective as of 01-MAY-23

**DONALDSON, CHADWICK,**

**MD†**

Provider ID: N/A

2390 FARADAY AVE  
CARLSBAD, CA 92008

Teleservice

Effective as of 01-JAN-21

**DONALDSON, CHADWICK, MD†**

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

Effective as of 01-FEB-22

**TIAN, QING, MD†**

Provider ID: N/A

2390 FARADAY AVE  
CARLSBAD, CA 92008

Teleservice

Effective as of 01-JAN-21

**TIAN, QING, MD†**

Provider ID: N/A

2390 FARADAY AVE  
CARLSBAD, CA 92008

Teleservice

Effective as of 01-NOV-21

**OTOLARYNGOLOGY /  
OTOLOGY /  
LARYNGOLOGY /  
RHINOLOGY**

**GOLDSZTEIN, HERNAN, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 210  
CARLSBAD, CA 92011

Effective as of 01-FEB-18

**SALGADO, MOSES, MD**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 210  
CARLSBAD, CA 92011

Effective as of 01-FEB-18

**PEDIATRICS**

**ZACHRY, ALISON, MD†**

Provider ID: N/A

1295 CARLSBAD VILLAGE  
DR STE 100  
CARLSBAD, CA 92008

Effective as of 01-SEP-22

**PHYSICAL MEDICINE /  
REHABILITATION**

**CURRY, JASON, MD†**

Provider ID: N/A

6121 PASEO DEL NORTE  
STE 200  
CARLSBAD, CA 92011

Teleservice

Effective as of 01-SEP-21

**MADHAV, SANDIP, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Teleservice

Effective as of 01-JAN-21

**TAHAEI, SEYED, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 110  
CARLSBAD, CA 92011

Teleservice

Effective as of 01-OCT-22

**PHYSICIANS ASSISTANT**

**DRILLING, KATHERINE, PA**

Provider ID: N/A

1905 CALLE BARCELONA  
STE 211  
CARLSBAD, CA 92009

Effective as of 01-MAR-23

**FANNIN, HANA AH, PA**

Provider ID: N/A

2659 GATEWAY RD STE 106  
CARLSBAD, CA 92009

Effective as of 01-JAN-23

**HERMANSON, KATHLEEN, PA†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Effective as of 01-SEP-22

**HERMANSON, KATHLEEN, PA†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Effective as of 01-JAN-21

**HUANG, STEPHANIE, PA†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Effective as of 01-JAN-21

**HUANG, STEPHANIE, PA†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Effective as of 01-OCT-22

**INOCELDA, ANDREW, PA†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-SEP-22

**INOCELDA, ANDREW, PA†**

Provider ID: N/A

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

**MEGALI, NICOLE, PA**

Provider ID: N/A

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

**POLLINGTON, CHRISTOPHER,  
PA**

Provider ID: N/A

6121 PASEO DEL NORTE  
CARLSBAD, CA 92011  
Teleservice  
Effective as of 01-OCT-23

**RAHIM, ARIANNA, PA**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-OCT-23

**REUSCH, KEVIN, PA**

Provider ID: N/A

6121 PASEO DEL NORTE  
CARLSBAD, CA 92011  
Teleservice  
Effective as of 01-OCT-23

**PSYCHIATRY**

**CAI, SHEILA, MD†**

Provider ID: N/A

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

**CAI, SHEILA, MD†**

Provider ID: N/A

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

**CAI, SHEILA, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 115  
CARLSBAD, CA 92011  
Effective as of 01-SEP-22

**CAI, SHEILA, MD†**

Provider ID: N/A

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

**PAULITSCH-BUCKINGHAM,  
ANDREA, MD†**

Provider ID: N/A

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

**PAULITSCH-BUCKINGHAM,  
ANDREA, MD†**

Provider ID: N/A

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

**PAULITSCH-BUCKINGHAM,  
ANDREA, MD†**

Provider ID: N/A

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

**PAULITSCH-BUCKINGHAM,  
ANDREA, MD†**

Provider ID: N/A

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

**PSYCHIATRY CHILD**

**CAI, SHEILA, MD†**

Provider ID: N/A

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

**CAI, SHEILA, MD†**

Provider ID: N/A

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

**CAI, SHEILA, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 115  
CARLSBAD, CA 92011  
Effective as of 01-SEP-22

**CAI, SHEILA, MD†**

Provider ID: N/A

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

**CAI, SHEILA, MD†**

Provider ID: N/A

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

**CAI, SHEILA, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 115  
CARLSBAD, CA 92011  
Effective as of 01-SEP-22

**PSYCHOLOGIST**

**KAUP, ALLISON, PhD†**

Provider ID: N/A

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

**KAUP, ALLISON, PhD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-NOV-23

**KAUP, ALLISON, PhD†**

Provider ID: N/A

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

**KAUP, ALLISON, PhD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-NOV-23

**NOEL, NANCY, PhD**

Provider ID: N/A

6768 PASEO DEL VIS  
CARLSBAD, CA 92009  
Effective as of 01-FEB-23

**NOEL, NANCY, PhD**

Provider ID: N/A

6768 PASEO DEL VIS  
CARLSBAD, CA 92009  
Effective as of 01-FEB-23

**NOEL, NANCY, PhD**

Provider ID: N/A

6768 PASEO DEL VIS  
CARLSBAD, CA 92009  
Effective as of 01-FEB-23

**NOEL, NANCY, PhD**

Provider ID: N/A

6768 PASEO DEL VIS  
CARLSBAD, CA 92009  
Effective as of 01-FEB-23

**ROSEN, JAY, PhD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-SEP-22

**ROSEN, JAY, PhD†**

Provider ID: N/A

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

**ROSEN, JAY, PhD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011  
Effective as of 01-SEP-22

**ROSEN, JAY, PhD†**

Provider ID: N/A

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

**REGISTERED PHYSICAL  
THERAPIST**

**AMBROSE, CHRISTOPHER, PT**

Provider ID: N/A

3070 MADISON ST  
CARLSBAD, CA 92008  
Effective as of 01-JAN-21

**BOUTELLE, DAVID, PT**

Provider ID: N/A

3070 MADISON ST  
CARLSBAD, CA 92008  
Effective as of 01-JAN-21

**BOUTELLE, BARBARA, PT**

Provider ID: N/A

3070 MADISON ST  
CARLSBAD, CA 92008  
Effective as of 01-SEP-22

**DOULL, MATTHEW, PT**

Provider ID: N/A

6121 PASEO DEL NORTE  
CARLSBAD, CA 92011

Teleservice

Effective as of 01-JUN-23

**GARBER, MARC, PT**

Provider ID: N/A

6121 PASEO DEL NORTE  
CARLSBAD, CA 92011

Teleservice

Effective as of 01-OCT-21

**MCGEE, JACQUELINE, PT**

Provider ID: N/A

3070 MADISON ST  
CARLSBAD, CA 92008

Effective as of 01-JAN-21

**TAMAYO, SYDNIE, PT**

Provider ID: N/A

6121 PASEO DEL NORTE  
STE 200  
CARLSBAD, CA 92011

Teleservice

Effective as of 01-OCT-23

**SLEEP MEDICINE**

**MADHAV, KINJAL, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Teleservice

Effective as of 01-JAN-21

**MADHAV, KINJAL, MD†**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Teleservice

Effective as of 01-OCT-19

**SURGERY**

**NEUROLOGICAL**

**MURTHY, NIKHIL, MD**

Provider ID: N/A

6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

Effective as of 01-JUL-23

**ADVANCED HEART  
FAILURE AND  
TRANSPLANT  
CARDIOLOGY**

**DURAN, ANTONIO, MD**

Provider ID: N/A

890 EASTLAKE PKWY STE  
205  
CHULA VISTA, CA 91914

Teleservice

Effective as of 01-JUL-23

**HOAGLAND, PETER, MD†**

Provider ID: N/A

890 EASTLAKE PKWY STE  
205  
CHULA VISTA, CA 91914

Effective as of 01-JAN-21

**JASKI, BRIAN, MD†**

Provider ID: N/A

890 EASTLAKE PKWY STE  
205  
CHULA VISTA, CA 91914

Teleservice

Effective as of 01-JAN-21

**ALLERGY IMMUNOLOGY**

**SHARMA, KUSUM, MD**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 216  
CHULA VISTA, CA 91911

Effective as of 01-JUN-22

**SHARMA, KUSUM, MD**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 216  
CHULA VISTA, CA 91911

Effective as of 01-JAN-23

**ANESTHESIOLOGY**

**GLASSER, MARGA, MD†**

Provider ID: N/A

2452 FENTON ST STE C101  
CHULA VISTA, CA 91914

Effective as of 01-OCT-21

**GLASSER, MARGA, MD†**

Provider ID: N/A

2452 FENTON ST STE C101  
CHULA VISTA, CA 91914

Effective as of 01-SEP-21

**GLASSER, MARGA, MD†**

Provider ID: N/A

2452 FENTON ST STE C203  
CHULA VISTA, CA 91914

Effective as of 01-SEP-21

**MACCHIO, GREGORY, MD†**

Provider ID: N/A

2452 FENTON ST STE C101  
CHULA VISTA, CA 91914

Effective as of 01-JUL-22

**ROMERO, KENNETH, MD†**

Provider ID: N/A

752 MEDICAL CENTER CT  
STE 206  
CHULA VISTA, CA 91911

Effective as of 01-SEP-22

**THOMPSON, SANDRA, MD†**

Provider ID: N/A

786 3RD AVE STE B  
CHULA VISTA, CA 91910

Effective as of 01-JAN-21

**VERDOLIN, MICHAEL, MD**

Provider ID: N/A

2452 FENTON ST STE 205  
CHULA VISTA, CA 91914

Effective as of 01-JAN-21

**ANESTHESIOLOGY  
CRITICAL CARE MEDICINE**

**MACCHIO, GREGORY, MD†**

Provider ID: N/A

2452 FENTON ST STE C101  
CHULA VISTA, CA 91914

Effective as of 01-SEP-22

**MACCHIO, GREGORY, MD†**

Provider ID: N/A

2452 FENTON ST STE C203  
CHULA VISTA, CA 91914

Effective as of 01-SEP-22

**ANESTHESIOLOGY PAIN  
MANAGEMENT**

**BAUMGARTL, WILLIAM, MD†**

Provider ID: N/A

344 F ST STE 203  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-JAN-23

**DAIRO, BRANDON, MD†**

Provider ID: N/A

340 4TH AVE STE 19  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-NOV-22

**GLASSER, MARGA, MD†**

Provider ID: N/A

2452 FENTON ST STE C203  
CHULA VISTA, CA 91914

Effective as of 01-JAN-22

**MACCHIO, GREGORY, MD†**

Provider ID: N/A

2452 FENTON ST STE C101  
CHULA VISTA, CA 91914

Effective as of 01-DEC-18

**NAVARRO, ROSA, MD†**

Provider ID: N/A

2452 FENTON ST STE C101  
CHULA VISTA, CA 91914

Effective as of 01-JUL-22

**NAVARRO, ROSA, MD†**

Provider ID: N/A

2452 FENTON ST STE C101  
CHULA VISTA, CA 91914

Effective as of 01-SEP-22

**NAVARRO, ROSA, MD†**

Provider ID: N/A

2452 FENTON ST STE C203  
CHULA VISTA, CA 91914

Effective as of 01-SEP-22

**NAVARRO, ROSA, MD†**

Provider ID: N/A

2452 FENTON ST STE C101  
CHULA VISTA, CA 91914

Effective as of 01-SEP-15

**NAVARRO, ROSA, MD†**

Provider ID: N/A

2452 FENTON ST STE C203  
CHULA VISTA, CA 91914

Effective as of 01-AUG-17

**NAVARRO, ROSA, MD†**

Provider ID: N/A

2452 FENTON ST STE C101  
CHULA VISTA, CA 91914

Effective as of 01-JAN-14

**ROMERO, KENNETH, MD†**

Provider ID: N/A

752 MEDICAL CENTER CT  
STE 103  
CHULA VISTA, CA 91911

Effective as of 01-JUN-19

**VERDOLIN, MICHAEL, MD**

Provider ID: N/A

2452 FENTON ST STE 205  
CHULA VISTA, CA 91914

Effective as of 01-MAR-22

**AUDIOLOGIST**

**HORNER, HEATHER, AuD†**

Provider ID: N/A

310 3RD AVE STE B21  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-JUN-22

**JESPERSEN, RHONDA, AuD**

Provider ID: N/A

310 3RD AVE STE B21  
CHULA VISTA, CA 91910

Effective as of 01-JAN-23

**CARDIAC  
ELECTROPHYSIOLOGY**

**ATHILL, CHARLES, MD†**

Provider ID: N/A

890 EASTLAKE PKWY STE  
205  
CHULA VISTA, CA 91914

Effective as of 01-JAN-21

**BERMAN, BRETT, MD†**

Provider ID: N/A

321 E ST STE A  
CHULA VISTA, CA 91910

Effective as of 01-MAR-16

**DAWOOD, FARAH, MD†**

Provider ID: N/A

752 MEDICAL CENTER CT  
STE 207  
CHULA VISTA, CA 91911  
Effective as of 01-DEC-20

**LERNER, JONATHAN, MD**  
Provider ID: N/A

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

**LERNER, JONATHAN, MD**  
Provider ID: N/A

865 THIRD AVE  
STE 133  
CHULA VISTA, CA 91911  
Effective as of 01-JUL-23

**PUGH, MATTHEW, DO†**  
Provider ID: N/A

765 MEDICAL CENTER CT  
STE 205  
CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-NOV-21

**PUGH, MATTHEW, DO†**  
Provider ID: N/A

765 MEDICAL CENTER CT  
STE 205  
CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-SEP-21

**SHAH, ABHISHEK, MD**  
Provider ID: N/A

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

**SHAH, ABHISHEK, MD†**  
Provider ID: N/A

765 MEDICAL CENTER CT  
STE 211

CHULA VISTA, CA 91911  
Effective as of 01-JAN-23

### **CARDIOLOGY**

**AIZIN, VITALI, MD†**  
Provider ID: N/A

321 E ST STE A  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

**AIZIN, VITALI, MD†**  
Provider ID: N/A

321 E ST STE A  
CHULA VISTA, CA 91910  
Effective as of 01-FEB-16

**BARVALIA, MIHIR, MD†**  
Provider ID: N/A

752 MEDICAL CENTER CT  
STE 207  
CHULA VISTA, CA 91911  
Effective as of 01-NOV-22

**BERMAN, BRETT, MD†**  
Provider ID: N/A

321 E ST STE A  
CHULA VISTA, CA 91910  
Effective as of 01-MAR-16

**BERMAN, BRETT, MD†**  
Provider ID: N/A

321 E ST STE A  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-22

**BERMAN, BRETT, MD†**  
Provider ID: N/A

321 E ST STE A  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

**CEPIN, DANIEL, MD†**  
Provider ID: N/A

890 EASTLAKE PKWY STE

205  
CHULA VISTA, CA 91914  
Effective as of 01-DEC-22

**GOLLAPUDI, RAGHAVA, MD†**  
Provider ID: N/A

890 EASTLAKE PKWY STE  
205  
CHULA VISTA, CA 91914  
Effective as of 01-JUN-21

**KAFRI, HASSAN, MD†**  
Provider ID: N/A

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

**KAFRI, HASSAN, MD†**  
Provider ID: N/A

429 BROADWAY  
CHULA VISTA, CA 91910  
Effective as of 01-AUG-20

**KAFRI, HASSAN, MD†**  
Provider ID: N/A

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

**KAFRI, HASSAN, MD†**  
Provider ID: N/A

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

**LY, NANCY, MD†**  
Provider ID: N/A

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

**LY, NANCY, MD†**  
Provider ID: N/A

765 MEDICAL CENTER CT



STE 211  
CHULA VISTA, CA 91911  
Effective as of 01-JUL-22

**MOHAMEDALI, BURHAN, MD†**

Provider ID: N/A  
765 MEDICAL CENTER CT  
STE 211  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-21

**MONDRAGON, GUSTAVO, MD†**

Provider ID: N/A  
480 4TH AVE STE 500  
CHULA VISTA, CA 91910\*  
Effective as of 01-JAN-21

**NAGHI, JESSE, MD†**

Provider ID: N/A  
752 MEDICAL CENTER CT  
STE 207  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-21

**NARAYANAN, MEENA, MD†**

Provider ID: N/A  
765 MEDICAL CENTER CT  
STE 211  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-21

**OVIEDO-LINARES, RAUL, MD†**

Provider ID: N/A  
754 MEDICAL CENTER CT  
STE 101  
CHULA VISTA, CA 91911  
Effective as of 01-FEB-24

**OVIEDO-LINARES, RAUL, MD†**

Provider ID: N/A  
754 MEDICAL CENTER CT  
STE 101  
CHULA VISTA, CA 91911  
Effective as of 01-OCT-23

**PARIKH, MILIND, DO†**

Provider ID: N/A  
765 MEDICAL CENTER CT  
STE 211  
CHULA VISTA, CA 91911  
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-SEP-22

**PONCE, SONIA, MD†**

Provider ID: N/A  
340 4TH AVE STE 11  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-JUL-21

**PONCE, SONIA, MD†**

Provider ID: N/A  
450 4TH AVE STE 215  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

**ROUGH, STEVEN, MD**

Provider ID: N/A  
754 MEDICAL CENTER CT  
STE 101  
CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-JAN-24

**SHARF, ALBERT, MD**

Provider ID: N/A  
1310 3RD AVE STE B4  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-24

**SHEREV, DIMITRI, MD†**

Provider ID: N/A  
752 MEDICAL CENTER CT

STE 207  
CHULA VISTA, CA 91911  
Effective as of 01-SEP-22

**WYSOCZANSKI, MARIUSZ, MD†**

Provider ID: N/A  
750 MEDICAL CENTER CT  
STE 3  
CHULA VISTA, CA 91911  
Effective as of 01-SEP-22

**WYSOCZANSKI, MARIUSZ, MD†**

Provider ID: N/A  
754 MEDICAL CENTER CT  
STE 101  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-24

**CARDIOVASCULAR  
DISEASE**

**ABELHAD, NADIA, MD**

Provider ID: N/A  
765 MEDICAL CENTER CT  
STE 211  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-24

**AIZIN, VITALI, MD†**

Provider ID: N/A  
321 E ST STE A  
CHULA VISTA, CA 91910  
Effective as of 01-MAR-21

**AIZIN, VITALI, MD†**

Provider ID: N/A  
321 E ST STE A  
CHULA VISTA, CA 91910  
Effective as of 01-JUN-16

**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-SEP-22

**CARLSON, STEVEN, MD†**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 211  
CHULA VISTA, CA 91911

Teleservice

Effective as of 01-APR-21

**CARLSON, STEVEN, MD†**

Provider ID: N/A

751 MEDICAL CENTER CT  
STE 211  
CHULA VISTA, CA 91911

Effective as of 01-JAN-21

**CEPIN, DANIEL, MD†**

Provider ID: N/A

890 EASTLAKE PKWY STE  
205  
CHULA VISTA, CA 91914

Effective as of 01-FEB-21

**CEPIN, DANIEL, MD†**

Provider ID: N/A

890 EASTLAKE PKWY STE  
205  
CHULA VISTA, CA 91914

Effective as of 01-JAN-14

**COX, JUSTIN, MD†**

Provider ID: N/A

890 EASTLAKE PKWY STE  
205  
CHULA VISTA, CA 91914

Teleservice

Effective as of 01-SEP-21

**DAWOOD, FARAH, MD†**

Provider ID: N/A

752 MEDICAL CENTER CT  
STE 207  
CHULA VISTA, CA 91911

Effective as of 01-AUG-21

**DAWOOD, FARAH, MD†**

Provider ID: N/A

752 MEDICAL CENTER CT  
STE 207  
CHULA VISTA, CA 91911

Effective as of 01-SEP-22

**DO, HULBERT, MD**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 211  
CHULA VISTA, CA 91911

Effective as of 01-OCT-23

**DO, HULBERT, MD**

Provider ID: N/A

865 THIRD AVE  
STE 133  
CHULA VISTA, CA 91911

Effective as of 01-OCT-23

**FERNANDEZ, GENARO, MD†**

Provider ID: N/A

752 MEDICAL CENTER CT  
STE 207  
CHULA VISTA, CA 91911

Effective as of 01-AUG-21

**GOLLAPUDI, RAGHAVA, MD†**

Provider ID: N/A

450 4TH AVE STE 215  
CHULA VISTA, CA 91910

Effective as of 01-NOV-23

**HOURANI, RAYAN, MD**

Provider ID: N/A

890 EASTLAKE PKWY STE

205

CHULA VISTA, CA 91914

Teleservice

Effective as of 01-FEB-23

**KHAN, HASHIM, MD†**

Provider ID: N/A

890 EASTLAKE PKWY STE  
205  
CHULA VISTA, CA 91914

Effective as of 01-APR-21

**KHARAZI, ALEXANDRA, MD†**

Provider ID: N/A

345 F ST STE 200  
CHULA VISTA, CA 91910

Effective as of 01-SEP-22

**KIM, JAMES, MD†**

Provider ID: N/A

754 MEDICAL CENTER CT  
STE 101  
CHULA VISTA, CA 91911

Teleservice

Effective as of 01-JUN-21

**KIM, JAMES, MD†**

Provider ID: N/A

754 MEDICAL CENTER CT  
STE 101  
CHULA VISTA, CA 91911

Teleservice

Effective as of 01-JUN-23

**LY, NANCY, MD†**

Provider ID: N/A

754 MEDICAL CENTER CT  
STE 101  
CHULA VISTA, CA 91911

Effective as of 01-JUN-23

**LY, NANCY, MD†**

Provider ID: N/A

754 MEDICAL CENTER CT  
STE 101

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

**LY, NANCY, MD†**

Provider ID: N/A

754 MEDICAL CENTER CT  
STE 101

CHULA VISTA, CA 91911  
Effective as of 01-NOV-23

**MEHTA, HIRSCH, MD†**

Provider ID: N/A

890 EASTLAKE PKWY STE  
205

CHULA VISTA, CA 91914  
Effective as of 01-JAN-21

**MOHAMEDALI, BURHAN, MD†**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 211

CHULA VISTA, CA 91911  
Effective as of 01-SEP-22

**MONDRAGON, GUSTAVO, MD**

Provider ID: N/A

855 THIRD AVE  
STE 2230

CHULA VISTA, CA 91911  
Effective as of 01-OCT-23

**MONDRAGON, GUSTAVO, MD**

Provider ID: N/A

855 THIRD AVE  
STE 2230

CHULA VISTA, CA 91911  
Effective as of 01-FEB-24

**MONDRAGON, GUSTAVO, MD†**

Provider ID: N/A

480 4TH AVE STE 500  
CHULA VISTA, CA 91910

Effective as of 01-NOV-20

**NAGHI, JESSE, MD†**

Provider ID: N/A

752 MEDICAL CENTER CT  
STE 207

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

**NARAYANAN, MEENA, MD†**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 211

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

**NARAYANAN, MEENA, MD†**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 211

CHULA VISTA, CA 91911  
Effective as of 01-SEP-22

**NISHIMURA, MARIN, MD**

Provider ID: N/A

890 EASTLAKE PKWY STE  
205

CHULA VISTA, CA 91914  
Teleservice

Effective as of 01-MAR-23

**OMRAN, JAD, MD**

Provider ID: N/A

890 EASTLAKE PKWY STE  
205

CHULA VISTA, CA 91914  
Teleservice

Effective as of 01-FEB-23

**OVIEDO-LINARES, RAUL, MD†**

Provider ID: N/A

754 MEDICAL CENTER CT  
STE 101

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

**OVIEDO-LINARES, RAUL, MD†**

Provider ID: N/A

754 MEDICAL CENTER CT  
STE 101

CHULA VISTA, CA 91911  
Effective as of 01-JUN-23

**PARIKH, MILIND, DO†**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 211

CHULA VISTA, CA 91911  
Effective as of 01-SEP-22

**PARIZO, JUSTIN, MD†**

Provider ID: N/A

890 EASTLAKE PKWY STE  
205

CHULA VISTA, CA 91914  
Teleservice

Effective as of 01-SEP-21

**PONCE, SONIA, MD†**

Provider ID: N/A

480 4TH AVE STE 401  
CHULA VISTA, CA 91910

Effective as of 01-AUG-20

**PONCE, SONIA, MD†**

Provider ID: N/A

340 4TH AVE STE 11  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-APR-21

**PONCE, SONIA, MD†**

Provider ID: N/A

450 4TH AVE STE 215  
CHULA VISTA, CA 91910

Effective as of 01-SEP-22

**PONCE, SONIA, MD†**

Provider ID: N/A

340 4TH AVE STE 11  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-JAN-21

**ROUGH, STEVEN, MD**

Provider ID: N/A

754 MEDICAL CENTER CT  
STE 101

CHULA VISTA, CA 91911

Teleservice

Effective as of 01-AUG-23

**SARSAM, LUAY, MD**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 211

CHULA VISTA, CA 91911

Effective as of 01-JUL-23

**SARSAM, LUAY, MD**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 211

CHULA VISTA, CA 91911

Effective as of 01-JUL-23

**SARSAM, LUAY, MD**

Provider ID: N/A

865 3RD AVE STE 133  
CHULA VISTA, CA 91911

Effective as of 01-JUL-23

**SARSAM, LUAY, MD**

Provider ID: N/A

865 3RD AVE STE 133  
CHULA VISTA, CA 91911

Effective as of 01-JUL-23

**SHAH, KULIN, MD†**

Provider ID: N/A

865 3RD AVE STE 133  
CHULA VISTA, CA 91911

Effective as of 01-JAN-23

**SHAH, ABHISHEK, MD†**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 211

CHULA VISTA, CA 91911

Effective as of 01-SEP-22

**SHAH, KULIN, MD†**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 211

CHULA VISTA, CA 91911

Effective as of 01-JAN-23

**SHEREV, DIMITRI, MD†**

Provider ID: N/A

752 MEDICAL CENTER CT  
STE 207

CHULA VISTA, CA 91911

Effective as of 01-AUG-21

**SHEREV, DIMITRI, MD**

Provider ID: N/A

340 FOURTH AVE  
STE 4

CHULA VISTA, CA 91910

Effective as of 01-SEP-23

**SUDHAKAR, DEEPTHI, MD†**

Provider ID: N/A

865 3RD AVE STE 133  
CHULA VISTA, CA 91911

Effective as of 01-JAN-23

**SUDHAKAR, DEEPTHI, MD†**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 211

CHULA VISTA, CA 91911

Effective as of 01-JAN-23

**WYSOCZANSKI, MARIUSZ, MD†**

Provider ID: N/A

754 MEDICAL CENTER CT  
STE 101

CHULA VISTA, CA 91911

Effective as of 01-JAN-23

**WYSOCZANSKI, MARIUSZ, MD†**

Provider ID: N/A

754 MEDICAL CENTER CT  
STE 101

CHULA VISTA, CA 91911

Effective as of 01-JUN-21

**WYSOCZANSKI, MARIUSZ, MD†**

Provider ID: N/A

754 MEDICAL CENTER CT  
STE 101

CHULA VISTA, CA 91911

Effective as of 01-JUN-23

**YAU, STEPHEN, MD†**

Provider ID: N/A

429 BROADWAY

CHULA VISTA, CA 91910

Teleservice

Effective as of 01-AUG-22

**YAU, STEPHEN, MD†**

Provider ID: N/A

429 BROADWAY

CHULA VISTA, CA 91910

Teleservice

Effective as of 01-MAR-23

**ZAVARO, SUHAIL, MD**

Provider ID: N/A

890 EASTLAKE PKWY STE  
205

CHULA VISTA, CA 91914

Teleservice

Effective as of 01-FEB-23

**CERTIFIED**

**ACUPUNCTURIST**

**LAM, KHANH, LAC†**

Provider ID: N/A

340 4TH AVE STE 19

CHULA VISTA, CA 91910

Teleservice

Effective as of 01-SEP-21

**WILCOX, WENONAH, LAC†**

Provider ID: N/A

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

**CERTIFIED NURSE  
PRACTITIONER**

**BATAC, NADINE, NP†**

Provider ID: N/A

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

**BRAYTENBAH, MELANIE, NP†**

Provider ID: N/A

752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-SEP-22

**BURKE, ALICIA, NP**

Provider ID: N/A

765 3RD AVE STE 100  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-DEC-22

**CARRION GELABERT, ANA,  
NPF**

Provider ID: N/A

450 FOURTH AVE  
STE 215

CHULA VISTA, CA 91910  
Effective as of 01-NOV-23

**CORREA, CARINA, NP**

Provider ID: N/A

299 J ST  
CHULA VISTA, CA 91910  
Effective as of 01-AUG-22

**HALE, EMILY, NPF**

Provider ID: N/A

344 F ST STE 203  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-MAY-23

**JOHNSON, KIMBERLY, NP†**

Provider ID: N/A

429 BROADWAY  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-AUG-21

**KANTAS, PARIS, NP†**

Provider ID: N/A

678 3RD AVE  
CHULA VISTA, CA 91910  
Effective as of 01-AUG-22

**KELLER, YESENIA, NP**

Provider ID: N/A

340 FOURTH AVE  
STE 11  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-JUL-23

**KELLER, YESENIA, NP**

Provider ID: N/A

340 FOURTH AVE  
STE 11  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-FEB-24

**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  
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

**MCKESEY, JACQUELINE, MD**

Provider ID: N/A

256 LANDIS AVE FL 3  
CHULA VISTA, CA 91910  
Effective as of 01-FEB-23

**RULLAN, PETER, MD†**

Provider ID: N/A  
256 LANDIS AVE STE 300  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-15

**RULLAN, JENNIFER, MD†**

Provider ID: N/A  
256 LANDIS AVE STE 300  
CHULA VISTA, CA 91910  
Effective as of 01-MAR-14

**STEIN, ALEXANDER, MD†**

Provider ID: N/A  
340 4TH AVE STE 14  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

**STEIN, ALEXANDER, MD†**

Provider ID: N/A  
340 4TH AVE STE 14  
CHULA VISTA, CA 91910  
Effective as of 01-NOV-23

**STEIN, ALEXANDER, MD†**

Provider ID: N/A  
340 4TH AVE STE 14  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-22

**TOMPKINS, STACY, MD†**

Provider ID: N/A  
2300 BOSWELL RD STE 130  
CHULA VISTA, CA 91914  
Teleservice  
Effective as of 01-AUG-22

**TOMPKINS, STACY, MD†**

Provider ID: N/A  
2300 BOSWELL RD STE 130  
CHULA VISTA, CA 91914

Teleservice  
Effective as of 01-DEC-22

**TOMPKINS, STACY, MD†**

Provider ID: N/A  
2300 BOSWELL RD STE 130  
CHULA VISTA, CA 91914  
Teleservice  
Effective as of 01-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-JAN-24

**ZALESKI LARSEN, LISA, DO**

Provider ID: N/A  
2300 BOSWELL RD STE 130  
CHULA VISTA, CA 91914  
Teleservice  
Effective as of 01-MAY-23

**EMERGENCY MEDICINE**

**ALCALDE, VICTOR, MD†**

Provider ID: N/A  
333 H ST STE 2080  
CHULA VISTA, CA 91910

Effective as of 01-JUL-22

**AZAM, ARSALAN, MD**

Provider ID: N/A

333 H ST STE 2080  
CHULA VISTA, CA 91910  
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

**CARSTAIRS, SHAUN, MD†**

Provider ID: N/A

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

**DILLMAN, ARIANA, MD†**

Provider ID: N/A

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

**DILLMAN, ARIANA, MD†**

Provider ID: N/A

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

**EINSTEIN, ERIC, MD†**

Provider ID: N/A

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

**EINSTEIN, ERIC, MD†**

Provider ID: N/A

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

**FRENCH, TONIANNE, MD†**

Provider ID: N/A

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

**FRENCH, TONIANNE, MD†**

Provider ID: N/A

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

**GALASSO, MADISON, MD†**

Provider ID: N/A

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

**GALASSO, MADISON, MD†**

Provider ID: N/A

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

**GRIESINGER, MICHAEL, MD†**

Provider ID: N/A

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

**GRIESINGER, MICHAEL, MD†**

Provider ID: N/A

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

**HARE, MARC, MD†**

Provider ID: N/A

1111 BROADWAY STE 305  
CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-APR-23

**HARE, MARC, MD†**

Provider ID: N/A

1111 BROADWAY STE 305

CHULA VISTA, CA 91911  
Teleservice

Effective as of 01-MAR-24

**HARRELL-BURDER, BEVERLY, MD†**

Provider ID: N/A

333 H ST STE 280  
CHULA VISTA, CA 91910  
Effective as of 01-FEB-21

**JOHNSON, WHITNEY, MD†**

Provider ID: N/A

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

**JOST, PETER, MD†**

Provider ID: N/A

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

**JOURDAIN, VICTOR, MD†**

Provider ID: N/A

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

**JOURDAIN, VICTOR, MD†**

Provider ID: N/A

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

**KORNBLATT, ALLISON, MD†**

Provider ID: N/A

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

**LOPEZ, JASON, MD†**

Provider ID: N/A

333 H ST STE 2080  
CHULA VISTA, CA 91910

Effective as of 01-JUL-22

**LOW, MICHAEL, MD†**

Provider ID: N/A

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

**MCMILLAN, MONICA, MD†**

Provider ID: N/A

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

**NARDI, SEAN, DO†**

Provider ID: N/A

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

**PAEZ-PEREZ, YENISLEIDY,  
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-JUL-22

**QUENZER, FAITH, DO†**

Provider ID: N/A

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

**REARDON, JACQUELINE, DO†**

Provider ID: N/A

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

**REARDON, JACQUELINE, DO†**

Provider ID: N/A

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

**ROXAS, ROGER, MD†**

Provider ID: N/A

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

**ROXAS, ROGER, MD†**

Provider ID: N/A

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

**SBIROLO, EMILY, MD†**

Provider ID: N/A

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

**SBIROLO, EMILY, MD†**

Provider ID: N/A

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

**STEINER, BRIAN, MD†**

Provider ID: N/A

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

**TOVAR, JUAN, MD†**

Provider ID: N/A

333 H ST STE 2080

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

**TRESENITTER, MEGAN, MD†**

Provider ID: N/A

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

**TRESENITTER, MEGAN, MD†**

Provider ID: N/A

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

**WHITLEY, NICHOLAS, MD†**

Provider ID: N/A

678 3RD AVE  
CHULA VISTA, CA 91910\*  
Effective as of 01-AUG-18

**YAU, STEPHEN, MD†**

Provider ID: N/A

429 BROADWAY  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-APR-23

**ENDOCRINOLOGY**

**METABOLISM DIABETES**

**ARGOUD, GEORGES, MD†**

Provider ID: N/A

340 4TH AVE STE 7A  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22

**ARGOUD, GEORGES, MD†**

Provider ID: N/A

340 4TH AVE STE 7A  
CHULA VISTA, CA 91910  
Effective as of 01-JUN-19

**ARGOUD, GEORGES, MD†**

Provider ID: N/A



340 4TH AVE STE 7A  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

**ARGOUD, GEORGES, MD†**

Provider ID: N/A

340 4TH AVE STE 7A  
CHULA VISTA, CA 91910\*  
Effective as of 01-JAN-21

**ARGOUD, GEORGES, MD†**

Provider ID: N/A

340 4TH AVE STE 7A  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

**ARGOUD, GEORGES, MD†**

Provider ID: N/A

340 4TH AVE STE 7A  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-20

**CARRILLO, MARITZA, MD†**

Provider ID: N/A

678 3RD AVE  
CHULA VISTA, CA 91910  
Teleservice

Effective as of 01-JAN-22

**CARRILLO, MARITZA, MD†**

Provider ID: N/A

678 3RD AVE  
CHULA VISTA, CA 91910  
Teleservice

Effective as of 01-JUL-22

**ROGERS, MEGAN, MD†**

Provider ID: N/A

480 4TH AVE STE 202A  
CHULA VISTA, CA 91910  
Teleservice

Effective as of 01-JUL-22

**ROGERS, MEGAN, MD†**

Provider ID: N/A

480 4TH AVE STE 202A  
CHULA VISTA, CA 91910  
Teleservice

Effective as of 01-JUL-22

**ROGERS, MEGAN, MD†**

Provider ID: N/A

480 4TH AVE STE 202A  
CHULA VISTA, CA 91910  
Teleservice

Effective as of 01-AUG-22

**VINCENT, LAUREN, MD†**

Provider ID: N/A

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

**VINCENT, LAUREN, MD†**

Provider ID: N/A

678 3RD AVE  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22

**FAMILY PRACTICE**

**DILLON, MAYRA, MD**

Provider ID: N/A

880 THIRD AVE  
# A  
CHULA VISTA, CA 91911

Effective as of 01-AUG-23

**LOZANO, JUAN, MD**

Provider ID: N/A

1637 THIRD AVE  
STE B  
CHULA VISTA, CA 91911

Effective as of 01-JAN-24

**RODRIGUEZ, NATALIE, MD**

Provider ID: N/A

480 PALOMAR ST  
CHULA VISTA, CA 91911\*  
Effective as of 01-NOV-23

**SHAFT, ALEXANDER, MD†**

Provider ID: N/A

303 H ST STE 103  
CHULA VISTA, CA 91910  
Teleservice

Effective as of 01-MAR-22

**SHAFT, ALEXANDER, MD†**

Provider ID: N/A

303 H ST STE 103  
CHULA VISTA, CA 91910  
Teleservice

Effective as of 01-FEB-23

**GASTROENTEROLOGY**

**ALAYO, ERICK, MD†**

Provider ID: N/A

400 E ST  
CHULA VISTA, CA 91910  
Effective as of 01-OCT-21

**ALAYO, ERICK, MD†**

Provider ID: N/A

400 E ST  
CHULA VISTA, CA 91910  
Effective as of 01-OCT-21

**ALAYO, ERICK, MD†**

Provider ID: N/A

400 E ST  
CHULA VISTA, CA 91910  
Effective as of 01-OCT-21

**ALAYO, ERICK, MD†**

Provider ID: N/A

587 3RD AVE  
CHULA VISTA, CA 91910\*  
Effective as of 01-DEC-23

**BAIG, NABIL, DO†**

Provider ID: N/A

303 H ST STE 103  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-OCT-22

**DESTA, TADDESE, MD**

Provider ID: N/A

303 H ST STE 301  
CHULA VISTA, CA 91910

Effective as of 01-JAN-23

**DUQUE, JOHN, MD†**

Provider ID: N/A

480 4TH AVE STE 316  
CHULA VISTA, CA 91910

Effective as of 01-JUL-22

**DUQUE, JOHN, MD†**

Provider ID: N/A

480 4TH AVE STE 316  
CHULA VISTA, CA 91910

Effective as of 01-SEP-22

**DUQUE, JOHN, MD†**

Provider ID: N/A

480 4TH AVE STE 316  
CHULA VISTA, CA 91910

Effective as of 01-SEP-15

**DUQUE, JOHN, MD†**

Provider ID: N/A

480 4TH AVE STE 316  
CHULA VISTA, CA 91910

Effective as of 01-JAN-14

**DUQUE, JOHN, MD†**

Provider ID: N/A

480 4TH AVE STE 316  
CHULA VISTA, CA 91910

Effective as of 01-JAN-21

**HASSANEIN, TAREK, MD†**

Provider ID: N/A

256 LANDIS AVE STE 202  
CHULA VISTA, CA 91910

Effective as of 01-MAR-18

**HASSANEIN, TAREK, MD†**

Provider ID: N/A

303 H ST STE 103  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-MAY-21

**HASSANEIN, TAREK, MD†**

Provider ID: N/A

303 H ST STE 103  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-JUL-21

**HASSANEIN, TAREK, MD†**

Provider ID: N/A

303 H ST STE 103  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-JAN-22

**HASSANEIN, TAREK, MD†**

Provider ID: N/A

256 LANDIS AVE STE 204  
CHULA VISTA, CA 91910

Effective as of 01-SEP-15

**HASSANEIN, TAREK, MD†**

Provider ID: N/A

256 LANDIS AVE STE 202  
CHULA VISTA, CA 91910

Effective as of 01-SEP-22

**HASSANEIN, TAREK, MD†**

Provider ID: N/A

1323 3RD AVE  
CHULA VISTA, CA 91911

Effective as of 01-SEP-22

**KORN, ERROL, MD**

Provider ID: N/A

769 MEDICAL CENTER CT  
STE 303  
CHULA VISTA, CA 91911

Effective as of 01-MAY-23

**KORN, ERROL, MD**

Provider ID: N/A

769 MEDICAL CENTER CT  
STE 303

CHULA VISTA, CA 91911

Effective as of 01-JUL-23

**NOVO, MEGAN, MD**

Provider ID: N/A

296 H ST STE 301  
CHULA VISTA, CA 91910

Effective as of 01-JAN-23

**SEVILLA, CLAUDIA, MD†**

Provider ID: N/A

750 MEDICAL CENTER CT  
STE 14

CHULA VISTA, CA 91911

Teleservice

Effective as of 01-SEP-22

**SWEET, PATRICK, MD†**

Provider ID: N/A

353 CHURCH AVE STE A  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-MAY-22

**THOMAS, CARLTON, MD†**

Provider ID: N/A

296 H ST  
CHULA VISTA, CA 91910

Effective as of 01-APR-21

**WIENER, GREGORY, MD†**

Provider ID: N/A

353 CHURCH AVE STE A  
CHULA VISTA, CA 91910

Effective as of 01-SEP-22

**WIENER, GREGORY, MD†**

Provider ID: N/A

353 CHURCH AVE STE A

CHULA VISTA, CA 91910  
Effective as of 01-AUG-20

**WIENER, GREGORY, MD†**

Provider ID: N/A

353 CHURCH AVE STE A  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-14

**WIENER, GREGORY, MD†**

Provider ID: N/A

353 CHURCH AVE STE A  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22

**WIENER, GREGORY, MD†**

Provider ID: N/A

353 CHURCH AVE STE A  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

**WIENER, GREGORY, MD†**

Provider ID: N/A

353 CHURCH AVE STE A  
CHULA VISTA, CA 91910\*  
Effective as of 01-SEP-15

**HEARING AID DEALER /  
SUPPLIER**

**ANDERSON, ELAINE, MA†**

Provider ID: N/A

310 3RD AVE STE B21/C11  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

**ANDERSON, ELAINE, MA†**

Provider ID: N/A

310 3RD AVE STE C11  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-22

**DAVIS, KELLE, MA†**

Provider ID: N/A

310 3RD AVE STE C11

CHULA VISTA, CA 91910  
Effective as of 01-SEP-22

**HEMATOLOGY /  
ONCOLOGY**

**ANDREY, JEFFREY, MD†**

Provider ID: N/A

450 4TH AVE STE 311  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-22

**BASERI, BABAK, MD†**

Provider ID: N/A

450 4TH AVE STE 311  
CHULA VISTA, CA 91910  
Effective as of 01-DEC-23

**BASERI, BABAK, MD†**

Provider ID: N/A

450 4TH AVE STE 311  
CHULA VISTA, CA 91910  
Effective as of 01-FEB-24

**BASERI, BABAK, MD†**

Provider ID: N/A

450 4TH AVE STE 311  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22

**ITURBE-ALESSIO, IGNACIO,  
MD†**

Provider ID: N/A

855 3RD AVE STE 3330  
CHULA VISTA, CA 91911  
Teleservice

Effective as of 01-JAN-23

**ITURBE-ALESSIO, IGNACIO,  
MD†**

Provider ID: N/A

855 3RD AVE STE 3330  
CHULA VISTA, CA 91911  
Teleservice

Effective as of 01-FEB-22

**JOHNSON, KENNETH, MD†**

Provider ID: N/A

769 MEDICAL CENTER CT  
STE 202  
CHULA VISTA, CA 91911  
Effective as of 01-MAY-15

**MARJON, PHILIP, MD†**

Provider ID: N/A

450 4TH AVE STE 311  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22

**MOOLANI, RAMESH, MD†**

Provider ID: N/A

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

**MOOLANI, RAMESH, MD†**

Provider ID: N/A

855 3RD AVE STE 3330  
CHULA VISTA, CA 91911  
Effective as of 01-APR-23

**NAIDZIONAK, ULADZISLAU,  
MD†**

Provider ID: N/A

750 MEDICAL CENTER CT  
STE 9  
CHULA VISTA, CA 91911  
Effective as of 01-JUL-22

**NORTON, MARILYN, MD†**

Provider ID: N/A

769 MEDICAL CENTER CT  
STE 202  
CHULA VISTA, CA 91911  
Effective as of 01-FEB-22

**NORTON, MARILYN, MD†**

Provider ID: N/A

769 MEDICAL CENTER CT

STE 202  
CHULA VISTA, CA 91911  
Effective as of 01-MAY-15

**QUIROZ, ELISA, MD†**

Provider ID: N/A  
768 3RD AVE  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-OCT-21

**SAUNDERS, PHILLIP, DO†**

Provider ID: N/A  
450 4TH AVE STE 311  
CHULA VISTA, CA 91910  
Effective as of 01-NOV-22

**SCHWERKOSKE, JOHN, MD†**

Provider ID: N/A  
450 4TH AVE STE 311  
CHULA VISTA, CA 91910  
Effective as of 01-MAY-22

**SCHWERKOSKE, JOHN, MD†**

Provider ID: N/A  
450 4TH AVE STE 311  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-22

**SONG, SEUNG-YIL, MD†**

Provider ID: N/A  
750 MEDICAL CENTER CT  
STE 9  
CHULA VISTA, CA 91911  
Effective as of 01-JUL-22

**INTERNAL MEDICINE**

**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  
765 3RD AVE STE 10  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-OCT-22

**LIRA, JOSE, MD†**

Provider ID: N/A  
841 KUHN DR STE 200  
CHULA VISTA, CA 91914  
Effective as of 01-NOV-23

**LIRA, JOSE, MD†**

Provider ID: N/A  
841 KUHN DR STE 200  
CHULA VISTA, CA 91914  
Effective as of 01-JAN-24

**LIU, ANDREW, MD**

Provider ID: N/A  
340 FOURTH AVE  
STE 4  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-23

**LIU, ANDREW, MD**

Provider ID: N/A  
752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911  
Effective as of 01-SEP-23

**MEYER, JILL, MD†**

Provider ID: N/A  
752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-21

**MEYER, JILL, MD†**

Provider ID: N/A  
340 4TH AVE STE 4  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

**MEYER, JILL, MD†**

Provider ID: N/A  
752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-21

**MOOLANI, UJJALA, MD**

Provider ID: N/A  
340 4TH AVE STE 4  
CHULA VISTA, CA 91910  
Effective as of 01-MAY-23

**MOOLANI, UJJALA, MD†**

Provider ID: N/A  
752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911  
Effective as of 01-MAY-23

**NARULA, ARVIN, MD†**

Provider ID: N/A  
890 EASTLAKE PKWY STE  
205  
CHULA VISTA, CA 91914  
Effective as of 01-JAN-21

**OLIVER, DEANNA, MD†**

Provider ID: N/A  
303 H ST STE 103  
CHULA VISTA, CA 91910  
Effective as of 01-MAY-21

**OLIVER, DEANNA, MD†**

Provider ID: N/A  
303 H ST STE 103  
CHULA VISTA, CA 91910\*  
Effective as of 01-OCT-22

**PATEL, AMAR, MD†**

Provider ID: N/A  
340 4TH AVE STE 4  
CHULA VISTA, CA 91910  
Teleservice

Effective as of 01-NOV-23

**PONCE, SONIA, MD†**

Provider ID: N/A

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

**REDDY, SMITHA, MD†**

Provider ID: N/A

272 CHURCH AVE STE 1  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-22

**REDDY, SMITHA, MD†**

Provider ID: N/A

272 CHURCH AVE STE 1  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

**SOLTERO, RICARDO, MD†**

Provider ID: N/A

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

**INTERVENTIONAL  
CARDIOLOGY**

**FERNANDEZ, GENARO, MD†**

Provider ID: N/A

752 MEDICAL CENTER CT  
STE 207  
CHULA VISTA, CA 91911  
Effective as of 01-MAR-23

**GOLLAPUDI, RAGHAVA, MD†**

Provider ID: N/A

890 EASTLAKE PKWY STE  
205  
CHULA VISTA, CA 91914  
Effective as of 01-JAN-21

**JOHN, ALAN, MD**

Provider ID: N/A

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

**JOHN, ALAN, MD**

Provider ID: N/A

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

**KAFRI, HASSAN, MD†**

Provider ID: N/A

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

**ROUGH, STEVEN, MD**

Provider ID: N/A

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

**ROUGH, STEVEN, MD**

Provider ID: N/A

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

**RUBIO GARCIA, MANOLO, MD†**

Provider ID: N/A

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

**RUBIO GARCIA, MANOLO, MD†**

Provider ID: N/A

865 3RD AVE STE 133  
CHULA VISTA, CA 91911  
Effective as of 01-DEC-22

**RUBIO GARCIA, MANOLO, MD†**

Provider ID: N/A

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

**RUBIO GARCIA, MANOLO, MD†**

Provider ID: N/A

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

**SHAH, KULIN, MD†**

Provider ID: N/A

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

**SHEREV, DIMITRI, MD†**

Provider ID: N/A

752 MEDICAL CENTER CT  
STE 207  
CHULA VISTA, CA 91911  
Effective as of 01-OCT-19

**SUDHAKAR, DEEPTHI, MD†**

Provider ID: N/A

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

**SUDHAKAR, DEEPTHI, MD†**

Provider ID: N/A

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

**MARRIAGE FAMILY  
THERAPIST**

**CASTELLANOS, GRACIELA,**

**MFT†**

Provider ID: N/A

1061 TIERRA DEL REY STE  
303  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-DEC-21

**CASTELLANOS, GRACIELA,**

**MFT†**

Provider ID: N/A

1061 TIERRA DEL REY STE  
304  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-DEC-21

**CASTELLANOS, GRACIELA,**

**MFT†**

Provider ID: N/A

1061 TIERRA DEL REY STE  
305  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-DEC-21

**SHIELDS, SEBASTIAN, MFT**

Provider ID: N/A

678 3RD AVE  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-JUN-23

**NEPHROLOGY**

**AL-DAHMAN, ZAID, MD**

Provider ID: N/A

340 4TH AVE STE 4  
CHULA VISTA, CA 91910

Effective as of 01-MAY-23

**BEDOYA, LUIS, MD†**

Provider ID: N/A

340 4TH AVE STE 4

CHULA VISTA, CA 91910

Teleservice

Effective as of 01-JAN-14

**BEDOYA, LUIS, MD†**

Provider ID: N/A

340 4TH AVE STE 4  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-JAN-21

**BEDOYA, LUIS, MD†**

Provider ID: N/A

340 4TH AVE STE 4  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-SEP-15

**BEDOYA, LUIS, MD†**

Provider ID: N/A

340 4TH AVE STE 4  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-JUL-22

**FERNANDEZ, RODRIGO, MD†**

Provider ID: N/A

450 4TH AVE STE 201  
CHULA VISTA, CA 91910

Effective as of 01-MAY-21

**HOREISH, ADAM, MD†**

Provider ID: N/A

340 4TH AVE STE 4  
CHULA VISTA, CA 91910

Effective as of 01-AUG-15

**HOREISH, ADAM, MD†**

Provider ID: N/A

340 4TH AVE STE 4  
CHULA VISTA, CA 91910

Effective as of 01-JAN-21

**HOREISH, ADAM, MD†**

Provider ID: N/A

340 4TH AVE STE 4  
CHULA VISTA, CA 91910

Effective as of 01-JAN-21

**HOREISH, ADAM, MD†**

Provider ID: N/A

340 4TH AVE STE 4  
CHULA VISTA, CA 91910

Effective as of 01-JUL-22

**HOREISH, ADAM, MD†**

Provider ID: N/A

340 4TH AVE STE 4  
CHULA VISTA, CA 91910

Effective as of 01-JUL-15

**KAYAL, ANAS, MD†**

Provider ID: N/A

296 H ST STE 304  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-SEP-22

**KHAING, KATHY, MD†**

Provider ID: N/A

340 4TH AVE STE 4  
CHULA VISTA, CA 91910

Effective as of 01-APR-19

**KHAING, KATHY, MD†**

Provider ID: N/A

340 4TH AVE STE 4  
CHULA VISTA, CA 91910

Effective as of 01-JAN-21

**KHAING, KATHY, MD†**

Provider ID: N/A

340 4TH AVE STE 4  
CHULA VISTA, CA 91910

Effective as of 01-JUL-22

**KHAING, KATHY, MD†**

Provider ID: N/A

340 4TH AVE STE 4

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

**LOZADA-PASTORIO,  
ELIZABETH, MD†**

Provider ID: N/A  
340 4TH AVE STE 4  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-22

**LOZADA-PASTORIO,  
ELIZABETH, MD†**

Provider ID: N/A  
340 4TH AVE STE 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-JAN-21

**LOZADA-PASTORIO,  
ELIZABETH, MD†**

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

**LOZADA-PASTORIO,  
ELIZABETH, MD†**

Provider ID: N/A  
340 4TH AVE STE 4  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22

**LOZADA-PASTORIO,  
ELIZABETH, MD†**

Provider ID: N/A  
752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911

Effective as of 01-JAN-21

**LOZADA-PASTORIO,  
ELIZABETH, MD†**

Provider ID: N/A  
752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911  
Effective as of 01-NOV-16

**LOZADA-PASTORIO,  
ELIZABETH, MD†**

Provider ID: N/A  
752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911  
Effective as of 01-JUL-22

**MENDEZ, DIEGO, MD†**

Provider ID: N/A  
678 3RD AVE  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-JUL-22

**MEYER, JILL, MD†**

Provider ID: N/A  
340 4TH AVE STE 4  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22

**MEYER, JILL, MD†**

Provider ID: N/A  
340 4TH AVE STE 4  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

**MEYER, JILL, MD†**

Provider ID: N/A  
340 4TH AVE STE 4  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-14

**MEYER, JILL, MD†**

Provider ID: N/A

340 4TH AVE STE 4  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-20

**MEYER, JILL, MD†**

Provider ID: N/A  
752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911  
Effective as of 01-JUL-22

**MEYER, JILL, MD†**

Provider ID: N/A  
752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-21

**MEYER, JILL, MD†**

Provider ID: N/A  
752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911  
Effective as of 01-AUG-14

**MOOLANI, UJJALA, MD†**

Provider ID: N/A  
752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911  
Effective as of 01-NOV-22

**MOOLANI, UJJALA, MD†**

Provider ID: N/A  
752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911  
Effective as of 01-OCT-22

**MOOLANI, UJJALA, MD†**

Provider ID: N/A  
752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-23

**MOOLANI, UJJALA, MD†**

Provider ID: N/A

752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911  
Effective as of 01-FEB-23

**PATEL, AMAR, MD†**

Provider ID: N/A

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

**PATEL, AMAR, MD†**

Provider ID: N/A

340 4TH AVE STE 4  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-FEB-20

**PATEL, AMAR, MD†**

Provider ID: N/A

340 4TH AVE STE 4  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-JAN-24

**PHAM, JENNIFER, MD**

Provider ID: N/A

340 FOURTH AVE  
STE 4  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-JAN-24

**PHAM, JENNIFER, MD**

Provider ID: N/A

340 FOURTH AVE  
STE 4  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-NOV-23

**SOLTERO, RICARDO, MD†**

Provider ID: N/A

340 4TH AVE STE 14  
CHULA VISTA, CA 91910  
Effective as of 01-APR-17

**SOLTERO, RICARDO, MD†**

Provider ID: N/A

340 4TH AVE STE 4  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-14

**SOLTERO, RICARDO, MD†**

Provider ID: N/A

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

**SOLTERO, RICARDO, MD†**

Provider ID: N/A

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

**SOLTERO, RICARDO, MD†**

Provider ID: N/A

340 4TH AVE STE 4  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22

**SOLTERO, RICARDO, MD†**

Provider ID: N/A

752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911  
Effective as of 01-SEP-22

**VIDEEN, JOHN, MD†**

Provider ID: N/A

752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911  
Effective as of 01-SEP-20

**VIDEEN, JOHN, MD†**

Provider ID: N/A

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

**VIDEEN, JOHN, MD†**

Provider ID: N/A

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

**VIDEEN, JOHN, MD†**

Provider ID: N/A

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

**VIDEEN, JOHN, MD†**

Provider ID: N/A

752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911  
Effective as of 01-JUL-22

**VIDEEN, JOHN, MD†**

Provider ID: N/A

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

**YUAN, HENRY, MD†**

Provider ID: N/A

340 4TH AVE STE 4  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-22

**NEUROLOGY**

**BINDAL, ANKUR, MD†**

Provider ID: N/A

765 3RD AVE STE 100  
CHULA VISTA, CA 91910



Teleservice  
Effective as of 01-SEP-22

**FARHIDVASH, FARIBA, MD†**  
Provider ID: N/A  
450 4TH AVE STE 215  
CHULA VISTA, CA 91910  
Effective as of 01-DEC-22

**FARHIDVASH, FARIBA, MD†**  
Provider ID: N/A  
450 4TH AVE STE 215  
CHULA VISTA, CA 91910  
Effective as of 01-AUG-22

**GRATIANNE, ROBERTO, MD†**  
Provider ID: N/A  
450 4TH AVE STE 215  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-22

**GRATIANNE, ROBERTO, MD†**  
Provider ID: N/A  
450 4TH AVE STE 215  
CHULA VISTA, CA 91910  
Effective as of 01-MAY-22

**GUPTA, MONIKA, MD†**  
Provider ID: N/A  
450 4TH AVE STE 215  
CHULA VISTA, CA 91910  
Effective as of 01-JUN-22

**GUPTA, MONIKA, MD†**  
Provider ID: N/A  
450 4TH AVE STE 215  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

**HOSSEIN ZADEH MALEKI, ANA, MD**  
Provider ID: N/A  
450 FOURTH AVE  
STE 215  
CHULA VISTA, CA 91910

Teleservice  
Effective as of 01-MAR-24

**HOSSEIN ZADEH MALEKI, ANA, MD**  
Provider ID: N/A  
450 FOURTH AVE  
STE 215  
CHULA VISTA, CA 91910

Teleservice  
Effective as of 01-MAR-24

**HUISA-GARATE, BRANKO, MD†**  
Provider ID: N/A  
450 4TH AVE STE 215  
CHULA VISTA, CA 91910  
Effective as of 01-MAR-24

**HUISA-GARATE, BRANKO, MD†**  
Provider ID: N/A  
450 4TH AVE STE 215  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

**HUISA-GARATE, BRANKO, MD†**  
Provider ID: N/A  
450 4TH AVE STE 215  
CHULA VISTA, CA 91910  
Effective as of 01-FEB-21

**MAREK, MAKSYM, MD**  
Provider ID: N/A  
450 FOURTH AVE  
STE 215  
CHULA VISTA, CA 91910

Teleservice  
Effective as of 01-FEB-24

**MAREK, MAKSYM, MD**  
Provider ID: N/A  
450 FOURTH AVE  
STE 215  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-MAR-24

**MAREK, MAKSYM, MD**  
Provider ID: N/A  
450 FOURTH AVE  
STE 215  
CHULA VISTA, CA 91910

Teleservice  
Effective as of 01-OCT-23

**MCGEHRIN, KEVIN, MD**  
Provider ID: N/A  
450 FOURTH AVE  
STE 215  
CHULA VISTA, CA 91910

Teleservice  
Effective as of 01-MAR-24

**MCGEHRIN, KEVIN, MD**  
Provider ID: N/A  
450 FOURTH AVE  
STE 215  
CHULA VISTA, CA 91910

Teleservice  
Effective as of 01-AUG-23

**OLENSKI, KLARI, DO†**  
Provider ID: N/A  
450 4TH AVE STE 215  
CHULA VISTA, CA 91910  
Effective as of 01-JUN-22

**PHAM, ALISE, DO**  
Provider ID: N/A  
450 FOURTH AVE  
STE 215  
CHULA VISTA, CA 91910

Teleservice  
Effective as of 01-FEB-24

**PHAM, ALISE, DO**  
Provider ID: N/A  
450 FOURTH AVE  
STE 215

CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-MAR-24

**PHAM, JENNIFER, MD**

Provider ID: N/A  
340 FOURTH AVE  
STE 4  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-MAR-24

**SILVER, BRENT, MD†**

Provider ID: N/A  
450 4TH AVE STE 215  
CHULA VISTA, CA 91910  
Effective as of 01-NOV-22

**SILVER, BRENT, MD†**

Provider ID: N/A  
450 4TH AVE STE 215  
CHULA VISTA, CA 91910  
Effective as of 01-DEC-22

**SORIA LOPEZ, JOSE, MD†**

Provider ID: N/A  
450 4TH AVE STE 215  
CHULA VISTA, CA 91910  
Effective as of 01-MAR-21

**SORIA LOPEZ, JOSE, MD†**

Provider ID: N/A  
450 4TH AVE STE 215  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-21

**NEUROLOGY CHILD**

**OLENSKI, KLARI, DO†**

Provider ID: N/A  
450 4TH AVE STE 215  
CHULA VISTA, CA 91910  
Effective as of 01-MAY-22

**OBSTETRICS /**

**GYNECOLOGY**

**ANGUIANO, FRANCISCO, MD†**

Provider ID: N/A  
765 MEDICAL CENTER CT  
STE 209  
CHULA VISTA, CA 91911  
Effective as of 01-SEP-22

**ATIGA, SCHUBERT, MD†**

Provider ID: N/A  
752 MEDICAL CENTER CT  
STE 106  
CHULA VISTA, CA 91911  
Effective as of 01-SEP-22

**ATIGA, SCHUBERT, MD†**

Provider ID: N/A  
752 MEDICAL CENTER CT  
STE 106  
CHULA VISTA, CA 91911  
Effective as of 01-AUG-20

**ATIGA, SCHUBERT, MD†**

Provider ID: N/A  
752 MEDICAL CENTER CT  
STE 106  
CHULA VISTA, CA 91911  
Effective as of 01-JUL-22

**ATIGA, SCHUBERT, MD†**

Provider ID: N/A  
752 MEDICAL CENTER CT  
STE 106  
CHULA VISTA, CA 91911  
Effective as of 01-SEP-22

**CHAC, RICK, MD†**

Provider ID: N/A  
660 OLD TELEGRAPH  
CANYON RD  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22

**CHAC, RICK, MD†**

Provider ID: N/A  
660 OLD TELEGRAPH  
CANYON RD  
CHULA VISTA, CA 91910  
Effective as of 01-AUG-20

**CHAC, RICK, MD†**

Provider ID: N/A  
660 OLD TELEGRAPH  
CANYON RD  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-16

**CHAC, RICK, MD†**

Provider ID: N/A  
660 OLD TELEGRAPH  
CANYON RD  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-20

**JIBRIL, DEANAH, DO†**

Provider ID: N/A  
678 3RD AVE  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22

**MENDEZ, DIEGO, MD†**

Provider ID: N/A  
678 3RD AVE  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-NOV-21

**SEFA-BOAKYE, KOFI, MD†**

Provider ID: N/A  
678 3RD AVE  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22

**SHORT, ABIADE, MD†**

Provider ID: N/A  
678 3RD AVE  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-JUL-22

**SHORT, ABIADE, MD†**

Provider ID: N/A

678 3RD AVE  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-DEC-22

**OCCUPATIONAL  
THERAPIST**

**CUA, NICOLE, OT**

Provider ID: N/A

88 E BONITA RD STE C  
CHULA VISTA, CA 91910

Effective as of 01-MAR-24

**HUGHES, ELISA, OT†**

Provider ID: N/A

880 3RD AVE STE A  
CHULA VISTA, CA 91911

Effective as of 01-JUN-22

**LOPEZ, ALYSSA-NICOLE, OT**

Provider ID: N/A

88 E BONITA RD STE C  
CHULA VISTA, CA 91910

Effective as of 01-OCT-23

**LOPEZ, ALYSSA-NICOLE, OT**

Provider ID: N/A

88 E BONITA RD STE C  
CHULA VISTA, CA 91910

Effective as of 01-DEC-23

**MORRIS, SHEILA, OT†**

Provider ID: N/A

1020 TIERRA DEL REY STE  
A-1  
CHULA VISTA, CA 91910

Effective as of 01-SEP-22

**PORTER, EILEEN, OT**

Provider ID: N/A

88 E BONITA RD STE C

CHULA VISTA, CA 91910

Effective as of 01-AUG-23

**PORTER, EILEEN, OT**

Provider ID: N/A

88 E BONITA RD STE C  
CHULA VISTA, CA 91910

Effective as of 01-JAN-22

**OPHTHALMOLOGY**

**BRYANT, DUANE, MD†**

Provider ID: N/A

342 F ST  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-OCT-19

**BRYANT, DUANE, MD†**

Provider ID: N/A

342 F ST  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-JAN-21

**BRYANT, DUANE, MD†**

Provider ID: N/A

342 F ST  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-JAN-21

**BRYANT, DUANE, MD†**

Provider ID: N/A

342 F ST  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-JAN-21

**BRYANT, DUANE, MD†**

Provider ID: N/A

342 F ST  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-JUN-19

**CARRABY, ARNETT, MD†**

Provider ID: N/A

835 3RD AVE STE A  
CHULA VISTA, CA 91911

Effective as of 01-JUL-22

**CARRABY, ARNETT, MD†**

Provider ID: N/A

835 3RD AVE STE A  
CHULA VISTA, CA 91911

Effective as of 01-JAN-21

**CARRABY, ARNETT, MD†**

Provider ID: N/A

835 3RD AVE STE A  
CHULA VISTA, CA 91911

Effective as of 01-AUG-20

**COCKERHAM, KIMBERLY, MD**

Provider ID: N/A

342 F ST  
CHULA VISTA, CA 91910

Effective as of 01-DEC-23

**DELENGOCKY, TAYSON, DO†**

Provider ID: N/A

835 3RD AVE STE A  
CHULA VISTA, CA 91911

Effective as of 01-JUL-22

**DELENGOCKY, TAYSON, DO†**

Provider ID: N/A

835 3RD AVE STE A  
CHULA VISTA, CA 91911

Effective as of 01-SEP-22


**JARDON, JAVIER, MD†**


Provider ID: N/A


678 3RD AVE  
CHULA VISTA, CA 91910


Effective as of 01-JUL-22


**MANI, NASRIN, MD†**


Provider ID: N/A  
 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Effective as of 01-JUL-22


**MANI, MAJID, MD<sup>†</sup>**  
 Provider ID: N/A  
 835 3RD AVE STE A  
 CHULA VISTA, CA 91911  
 Effective as of 01-JUL-22

**MANI, NASRIN, MD<sup>†</sup>**  
 Provider ID: N/A  
 835 3RD AVE STE A  
 CHULA VISTA, CA 91911  
 Effective as of 01-JUL-22

**MANI, NASRIN, MD<sup>†</sup>**  
 Provider ID: N/A  
 835 3RD AVE STE A  
 CHULA VISTA, CA 91911  
 Effective as of 01-SEP-22


**MANI, MAJID, MD<sup>†</sup>**  
 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  
 480 FOURTH AVE  
 STE 201  
 CHULA VISTA, CA 91910  
 Effective as of 01-JUL-23


**MASLIN, JESSICA, MD**  
 Provider ID: N/A  
 311 DEL MAR AVE  
 CHULA VISTA, CA 91910  
 Effective as of 01-FEB-23


**MASLIN, JESSICA, MD**  
 Provider ID: N/A  
 311 DEL MAR AVE


CHULA VISTA, CA 91910  
 Effective as of 01-FEB-23


**MASLIN, JESSICA, MD**  
 Provider ID: N/A  
 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<sup>†</sup>**  
 Provider ID: N/A  
 835 3RD AVE STE A  
 CHULA VISTA, CA 91911  
 Effective as of 01-APR-23


**MCDONNELL, EMMA, MD<sup>†</sup>**  
 Provider ID: N/A  
 835 3RD AVE STE A  
 CHULA VISTA, CA 91911  
 Effective as of 01-SEP-22


**MOSS, JASON, MD<sup>†</sup>**  
 Provider ID: N/A  
 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Effective as of 01-JUL-22


**PAPASTERGIOU, GEORGIOS, MD<sup>†</sup>**  
 Provider ID: N/A  
 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Teleservice  
 Effective as of 01-JUL-22


**PAPASTERGIOU, GEORGIOS, MD<sup>†</sup>**  
 Provider ID: N/A


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


**PAPASTERGIOU, GEORGIOS, MD<sup>†</sup>**  
 Provider ID: N/A  
 835 3RD AVE STE A  
 CHULA VISTA, CA 91911  
 Effective as of 01-SEP-22


**PEAIRS, JAMES, MD<sup>†</sup>**  
 Provider ID: N/A  
 835 3RD AVE STE A  
 CHULA VISTA, CA 91911  
 Effective as of 01-SEP-22

**PEAIRS, JAMES, MD<sup>†</sup>**  
 Provider ID: N/A  
 835 3RD AVE STE A  
 CHULA VISTA, CA 91911  
 Effective as of 01-AUG-20

**PONS, MAURICIO, MD<sup>†</sup>**  
 Provider ID: N/A  
 835 3RD AVE STE A  
 CHULA VISTA, CA 91911  
 Effective as of 01-AUG-22

**PONS, MAURICIO, MD<sup>†</sup>**  
 Provider ID: N/A  
 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Effective as of 01-JUL-22

**PONS, MAURICIO, MD<sup>†</sup>**  
 Provider ID: N/A  
 835 3RD AVE STE A  
 CHULA VISTA, CA 91911  
 Effective as of 01-JUL-22

**PONS, MAURICIO, MD<sup>†</sup>**  
 Provider ID: N/A  
 835 3RD AVE STE A  
 CHULA VISTA, CA 91911

Effective as of 01-SEP-22

**RAJSBAUM, MARTIN, MD†**

Provider ID: N/A

835 3RD AVE STE A  
CHULA VISTA, CA 91911

Effective as of 01-SEP-22

**RAJSBAUM, MARTIN, MD†**

Provider ID: N/A

835 3RD AVE STE A  
CHULA VISTA, CA 91911

Effective as of 01-JUL-22

**SASSANI, PATRICK, MD†**

Provider ID: N/A

835 3RD AVE STE A  
CHULA VISTA, CA 91911

Effective as of 01-MAR-23

**SASSANI, PATRICK, MD†**

Provider ID: N/A

835 3RD AVE STE A  
CHULA VISTA, CA 91911

Effective as of 01-SEP-22

**SCHER, BARRY, MD†**

Provider ID: N/A

835 3RD AVE STE A  
CHULA VISTA, CA 91911

Effective as of 01-SEP-22

**SCHER, BARRY, MD†**

Provider ID: N/A

480 4TH AVE STE 201  
CHULA VISTA, CA 91910

Effective as of 01-MAR-19

**SCHER, BARRY, MD**

Provider ID: N/A

311 DEL MAR AVE  
CHULA VISTA, CA 91910

Effective as of 01-JUL-23

**SCHER, BARRY, MD†**

Provider ID: N/A

480 4TH AVE STE 201  
CHULA VISTA, CA 91910

Effective as of 01-JAN-24

**SKAF, AYHAM, MD†**

Provider ID: N/A

678 3RD AVE  
CHULA VISTA, CA 91910

Effective as of 01-JUL-22

**SKAF, AYHAM, MD†**

Provider ID: N/A

835 3RD AVE STE A  
CHULA VISTA, CA 91911

Effective as of 01-JUL-22

**SKAF, AYHAM, MD†**

Provider ID: N/A

835 3RD AVE STE A  
CHULA VISTA, CA 91911

Effective as of 01-JAN-21

**SKAF, AYHAM, MD†**

Provider ID: N/A

835 3RD AVE STE A  
CHULA VISTA, CA 91911

Effective as of 01-SEP-22

**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-JAN-24

**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-NOV-20

**ZABANEH, ALEXANDER, MD†**

Provider ID: N/A

342 F ST  
CHULA VISTA, CA 91910

Effective as of 01-NOV-23

**ZABANEH, ALEXANDER, MD†**

Provider ID: N/A

342 F ST  
CHULA VISTA, CA 91910

Effective as of 01-NOV-23

**OPTOMETRIST**

**CHAIN, PEI CHI, OD**

Provider ID: N/A

342 F ST  
CHULA VISTA, CA 91910

Effective as of 01-APR-23

**EL-MOGHRABI, ROULA, OD†**

Provider ID: N/A

835 3RD AVE STE A  
CHULA VISTA, CA 91911

Effective as of 01-JAN-21

**EL-MOGHRABI, NANCY, OD†**

Provider ID: N/A

835 3RD AVE STE A  
CHULA VISTA, CA 91911

Effective as of 01-JAN-21

**KOO, ANITA, OD**

Provider ID: N/A

835 THIRD AVE  
STE A  
CHULA VISTA, CA 91911

Effective as of 01-FEB-24

**KOO, ANITA, OD**

Provider ID: N/A

835 THIRD AVE  
STE A  
CHULA VISTA, CA 91911

Effective as of 01-JAN-24

**KOO, ANITA, OD**

Provider ID: N/A

678 3RD AVE  
CHULA VISTA, CA 91910

Effective as of 01-FEB-24

**MASCARENO, EFRAIN, OD†**

Provider ID: N/A

440 4TH AVE STE 9  
CHULA VISTA, CA 91910

Effective as of 01-SEP-22

**MASCARENO, EFRAIN, OD†**

Provider ID: N/A

440 4TH AVE STE 9  
CHULA VISTA, CA 91910

Effective as of 01-JAN-21

**MASCARENO, EFRAIN, OD†**

Provider ID: N/A

2260 OTAY LAKES RD STE  
111  
CHULA VISTA, CA 91915

Effective as of 01-JAN-21

**MASCARENO, EFRAIN, OD†**

Provider ID: N/A

2260 OTAY LAKES RD STE  
111  
CHULA VISTA, CA 91915

Effective as of 01-SEP-22

**NGUYEN, THU, OD†**

Provider ID: N/A

342 F ST  
CHULA VISTA, CA 91910

Effective as of 01-JAN-21

**NGUYEN, THU, OD†**

Provider ID: N/A

342 F ST  
CHULA VISTA, CA 91910

Effective as of 01-JAN-21

**SCOVILL, ALEXANDRA, OD†**

Provider ID: N/A

342 F ST  
CHULA VISTA, CA 91910

Effective as of 01-JAN-21

**SCOVILL, ALEXANDRA, OD†**

Provider ID: N/A

342 F ST  
CHULA VISTA, CA 91910

Effective as of 01-APR-23

**OTOLARYNGOLOGY**

**ABDOU, RAMI, MD†**

Provider ID: N/A

577 3RD AVE  
CHULA VISTA, CA 91910

Effective as of 01-AUG-22

**BANTHIA, VISHAL, MD†**

Provider ID: N/A

577 3RD AVE  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-JAN-22

**BANTHIA, VISHAL, MD†**

Provider ID: N/A

577 3RD AVE  
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-SEP-21

**BANTHIA, VISHAL, MD†**

Provider ID: N/A

577 3RD AVE

CHULA VISTA, CA 91910

Teleservice

Effective as of 01-AUG-21

**CALZADA, AUDREY, MD†**

Provider ID: N/A

577 3RD AVE  
CHULA VISTA, CA 91910

Effective as of 01-OCT-22

**CHANG, EDWARD, MD**

Provider ID: N/A

577 THIRD AVE,  
CHULA VISTA, CA 91910

Effective as of 01-MAR-24

**JIMENEZ, CARLOS, MD†**

Provider ID: N/A

321 E ST STE A  
CHULA VISTA, CA 91910

Effective as of 01-OCT-20

**JIMENEZ, CARLOS, MD†**

Provider ID: N/A

321 E ST STE A  
CHULA VISTA, CA 91910

Effective as of 01-OCT-20

**MEHTA, RITVIK, MD†**

Provider ID: N/A

577 3RD AVE  
CHULA VISTA, CA 91910

Effective as of 01-SEP-22

**MOSHTAGHI, OMID, MD**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 210

CHULA VISTA, CA 91911

Effective as of 01-JAN-24

**PATSIAS, ALEXIS, MD†**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 210

CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-APR-21

**PATSIAS, ALEXIS, MD†**

Provider ID: N/A  
765 MEDICAL CENTER CT  
STE 210  
CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-MAY-21

**PATSIAS, ALEXIS, MD†**

Provider ID: N/A  
765 MEDICAL CENTER CT  
STE 210  
CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-SEP-22

**SAEZ, NEIL, MD**

Provider ID: N/A  
2060 OTAY LAKES RD STE  
140  
CHULA VISTA, CA 91913  
Effective as of 01-NOV-23

**SAEZ, NEIL, MD**

Provider ID: N/A  
2060 OTAY LAKES RD STE  
140  
CHULA VISTA, CA 91913  
Effective as of 01-FEB-24

**SAEZ, NEIL, MD**

Provider ID: N/A  
765 MEDICAL CENTER CT  
STE 210  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-24

**SCHALCH LEPE, PAUL, MD†**

Provider ID: N/A  
765 MEDICAL CENTER CT  
STE 210

CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-JUL-22

**SCHALCH LEPE, PAUL, MD†**

Provider ID: N/A  
765 MEDICAL CENTER CT  
STE 210  
CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-JAN-21

**SCHALCH LEPE, PAUL, MD†**

Provider ID: N/A  
765 MEDICAL CENTER CT  
STE 210  
CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-AUG-20

**WOO, LINDA, MD†**

Provider ID: N/A  
321 E ST STE A  
CHULA VISTA, CA 91910  
Effective as of 01-AUG-20

**WOO, LINDA, MD†**

Provider ID: N/A  
321 E ST STE A  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

**WOO, LINDA, MD†**

Provider ID: N/A  
321 E ST STE A  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-22

**WOO, LINDA, MD†**

Provider ID: N/A  
435 H ST  
CHULA VISTA, CA 91910  
Effective as of 01-AUG-21

**OTOLARYNGOLOGY /**

**OTOLOGY /  
LARYNGOLOGY /  
RHINOLOGY**

**WOO, LINDA, MD†**

Provider ID: N/A  
321 E ST STE A  
CHULA VISTA, CA 91910  
Effective as of 01-FEB-18

**WOO, LINDA, MD†**

Provider ID: N/A  
321 E ST  
CHULA VISTA, CA 91910  
Effective as of 01-MAR-18

**PEDIATRICS**

**PIANSAY, MARIA CORAZON,  
MD**

Provider ID: N/A  
1637 3RD AVE STE B-F  
CHULA VISTA, CA 91911  
Effective as of 01-MAY-23

**PIANSAY, MARIA CORAZON,  
MD**

Provider ID: N/A  
1637 3RD AVE STE H-I  
CHULA VISTA, CA 91911  
Effective as of 01-MAY-23

**ROWHANI, NAGHMEH, MD**

Provider ID: N/A  
280 E ST  
CHULA VISTA, CA 91910  
Effective as of 01-FEB-24

**TIZNADO, ERNESTO, MD†**

Provider ID: N/A  
1635 3RD AVE STE L  
CHULA VISTA, CA 91911  
Effective as of 01-SEP-22

**PHYS MED/ REHAB PAIN  
MEDICINE**

**KATZEN, SETH, DO**

Provider ID: N/A

☒ 480 4TH AVE STE 501  
CHULA VISTA, CA 91910  
Effective as of 01-MAY-23

**KOLODGE, GAVIN, DO**

Provider ID: N/A

☒ 955 LANE AVE STE 200  
CHULA VISTA, CA 91914  
Effective as of 01-JUN-23

**RICHARDSON, HENRY, MD†**

Provider ID: N/A

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

**PHYSICAL MEDICINE /  
REHABILITATION**

**BULLOCK, ANDREW, DO†**

Provider ID: N/A

☒ 344 F ST STE 100  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-22

**BULLOCK, ANDREW, DO†**

Provider ID: N/A

☒ 344 F ST STE 100  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

**BULLOCK, ANDREW, DO†**

Provider ID: N/A

☒ 344 F ST STE 100  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22

**HURSCHMAN, ALAN, MD**

Provider ID: N/A

☒ 344 F ST STE 203  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-23

**KATZEN, SETH, DO**

Provider ID: N/A

☒ 480 4TH AVE STE 501  
CHULA VISTA, CA 91910  
Effective as of 01-NOV-22

**KOLODGE, GAVIN, DO**

Provider ID: N/A

☒ 955 LANE AVE STE 200  
CHULA VISTA, CA 91914  
Effective as of 01-SEP-23

**TAHAEI, SEYED, MD†**

Provider ID: N/A

☒ 340 4TH AVE STE 19  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-OCT-22

**PHYSICIANS ASSISTANT**

**ARGOUD, MARIA, PA†**

Provider ID: N/A

☒ 340 4TH AVE STE 7A  
CHULA VISTA, CA 91910  
Effective as of 01-NOV-22

**BEITTER, KEERSTIN, PA†**

Provider ID: N/A

☒ 340 4TH AVE STE 19  
CHULA VISTA, CA 91910  
Effective as of 01-MAR-22

**CHAN, ALONSO, PA†**

Provider ID: N/A

☒ 299 J ST  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

**DOUGHERTY, CLARA, PA**

Provider ID: N/A

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

**DOUGHERTY, CLARA, PA**

Provider ID: N/A

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

**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

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

**KOLODGE, KAITLEN, PA**



Provider ID: N/A

955 LANE AVE STE 200  
CHULA VISTA, CA 91914  
Effective as of 01-AUG-23

**KOLODGE, KAITLEN, PA**

Provider ID: N/A

955 LANE AVE STE 200  
CHULA VISTA, CA 91914  
Effective as of 01-DEC-21

**LEE, MYUNGHEE, PA**

Provider ID: N/A

340 FOURTH AVE  
STE 7A  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-NOV-23

**LENIHAN, MICHAEL, PA**

Provider ID: N/A

955 LANE AVE STE 200  
CHULA VISTA, CA 91914  
Effective as of 01-DEC-21

**MACASADIA, MARITES, PA**

Provider ID: N/A

752 MEDICAL CENTER CT  
STE 210  
CHULA VISTA, CA 91911  
Effective as of 01-SEP-20

**MENDEZ, JESUS, PA†**

Provider ID: N/A

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

**NGUYEN, THUY-VY, PA†**

Provider ID: N/A

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

**NGUYEN, THUY-VY, PA†**

Provider ID: N/A

2300 BOSWELL RD STE 130  
CHULA VISTA, CA 91914  
Teleservice  
Effective as of 01-NOV-23

**ORTEGA-ENDAHL, DAVID, PA**

Provider ID: N/A

2648 MAIN ST STE A  
CHULA VISTA, CA 91911  
Effective as of 01-OCT-21

**PEDROZA, JENNIFER, PA†**

Provider ID: N/A

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

**PYLE, ALEXANDRA, PA**

Provider ID: N/A

480 FOURTH AVE  
STE 501  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-24

**ROBICHAUD, FAITH, PA**

Provider ID: N/A

299 J ST  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-MAR-23

**ROBINSON, JENELLE, PA**

Provider ID: N/A

340 FOURTH AVE  
STE 7A  
CHULA VISTA, CA 91910  
Effective as of 01-NOV-23

**SHAH, SHEENA, PA**

Provider ID: N/A

765 3RD AVE STE 100

CHULA VISTA, CA 91910  
Effective as of 01-JUL-22

**TAYLOR, RYAN, PA**

Provider ID: N/A

480 FOURTH AVE  
STE 501  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-24

**TODD, RACHEL, PA**

Provider ID: N/A

299 J ST  
CHULA VISTA, CA 91910  
Effective as of 01-JUN-23

**VARGAS, CHRISTOPHER, PA**

Provider ID: N/A

2452 FENTON ST STE C101  
CHULA VISTA, CA 91914  
Effective as of 01-JAN-23

**VARGAS, CHRISTOPHER, PA†**

Provider ID: N/A

2452 FENTON ST STE C203  
CHULA VISTA, CA 91914  
Effective as of 01-JAN-23

**VARGAS, CHRISTOPHER, PA†**

Provider ID: N/A

2452 FENTON ST STE C203  
CHULA VISTA, CA 91914  
Effective as of 01-SEP-22

**WHITE, KYLE, PA**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 210  
CHULA VISTA, CA 91911  
Effective as of 01-MAY-23

**WILAND, WINONA, PA**

Provider ID: N/A

577 3RD AVE  
CHULA VISTA, CA 91910

Teleservice  
Effective as of 01-JUN-23

**WRIGHT, DEREK, PA**

Provider ID: N/A  
340 FOURTH AVE  
STE 19  
CHULA VISTA, CA 91910

Teleservice  
Effective as of 01-NOV-23

**WRIGHT, DEREK, PA**

Provider ID: N/A  
340 FOURTH AVE  
STE 19  
CHULA VISTA, CA 91910

Teleservice  
Effective as of 01-AUG-23

**WRIGHT, DEREK, PA**

Provider ID: N/A  
340 FOURTH AVE  
STE 19  
CHULA VISTA, CA 91910

Teleservice  
Effective as of 01-JUL-23

**PODIATRIST**

**BANKS, JAMINELLI, DPM†**

Provider ID: N/A  
855 3RD AVE STE 1100  
CHULA VISTA, CA 91911  
Effective as of 01-SEP-22

**CAINE, SAMUEL, DPM**

Provider ID: N/A  
345 F ST STE 100  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-DEC-23

**CHU, ANDREW, DPM†**

Provider ID: N/A

855 3RD AVE STE 1100  
CHULA VISTA, CA 91911  
Effective as of 01-SEP-22

**COLLINS, MICHAEL, DPM†**

Provider ID: N/A  
480 4TH AVE STE 501  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

**COLLINS, MICHAEL, DPM†**

Provider ID: N/A  
480 4TH AVE STE 501  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

**COLLINS, MICHAEL, DPM†**

Provider ID: N/A  
480 4TH AVE STE 501  
CHULA VISTA, CA 91910  
Effective as of 01-AUG-23

**COLLINS, MICHAEL, DPM†**

Provider ID: N/A  
480 4TH AVE STE 501  
CHULA VISTA, CA 91910  
Effective as of 01-APR-23

**DAVIDSON, JOHN, DPM†**

Provider ID: N/A  
345 F ST STE 100  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-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-AUG-18

**DAVIDSON, JOHN, DPM†**

Provider ID: N/A  
345 F ST STE 100  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-SEP-22

**DAVIDSON, JOHN, DPM†**

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

**DAVIDSON, JOHN, DPM†**

Provider ID: N/A  
345 F ST STE 100  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-JAN-22

**HAN, KYOUNG, DPM**

Provider ID: N/A  
855 3RD AVE STE 1100  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-22

**KRIGER, STEPHEN, DPM†**

Provider ID: N/A  
345 F ST STE 100  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-JAN-22

**KRIGER, STEPHEN, DPM†**

Provider ID: N/A  
345 F ST STE 100  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-FEB-22

**MANCHEL, BRUCE, DPM†**

Provider ID: N/A

678 3RD AVE  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22

**MAZZA, DAVID, DPM†**

Provider ID: N/A

276 CHURCH AVE STE A  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-15

**MAZZA, DAVID, DPM†**

Provider ID: N/A

276 CHURCH AVE STE A  
CHULA VISTA, CA 91910  
Effective as of 01-DEC-22

**MAZZA, DAVID, DPM†**

Provider ID: N/A

276 CHURCH AVE STE A  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-14

**MORGAN, CRAIG, DPM†**

Provider ID: N/A

276 CHURCH AVE STE A  
CHULA VISTA, CA 91910\*  
Effective as of 01-DEC-17

**NGUYEN, HAN, DPM**

Provider ID: N/A

345 F ST STE 100  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-23

**NGUYEN, HAN, DPM**

Provider ID: N/A

345 F ST STE 100  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-24

**NGUYEN, HAN, DPM**

Provider ID: N/A

345 F ST STE 100  
CHULA VISTA, CA 91910  
Effective as of 01-JUN-23

**PUCCINELLI, ALAYNA, DPM†**

Provider ID: N/A

340 4TH AVE STE 6  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-JUL-22

**PUCCINELLI, ALAYNA, DPM†**

Provider ID: N/A

345 F ST STE 100  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-JUL-22

**PUCCINELLI, ALAYNA, DPM†**

Provider ID: N/A

340 4TH AVE STE 6  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-SEP-22

**QUE, HOWIE, DPM**

Provider ID: N/A

750 MEDICAL CENTER CT  
STE 6  
CHULA VISTA, CA 91911  
Effective as of 01-JUN-23

**READ, TRENTON, DPM**

Provider ID: N/A

855 3RD AVE STE 1100  
CHULA VISTA, CA 91911  
Effective as of 01-APR-23

**SMITH, COLLIN, DPM†**

Provider ID: N/A

855 3RD AVE STE 1100  
CHULA VISTA, CA 91911  
Effective as of 01-JUN-21

**SMITH, COLLIN, DPM†**

Provider ID: N/A

855 3RD AVE STE 1100  
CHULA VISTA, CA 91911  
Effective as of 01-SEP-22

**SOUVOROVA, JULIA, DPM†**

Provider ID: N/A

336 OXFORD ST STE 104  
CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-MAR-24

**SOUVOROVA, JULIA, DPM†**

Provider ID: N/A

345 F ST STE 100  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22

**TOUMA, ELIE, DPM**

Provider ID: N/A

1111 BROADWAY STE 305  
CHULA VISTA, CA 91911  
Effective as of 01-APR-23

**TSAI, GRACE, DPM**

Provider ID: N/A

345 F ST STE 100  
CHULA VISTA, CA 91910  
Effective as of 01-FEB-23

**TSAI, GRACE, DPM**

Provider ID: N/A

345 F ST STE 100  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-23

**TSAI, GRACE, DPM**

Provider ID: N/A

345 F ST STE 100  
CHULA VISTA, CA 91910  
Effective as of 01-APR-23

**TSAI, GRACE, DPM**

Provider ID: N/A

345 F ST STE 100

CHULA VISTA, CA 91910  
Effective as of 01-DEC-23

**XU, DIXON, DPM†**

Provider ID: N/A  
345 F ST STE 100  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-DEC-23

**XU, DIXON, DPM†**

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

**XU, DIXON, DPM†**

Provider ID: N/A  
345 F ST STE 100  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-SEP-22

**XU, DIXON, DPM†**

Provider ID: N/A  
345 F ST STE 100  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-SEP-22

**XU, DIXON, DPM†**

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

**XU, DIXON, DPM†**

Provider ID: N/A  
345 F ST STE 100  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-MAR-24

**XU, DIXON, DPM†**

Provider ID: N/A  
345 F ST STE 100  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-NOV-20

**PSYCHIATRY**

**BINDAL, ANKUR, MD†**

Provider ID: N/A  
765 3RD AVE STE 100  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-SEP-22

**BINDAL, ANKUR, MD†**

Provider ID: N/A  
765 3RD AVE STE 100  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-JUL-22

**BINDAL, ANKUR, MD†**

Provider ID: N/A  
765 3RD AVE STE 100  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-JUL-22

**BINDAL, ANKUR, MD†**

Provider ID: N/A  
765 3RD AVE STE 100  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-SEP-22

**BINDAL, ANKUR, MD†**

Provider ID: N/A  
765 3RD AVE STE 100  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-JUL-22

**BINDAL, ANKUR, MD†**

Provider ID: N/A  
765 3RD AVE STE 100  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-JUL-22

**CHAUDHRI, YASHWANT, MD†**

Provider ID: N/A  
2300 BOSWELL RD STE 225  
CHULA VISTA, CA 91914  
Effective as of 01-AUG-22

**CHAUDHRI, YASHWANT, MD†**

Provider ID: N/A  
2300 BOSWELL RD STE 225  
CHULA VISTA, CA 91914  
Effective as of 01-AUG-22

**KARIPPOT, ANOOP, MD†**

Provider ID: N/A  
765 MEDICAL CENTER CT  
STE 216  
CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-JUN-22

**KARIPPOT, ANOOP, MD†**

Provider ID: N/A  
765 MEDICAL CENTER CT  
STE 216  
CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-JUN-22

**MARTINEZ, STEPHANIE, MD†**

Provider ID: N/A  
678 3RD AVE  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

**MARTINEZ, STEPHANIE, MD†**

Provider ID: N/A  
678 3RD AVE

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

**MCGEHRIN, KEVIN, MD**

Provider ID: N/A

450 FOURTH AVE  
STE 215

CHULA VISTA, CA 91910  
Teleservice

Effective as of 01-AUG-23

**MCGEHRIN, KEVIN, MD**

Provider ID: N/A

450 FOURTH AVE  
STE 215

CHULA VISTA, CA 91910  
Teleservice

Effective as of 01-MAR-24

**MCGEHRIN, KEVIN, MD**

Provider ID: N/A

450 FOURTH AVE  
STE 215

CHULA VISTA, CA 91910  
Teleservice

Effective as of 01-MAR-24

**MCGEHRIN, KEVIN, MD**

Provider ID: N/A

450 FOURTH AVE  
STE 215

CHULA VISTA, CA 91910  
Teleservice

Effective as of 01-AUG-23

**MISHRA, GAURAV, MD†**

Provider ID: N/A

678 3RD AVE

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

**MISHRA, GAURAV, MD†**

Provider ID: N/A

678 3RD AVE

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

**NICHOLS, ALPHONSO, MD**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 216

CHULA VISTA, CA 91911  
Teleservice

Effective as of 01-JUL-22

**NICHOLS, ALPHONSO, MD**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 216

CHULA VISTA, CA 91911  
Teleservice

Effective as of 01-JUL-22

**PHAM, ALISE, DO**

Provider ID: N/A

450 FOURTH AVE  
STE 215

CHULA VISTA, CA 91910  
Teleservice

Effective as of 01-MAR-24

**PHAM, ALISE, DO**

Provider ID: N/A

450 FOURTH AVE  
STE 215

CHULA VISTA, CA 91910  
Teleservice

Effective as of 01-MAR-24

**TROYER, EMILY, MD†**

Provider ID: N/A

678 3RD AVE

CHULA VISTA, CA 91910  
Effective as of 01-JAN-22

**TROYER, EMILY, MD†**

Provider ID: N/A

678 3RD AVE

CHULA VISTA, CA 91910  
Effective as of 01-JAN-22

**PSYCHIATRY CHILD**

**KARIPPOT, ANOOP, MD†**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 216

CHULA VISTA, CA 91911  
Teleservice

Effective as of 01-JAN-23

**KARIPPOT, ANOOP, MD†**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 216

CHULA VISTA, CA 91911  
Teleservice

Effective as of 01-JUN-22

**KARIPPOT, ANOOP, MD†**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 216

CHULA VISTA, CA 91911  
Teleservice

Effective as of 01-JAN-23

**KARIPPOT, ANOOP, MD†**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 216

CHULA VISTA, CA 91911  
Teleservice

Effective as of 01-JUN-22

**MISHRA, GAURAV, MD†**

Provider ID: N/A

678 3RD AVE

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

**MISHRA, GAURAV, MD†**

Provider ID: N/A

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

**NICHOLS, ALPHONSO, MD**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 216  
CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-JUL-22

**NICHOLS, ALPHONSO, MD**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 216  
CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-JUL-22

**PSYCHIATRY SLEEP  
MEDICINE**

**KARIPPOT, ANOOP, MD†**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 216  
CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-JAN-23

**PSYCHOLOGIST**

**BAYLON, ALDO, PSYD**

Provider ID: N/A

678 3RD AVE  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-22

**BAYLON, ALDO, PSYD**

Provider ID: N/A

678 3RD AVE  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-22

**CELAYA, PATRICIA, PhD†**

Provider ID: N/A

678 3RD AVE  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-AUG-22

**CELAYA, PATRICIA, PhD†**

Provider ID: N/A

678 3RD AVE  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-AUG-22

**GALLO, LINDA, PhD**

Provider ID: N/A

780 BAY BLVD STE 200  
CHULA VISTA, CA 91910  
Effective as of 01-APR-23

**GALLO, LINDA, PhD**

Provider ID: N/A

780 BAY BLVD STE 200  
CHULA VISTA, CA 91910  
Effective as of 01-APR-23

**GOULD, HILARY, PhD†**

Provider ID: N/A

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

**GOULD, HILARY, PhD†**

Provider ID: N/A

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

**MAPLES, RANDI, PSYD†**

Provider ID: N/A

765 3RD AVE STE 100  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22

**MAPLES, RANDI, PSYD†**

Provider ID: N/A

765 3RD AVE STE 100  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22

**PATTERSON-HYATT,  
KIMBERLY, PSYD†**

Provider ID: N/A

1061 TIERRA DEL REY STE  
303  
CHULA VISTA, CA 91910  
Effective as of 01-NOV-21

**PATTERSON-HYATT,  
KIMBERLY, PSYD†**

Provider ID: N/A

1061 TIERRA DEL REY STE  
304  
CHULA VISTA, CA 91910  
Effective as of 01-NOV-21

**PATTERSON-HYATT,  
KIMBERLY, PSYD†**

Provider ID: N/A

1061 TIERRA DEL REY STE  
305  
CHULA VISTA, CA 91910  
Effective as of 01-NOV-21

**PATTERSON-HYATT,  
KIMBERLY, PSYD†**

Provider ID: N/A

1061 TIERRA DEL REY STE  
303  
CHULA VISTA, CA 91910  
Effective as of 01-NOV-21

**PATTERSON-HYATT,  
KIMBERLY, PSYD†**

Provider ID: N/A

1061 TIERRA DEL REY STE  
304  
CHULA VISTA, CA 91910  
Effective as of 01-NOV-21

**PATTERSON-HYATT,  
KIMBERLY, PSYD†**

Provider ID: N/A

1061 TIERRA DEL REY STE  
305  
CHULA VISTA, CA 91910  
Effective as of 01-NOV-21

**WIJAYARATNE, IMANIE,  
PSYD†**

Provider ID: N/A

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

**WIJAYARATNE, IMANIE,  
PSYD†**

Provider ID: N/A

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

**PULMONARY DISEASES**

**LIRA, JOSE, MD†**

Provider ID: N/A

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

**LIRA, JOSE, MD†**

Provider ID: N/A

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

**LIRA, JOSE, MD†**

Provider ID: N/A

841 KUHN DR STE 200  
CHULA VISTA, CA 91914  
Effective as of 01-SEP-22

**LOZANO, MARTHA, MD†**

Provider ID: N/A

841 KUHN DR STE 200  
CHULA VISTA, CA 91914  
Effective as of 01-SEP-22

**LOZANO, MARTHA, MD†**

Provider ID: N/A

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

**LOZANO, MARTHA, MD†**

Provider ID: N/A

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

**LOZANO, MARTHA, MD†**

Provider ID: N/A

841 KUHN DR STE 200  
CHULA VISTA, CA 91914  
Effective as of 01-SEP-15

**PENA ROMERO, CESAR, MD†**

Provider ID: N/A

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

**PENA ROMERO, CESAR, MD†**

Provider ID: N/A

227 CHURCH AVE  
CHULA VISTA, CA 91910  
Effective as of 01-OCT-19

**SANCHEZ, LUIS, MD†**

Provider ID: N/A

227 CHURCH AVE  
CHULA VISTA, CA 91910\*  
Effective as of 01-JAN-14

**SANCHEZ, LUIS, MD†**

Provider ID: N/A

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

**RADIATION ONCOLOGY**

**BRUGGEMAN, ANDREW, MD**

Provider ID: N/A

769 MEDICAL CENTER CT  
STE 100  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-24

**CARMONA, RUBEN, MD**

Provider ID: N/A

769 MEDICAL CENTER CT  
STE 100  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-24

**CARMONA, RUBEN, MD**

Provider ID: N/A

769 MEDICAL CENTER CT  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-24

**COLEMAN, LORI, MD†**

Provider ID: N/A

769 MEDICAL CENTER CT  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-21

**HATTANGADI GLUTH, JONA,  
MD†**

Provider ID: N/A

959 LANE AVE  
CHULA VISTA, CA 91914  
Teleservice  
Effective as of 01-DEC-21

**JABBARI, SIAVASH, MD†**

Provider ID: N/A

769 MEDICAL CENTER CT  
CHULA VISTA, CA 91911  
Effective as of 01-OCT-22

**MANSY, GINA, MD†**

Provider ID: N/A

959 LANE AVE  
CHULA VISTA, CA 91914  
Teleservice  
Effective as of 01-APR-21

**MELL, LOREN, MD†**

Provider ID: N/A  
959 LANE AVE  
CHULA VISTA, CA 91914  
Teleservice  
Effective as of 01-DEC-21

**PEJAVAR, SUNANDA, MD†**

Provider ID: N/A  
769 MEDICAL CENTER CT  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-21

**RAHN, DOUGLAS, MD†**

Provider ID: N/A  
959 LANE AVE  
CHULA VISTA, CA 91914  
Teleservice  
Effective as of 01-APR-21

**RASH, DOMINIQUE, MD†**

Provider ID: N/A  
959 LANE AVE  
CHULA VISTA, CA 91914  
Teleservice  
Effective as of 01-DEC-21

**ROSE, BRENT, MD†**

Provider ID: N/A  
959 LANE AVE  
CHULA VISTA, CA 91914  
Teleservice  
Effective as of 01-DEC-21

**STRAKA, CHRISTOPHER, MD†**

Provider ID: N/A  
959 LANE AVE  
CHULA VISTA, CA 91914  
Teleservice

Effective as of 01-DEC-21

**UHL, BARRY, MD†**

Provider ID: N/A  
769 MEDICAL CENTER CT  
CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-JAN-21

**VOLPP, PAUL, MD†**

Provider ID: N/A  
769 MEDICAL CENTER CT  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-21

**WEINSTEIN, GEOFFREY, MD†**

Provider ID: N/A  
769 MEDICAL CENTER CT  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-21

**WHITE, EVAN, MD†**

Provider ID: N/A  
959 LANE AVE  
CHULA VISTA, CA 91914  
Teleservice  
Effective as of 01-APR-21

**RADIOLOGY DIAGNOSTIC**

**YORK, JOHN, MD**

Provider ID: N/A  
865 3RD AVE STE 100  
CHULA VISTA, CA 91911  
Effective as of 01-JUN-23

**YORK, JOHN, MD**

Provider ID: N/A  
865 3RD AVE STE 100  
CHULA VISTA, CA 91911  
Effective as of 01-DEC-23

**REGISTERED PHYSICAL  
THERAPIST**

**ALLOS, ALEXANDER, PT†**

Provider ID: N/A  
88 E BONITA RD STE C  
CHULA VISTA, CA 91910  
Effective as of 01-NOV-21

**BURLAKOVSKY, NATHAN, PT**

Provider ID: N/A  
88 E BONITA RD STE C  
CHULA VISTA, CA 91910  
Effective as of 01-NOV-21

**CHENG, BRANDON, PT**

Provider ID: N/A  
1392 E PALOMAR ST STE  
503  
CHULA VISTA, CA 91913  
Effective as of 01-FEB-24

**DAGOSTINO, JACQUELINE, PT†**

Provider ID: N/A  
1392 E PALOMAR ST STE  
503  
CHULA VISTA, CA 91913  
Effective as of 01-JAN-21

**DORSEY, KYLE, PT†**

Provider ID: N/A  
1392 E PALOMAR ST STE  
503  
CHULA VISTA, CA 91913  
Effective as of 01-DEC-21

**DORSEY, KYLE, PT†**

Provider ID: N/A  
1392 E PALOMAR ST STE  
503  
CHULA VISTA, CA 91913  
Effective as of 01-SEP-22

**FARRAR, COURTNEY, PT**

Provider ID: N/A  
340 FOURTH AVE  
STE 19  
CHULA VISTA, CA 91910



Teleservice

Effective as of 01-JUL-23

**GRAHEK, LAICEE, PT**

Provider ID: N/A

320 BROADWAY STE 2  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22

**GRAHEK, LAICEE, PT**

Provider ID: N/A

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

**HERMAN, RACHEL, PT†**

Provider ID: N/A

1392 E PALOMAR ST STE  
503  
CHULA VISTA, CA 91913  
Effective as of 01-SEP-22

**HERMAN, RACHEL, PT†**

Provider ID: N/A

1392 E PALOMAR ST STE  
503  
CHULA VISTA, CA 91913  
Effective as of 01-NOV-21

**JAIN, ALEXANDRA, PT**

Provider ID: N/A

880 THIRD AVE  
STE A  
CHULA VISTA, CA 91911  
Effective as of 01-MAR-24

**KARANDE, PRACHI, PT†**

Provider ID: N/A

1392 E PALOMAR ST STE  
503  
CHULA VISTA, CA 91913  
Effective as of 01-JAN-22

**LONG, RYAN, PT**

Provider ID: N/A

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

**LONG, RYAN, PT**

Provider ID: N/A

320 BROADWAY STE 2  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22

**MIGNEA, DAVID, PT**

Provider ID: N/A

320 BROADWAY STE 2  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22

**MIGNEA, DAVID, PT**

Provider ID: N/A

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

**NGUYEN, TIA, PT**

Provider ID: N/A

1392 E PALOMAR ST STE  
503  
CHULA VISTA, CA 91913  
Effective as of 01-MAR-24

**NOVENCIDO, ANDREW, PT†**

Provider ID: N/A

1392 E PALOMAR ST STE  
503  
CHULA VISTA, CA 91913  
Effective as of 01-SEP-22

**PAPA, AMY, PT**

Provider ID: N/A

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

**PAPA, AMY, PT**

Provider ID: N/A

88 E BONITA RD STE C

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

**PHILLIP, OMARI, PT†**

Provider ID: N/A

88 E BONITA RD STE C  
CHULA VISTA, CA 91910  
Effective as of 01-DEC-21

**POLIS, NICK, PT**

Provider ID: N/A

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

**SPARKS, TODD, PT†**

Provider ID: N/A

1392 E PALOMAR ST STE  
503  
CHULA VISTA, CA 91913  
Effective as of 01-JAN-21

**STAHL, KEVIN, PT**

Provider ID: N/A

1392 E PALOMAR ST STE  
503  
CHULA VISTA, CA 91913  
Effective as of 01-SEP-23

**THOMAS, KAITLIN, PT**

Provider ID: N/A

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

**RHEUMATOLOGY**

**AL NAHLAWI, BASMA, MD†**

Provider ID: N/A

296 H ST STE 304  
CHULA VISTA, CA 91910  
Teleservice

Effective as of 01-SEP-22

**CHITKARA, PUJA, MD†**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 216  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-21

**CHITKARA, PUJA, MD†**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 216  
CHULA VISTA, CA 91911  
Effective as of 01-MAR-16

**CHITKARA, PUJA, MD†**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 216  
CHULA VISTA, CA 91911  
Effective as of 01-SEP-15

**CHWA, JEFFREY, DO**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 216  
CHULA VISTA, CA 91911  
Effective as of 01-SEP-22

**HAMMETT, ERIN, DO†**

Provider ID: N/A

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

**KHANNA, SURABHI, MD**

Provider ID: N/A

765 MEDICAL CENTER CT  
STE 216  
CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-JUN-23

**REDDY, DANA, MD†**

Provider ID: N/A

678 3RD AVE  
CHULA VISTA, CA 91910

Effective as of 01-JAN-21

**REDDY, DANA, MD†**

Provider ID: N/A

678 3RD AVE  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22

**REDDY, SMITHA, MD†**

Provider ID: N/A

272 CHURCH AVE STE 1  
CHULA VISTA, CA 91910  
Effective as of 01-FEB-19

**SPEECH PATHOLOGIST**

**AROCHO-SALGADO, MIRELIS,  
SP**

Provider ID: N/A

333 H ST STE 5000  
CHULA VISTA, CA 91910  
Effective as of 01-JUN-22

**AROCHO-SALGADO, MIRELIS,  
SP**

Provider ID: N/A

333 H ST STE 5000  
CHULA VISTA, CA 91910  
Effective as of 01-JUN-22

**SURGERY GENERAL**

**ARCOVEDO, RODOLFO, MD†**

Provider ID: N/A

786 3RD AVE STE B  
CHULA VISTA, CA 91910  
Effective as of 01-AUG-23

**ARCOVEDO, RODOLFO, MD†**

Provider ID: N/A

786 3RD AVE STE B  
CHULA VISTA, CA 91910  
Effective as of 01-JUN-19

**ARCOVEDO, RODOLFO, MD†**

Provider ID: N/A

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

**ARCOVEDO, RODOLFO, MD†**

Provider ID: N/A

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

**ARCOVEDO, RODOLFO, MD†**

Provider ID: N/A

786 3RD AVE STE B  
CHULA VISTA, CA 91910  
Effective as of 01-JUN-19

**BARRERA, HUGO, MD†**

Provider ID: N/A

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

**BARRERA, HUGO, MD†**

Provider ID: N/A

786 3RD AVE STE B  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-19

**BARRERA, HUGO, MD†**

Provider ID: N/A

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

**BARRERA, HUGO, MD†**

Provider ID: N/A

786 3RD AVE STE B  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-14

**CASILLAS BERUMEN, SERGIO,  
MD**

Provider ID: N/A

1111 BROADWAY STE 305

CHULA VISTA, CA 91911  
Effective as of 01-FEB-24

**EWBANK, CLIFTON, MD†**

Provider ID: N/A

786 3RD AVE STE B  
CHULA VISTA, CA 91910  
Effective as of 01-OCT-22

**EWBANK, CLIFTON, MD†**

Provider ID: N/A

786 3RD AVE STE B  
CHULA VISTA, CA 91910  
Effective as of 01-AUG-22

**EWBANK, CLIFTON, MD†**

Provider ID: N/A

786 3RD AVE STE B  
CHULA VISTA, CA 91910  
Effective as of 01-NOV-22

**EWBANK, CLIFTON, MD†**

Provider ID: N/A

786 3RD AVE  
CHULA VISTA, CA 91910  
Effective as of 01-NOV-22

**HSU, BRADFORD, MD†**

Provider ID: N/A

480 4TH AVE STE 404  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-14

**HSU, ANDREW, MD†**

Provider ID: N/A

480 4TH AVE STE 404  
CHULA VISTA, CA 91910  
Effective as of 01-JUL-22

**HSU, ANDREW, MD†**

Provider ID: N/A

480 4TH AVE STE 404  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

**HSU, BRADFORD, MD†**

Provider ID: N/A

480 4TH AVE STE 404  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

**HSU, ANDREW, MD†**

Provider ID: N/A

480 4TH AVE STE 404  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

**HSU, BRADFORD, MD†**

Provider ID: N/A

480 4TH AVE STE 404  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-21

**HSU, ANDREW, MD†**

Provider ID: N/A

480 4TH AVE STE 404  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-15

**HSU, BRADFORD, MD†**

Provider ID: N/A

480 4TH AVE STE 404  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-15

**HUANG, MARK, MD†**

Provider ID: N/A

345 F ST STE 200  
CHULA VISTA, CA 91910  
Effective as of 01-OCT-17

**KHARAZI, ALEXANDRA, MD†**

Provider ID: N/A

345 F ST STE 200  
CHULA VISTA, CA 91910  
Effective as of 01-MAY-23

**MOLDOVAN, STEFAN, MD†**

Provider ID: N/A

1111 BROADWAY STE 305

CHULA VISTA, CA 91911  
Teleservice

Effective as of 01-MAR-24

**MOLDOVAN, STEFAN, MD†**

Provider ID: N/A

1111 BROADWAY STE 305  
CHULA VISTA, CA 91911  
Teleservice

Effective as of 01-MAR-24

**MORAL, JOHN, MD**

Provider ID: N/A

480 4TH AVE STE 404  
CHULA VISTA, CA 91910  
Effective as of 01-JUN-23

**MORAL, JOHN, MD**

Provider ID: N/A

480 4TH AVE STE 404  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-23

**SPITZER, BLAKE, MD†**

Provider ID: N/A

786 3RD AVE STE B  
CHULA VISTA, CA 91910  
Effective as of 01-MAY-20

**SPITZER, BLAKE, MD†**

Provider ID: N/A

786 3RD AVE STE B  
CHULA VISTA, CA 91910  
Effective as of 01-NOV-22

**SPITZER, BLAKE, MD†**

Provider ID: N/A

786 3RD AVE STE B  
CHULA VISTA, CA 91910  
Effective as of 01-OCT-19

**SPITZER, BLAKE, MD†**

Provider ID: N/A

786 3RD AVE STE B  
CHULA VISTA, CA 91910

Effective as of 01-JAN-21

**SUMMERS, STEPHEN, MD†**

Provider ID: N/A

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

**SUMMERS, STEPHEN, MD†**

Provider ID: N/A

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

**SUMMERS, STEPHEN, MD†**

Provider ID: N/A

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

**SUMMERS, STEPHEN, MD†**

Provider ID: N/A

786 3RD AVE STE B  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-15

**TALEBZADEH, NOJAN, MD†**

Provider ID: N/A

246 F ST  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-14

**YANG, YIFAN, MD†**

Provider ID: N/A

786 3RD AVE STE B  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-15

**YANG, YIFAN, MD†**

Provider ID: N/A

786 3RD AVE STE B  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-19

**YANG, YIFAN, MD†**

Provider ID: N/A

786 3RD AVE STE B  
CHULA VISTA, CA 91910  
Effective as of 01-JUN-23

**YANG, YIFAN, MD†**

Provider ID: N/A

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

**YANG, YIFAN, MD†**

Provider ID: N/A

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

**YANG, YIFAN, MD†**

Provider ID: N/A

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

**SURGERY GENERAL  
VASCULAR**

**MORENO MARTINEZ,  
ENRIQUE, MD†**

Provider ID: N/A

1111 BROADWAY STE 305  
CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-MAR-24

**SALLOUM, ALEXANDER, MD†**

Provider ID: N/A

1111 BROADWAY STE 305  
CHULA VISTA, CA 91911  
Teleservice  
Effective as of 01-MAR-24

**SALLOUM, ALEXANDER, MD†**

Provider ID: N/A

1111 BROADWAY STE 305

CHULA VISTA, CA 91911  
Teleservice

Effective as of 01-MAR-24

**SURGERY HAND**

**POMERANTZ, MICHAEL, MD†**

Provider ID: N/A

955 LANE AVE STE 200  
CHULA VISTA, CA 91914  
Effective as of 01-DEC-21

**SURGERY**

**NEUROLOGICAL**

**WHITE, DANIEL, MD†**

Provider ID: N/A

296 H ST STE 303  
CHULA VISTA, CA 91910  
Effective as of 01-MAR-23

**WHITE, DANIEL, MD†**

Provider ID: N/A

296 H ST STE 303  
CHULA VISTA, CA 91910  
Effective as of 01-OCT-21

**WHITE, DANIEL, MD†**

Provider ID: N/A

296 H ST STE 303  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-23

**SURGERY ORTHOPEDIC**

**ANDRY, JAMES, MD**

Provider ID: N/A

750 MEDICAL CENTER CT  
STE 14  
CHULA VISTA, CA 91911  
Effective as of 01-MAR-24

**BRERETON, DANIEL, DO†**

Provider ID: N/A

750 MEDICAL CENTER CT

STE 14  
CHULA VISTA, CA 91911  
Effective as of 01-DEC-21

**DOWNING, KRISTOPHER, MD**  
Provider ID: N/A  
750 MEDICAL CENTER CT  
STE 14  
CHULA VISTA, CA 91911  
Effective as of 01-MAR-24

**DUTTON, PASCUAL, MD**  
Provider ID: N/A  
750 MEDICAL CENTER CT  
STE 14  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-24

**DUTTON, PASCUAL, MD**  
Provider ID: N/A  
955 LANE AVE STE 200  
CHULA VISTA, CA 91914  
Effective as of 01-JAN-24

**DUTTON, PASCUAL, MD**  
Provider ID: N/A  
296 H ST STE 203  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-24

**EVES, WILLIAM, MD†**  
Provider ID: N/A  
480 4TH AVE STE 307  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-15

**EVES, WILLIAM, MD†**  
Provider ID: N/A  
480 4TH AVE STE 307  
CHULA VISTA, CA 91910  
Effective as of 01-JAN-14

**GROTTING, JOHN, MD**  
Provider ID: N/A  
296 H ST STE 203

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

**GROTTING, JOHN, MD**  
Provider ID: N/A  
955 LANE AVE STE 200  
CHULA VISTA, CA 91914  
Effective as of 01-JAN-24

**GROTTING, JOHN, MD†**  
Provider ID: N/A  
750 MEDICAL CENTER CT  
STE 14  
CHULA VISTA, CA 91911  
Effective as of 01-JAN-24

**GROTTING, JOHN, MD†**  
Provider ID: N/A  
750 MEDICAL CENTER CT  
STE 14  
CHULA VISTA, CA 91911  
Effective as of 01-AUG-23

**GROTTING, JOHN, MD†**  
Provider ID: N/A  
750 MEDICAL CENTER CT  
STE 14  
CHULA VISTA, CA 91911  
Effective as of 01-NOV-21

**HOFMEISTER, ERIC, MD†**  
Provider ID: N/A  
955 LANE AVE STE 200  
CHULA VISTA, CA 91914  
Effective as of 01-NOV-21

**HOFMEISTER, ERIC, MD†**  
Provider ID: N/A  
955 LANE AVE STE 200  
CHULA VISTA, CA 91914  
Effective as of 01-FEB-18

**HOFMEISTER, ERIC, MD†**  
Provider ID: N/A  
955 LANE AVE STE 200

CHULA VISTA, CA 91914  
Effective as of 01-AUG-23

**KIMBALL, MICHAEL, MD†**  
Provider ID: N/A  
480 4TH AVE STE 501  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-22

**KLATMAN, SAMUEL, MD†**  
Provider ID: N/A  
955 LANE AVE STE 200  
CHULA VISTA, CA 91914  
Effective as of 01-AUG-23

**KLATMAN, SAMUEL, MD†**  
Provider ID: N/A  
955 LANE AVE STE 200  
CHULA VISTA, CA 91914  
Effective as of 01-NOV-21

**KOLODGE, GAVIN, DO**  
Provider ID: N/A  
955 LANE AVE STE 200  
CHULA VISTA, CA 91914  
Effective as of 01-AUG-23

**POMERANTZ, MICHAEL, MD†**  
Provider ID: N/A  
955 LANE AVE STE 200  
CHULA VISTA, CA 91914  
Effective as of 01-FEB-18

**RICKARDS, ENASS, MD**  
Provider ID: N/A  
480 FOURTH AVE  
STE 501  
CHULA VISTA, CA 91910  
Effective as of 01-FEB-24

**ROSENFELD, ALAN, MD†**  
Provider ID: N/A  
480 4TH AVE STE 501  
CHULA VISTA, CA 91910  
Effective as of 01-APR-23

**ROSENFELD, ALAN, MD†**

Provider ID: N/A

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

**ROSENFELD, ALAN, MD†**

Provider ID: N/A

480 4TH AVE STE 501  
CHULA VISTA, CA 91910\*  
Effective as of 01-FEB-07

**ROSENFELD, ALAN, MD†**

Provider ID: N/A

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

**ROSENFELD, ALAN, MD†**

Provider ID: N/A

480 4TH AVE STE 501  
CHULA VISTA, CA 91910  
Effective as of 01-NOV-09

**ROSENFELD, ALAN, 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-AUG-23

**TAYYAB, NEIL, MD†**

Provider ID: N/A

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

**TAYYAB, NEIL, MD†**

Provider ID: N/A

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

**TAYYAB, NEIL, MD†**

Provider ID: N/A

480 4TH AVE STE 501  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-22

**TAYYAB, NEIL, MD†**

Provider ID: N/A

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

**YOUNGBLOOD, SCOT, MD**

Provider ID: N/A

955 LANE AVE STE 200  
CHULA VISTA, CA 91914  
Effective as of 01-NOV-23

**YOUNGBLOOD, SCOT, MD**

Provider ID: N/A

955 LANE AVE STE 200  
CHULA VISTA, CA 91914  
Effective as of 01-OCT-23

***SURGERY THORACIC***

**HUANG, MARK, MD†**

Provider ID: N/A

345 F ST STE 200  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-17

**HUANG, MARK, MD†**

Provider ID: N/A

345 F ST STE 200  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-22

**MUMTAZ, SEEMAL, MD†**

Provider ID: N/A

345 F ST STE 200

CHULA VISTA, CA 91910  
Effective as of 01-SEP-22

**MUMTAZ, SEEMAL, MD†**

Provider ID: N/A

345 F ST STE 200  
CHULA VISTA, CA 91910  
Effective as of 01-SEP-17

***SURGICAL ONCOLOGY***

**QUIROZ, ELISA, MD†**

Provider ID: N/A

678 3RD AVE  
CHULA VISTA, CA 91910  
Teleservice  
Effective as of 01-JUL-22

***UROLOGY***

**COHEN, EDWARD, MD**

Provider ID: N/A

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

**DICKS, BRIAN, MD**

Provider ID: N/A

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

**JUMA, SAAD, MD**

Provider ID: N/A

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

**KEILLER, DANNY, MD**

Provider ID: N/A

752 MEDICAL CENTER CT  
STE 101

CHULA VISTA, CA 91911  
Effective as of 01-JAN-24

**NEUSTEIN, PAUL, MD**

Provider ID: N/A

752 MEDICAL CENTER CT  
STE 101

CHULA VISTA, CA 91911  
Effective as of 01-JAN-24

**NEUSTEIN, PAUL, MD**

Provider ID: N/A

750 MEDICAL CENTER CT  
STE 14

CHULA VISTA, CA 91911  
Effective as of 01-JAN-24

**NGUYEN, HUNG, MD**

Provider ID: N/A

752 MEDICAL CENTER CT  
STE 101

CHULA VISTA, CA 91911  
Effective as of 01-JAN-24

**PE, MARK-RALLY, MD**

Provider ID: N/A

752 MEDICAL CENTER CT  
STE 101

CHULA VISTA, CA 91911  
Effective as of 01-JAN-24

**ROBERTS, JAMES, MD**

Provider ID: N/A

752 MEDICAL CENTER CT  
STE 101

CHULA VISTA, CA 91911  
Effective as of 01-JAN-24

**SALEM, CAROL, MD**

Provider ID: N/A

752 MEDICAL CENTER CT  
STE 101

CHULA VISTA, CA 91911  
Effective as of 01-JAN-24

**SALMASI, AMIRALI, MD**

Provider ID: N/A

752 MEDICAL CENTER CT  
STE 101

CHULA VISTA, CA 91911  
Effective as of 01-JAN-24

**SANTOMAURO, MICHAEL, MD†**

Provider ID: N/A

750 MEDICAL CENTER CT  
STE 14

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

**SANTOMAURO, MICHAEL, MD†**

Provider ID: N/A

752 MEDICAL CENTER CT  
STE 101

CHULA VISTA, CA 91911  
Effective as of 01-NOV-22

**SANTOMAURO, MICHAEL, MD†**

Provider ID: N/A

750 MEDICAL CENTER CT  
STE 14

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

**SEVILLA, CLAUDIA, MD†**

Provider ID: N/A

750 MEDICAL CENTER CT  
STE 14

CHULA VISTA, CA 91911  
Teleservice

Effective as of 01-OCT-21

**SEVILLA, CLAUDIA, MD†**

Provider ID: N/A

750 MEDICAL CENTER CT  
STE 14

CHULA VISTA, CA 91911  
Teleservice

Effective as of 01-MAY-21

**SEVILLA, CLAUDIA, MD†**

Provider ID: N/A

750 MEDICAL CENTER CT  
STE 14

CHULA VISTA, CA 91911  
Teleservice

Effective as of 01-NOV-21

**VAPNEK, EVAN, MD†**

Provider ID: N/A

786 3RD AVE STE B  
CHULA VISTA, CA 91910

Effective as of 01-JAN-21

**VAPNEK, EVAN, MD**

Provider ID: N/A

752 MEDICAL CENTER CT  
STE 101

CHULA VISTA, CA 91911  
Effective as of 01-JAN-24

**CERTIFIED NURSE  
PRACTITIONER**

**NAVA, PETER, NP**

Provider ID: N/A

818 PIER VIEW WAY  
CMP PENDLETON, CA  
92054

Effective as of 01-JAN-24

**NAVA, PETER, NP**

Provider ID: N/A

517 N HORNE ST  
CMP PENDLETON, CA  
92054

Effective as of 01-JAN-24

**PEDIATRICS**

**RONAN, KEVIN, MD**

Provider ID: N/A

818 PIER VIEW WAY  
CMP PENDLETON, CA  
92054

Effective as of 01-MAY-23

## **EMERGENCY MEDICINE**

### **EL SAID, KHALED, MD†**

Provider ID: N/A

11882 DE PALMA RD STE  
2F-1  
CORONA, CA 92883

Teleservice

Effective as of 01-MAR-24

## **INFECTIOUS DISEASE**

### **RESTREPO, DALILAH, MD†**

Provider ID: N/A

3334 E COAST HWY PMB  
655  
CORONA DEL MAR, CA  
92625

Effective as of 01-AUG-22

## **AUDIOLOGIST**

### **HORNER, HEATHER, AuD†**

Provider ID: N/A

801 ORANGE AVE STE 205  
CORONADO, CA 92118

Teleservice

Effective as of 01-JUN-22

## **CARDIOVASCULAR DISEASE**

### **MAI, TUAN, MD†**

Provider ID: N/A

230 PROSPECT PL STE 250  
CORONADO, CA 92118

Effective as of 01-NOV-22

## **CERTIFIED NURSE PRACTITIONER**

### **DWYER, ERIN, NP**

Provider ID: N/A

230 PROSPECT PL STE 210  
CORONADO, CA 92118

Effective as of 01-FEB-24

### **GOSHEN, KIRSTEN, NP†**

Provider ID: N/A

230 PROSPECT PL STE 340  
CORONADO, CA 92118

Effective as of 01-DEC-22

### **TOMICICH, STEPHANIE, NP**

Provider ID: N/A

230 PROSPECT PL STE 210  
CORONADO, CA 92118

Effective as of 01-FEB-24

## **FAMILY PRACTICE**

### **SHAFT, ALEXANDER, MD†**

Provider ID: N/A

131 ORANGE AVE STE 101  
CORONADO, CA 92118

Teleservice

Effective as of 01-FEB-23

### **SHAFT, ALEXANDER, MD†**

Provider ID: N/A

131 ORANGE AVE STE 101  
CORONADO, CA 92118

Teleservice

Effective as of 01-MAR-22

## **GASTROENTEROLOGY**

### **BAIG, NABIL, DO†**

Provider ID: N/A

131 ORANGE AVE STE 101B  
CORONADO, CA 92118

Teleservice

Effective as of 01-OCT-22

## **HEARING AID DEALER / SUPPLIER**

### **DAVIS, KELLE, MA†**

Provider ID: N/A

801 ORANGE AVE  
CORONADO, CA 92118

Effective as of 01-SEP-22

## **INTERNAL MEDICINE**

### **BORTZ, DAVID, MD†**

Provider ID: N/A

230 PROSPECT PL STE 340  
CORONADO, CA 92118\*

Effective as of 01-DEC-22

### **DAVIS, JASON, MD†**

Provider ID: N/A

230 PROSPECT PL STE  
340B  
CORONADO, CA 92118

Effective as of 01-JAN-24

### **OLIVER, DEANNA, MD†**

Provider ID: N/A

131 ORANGE AVE STE 101  
CORONADO, CA 92118

Effective as of 01-MAR-21

### **OLIVER, DEANNA, MD†**

Provider ID: N/A

131 ORANGE AVE STE 101  
CORONADO, CA 92118

Effective as of 01-APR-21

## **NEPHROLOGY**

### **DAVIS, JASON, MD†**

Provider ID: N/A

230 PROSPECT PL STE  
340B  
CORONADO, CA 92118

Effective as of 01-JUL-22

### **DAVIS, JASON, MD†**

Provider ID: N/A

230 PROSPECT PL STE  
340B



CORONADO, CA 92118  
Effective as of 01-MAR-16

**HAMMES, JOHN, MD**

Provider ID: N/A  
230 PROSPECT PL STE 210  
CORONADO, CA 92118  
Effective as of 01-JAN-24

**OBSTETRICS /  
GYNECOLOGY**

**SEFA-BOAKYE, KOFI, MD†**

Provider ID: N/A  
230 PROSPECT PL STE 210  
CORONADO, CA 92118  
Effective as of 01-JAN-21

**SEFA-BOAKYE, KOFI, MD†**

Provider ID: N/A  
230 PROSPECT PL STE 210  
CORONADO, CA 92118  
Effective as of 01-JUL-14

**PHYSICIANS ASSISTANT**

**DOUGHERTY, CLARA, PA**

Provider ID: N/A  
230 PROSPECT PL STE 210  
CORONADO, CA 92118  
Effective as of 01-JAN-24

**SURGERY GENERAL**

**BHOYRUL, SUNIL, MD†**

Provider ID: N/A  
230 PROSPECT PL STE 340  
CORONADO, CA 92118  
Effective as of 01-DEC-22

**BORTZ, PASCAL, MD†**

Provider ID: N/A  
230 PROSPECT PL STE 340  
CORONADO, CA 92118  
Effective as of 01-DEC-22

**MORELL, MICHAEL, MD**

Provider ID: N/A  
230 PROSPECT PL STE 340  
CORONADO, CA 92118  
Effective as of 01-DEC-23

**SURGERY ORTHOPEDIC**

**ANDRY, JAMES, MD**

Provider ID: N/A  
230 PROSPECT PL STE 230  
CORONADO, CA 92118  
Effective as of 01-MAR-24

**UROLOGY**

**BUTLER, PHILIP, MD**

Provider ID: N/A  
230 PROSPECT PL STE 210  
CORONADO, CA 92118  
Effective as of 01-JAN-24

**COHEN, EDWARD, MD**

Provider ID: N/A  
230 PROSPECT PL STE 210  
CORONADO, CA 92118  
Effective as of 01-FEB-24

**DATO, PAUL, MD**

Provider ID: N/A  
230 PROSPECT PL STE 210  
CORONADO, CA 92118  
Effective as of 01-JAN-24

**DICKS, BRIAN, MD**

Provider ID: N/A  
230 PROSPECT PL STE 210  
CORONADO, CA 92118  
Effective as of 01-JAN-24

**JUMA, SAAD, MD**

Provider ID: N/A  
230 PROSPECT PL STE 210  
CORONADO, CA 92118

Effective as of 01-JAN-24

**KEILLER, DANNY, MD**

Provider ID: N/A  
230 PROSPECT PL STE 210  
CORONADO, CA 92118  
Effective as of 01-JAN-24

**NEUSTEIN, PAUL, MD**

Provider ID: N/A  
230 PROSPECT PL STE 210  
CORONADO, CA 92118  
Effective as of 01-JAN-24

**NGUYEN, HUNG, MD**

Provider ID: N/A  
230 PROSPECT PL STE 210  
CORONADO, CA 92118  
Effective as of 01-JAN-24

**PE, MARK-RALLY, MD**

Provider ID: N/A  
230 PROSPECT PL STE 210  
CORONADO, CA 92118  
Effective as of 01-JAN-24

**ROBERTS, JAMES, MD†**

Provider ID: N/A  
230 PROSPECT PL STE 210  
CORONADO, CA 92118  
Effective as of 01-JAN-21

**ROBERTS, JAMES, MD†**

Provider ID: N/A  
230 PROSPECT PL STE 210  
CORONADO, CA 92118  
Effective as of 01-JAN-20

**ROBERTS, JAMES, MD†**

Provider ID: N/A  
230 PROSPECT PL STE 210  
CORONADO, CA 92118  
Effective as of 01-JAN-24

**SALEM, CAROL, MD**

Provider ID: N/A  
 230 PROSPECT PL STE 210  
 CORONADO, CA 92118  
 Effective as of 01-JAN-24

**SALMASI, AMIRALI, MD**  
 Provider ID: N/A  
 230 PROSPECT PL STE 210  
 CORONADO, CA 92118  
 Effective as of 01-JAN-24

**VAPNEK, EVAN, MD**  
 Provider ID: N/A  
 230 PROSPECT PL STE 210  
 CORONADO, CA 92118  
 Effective as of 01-JAN-24

**CERTIFIED NURSE  
 PRACTITIONER**

**PASICOLAN, MARI, NP**  
 Provider ID: N/A  
 24833 DEL PRADO  
 DANA POINT, CA 92629  
 Effective as of 01-DEC-22

**PASICOLAN, MARI, NP**  
 Provider ID: N/A  
 24833 DEL PRADO  
 DANA POINT, CA 92629  
 Effective as of 01-DEC-22

**PASICOLAN, MARI, NP**  
 Provider ID: N/A  
 24833 DEL PRADO  
 DANA POINT, CA 92629  
 Effective as of 01-DEC-22

**MARRIAGE FAMILY  
 THERAPIST**

**MOORE, CANDACE, MFT**  
 Provider ID: N/A  
 23 TERRAZA DEL MAR

DANA POINT, CA 92629  
 Effective as of 01-JAN-22

**MOORE, CANDACE, MFT**  
 Provider ID: N/A  
 23 TERRAZA DEL MAR  
 DANA POINT, CA 92629  
 Effective as of 01-JAN-22

**OPTOMETRIST**

**SPAETH, JOHN, OD**  
 Provider ID: N/A  
 24040 CAMINO DEL AVION  
 STE G  
 DANA POINT, CA 92629  
 Effective as of 01-SEP-23

**WANG, MATTHEW, OD**  
 Provider ID: N/A  
 24692 DEL PRADO STE B  
 DANA POINT, CA 92629  
 Effective as of 01-OCT-23

**WANG, MATTHEW, OD**  
 Provider ID: N/A  
 24692 DEL PRADO STE B  
 DANA POINT, CA 92629  
 Effective as of 01-JAN-23

**PHYSICIANS ASSISTANT**

**JEFFREY, JAMES, PA**  
 Provider ID: N/A  
 24060 CAMINO DEL AVION  
 STE A  
 DANA POINT, CA 92629  
 Effective as of 01-NOV-23

**PSYCHOLOGIST**

**UNGER, ARLENE, PhD†**  
 Provider ID: N/A  
 34145 PACIFIC COAST HWY  
 STE 821

DANA POINT, CA 92629  
 Effective as of 01-DEC-20

**UNGER, ARLENE, PhD†**  
 Provider ID: N/A  
 34145 PACIFIC COAST HWY  
 STE 821  
 DANA POINT, CA 92629  
 Effective as of 01-DEC-20

**UNGER, ARLENE, PhD†**  
 Provider ID: N/A  
 34145 PACIFIC COAST HWY  
 STE 821  
 DANA POINT, CA 92629  
 Effective as of 01-DEC-20

**UNGER, ARLENE, PhD†**  
 Provider ID: N/A  
 34145 PACIFIC COAST HWY  
 STE 821  
 DANA POINT, CA 92629  
 Effective as of 01-DEC-20

**DERMATOLOGY**

**MARRIOTT, AGATA, MD**  
 Provider ID: N/A  
 1349 CAMINO DEL MAR  
 STE D  
 DEL MAR, CA 92014  
 Effective as of 01-SEP-22

**PHYSICIANS ASSISTANT**

**HANSEN, CHRISTINA, PA**  
 Provider ID: N/A  
 12865 POINTE DEL MAR  
 WAY STE 200  
 DEL MAR, CA 92014  
 Teleservice  
 Effective as of 01-OCT-23

**LEE, ISABEL, PA**  
 Provider ID: N/A

1349 CAMINO DEL MAR  
STE B  
DEL MAR, CA 92014  
Teleservice  
Effective as of 01-DEC-23

**SZABO, HAYLIE, PA**

Provider ID: N/A

12865 POINTE DEL MAR  
WAY STE 200  
DEL MAR, CA 92014  
Teleservice  
Effective as of 01-OCT-22

**PSYCHIATRY**

**COLOGNE, SCOTT, MD†**

Provider ID: N/A

12865 POINTE DEL MAR  
WAY STE 210  
DEL MAR, CA 92014  
Effective as of 01-OCT-23

**COLOGNE, SCOTT, MD†**

Provider ID: N/A

12865 POINTE DEL MAR  
WAY STE 210  
DEL MAR, CA 92014  
Effective as of 01-OCT-23

**COLOGNE, SCOTT, MD†**

Provider ID: N/A

12865 POINTE DEL MAR  
WAY STE 210  
DEL MAR, CA 92014  
Effective as of 01-OCT-23

**COLOGNE, SCOTT, MD†**

Provider ID: N/A

12865 POINTE DEL MAR  
WAY STE 210  
DEL MAR, CA 92014  
Effective as of 01-OCT-23

**VIJAYASARATHI, KRISHNA,**

**DO†**

Provider ID: N/A

12835 POINTE DEL MAR  
WAY STE 1  
DEL MAR, CA 92014  
Effective as of 01-SEP-22

**VIJAYASARATHI, KRISHNA,  
DO†**

Provider ID: N/A

12865 POINTE DEL MAR  
WAY STE 210  
DEL MAR, CA 92014  
Effective as of 01-SEP-22

**VIJAYASARATHI, KRISHNA,  
DO†**

Provider ID: N/A

12835 POINTE DEL MAR  
WAY STE 1  
DEL MAR, CA 92014  
Effective as of 01-OCT-23

**VIJAYASARATHI, KRISHNA,  
DO†**

Provider ID: N/A

12835 POINTE DEL MAR  
WAY STE 1  
DEL MAR, CA 92014  
Effective as of 01-OCT-23

**VIJAYASARATHI, KRISHNA,  
DO†**

Provider ID: N/A

12835 POINTE DEL MAR  
WAY STE 1  
DEL MAR, CA 92014  
Effective as of 01-OCT-23

**VIJAYASARATHI, KRISHNA,  
DO†**

Provider ID: N/A

12835 POINTE DEL MAR  
WAY STE 1

DEL MAR, CA 92014  
Effective as of 01-SEP-22

**VIJAYASARATHI, KRISHNA,  
DO†**

Provider ID: N/A

12865 POINTE DEL MAR  
WAY STE 210  
DEL MAR, CA 92014  
Effective as of 01-SEP-22

**VIJAYASARATHI, KRISHNA,  
DO†**

Provider ID: N/A

12835 POINTE DEL MAR  
WAY STE 1  
DEL MAR, CA 92014  
Effective as of 01-OCT-23

**PSYCHOLOGIST**

**ROSENGARTEN, ARTHUR,  
PhD†**

Provider ID: N/A

12835 POINTE DEL MAR  
WAY STE 1  
DEL MAR, CA 92014\*  
Effective as of 01-MAY-23

**ROSENGARTEN, ARTHUR, PhD**

Provider ID: N/A

12865 POINTE DEL MAR  
WAY STE 210  
DEL MAR, CA 92014\*  
Effective as of 01-MAY-23

**ROSENGARTEN, ARTHUR,  
PhD†**

Provider ID: N/A

12835 POINTE DEL MAR  
WAY STE 1  
DEL MAR, CA 92014  
Effective as of 01-OCT-23

**ROSENGARTEN, ARTHUR,**

**PhD†**

Provider ID: N/A

12835 POINTE DEL MAR  
WAY STE 1  
DEL MAR, CA 92014  
Effective as of 01-OCT-23

**ROSENGARTEN, ARTHUR,  
PhD†**

Provider ID: N/A

12835 POINTE DEL MAR  
WAY STE 1  
DEL MAR, CA 92014\*  
Effective as of 01-MAY-23

**ROSENGARTEN, ARTHUR, PhD**

Provider ID: N/A

12865 POINTE DEL MAR  
WAY STE 210  
DEL MAR, CA 92014\*  
Effective as of 01-MAY-23

**ROSENGARTEN, ARTHUR,  
PhD†**

Provider ID: N/A

12835 POINTE DEL MAR  
WAY STE 1  
DEL MAR, CA 92014  
Effective as of 01-OCT-23

**ROSENGARTEN, ARTHUR,  
PhD†**

Provider ID: N/A

12835 POINTE DEL MAR  
WAY STE 1  
DEL MAR, CA 92014  
Effective as of 01-OCT-23

***SURGERY ORTHOPEDIC***

**BROWN, RICHARD, MD†**

Provider ID: N/A

12865 POINTE DEL MAR  
WAY STE 200

DEL MAR, CA 92014

Teleservice

Effective as of 01-JAN-22

**MOHLENBROCK, WILLIAM, MD**

Provider ID: N/A

12865 POINTE DEL MAR  
WAY STE 200  
DEL MAR, CA 92014

Teleservice

Effective as of 01-JAN-22

**THUNDER, RICHARD, MD†**

Provider ID: N/A

12865 POINTE DEL MAR  
WAY STE 200  
DEL MAR, CA 92014

Teleservice

Effective as of 01-JAN-22

***ALLERGY IMMUNOLOGY***

**REDDY, SUMANA, MD†**

Provider ID: N/A

875 EL CAJON BLVD  
EL CAJON, CA 92020  
Effective as of 01-DEC-22

***ANESTHESIOLOGY PAIN  
MANAGEMENT***

**COHEN, ZACHARY, MD†**

Provider ID: N/A

278 AVOCADO AVE  
EL CAJON, CA 92020  
Effective as of 01-NOV-21

***AUDIOLOGIST***

**HORNER, HEATHER, AuD†**

Provider ID: N/A

1767 E MAIN ST  
EL CAJON, CA 92021  
Teleservice

Effective as of 01-JUN-22

**SHASKY, GARY, AuD†**

Provider ID: N/A

1767 E MAIN ST  
EL CAJON, CA 92021  
Effective as of 01-JAN-21

***CARDIAC***

***ELECTROPHYSIOLOGY***

**LERNER, JONATHAN, MD**

Provider ID: N/A

1625 E MAIN ST STE 201  
EL CAJON, CA 92021  
Effective as of 01-JUL-23

**SHAH, ABHISHEK, MD†**

Provider ID: N/A

1625 E MAIN ST STE 201  
EL CAJON, CA 92021  
Effective as of 01-JAN-23

***CARDIOLOGY***

**BARVALIA, MIHIR, MD†**

Provider ID: N/A

1380 EL CAJON BLVD STE  
100  
EL CAJON, CA 92020  
Teleservice

Effective as of 01-NOV-22

**BARVALIA, MIHIR, MD†**

Provider ID: N/A

1380 EL CAJON BLVD STE  
100  
EL CAJON, CA 92020  
Teleservice

Effective as of 01-JAN-24

**KAFRI, HASSAN, MD†**

Provider ID: N/A

328 HIGHLAND AVE STE

200  
EL CAJON, CA 92020  
Effective as of 01-JAN-21

**KAFRI, HASSAN, MD†**

Provider ID: N/A

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

**KAFRI, HASSAN, MD†**

Provider ID: N/A

328 HIGHLAND AVE STE  
200  
EL CAJON, CA 92020  
Effective as of 01-JAN-19

**KAFRI, HASSAN, MD†**

Provider ID: N/A

328 HIGHLAND AVE STE  
200  
EL CAJON, CA 92020  
Effective as of 01-AUG-20

**KAFRI, HASSAN, MD†**

Provider ID: N/A

328 HIGHLAND AVE STE  
200  
EL CAJON, CA 92020  
Effective as of 01-SEP-22

**PONCE, SONIA, MD†**

Provider ID: N/A

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

**SHARF, ALBERT, MD**

Provider ID: N/A

1240 BROADWAY STE 210  
EL CAJON, CA 92021  
Effective as of 01-JAN-24

**SHARF, ALBERT, MD**

Provider ID: N/A

230 AVOCADO AVE  
EL CAJON, CA 92020  
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

**CARDIOVASCULAR  
DISEASE**

**ABELHAD, NADIA, MD**

Provider ID: N/A

1625 E MAIN ST STE 201  
EL CAJON, CA 92021  
Effective as of 01-JAN-24

**BARVALIA, MIHIR, MD†**

Provider ID: N/A

1380 EL CAJON BLVD STE  
212  
EL CAJON, CA 92020  
Effective as of 01-JAN-22

**BARVALIA, MIHIR, MD†**

Provider ID: N/A

1380 EL CAJON BLVD STE  
100  
EL CAJON, CA 92020  
Teleservice  
Effective as of 01-AUG-21

**CARLSON, STEVEN, MD†**

Provider ID: N/A

1625 E MAIN ST STE 201  
EL CAJON, CA 92021  
Teleservice  
Effective as of 01-APR-21

**DO, HULBERT, MD**

Provider ID: N/A

1625 E MAIN ST STE 201  
EL CAJON, CA 92021  
Effective as of 01-OCT-23

**FERNANDEZ, GENARO, MD†**

Provider ID: N/A

1380 EL CAJON BLVD STE  
100  
EL CAJON, CA 92020  
Effective as of 01-AUG-21

**HOURLANI, RAYAN, MD†**

Provider ID: N/A

300 S PIERCE ST STE 102  
EL CAJON, CA 92020  
Teleservice  
Effective as of 01-JAN-21

**MOHAMEDALI, BURHAN, MD†**

Provider ID: N/A

1625 E MAIN ST STE 201  
EL CAJON, CA 92021  
Effective as of 01-SEP-22

**MOUSSAVIAN, MEHRAN, DO†**

Provider ID: N/A

1625 E MAIN ST STE 201  
EL CAJON, CA 92021  
Effective as of 01-SEP-22

**MOUSSAVIAN, MEHRAN, DO†**

Provider ID: N/A

1625 E MAIN ST STE 201  
EL CAJON, CA 92021  
Effective as of 01-APR-21

**NAGHI, JESSE, MD†**

Provider ID: N/A

1380 EL CAJON BLVD STE  
100  
EL CAJON, CA 92020  
Effective as of 01-AUG-21

**NARAYANAN, MEENA, MD†**

Provider ID: N/A

1625 E MAIN ST STE 201  
EL CAJON, CA 92021  
Effective as of 01-APR-21

**NARAYANAN, MEENA, MD†**

Provider ID: N/A

1625 E MAIN ST STE 201  
EL CAJON, CA 92021  
Effective as of 01-SEP-22

**NISHIMURA, MARIN, MD**

Provider ID: N/A

300 S PIERCE ST STE 102  
EL CAJON, CA 92020  
Teleservice  
Effective as of 01-MAR-23

**OMRAN, JAD, MD†**

Provider ID: N/A

300 S PIERCE ST STE 102  
EL CAJON, CA 92020  
Teleservice  
Effective as of 01-JAN-21

**PARIKH, MILIND, DO†**

Provider ID: N/A

1625 E MAIN ST STE 201  
EL CAJON, CA 92021  
Effective as of 01-SEP-22

**PONCE, SONIA, MD†**

Provider ID: N/A

328 HIGHLAND AVE STE  
200  
EL CAJON, CA 92020  
Effective as of 01-SEP-22

**SARSAM, LUAY, MD**

Provider ID: N/A

1625 E MAIN ST STE 201  
EL CAJON, CA 92021  
Effective as of 01-JUL-23

**SARSAM, LUAY, MD**

Provider ID: N/A

1625 E MAIN ST STE 201  
EL CAJON, CA 92021  
Effective as of 01-JUL-23

**SHAH, KULIN, MD†**

Provider ID: N/A

1625 E MAIN ST STE 201  
EL CAJON, CA 92021  
Effective as of 01-JAN-23

**SHAH, ABHISHEK, MD†**

Provider ID: N/A

1625 E MAIN ST STE 201  
EL CAJON, CA 92021  
Effective as of 01-SEP-22

**SHEREV, DIMITRI, MD†**

Provider ID: N/A

1380 EL CAJON BLVD STE  
100  
EL CAJON, CA 92020  
Effective as of 01-AUG-21

**SUDHAKAR, DEEPTHI, MD†**

Provider ID: N/A

1625 E MAIN ST STE 201  
EL CAJON, CA 92021  
Effective as of 01-JAN-23

**YAU, STEPHEN, MD†**

Provider ID: N/A

328 HIGHLAND AVE STE  
200  
EL CAJON, CA 92020  
Teleservice  
Effective as of 01-AUG-22

**YAU, STEPHEN, MD†**

Provider ID: N/A

328 HIGHLAND AVE STE  
200  
EL CAJON, CA 92020  
Teleservice  
Effective as of 01-MAR-23

**ZAVARO, SUHAIL, MD†**

Provider ID: N/A

300 S PIERCE ST STE 102  
EL CAJON, CA 92020  
Teleservice  
Effective as of 01-JAN-21

**CERTIFIED  
ACUPUNCTURIST**

**LAROWE, ALEXISS, LAC**

Provider ID: N/A

470 N MOLLISON AVE  
EL CAJON, CA 92021  
Effective as of 01-MAY-23

**LAROWE, ALEXISS, LAC**

Provider ID: N/A

470 N MOLLISON AVE  
EL CAJON, CA 92021  
Effective as of 01-MAY-23

**LAROWE, ALEXISS, LAC†**

Provider ID: N/A

855 E MADISON AVE  
EL CAJON, CA 92020  
Effective as of 01-JUL-21

**LAROWE, ALEXISS, LAC†**

Provider ID: N/A

855 E MADISON AVE  
EL CAJON, CA 92020  
Effective as of 01-JUL-21

**LAROWE, ALEXISS, LAC†**

Provider ID: N/A

855 E MADISON AVE  
EL CAJON, CA 92020  
Effective as of 01-JUL-21

**SLOAN, ERICA, LAC**

Provider ID: N/A

855 E MADISON AVE  
EL CAJON, CA 92020

Effective as of 01-MAR-24

**SLOAN, ERICA, LAC**

Provider ID: N/A

855 E MADISON AVE  
EL CAJON, CA 92020

Effective as of 01-MAR-24

**CERTIFIED NURSE  
PRACTITIONER**

**BRANNEN, MANDY, NP†**

Provider ID: N/A

215 W MADISON AVE  
EL CAJON, CA 92020

Effective as of 01-JAN-21

**CARDENAS, MIRIAM, NPF**

Provider ID: N/A

1032 BROADWAY  
EL CAJON, CA 92021

Teleservice

Effective as of 01-OCT-23

**CHUDACEK, JANET, NP†**

Provider ID: N/A

215 W MADISON AVE  
EL CAJON, CA 92020

Teleservice

Effective as of 01-JAN-21

**JOHNSON, KIMBERLY, NP†**

Provider ID: N/A

328 HIGHLAND AVE STE  
200  
EL CAJON, CA 92020

Teleservice

Effective as of 01-AUG-21

**LUCKETT, DE COURCY, NP†**

Provider ID: N/A

1580 N 2ND ST  
EL CAJON, CA 92021

Effective as of 01-JAN-21

**MAYOYO, MARILYNN, NP**

Provider ID: N/A

300 S PIERCE ST STE 102  
EL CAJON, CA 92020

Effective as of 01-MAY-23

**MURRAY, CARLA, NP**

Provider ID: N/A

855 E MADISON AVE  
EL CAJON, CA 92020

Effective as of 01-FEB-24

**PIRTLE, KEYSHONE, NP†**

Provider ID: N/A

5442 SYCUAN RD  
EL CAJON, CA 92019

Effective as of 01-SEP-21

**REAL, MARIA, NP**

Provider ID: N/A

1032 BROADWAY  
EL CAJON, CA 92021

Teleservice

Effective as of 01-OCT-23

**REDDY, PRIYA, NP**

Provider ID: N/A

1032 BROADWAY  
EL CAJON, CA 92021

Effective as of 01-NOV-22

**RENZAS, JENNIFER, NP**

Provider ID: N/A

1032 BROADWAY  
EL CAJON, CA 92021

Teleservice

Effective as of 01-JUL-21

**RENZAS, JENNIFER, NP**

Provider ID: N/A

165 S 1ST ST  
EL CAJON, CA 92019

Teleservice

Effective as of 01-JUL-21

**SIRLEAF, MASSANU, NP†**

Provider ID: N/A

1351 BROADWAY  
EL CAJON, CA 92021

Effective as of 01-JAN-21

**WILLIAMS, BREAHA, NP**

Provider ID: N/A

165 S 1ST ST  
EL CAJON, CA 92019

Effective as of 01-DEC-21

**WILLIAMS, SHANTRICE, NP**

Provider ID: N/A

855 E MADISON AVE  
EL CAJON, CA 92020

Effective as of 01-FEB-23

**WILLIAMS, BREAHA, NP**

Provider ID: N/A

1032 BROADWAY  
EL CAJON, CA 92021

Effective as of 01-DEC-21

**YALDO, ATHMAR, NP†**

Provider ID: N/A

328 HIGHLAND AVE STE  
200  
EL CAJON, CA 92020

Teleservice

Effective as of 01-DEC-21

**CERTIFIED REGISTERED  
NURSE MIDWIFE**

**HAMMOND, HEATHER, CRNM†**

Provider ID: N/A

855 E MADISON AVE  
EL CAJON, CA 92020

Effective as of 01-JAN-24

**HAMMOND, HEATHER, CRNM†**

Provider ID: N/A

855 E MADISON AVE

EL CAJON, CA 92020  
Effective as of 01-AUG-20

**HAMMOND, HEATHER, CRNM**

Provider ID: N/A  
☑ 470 N MOLLISON AVE  
EL CAJON, CA 92021  
Effective as of 01-MAY-23

**CHIROPRACTOR**

**DORADO, SUE, DC**

Provider ID: N/A  
☑ 1032 BROADWAY  
EL CAJON, CA 92021  
Teleservice  
Effective as of 01-OCT-23

**DORADO, SUE, DC**

Provider ID: N/A  
☑ 165 S 1ST ST  
EL CAJON, CA 92019  
Teleservice  
Effective as of 01-OCT-23

**FULKS, ZACKARY, DC**

Provider ID: N/A  
☑ 855 E MADISON AVE  
EL CAJON, CA 92020  
Effective as of 01-MAY-23

**HALEY, STEVEN, DC**

Provider ID: N/A  
☑ 1032 BROADWAY  
EL CAJON, CA 92021  
Teleservice  
Effective as of 01-OCT-23

**HALEY, STEVEN, DC**

Provider ID: N/A  
☑ 165 S 1ST ST  
EL CAJON, CA 92019  
Teleservice  
Effective as of 01-OCT-23

**MANSOUR, RASHAD, DC**

Provider ID: N/A  
☑ 855 E MADISON AVE  
EL CAJON, CA 92020  
Effective as of 01-MAR-23

**MCCOWN, BARRY, DC**

Provider ID: N/A  
☑ 855 E MADISON AVE  
EL CAJON, CA 92020  
Effective as of 01-MAY-23

**ZECHA, RONALD, DC**

Provider ID: N/A  
☑ 855 E MADISON AVE  
EL CAJON, CA 92020  
Effective as of 01-JUL-22

**DERMATOLOGY**

**BARRIO, VICTORIA, MD**

Provider ID: N/A  
☑ 292 AVOCADO AVE  
EL CAJON, CA 92020  
Teleservice  
Effective as of 01-MAR-24

**BROGAN, JACQUELINE, MD†**

Provider ID: N/A  
☑ 292 AVOCADO AVE  
EL CAJON, CA 92020  
Effective as of 01-JAN-21

**BROGAN, JACQUELINE, MD†**

Provider ID: N/A  
☑ 292 AVOCADO AVE  
EL CAJON, CA 92020  
Effective as of 01-OCT-21

**BROGAN, JACQUELINE, MD†**

Provider ID: N/A  
☑ 292 AVOCADO AVE  
EL CAJON, CA 92020  
Effective as of 01-JUL-22

**CELANO, NICHOLAS, MD†**

Provider ID: N/A  
☑ 292 AVOCADO AVE  
EL CAJON, CA 92020  
Effective as of 01-JUL-22

**CELANO, NICHOLAS, MD†**

Provider ID: N/A  
☑ 292 AVOCADO AVE  
EL CAJON, CA 92020  
Effective as of 01-SEP-22

**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

**CHIANG, JENNIFER, MD†**

Provider ID: N/A  
☑ 292 AVOCADO AVE  
EL CAJON, CA 92020  
Effective as of 01-JAN-21

**CHIANG, JENNIFER, MD†**

Provider ID: N/A  
☑ 292 AVOCADO AVE  
EL CAJON, CA 92020  
Effective as of 01-JAN-21

**CHIANG, JENNIFER, MD†**

Provider ID: N/A  
☑ 292 AVOCADO AVE  
EL CAJON, CA 92020  
Effective as of 01-MAR-18

**CHIANG, JENNIFER, MD†**

Provider ID: N/A  
☑ 292 AVOCADO AVE



EL CAJON, CA 92020  
Effective as of 01-SEP-22

**CHIANG, JENNIFER, MD†**

Provider ID: N/A

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

**GONZALEZ, JOSE, MD†**

Provider ID: N/A

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

**GONZALEZ, JOSE, MD†**

Provider ID: N/A

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

**GONZALEZ, JOSE, MD†**

Provider ID: N/A

292 AVOCADO AVE  
EL CAJON, CA 92020  
Teleservice  
Effective as of 01-JAN-24

**GORDON, JUSTIN, MD†**

Provider ID: N/A

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

**GORDON, JUSTIN, MD†**

Provider ID: N/A

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

**HANSEN, DOYLE, MD†**

Provider ID: N/A

1679 E MAIN ST STE 208  
EL CAJON, CA 92021  
Effective as of 01-JAN-14

**KASSAB, GHADA, MD**

Provider ID: N/A

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

**KASSAB, GHADA, MD**

Provider ID: N/A

330 S MAGNOLIA AVE  
EL CAJON, CA 92020  
Effective as of 01-JAN-21

**LIN, SHINKO, MD**

Provider ID: N/A

292 AVOCADO AVE  
EL CAJON, CA 92020  
Teleservice  
Effective as of 01-MAR-24

**NELSON, AISLYN, MD**

Provider ID: N/A

292 AVOCADO AVE  
EL CAJON, CA 92020  
Effective as of 01-JAN-24

**SATEESH, BROOKE, MD†**

Provider ID: N/A

292 AVOCADO AVE  
EL CAJON, CA 92020  
Effective as of 01-MAR-16

**SATEESH, BROOKE, MD†**

Provider ID: N/A

292 AVOCADO AVE  
EL CAJON, CA 92020

Effective as of 01-JAN-21

**SATEESH, BROOKE, MD†**

Provider ID: N/A

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

**SATEESH, BROOKE, MD†**

Provider ID: N/A

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

**TYAGI, ABHILASHA, MD†**

Provider ID: N/A

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

**TYAGI, ABHILASHA, MD†**

Provider ID: N/A

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

**TYAGI, ABHILASHA, MD†**

Provider ID: N/A

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

**UEBELHOER, NATHAN, DO†**

Provider ID: N/A

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

**UEBELHOER, NATHAN, DO†**

Provider ID: N/A

292 AVOCADO AVE  
EL CAJON, CA 92020  
Effective as of 01-JAN-24

**UEBELHOER, NATHAN, DO†**

Provider ID: N/A

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

### **EMERGENCY MEDICINE**

#### **WANG, JOYCE, MD†**

Provider ID: N/A  
875 EL CAJON BLVD  
EL CAJON, CA 92020  
Effective as of 01-JUL-22

#### **YAU, STEPHEN, MD†**

Provider ID: N/A  
328 HIGHLAND AVE STE  
200  
EL CAJON, CA 92020  
Teleservice  
Effective as of 01-APR-23

### **FAMILY PRACTICE**

#### **SHAFT, ALEXANDER, MD†**

Provider ID: N/A  
463 N MAGNOLIA AVE  
EL CAJON, CA 92020  
Teleservice  
Effective as of 01-OCT-21

#### **SHAFT, ALEXANDER, MD†**

Provider ID: N/A  
463 N MAGNOLIA AVE  
EL CAJON, CA 92020  
Teleservice  
Effective as of 01-FEB-23

### **GASTROENTEROLOGY**

#### **CUBAS, IVAN, MD†**

Provider ID: N/A  
2732 NAVAJO RD STE 200  
EL CAJON, CA 92020  
Effective as of 01-JUL-18

#### **DESTA, TADDESE, MD†**

Provider ID: N/A  
2732 NAVAJO RD STE 200  
EL CAJON, CA 92020  
Effective as of 01-JUL-18

#### **HASSANEIN, TAREK, MD†**

Provider ID: N/A  
463 N MAGNOLIA AVE  
EL CAJON, CA 92020  
Teleservice  
Effective as of 01-MAR-18

#### **HASSANEIN, TAREK, MD†**

Provider ID: N/A  
463 N MAGNOLIA AVE  
EL CAJON, CA 92020  
Teleservice  
Effective as of 01-FEB-21

#### **HASSANEIN, TAREK, MD†**

Provider ID: N/A  
463 N MAGNOLIA AVE STE  
A  
EL CAJON, CA 92020  
Effective as of 01-DEC-20

#### **HASSANEIN, TAREK, MD†**

Provider ID: N/A  
463 N MAGNOLIA AVE  
EL CAJON, CA 92020  
Teleservice  
Effective as of 01-SEP-22

#### **NOVO, MEGAN, MD**

Provider ID: N/A  
2732 NAVAJO RD STE 200  
EL CAJON, CA 92020  
Effective as of 01-JAN-23

#### **NOVO, MEGAN, MD**

Provider ID: N/A  
2732 NAVAJO RD STE 200  
EL CAJON, CA 92020

Effective as of 01-MAY-23

#### **SCHAEFFER, CYNTHIA, MD†**

Provider ID: N/A  
2732 NAVAJO RD STE 200  
EL CAJON, CA 92020  
Effective as of 01-JUL-18

#### **SHAFFER, KATHERINE, MD†**

Provider ID: N/A  
2732 NAVAJO RD STE 201  
EL CAJON, CA 92020  
Effective as of 01-JAN-21

#### **THOMAS, CARLTON, MD†**

Provider ID: N/A  
2732 NAVAJO RD STE 200  
EL CAJON, CA 92020  
Effective as of 01-JUL-18

### **GENERAL PRACTICE**

#### **ALSHAMMARY, MOHAMMED, MD**

Provider ID: N/A  
855 E MADISON AVE  
EL CAJON, CA 92020  
Effective as of 01-MAY-23

### **HEARING AID DEALER / SUPPLIER**

#### **ANDERSON, ELAINE, MA†**

Provider ID: N/A  
1767 E MAIN ST  
EL CAJON, CA 92021  
Effective as of 01-SEP-22

#### **DANDURAND, JOHN, MA†**

Provider ID: N/A  
1767 E MAIN ST  
EL CAJON, CA 92021  
Teleservice  
Effective as of 01-JAN-21

**DAVIS, KELLE, MA<sup>†</sup>**

Provider ID: N/A

1767 E MAIN ST  
EL CAJON, CA 92021  
Effective as of 01-SEP-22

**DAVIS, KELLE, MA<sup>†</sup>**

Provider ID: N/A

1767 E MAIN ST  
EL CAJON, CA 92021  
Effective as of 01-JAN-21

**INTERNAL MEDICINE**

**AWDISHO, ALAN, DO<sup>†</sup>**

Provider ID: N/A

875 EL CAJON BLVD  
EL CAJON, CA 92020  
Teleservice  
Effective as of 01-SEP-22

**MANSOUR, DAVID, DO<sup>†</sup>**

Provider ID: N/A

855 E MADISON AVE  
EL CAJON, CA 92020  
Effective as of 01-AUG-22

**MAY, LOUIS, MD<sup>†</sup>**

Provider ID: N/A

875 EL CAJON BLVD  
EL CAJON, CA 92020  
Effective as of 01-DEC-22

**MICHAEL, RAMI, MD<sup>†</sup>**

Provider ID: N/A

875 EL CAJON BLVD  
EL CAJON, CA 92020  
Teleservice  
Effective as of 01-NOV-22

**OLIVER, DEANNA, MD<sup>†</sup>**

Provider ID: N/A

463 N MAGNOLIA AVE  
EL CAJON, CA 92020\*

Effective as of 01-OCT-22

**OLIVER, DEANNA, MD<sup>†</sup>**

Provider ID: N/A

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

**INTERVENTIONAL  
CARDIOLOGY**

**JOHN, ALAN, MD**

Provider ID: N/A

1625 E MAIN ST STE 201  
EL CAJON, CA 92021  
Effective as of 01-MAY-23

**KAFRI, HASSAN, MD<sup>†</sup>**

Provider ID: N/A

875 EL CAJON BLVD  
EL CAJON, CA 92020  
Effective as of 01-JUL-22

**KAFRI, HASSAN, MD<sup>†</sup>**

Provider ID: N/A

436 S MAGNOLIA AVE STE  
101  
EL CAJON, CA 92020  
Effective as of 01-JUL-22

**NAGHI, JESSE, MD<sup>†</sup>**

Provider ID: N/A

1380 EL CAJON BLVD STE  
100  
EL CAJON, CA 92020  
Effective as of 01-JAN-24

**RUBIO GARCIA, MANOLO, MD<sup>†</sup>**

Provider ID: N/A

1625 E MAIN ST STE 201  
EL CAJON, CA 92021  
Effective as of 01-DEC-22

**SHAH, KULIN, MD<sup>†</sup>**

Provider ID: N/A

1625 E MAIN ST STE 201  
EL CAJON, CA 92021  
Effective as of 01-APR-23

**SUDHAKAR, DEEPTHI, MD<sup>†</sup>**

Provider ID: N/A

1625 E MAIN ST STE 201  
EL CAJON, CA 92021  
Effective as of 01-APR-23

**LICENSED CLINICAL  
SOCIAL WORKER**

**FRAGOSO, DOMINIQUE, LCSW**

Provider ID: N/A

215 W MADISON AVE  
EL CAJON, CA 92020  
Effective as of 01-JAN-24

**ORLANDO, FRANCESCA,  
LCSW**

Provider ID: N/A

215 W MADISON AVE  
EL CAJON, CA 92020  
Effective as of 01-FEB-23

**TAYAG, DYLAN, LCSW<sup>†</sup>**

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<sup>†</sup>**

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  
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

### **FULFORD, KEVIN, MD†**

Provider ID: N/A

855 E MADISON AVE  
EL CAJON, CA 92020  
Effective as of 01-JUL-22

### **GELLENS, ANDREW, MD†**

Provider ID: N/A

1032 BROADWAY  
EL CAJON, CA 92021  
Teleservice  
Effective as of 01-NOV-21

### **GELLENS, ANDREW, MD†**

Provider ID: N/A

165 S 1ST ST  
EL CAJON, CA 92019  
Teleservice  
Effective as of 01-NOV-21

### **MENDEZ, DIEGO, MD†**

Provider ID: N/A

875 EL CAJON BLVD  
EL CAJON, CA 92020  
Effective as of 01-JUL-22

### **SEAVEY, MICHELLE, MD**

Provider ID: N/A

855 E MADISON AVE  
EL CAJON, CA 92020  
Effective as of 01-DEC-23

### **STABEN, REBECCA, DO†**

Provider ID: N/A

855 E MADISON AVE  
EL CAJON, CA 92020  
Effective as of 01-JUL-22

### **TAJРАН, DEENA, MD†**

Provider ID: N/A

291 E LEXINGTON AVE STE  
AC  
EL CAJON, CA 92020  
Effective as of 01-JAN-21

## **OCCUPATIONAL THERAPIST**

### **JOHNSTON, LAUREN, OT†**

Provider ID: N/A

875 EL CAJON BLVD  
EL CAJON, CA 92020  
Effective as of 01-JUL-22

## **OPHTHALMOLOGY**

### **ABDALLAH, WALID, MD**

Provider ID: N/A

231 W MAIN ST  
EL CAJON, CA 92020  
Effective as of 01-FEB-24

### **BINDER, NICHOLAS, MD**

Provider ID: N/A

300 S PIERCE ST STE 200  
EL CAJON, CA 92020

Effective as of 01-FEB-24

**BINDER, NICHOLAS, MD**

Provider ID: N/A

300 S PIERCE ST STE 200  
EL CAJON, CA 92020

Effective as of 01-DEC-23

**BINDER, NICHOLAS, MD**

Provider ID: N/A

300 S PIERCE ST STE 200  
EL CAJON, CA 92020

Effective as of 01-NOV-23

**BINDER, NICHOLAS, MD**

Provider ID: N/A

450 FLETCHER PKWY STE  
112  
EL CAJON, CA 92020

Effective as of 01-NOV-23

**BOECKMANN, JESSICA, MD†**

Provider ID: N/A

450 FLETCHER PKWY  
EL CAJON, CA 92020

Effective as of 01-JAN-21

**HSU, CHRISTOPHER, MD**

Provider ID: N/A

450 FLETCHER PKWY STE  
112  
EL CAJON, CA 92020

Effective as of 01-NOV-23

**HSU, CHRISTOPHER, MD†**

Provider ID: N/A

225 W MADISON AVE STE 1  
EL CAJON, CA 92020

Effective as of 01-SEP-22

**JARDON, JAVIER, MD†**

Provider ID: N/A

436 S MAGNOLIA AVE STE  
101  
EL CAJON, CA 92020

Effective as of 01-JUL-22

**MANI, NASRIN, MD†**

Provider ID: N/A

436 S MAGNOLIA AVE STE  
101  
EL CAJON, CA 92020

Effective as of 01-JUL-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

**MOSS, JASON, MD†**

Provider ID: N/A

436 S MAGNOLIA AVE STE  
101  
EL CAJON, CA 92020

Effective as of 01-JUL-22

**PAPASTERGIU, GEORGIOS,  
MD†**

Provider ID: N/A

436 S MAGNOLIA AVE STE  
101  
EL CAJON, CA 92020

Effective as of 01-JUL-22

**PAPASTERGIU, GEORGIOS,  
MD†**

Provider ID: N/A

875 EL CAJON BLVD  
EL CAJON, CA 92020

Teleservice

Effective as of 01-JUL-22

**PATEL, GITANE, MD**

Provider ID: N/A

300 S PIERCE ST STE 200  
EL CAJON, CA 92020

Effective as of 01-JAN-24

**PATEL, SARJAN, MD**

Provider ID: N/A

300 S PIERCE ST STE 200  
EL CAJON, CA 92020

Effective as of 01-JAN-24

**PATEL, GITANE, MD**

Provider ID: N/A

300 S PIERCE ST STE 200  
EL CAJON, CA 92020

Effective as of 01-DEC-23

**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

**PATEL, GITANE, MD**

Provider ID: N/A

450 FLETCHER PKWY STE  
112  
EL CAJON, CA 92020

Effective as of 01-NOV-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

**PONS, MAURICIO, MD†**

Provider ID: N/A

436 S MAGNOLIA AVE STE  
101  
EL CAJON, CA 92020  
Effective as of 01-JUL-22

**PRABHU, SUJATA, MD**

Provider ID: N/A

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

**PRABHU, SUJATA, MD**

Provider ID: N/A

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

**SKAF, AYHAM, MD†**

Provider ID: N/A

436 S MAGNOLIA AVE STE  
101  
EL CAJON, CA 92020  
Effective as of 01-JUL-22

**SKAF, AYHAM, MD†**

Provider ID: N/A

875 EL CAJON BLVD  
EL CAJON, CA 92020  
Effective as of 01-JUL-22

**ZHAO, TAILUN, MD**

Provider ID: N/A

300 S PIERCE ST STE 200  
EL CAJON, CA 92020  
Effective as of 01-JAN-24

**ZHAO, TAILUN, MD**

Provider ID: N/A

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

**ZHAO, TAILUN, MD**

Provider ID: N/A

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

**OPTOMETRIST**

**AOTO, KIM, OD†**

Provider ID: N/A

450 FLETCHER PKWY STE  
112  
EL CAJON, CA 92020  
Effective as of 01-SEP-22

**DYER, SHARON, OD†**

Provider ID: N/A

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

**DYER, SHARON, OD†**

Provider ID: N/A

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

**HAN, SUL KI, OD†**

Provider ID: N/A

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

**KHALIL, VADY, OD†**

Provider ID: N/A

450 FLETCHER PKWY STE  
112  
EL CAJON, CA 92020

Effective as of 01-DEC-23

**KHALIL, VADY, OD**

Provider ID: N/A

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

**KOO, ANITA, OD**

Provider ID: N/A

231 W MAIN ST  
EL CAJON, CA 92020  
Effective as of 01-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, OD**

Provider ID: N/A

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

**ZVANUT, DONALD, OD†**

Provider ID: N/A

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

**PHYSICIANS ASSISTANT**

**ALYAS, ALISIA, PA**

Provider ID: N/A

165 S 1ST ST  
EL CAJON, CA 92019  
Teleservice

Effective as of 01-JUN-21

**ALYAS, ALISIA, PA**

Provider ID: N/A

1032 BROADWAY  
EL CAJON, CA 92021

Teleservice

Effective as of 01-JUN-21

**ESCALANTE, JUVY, PA**

Provider ID: N/A

855 E MADISON AVE  
EL CAJON, CA 92020

Effective as of 01-FEB-23

**HABBOUSH, RANA, PA**

Provider ID: N/A

1032 BROADWAY  
EL CAJON, CA 92021

Teleservice

Effective as of 01-OCT-23

**INDA, PRISCILLA, PA†**

Provider ID: N/A

328 HIGHLAND AVE STE  
200  
EL CAJON, CA 92020

Effective as of 01-JAN-21

**INDA, PRISCILLA, PA†**

Provider ID: N/A

328 HIGHLAND AVE STE  
200  
EL CAJON, CA 92020

Effective as of 01-JAN-21

**INDA, PRISCILLA, PA†**

Provider ID: N/A

328 HIGHLAND AVE STE  
200  
EL CAJON, CA 92020

Effective as of 01-JAN-21

**MERCER, KELLY, PA†**

Provider ID: N/A

1032 BROADWAY  
EL CAJON, CA 92021

Teleservice

Effective as of 01-APR-21

**MERCER, KELLY, PA†**

Provider ID: N/A

165 S 1ST ST  
EL CAJON, CA 92019

Teleservice

Effective as of 01-APR-21

**ROSENBLATT, SHERI, PA**

Provider ID: N/A

875 EL CAJON BLVD  
EL CAJON, CA 92020

Effective as of 01-JUN-23

**RYAN, TYLER, PA†**

Provider ID: N/A

463 N MAGNOLIA AVE STE  
B  
EL CAJON, CA 92020

Effective as of 01-DEC-22

**PODIATRIST**

**FARMER, STEVEN, DPM†**

Provider ID: N/A

855 E MADISON AVE  
EL CAJON, CA 92020

Effective as of 01-JUL-21

**PSYCHIATRY**

**DIA, ALI, MD†**

Provider ID: N/A

875 EL CAJON BLVD  
EL CAJON, CA 92020

Teleservice

Effective as of 01-DEC-22

**DIA, ALI, MD†**

Provider ID: N/A

875 EL CAJON BLVD  
EL CAJON, CA 92020

Teleservice

Effective as of 01-DEC-22

**KURZ, TROY, MD†**

Provider ID: N/A

133 W MAIN ST STE 100  
EL CAJON, CA 92020

Effective as of 01-OCT-22

**KURZ, TROY, MD†**

Provider ID: N/A

133 W MAIN ST STE 100  
EL CAJON, CA 92020

Effective as of 01-OCT-22

**MATIALEU, LEOPOLDINE, MD**

Provider ID: N/A

855 E MADISON AVE  
EL CAJON, CA 92020

Effective as of 01-DEC-22

**MATIALEU, LEOPOLDINE, MD**

Provider ID: N/A

855 E MADISON AVE  
EL CAJON, CA 92020

Effective as of 01-DEC-22

**MATIALEU, LEOPOLDINE, MD**

Provider ID: N/A

855 E MADISON AVE  
EL CAJON, CA 92020

Effective as of 01-JUL-22

**MATIALEU, LEOPOLDINE, MD**

Provider ID: N/A

855 E MADISON AVE  
EL CAJON, CA 92020

Effective as of 01-DEC-22

**MATIALEU, LEOPOLDINE, MD**

Provider ID: N/A

855 E MADISON AVE  
EL CAJON, CA 92020

Effective as of 01-JUL-22

**MATIALEU, LEOPOLDINE, MD**

Provider ID: N/A

855 E MADISON AVE  
EL CAJON, CA 92020

Effective as of 01-DEC-22

**POSTLETHWAITE,  
ALEJANDRA, MD†**

Provider ID: N/A  
 ☑ 855 E MADISON AVE  
 EL CAJON, CA 92020  
 Effective as of 01-JAN-24

**POSTLETHWAITE,  
ALEJANDRA, MD†**

Provider ID: N/A  
 ☑ 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

**SANDERS, ROBERT, DO†**

Provider ID: N/A  
 ☑ 225 W MADISON AVE STE 2  
 EL CAJON, CA 92020  
 Effective as of 01-OCT-22

**SANDERS, ROBERT, DO†**

Provider ID: N/A  
 ☑ 225 W MADISON AVE STE 2  
 EL CAJON, CA 92020  
 Effective as of 01-OCT-22

**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

**GRAHEK, LAICEE, PT**

Provider ID: N/A  
 ☑ 181 JAMACHA RD  
 EL CAJON, CA 92019  
 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

**MANDERSON, MARY, PT**

Provider ID: N/A  
 ☑ 1246 E MAIN ST STE 109  
 EL CAJON, CA 92021  
 Effective as of 01-JUL-22

**MIGNEA, DAVID, PT**

Provider ID: N/A  
 ☑ 181 JAMACHA RD  
 EL CAJON, CA 92019  
 Effective as of 01-JUL-22

**SURGERY ORTHOPEDIC**

**NOURI, LABEED, MD**

Provider ID: N/A  
 ☑ 330 S MAGNOLIA AVE STE  
 302  
 EL CAJON, CA 92020  
 Effective as of 01-JAN-21

**CERTIFIED NURSE  
PRACTITIONER**

**TORIOLA, ABIODUN, NP**

Provider ID: N/A  
 ☑ 24432 MUIRLANDS BLVD  
 STE 131  
 EL TORO, CA 92630  
 Effective as of 01-JUL-23

**ANESTHESIOLOGY PAIN  
MANAGEMENT**

**DAIRO, BRANDON, MD†**

Provider ID: N/A  
 ☑ 477 N EL CAMINO REAL  
 STE B301  
 ENCINITAS, CA 92024  
 Effective as of 01-DEC-20

**CARDIAC**

**ELECTROPHYSIOLOGY**

**HAMZEI, ALI, MD†**

Provider ID: N/A  
 ☑ 320 SANTA FE DR STE 204  
 ENCINITAS, CA 92024  
 Effective as of 01-JAN-21



**WHITWAM, WAYNE, MD†**

Provider ID: N/A

320 SANTA FE DR STE 204  
ENCINITAS, CA 92024  
Effective as of 01-AUG-22

**CARDIOLOGY**

**BHATIA, PRERANA, MD**

Provider ID: N/A

477 N EL CAMINO REAL  
ENCINITAS, CA 92024  
Effective as of 01-AUG-23

**WHITWAM, WAYNE, MD†**

Provider ID: N/A

320 SANTA FE DR STE 204  
ENCINITAS, CA 92024  
Effective as of 01-NOV-20

**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

**CARTER, STEPHANIE, MD†**

Provider ID: N/A

700 GARDEN VIEW CT STE  
204  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-JUN-21

**HARRINGTON, JOHN, MD†**

Provider ID: N/A

700 GARDEN VIEW CT STE  
204  
ENCINITAS, CA 92024

Effective as of 01-MAR-22

**HARRINGTON, JOHN, MD†**

Provider ID: N/A

700 GARDEN VIEW CT STE  
204  
ENCINITAS, CA 92024

Effective as of 01-MAR-22

**JACOBY, RICHARD, MD†**

Provider ID: N/A

700 GARDEN VIEW CT STE  
204  
ENCINITAS, CA 92024

Effective as of 01-JAN-21

**KULHANEK, JAN, MD†**

Provider ID: N/A

320 SANTA FE DR STE 204  
ENCINITAS, CA 92024  
Effective as of 01-JAN-21

**MCGINTY, PATRICK, MD†**

Provider ID: N/A

320 SANTA FE DR STE 204  
ENCINITAS, CA 92024  
Effective as of 01-JAN-21

**MEHBOOB, SALMAN, MD†**

Provider ID: N/A

700 GARDEN VIEW CT STE  
204  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-JAN-21

**RASCH, DAMIAN, DO†**

Provider ID: N/A

320 SANTA FE DR STE 204  
ENCINITAS, CA 92024  
Effective as of 01-JAN-21

**SAB, SHIV, MD†**

Provider ID: N/A

320 SANTA FE DR STE 204  
ENCINITAS, CA 92024  
Teleservice

Effective as of 01-JUN-22

**SAB, SHIV, MD†**

Provider ID: N/A

320 SANTA FE DR STE 204  
ENCINITAS, CA 92024  
Teleservice

Effective as of 01-DEC-22

**SHEREV, DIMITRI, MD**

Provider ID: N/A

320 SANTA FE DR STE 212  
ENCINITAS, CA 92024  
Effective as of 01-SEP-23

**CERTIFIED**

**ACUPUNCTURIST**

**ARELLANO, JACQUELINE, LAC**

Provider ID: N/A

1200 GARDEN VIEW RD  
ENCINITAS, CA 92024  
Effective as of 01-FEB-24

**GONZALEZ, ANDRES, LAC**

Provider ID: N/A

1130 2ND ST  
ENCINITAS, CA 92024  
Effective as of 01-MAY-23

**JULIAN, FIDES, LAC**

Provider ID: N/A

1200 GARDEN VIEW RD  
ENCINITAS, CA 92024  
Effective as of 01-FEB-24

**MURRAY, STEVEN, LAC†**

Provider ID: N/A

1200 GARDEN VIEW RD  
STE 200  
ENCINITAS, CA 92024  
Effective as of 01-AUG-21

**TANG-RITCHIE, LENG, LAC†**

Provider ID: N/A

1200 GARDEN VIEW RD  
ENCINITAS, CA 92024  
Effective as of 01-DEC-21

**CERTIFIED NURSE**

**PRACTITIONER**

**BINAVI, HOWNAZ, NP†**

Provider ID: N/A

477 N EL CAMINO REAL  
STE D308  
ENCINITAS, CA 92024  
Effective as of 01-SEP-22

**CARDINELL, ANNA, NP†**

Provider ID: N/A

1200 GARDEN VIEW RD  
ENCINITAS, CA 92024  
Effective as of 01-AUG-22

**CHAMBERS, KATRINA, NP**

Provider ID: N/A

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

477 N EL CAMINO REAL  
STE D200  
ENCINITAS, CA 92024  
Effective as of 01-JAN-21

**FAIQ, JAMILA, NP†**

Provider ID: N/A

326 SANTA FE DR STE 105  
ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-NOV-22

**HERR, COLLEEN, NP**

Provider ID: N/A

477 N EL CAMINO REAL  
STE A308  
ENCINITAS, CA 92024  
Effective as of 01-JAN-21

**HOOPER, BONNIE, NP†**

Provider ID: N/A

477 N EL CAMINO REAL  
STE D308  
ENCINITAS, CA 92024  
Effective as of 01-JAN-21

**HOOPER, BONNIE, NP†**

Provider ID: N/A

477 N EL CAMINO REAL  
STE D308  
ENCINITAS, CA 92024  
Effective as of 01-JAN-21

**KORMANIK, PATRICIA, NP†**

Provider ID: N/A

1200 GARDEN VIEW RD  
STE 200  
ENCINITAS, CA 92024  
Effective as of 01-JUL-21

**LOWE, ASHLEY, NP**

Provider ID: N/A

320 SANTA FE DR STE 108  
ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-JUL-23

**MAROSOK, MICHELLE, NP**

Provider ID: N/A

326 SANTA FE DR STE 105  
ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-NOV-23

**MOONEY, PATRICIA, NP†**

Provider ID: N/A

326 SANTA FE DR STE 105  
ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-MAY-21

**MOONEY, PATRICIA, NP†**

Provider ID: N/A

326 SANTA FE DR STE 105  
ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-JAN-24

**MORENO, KATHERINE, NP**

Provider ID: N/A

700 GARDEN VIEW CT STE  
204

ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-DEC-23

**MWAURA, WAIRIMU, NP†**

Provider ID: N/A  
326 SANTA FE DR STE 105  
ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-JAN-24

**MWAURA, WAIRIMU, NP†**

Provider ID: N/A  
326 SANTA FE DR STE 105  
ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-JUN-21

**MYERS, JESSE, NP**

Provider ID: N/A  
477 N EL CAMINO REAL  
STE A308  
ENCINITAS, CA 92024  
Effective as of 01-JAN-21

**NIZHEBORSKY, OKSANA, NP†**

Provider ID: N/A  
320 SANTA FE DR STE 107C  
ENCINITAS, CA 92024  
Effective as of 01-JAN-21

**PACHOE, MADISON, NP**

Provider ID: N/A  
477 N EL CAMINO REAL  
STE A200  
ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-DEC-21

**POLIZZI, BRITTANY, NP†**

Provider ID: N/A  
477 N EL CAMINO REAL  
STE D308  
ENCINITAS, CA 92024

Effective as of 01-JAN-22

**POLIZZI, BRITTANY, NP†**

Provider ID: N/A  
477 N EL CAMINO REAL  
STE D308  
ENCINITAS, CA 92024  
Effective as of 01-SEP-22

**SRILASAK, MICHELE, NP†**

Provider ID: N/A  
1200 GARDEN VIEW RD  
STE 200  
ENCINITAS, CA 92024  
Effective as of 01-JUL-21

**SYMANSKI, ELIZABETH, NP†**

Provider ID: N/A  
477 N EL CAMINO REAL  
STE A200  
ENCINITAS, CA 92024  
Effective as of 01-AUG-22

**TOMICICH, STEPHANIE, NP†**

Provider ID: N/A  
320 SANTA FE DR STE 108  
ENCINITAS, CA 92024  
Effective as of 01-DEC-21

**WILLEY, MARTI, NP†**

Provider ID: N/A  
326 SANTA FE DR STE 105  
ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-JUN-21

**WILLEY, MARTI, NP†**

Provider ID: N/A  
326 SANTA FE DR STE 105  
ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-JAN-24

**WOODRUFF, WHITNEY, NP**

Provider ID: N/A

700 GARDEN VIEW CT STE  
102  
ENCINITAS, CA 92024  
Effective as of 01-JAN-21

**WOODRUFF, WHITNEY, NP**

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

**WOODRUFF, WHITNEY, NP**

Provider ID: N/A  
781 GARDEN VIEW CT STE  
102  
ENCINITAS, CA 92024  
Effective as of 01-MAR-23

**YEO, ALEXANDRIA, NP**

Provider ID: N/A  
1505 ENCINITAS BLVD  
ENCINITAS, CA 92024  
Effective as of 01-JUN-23

**CERTIFIED REGISTERED  
NURSE ANESTHETIST**

**ASHMAN, RANDY, CRNA**

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

**ESTABROOK, LARA, CRNA**

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

**ESTABROOK, LARA, CRNA**

Provider ID: N/A

320 SANTA FE DR STE 108  
ENCINITAS, CA 92024  
Effective as of 01-JUL-23

**FITZPATRICK, APRIL, CRNA**  
Provider ID: N/A

781 GARDEN VIEW CT STE  
100  
ENCINITAS, CA 92024  
Effective as of 01-MAR-23

**FITZPATRICK, APRIL, CRNA**  
Provider ID: N/A

781 GARDEN VIEW CT STE  
102  
ENCINITAS, CA 92024  
Effective as of 01-MAR-23

**KING, APRIL, CRNA**  
Provider ID: N/A

781 GARDEN VIEW CT STE  
100  
ENCINITAS, CA 92024  
Effective as of 01-MAR-23

**KING, APRIL, CRNA**  
Provider ID: N/A

781 GARDEN VIEW CT STE  
102  
ENCINITAS, CA 92024  
Effective as of 01-MAR-23

**KING, APRIL, CRNA†**  
Provider ID: N/A

700 GARDEN VIEW CT STE  
102  
ENCINITAS, CA 92024  
Effective as of 01-JAN-21

**LAZARUS, ELIZABETH, CRNA**  
Provider ID: N/A

781 GARDEN VIEW CT STE  
102  
ENCINITAS, CA 92024  
Effective as of 01-JUL-23

### **CERTIFIED REGISTERED NURSE MIDWIFE**

**CORRY, ANDREA, CRNM**  
Provider ID: N/A

1200 GARDEN VIEW RD  
ENCINITAS, CA 92024  
Effective as of 01-SEP-23

**ELY-KONOSKE, RACHEL,  
CRNM**  
Provider ID: N/A

1200 GARDEN VIEW RD  
ENCINITAS, CA 92024  
Effective as of 01-DEC-23

### **CHIROPRACTOR**

**TRAINER, JASON, DC**  
Provider ID: N/A

1130 2ND ST  
ENCINITAS, CA 92024  
Effective as of 01-MAR-24

### **DERMATOLOGY**

**ANGRA, KUNAL, MD†**  
Provider ID: N/A

477 N EL CAMINO REAL  
STE D308  
ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-JUL-21

**ANGRA, KUNAL, MD†**  
Provider ID: N/A

477 N EL CAMINO REAL  
STE D308  
ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-JUL-21

**BRAUN, TARA, MD**  
Provider ID: N/A

477 N EL CAMINO REAL  
STE D308  
ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-MAR-24

**BROUHA, BROOK, MD**  
Provider ID: N/A

477 N EL CAMINO REAL  
STE D308  
ENCINITAS, CA 92024  
Effective as of 01-NOV-23

**BROUHA, BROOK, MD**  
Provider ID: N/A

477 N EL CAMINO REAL  
STE D308  
ENCINITAS, CA 92024  
Effective as of 01-JAN-24

**GLADSJO, JULIE, MD†**  
Provider ID: N/A

477 N EL CAMINO REAL  
STE D308  
ENCINITAS, CA 92024  
Effective as of 01-JAN-21

**GLADSJO, JULIE, MD†**  
Provider ID: N/A

477 N EL CAMINO REAL  
STE D308  
ENCINITAS, CA 92024  
Effective as of 01-SEP-22

**GLADSJO, JULIE, MD†**  
Provider ID: N/A

477 N EL CAMINO REAL  
STE D308  
ENCINITAS, CA 92024  
Effective as of 01-SEP-22

**GRUSHCHAK, SOLOMIYA, MD**  
Provider ID: N/A

285 N EL CAMINO REAL  
STE 117

ENCINITAS, CA 92024  
Effective as of 01-JAN-24

**GRUSHCHAK, SOLOMIYA, MD**

Provider ID: N/A  
477 N EL CAMINO REAL  
STE 117  
ENCINITAS, CA 92024  
Effective as of 01-JAN-24

**GRUSHCHAK, SOLOMIYA, MD**

Provider ID: N/A  
477 N EL CAMINO REAL  
STE 117  
ENCINITAS, CA 92024  
Effective as of 01-JAN-24

**GRUSHCHAK, SOLOMIYA, MD**

Provider ID: N/A  
477 N EL CAMINO REAL  
STE 117  
ENCINITAS, CA 92024  
Effective as of 01-JAN-24

**HEMPERLY, STEPHEN, DO†**

Provider ID: N/A  
477 N EL CAMINO REAL  
STE D308  
ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-NOV-23

**HEMPERLY, STEPHEN, DO†**

Provider ID: N/A  
477 N EL CAMINO REAL  
STE D308  
ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-JAN-21

**RILEY, JESSICA, DO†**

Provider ID: N/A  
477 N EL CAMINO REAL  
STE D308  
ENCINITAS, CA 92024

Effective as of 01-AUG-20

**RILEY, JESSICA, DO†**

Provider ID: N/A  
477 N EL CAMINO REAL  
STE D308  
ENCINITAS, CA 92024  
Effective as of 01-JAN-21

**RILEY, JESSICA, DO†**

Provider ID: N/A  
477 N EL CAMINO REAL  
STE D308  
ENCINITAS, CA 92024  
Effective as of 01-SEP-22

***ENDOCRINOLOGY  
METABOLISM DIABETES***

**SHAH, NANDI, MD**

Provider ID: N/A  
1200 GARDEN VIEW RD  
ENCINITAS, CA 92024  
Effective as of 01-JAN-24

***FAMILY PRACTICE***

**ANDERSON, LINDSEY, DO†**

Provider ID: N/A  
1505 ENCINITAS BLVD  
ENCINITAS, CA 92024  
Effective as of 01-AUG-23

**ESTRADA, JOHANNA, MD†**

Provider ID: N/A  
662 ENCINITAS BLVD STE  
220  
ENCINITAS, CA 92024\*  
Effective as of 01-AUG-21

***GASTROENTEROLOGY***

**ALHANKAWI, DHUHA, MD**

Provider ID: N/A  
477 N EL CAMINO REAL

STE A308  
ENCINITAS, CA 92024  
Effective as of 01-APR-23

**ALHANKAWI, DHUHA, MD**

Provider ID: N/A  
477 N EL CAMINO REAL  
STE A308  
ENCINITAS, CA 92024  
Effective as of 01-AUG-23

**BORTNIKER, ETHAN, MD**

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

**BORTNIKER, ETHAN, MD**

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

**BORTNIKER, ETHAN, MD**

Provider ID: N/A  
781 GARDEN VIEW CT STE  
102  
ENCINITAS, CA 92024  
Effective as of 01-JUN-23

**BORTNIKER, ETHAN, MD**

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

**BORTNIKER, ETHAN, MD**

Provider ID: N/A  
781 GARDEN VIEW CT STE  
100  
ENCINITAS, CA 92024  
Effective as of 01-MAR-24

**DILAURO, STEVEN, MD**

Provider ID: N/A

781 GARDEN VIEW CT STE  
100

ENCINITAS, CA 92024

Teleservice

Effective as of 01-OCT-23

**DILAURO, STEVEN, MD**

Provider ID: N/A

781 GARDEN VIEW CT STE  
100

ENCINITAS, CA 92024

Teleservice

Effective as of 01-JAN-24

**DILAURO, STEVEN, MD**

Provider ID: N/A

781 GARDEN VIEW CT STE  
100

ENCINITAS, CA 92024

Teleservice

Effective as of 01-JUN-23

**DILAURO, STEVEN, MD**

Provider ID: N/A

781 GARDEN VIEW CT STE  
100

ENCINITAS, CA 92024

Teleservice

Effective as of 01-MAR-23

**DILAURO, STEVEN, MD**

Provider ID: N/A

781 GARDEN VIEW CT STE  
102

ENCINITAS, CA 92024

Teleservice

Effective as of 01-MAR-23

**GOLDKLANG, ROBERT, MD**

Provider ID: N/A

781 GARDEN VIEW CT STE

102

ENCINITAS, CA 92024

Effective as of 01-MAR-23

**GOLDKLANG, ROBERT, MD**

Provider ID: N/A

781 GARDEN VIEW CT STE  
100

ENCINITAS, CA 92024

Effective as of 01-OCT-23

**GOLDKLANG, ROBERT, MD**

Provider ID: N/A

781 GARDEN VIEW CT STE  
100

ENCINITAS, CA 92024

Effective as of 01-MAR-23

**GOLDKLANG, ROBERT, MD†**

Provider ID: N/A

700 GARDEN VIEW CT STE  
102

ENCINITAS, CA 92024

Effective as of 01-JAN-21

**GOLDKLANG, ROBERT, MD**

Provider ID: N/A

781 GARDEN VIEW CT STE  
100

ENCINITAS, CA 92024

Effective as of 01-JAN-24

**GOLDKLANG, ROBERT, MD†**

Provider ID: N/A

700 GARDEN VIEW CT STE  
102

ENCINITAS, CA 92024

Effective as of 01-APR-23

**LAJOIE, ADRIANNE, MD**

Provider ID: N/A

781 GARDEN VIEW CT STE  
100

ENCINITAS, CA 92024

Effective as of 01-JAN-24

**LAJOIE, ADRIANNE, MD†**

Provider ID: N/A

700 GARDEN VIEW CT STE  
102

ENCINITAS, CA 92024

Effective as of 01-JAN-21

**LAJOIE, ADRIANNE, MD**

Provider ID: N/A

781 GARDEN VIEW CT STE  
100

ENCINITAS, CA 92024

Effective as of 01-MAR-23

**LAJOIE, ADRIANNE, MD**

Provider ID: N/A

781 GARDEN VIEW CT STE  
100

ENCINITAS, CA 92024

Effective as of 01-OCT-23

**LAJOIE, ADRIANNE, MD**

Provider ID: N/A

781 GARDEN VIEW CT STE  
102

ENCINITAS, CA 92024

Effective as of 01-MAR-23

**LAJOIE, ADRIANNE, MD**

Provider ID: N/A

781 GARDEN VIEW CT STE  
100

ENCINITAS, CA 92024

Effective as of 01-JUN-23

**MADANI, BAHAR, MD**

Provider ID: N/A

477 N EL CAMINO REAL  
STE A308

ENCINITAS, CA 92024

Effective as of 01-FEB-22

**PATEL, JANKI, MD**

Provider ID: N/A

781 GARDEN VIEW CT STE  
100  
ENCINITAS, CA 92024  
Effective as of 01-FEB-24

**PATEL, JANKI, MD†**

Provider ID: N/A

700 GARDEN VIEW CT STE  
102  
ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-JAN-21

**PATEL, JANKI, MD†**

Provider ID: N/A

700 GARDEN VIEW CT STE  
102  
ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-JAN-21

**PATEL, JANKI, MD**

Provider ID: N/A

700 GARDEN VIEW CT STE  
100  
ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-JUN-23

**PATEL, JANKI, MD**

Provider ID: N/A

700 GARDEN VIEW CT STE  
100  
ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-MAR-23

**PATEL, JANKI, MD**

Provider ID: N/A

354 SANTA FE DR  
ENCINITAS, CA 92024  
Effective as of 01-FEB-24

**SINGH, MARVIN, MD**

Provider ID: N/A

781 GARDEN VIEW CT STE  
100  
ENCINITAS, CA 92024  
Effective as of 01-JUN-23

**SINGH, MARVIN, MD†**

Provider ID: N/A

700 GARDEN VIEW CT STE  
102  
ENCINITAS, CA 92024  
Effective as of 01-APR-18

**GENERAL DENTISTRY**

**MEHROTRA, SACHI, DDS**

Provider ID: N/A

4403 MANCHESTER AVE  
STE 101  
ENCINITAS, CA 92024  
Effective as of 01-OCT-21

**GYNECOLOGIC  
ONCOLOGY**

**ESKANDER, RAMEZ, MD†**

Provider ID: N/A

1200 GARDEN VIEW RD  
STE 200  
ENCINITAS, CA 92024  
Effective as of 01-JUL-21

**HEMATOLOGY /  
ONCOLOGY**

**BESSUDO, ALBERTO, MD†**

Provider ID: N/A

326 SANTA FE DR STE 105  
ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-APR-21

**BESSUDO, ALBERTO, MD†**

Provider ID: N/A

326 SANTA FE DR STE 105

ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-JAN-21

**FLORES, EDNA, MD†**

Provider ID: N/A

326 SANTA FE DR STE 105  
ENCINITAS, CA 92024  
Effective as of 01-JAN-24

**SULLIVAN, JESSICA, DO†**

Provider ID: N/A

326 SANTA FE DR STE 105  
ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-JAN-24

**HOSPICE AND PALLIATIVE  
MEDICINE**

**RUBENSIK, TAMARA, MD†**

Provider ID: N/A

1200 GARDEN VIEW RD  
STE 100  
ENCINITAS, CA 92024  
Effective as of 01-FEB-21

**RUBENSIK, TAMARA, MD†**

Provider ID: N/A

1200 GARDEN VIEW RD  
STE 200  
ENCINITAS, CA 92024  
Effective as of 01-JUL-21

**INTERNAL MEDICINE**

**BAUTISTA, JENNIFER, MD†**

Provider ID: N/A

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

**BAUTISTA, JENNIFER, MD†**

Provider ID: N/A

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

**DELANEY, CODY, DO†**

Provider ID: N/A

662 ENCINITAS BLVD STE  
220  
ENCINITAS, CA 92024\*

Teleservice

Effective as of 01-OCT-22

**DESGRANGES, PATRICK, MD†**

Provider ID: N/A

662 ENCINITAS BLVD STE  
220  
ENCINITAS, CA 92024\*

Teleservice

Effective as of 01-NOV-21

**EISMAN, SCOTT, MD†**

Provider ID: N/A

326 SANTA FE DR STE 100  
ENCINITAS, CA 92024  
Effective as of 01-FEB-22

**ELHOFY, ASHRAF, MD†**

Provider ID: N/A

662 ENCINITAS BLVD STE  
220  
ENCINITAS, CA 92024\*

Effective as of 01-JAN-21

**ELLIS, ADAM, MD†**

Provider ID: N/A

662 ENCINITAS BLVD STE  
220  
ENCINITAS, CA 92024\*

Effective as of 01-JAN-21

**KHAYYAT, OMAR, MD†**

Provider ID: N/A

662 ENCINITAS BLVD STE  
220

ENCINITAS, CA 92024\*  
Effective as of 01-AUG-21

**LIU, STEVEN, MD†**

Provider ID: N/A

662 ENCINITAS BLVD STE  
220

ENCINITAS, CA 92024\*  
Effective as of 01-JAN-21

**LIU, ANDREW, MD**

Provider ID: N/A

320 SANTA FE DR STE 212  
ENCINITAS, CA 92024  
Effective as of 01-SEP-23

**MCMURRAY, SARAH, DO†**

Provider ID: N/A

662 ENCINITAS BLVD STE  
220  
ENCINITAS, CA 92024\*

Effective as of 01-JAN-21

**MOOLANI, UJJALA, MD**

Provider ID: N/A

320 SANTA FE DR STE 212  
ENCINITAS, CA 92024  
Effective as of 01-MAY-23

**NARDI, MELISSA, DO†**

Provider ID: N/A

662 ENCINITAS BLVD STE  
220  
ENCINITAS, CA 92024\*

Effective as of 01-JAN-21

**NELKIN, CORY, DO†**

Provider ID: N/A

662 ENCINITAS BLVD STE  
220  
ENCINITAS, CA 92024\*

Teleservice

Effective as of 01-OCT-21

**NGUYEN, ANDY, DO†**

Provider ID: N/A

662 ENCINITAS BLVD STE  
220  
ENCINITAS, CA 92024\*

Effective as of 01-JAN-21

**NGUYEN, ALEXIE, MD†**

Provider ID: N/A

662 ENCINITAS BLVD STE  
220  
ENCINITAS, CA 92024

Effective as of 01-JAN-21

**PHAM, STEVEN, MD†**

Provider ID: N/A

662 ENCINITAS BLVD STE  
220  
ENCINITAS, CA 92024\*

Teleservice

Effective as of 01-NOV-21

**RUMMANI, BENNY, DO†**

Provider ID: N/A

662 ENCINITAS BLVD STE  
220  
ENCINITAS, CA 92024\*

Effective as of 01-JUL-21

**STEADMAN, MICHAEL, MD†**

Provider ID: N/A

662 ENCINITAS BLVD STE  
220  
ENCINITAS, CA 92024\*

Effective as of 01-JAN-21

**TRAN, AMY, MD†**

Provider ID: N/A

662 ENCINITAS BLVD STE  
220  
ENCINITAS, CA 92024\*

Effective as of 01-JAN-21

**TRAN, SHERI, MD†**

Provider ID: N/A

326 SANTA FE DR STE 100



ENCINITAS, CA 92024  
Effective as of 01-APR-21

**TRING, ELEANOR, DO†**

Provider ID: N/A

662 ENCINITAS BLVD STE  
220

ENCINITAS, CA 92024\*

Effective as of 01-JUL-21

**INTERNAL MEDICINE  
CRITICAL CARE MEDICINE**

**FUSSELL, KEVIN, MD†**

Provider ID: N/A

326 SANTA FE DR STE 100  
ENCINITAS, CA 92024

Effective as of 01-JUL-21

**PINO, ALEJANDRO, MD†**

Provider ID: N/A

326 SANTA FE DR STE 100  
ENCINITAS, CA 92024

Effective as of 01-JUL-21

**SHIN, STEPHANIE, MD†**

Provider ID: N/A

320 SANTA FE DR STE  
107-C

ENCINITAS, CA 92024

Effective as of 01-JAN-21

**TRAN, SHERI, MD†**

Provider ID: N/A

320 SANTA FE DR STE 107C  
ENCINITAS, CA 92024

Effective as of 01-JAN-21

**ZHANG, MICHELLE, MD†**

Provider ID: N/A

326 SANTA FE DR STE 100  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-MAY-22

**INTERVENTIONAL  
CARDIOLOGY**

**JACOBY, RICHARD, MD†**

Provider ID: N/A

700 GARDEN VIEW CT STE  
204

ENCINITAS, CA 92024

Effective as of 01-SEP-21

**MEHBOOB, SALMAN, MD†**

Provider ID: N/A

700 GARDEN VIEW CT STE  
204

ENCINITAS, CA 92024

Teleservice

Effective as of 01-SEP-21

**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

**NEPHROLOGY**

**AL-DAHMAN, ZAID, MD**

Provider ID: N/A

320 SANTA FE DR STE 212  
ENCINITAS, CA 92024

Effective as of 01-MAY-23

**LAKHERA, YOGITA, MD†**

Provider ID: N/A

320 SANTA FE DR STE 212  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-JAN-21

**LAKHERA, YOGITA, MD†**

Provider ID: N/A

320 SANTA FE DR STE 212  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-JAN-24

**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

1505 ENCINITAS BLVD  
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

477 N EL CAMINO REAL  
STE C208  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-SEP-21

**HILL, KAITLYN, MD†**

Provider ID: N/A

477 N EL CAMINO REAL  
STE C208  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-APR-23

**MACKAY, GILLIAN, MD**

Provider ID: N/A

1200 GARDEN VIEW RD  
ENCINITAS, CA 92024

Effective as of 01-DEC-23

**SPRING ROBINSON,**

**CHANDRA, DO**

Provider ID: N/A

477 N EL CAMINO REAL  
STE C208  
ENCINITAS, CA 92024

Effective as of 01-JAN-23

**ONCOLOGY MEDICAL**

**FLORES, EDNA, MD†**

Provider ID: N/A

326 SANTA FE DR STE 105  
ENCINITAS, CA 92024

Effective as of 01-JAN-21

**FRAKES, LAURIE, MD†**

Provider ID: N/A

326 SANTA FE DR STE 105  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-JAN-24

**FRAKES, LAURIE, MD†**

Provider ID: N/A

326 SANTA FE DR STE 105  
ENCINITAS, CA 92024

Teleservice

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

**MCCLAY, EDWARD, MD†**

Provider ID: N/A

326 SANTA FE DR STE 105  
ENCINITAS, CA 92024

Effective as of 01-FEB-21

**OPHTHALMOLOGY**

**FISH, STEVEN, MD**

Provider ID: N/A

320 SANTA FE DR STE 104  
ENCINITAS, CA 92024

Effective as of 01-APR-23

**FISH, STEVEN, MD**

Provider ID: N/A

320 SANTA FE DR STE 104  
ENCINITAS, CA 92024

Effective as of 01-APR-23

**FISH, STEVEN, MD**

Provider ID: N/A

320 SANTA FE DR STE 104  
ENCINITAS, CA 92024

Effective as of 01-APR-23

**FISH, STEVEN, MD**

Provider ID: N/A

320 SANTA FE DR STE 104  
ENCINITAS, CA 92024

Effective as of 01-APR-23

**HUDSON, HENRY, MD†**

Provider ID: N/A

320 SANTA FE DR STE 104  
ENCINITAS, CA 92024

Effective as of 01-APR-22

**JOHNSTON, ERIC, MD**

Provider ID: N/A

477 N EL CAMINO REAL  
STE C202  
ENCINITAS, CA 92024

Effective as of 01-MAY-21

**MCGRAW, JOSEPH, MD†**

Provider ID: N/A

320 SANTA FE DR STE 104  
ENCINITAS, CA 92024  
Effective as of 01-NOV-21

**SAMUEL, MICHAEL, MD†**

Provider ID: N/A

320 SANTA FE DR STE 104  
ENCINITAS, CA 92024  
Effective as of 01-MAR-21

**SAMUEL, MICHAEL, MD†**

Provider ID: N/A

320 SANTA FE DR STE 104  
ENCINITAS, CA 92024  
Effective as of 01-FEB-21

**VIECHNICKI, TARA, MD**

Provider ID: N/A

477 N EL CAMINO REAL  
STE C202  
ENCINITAS, CA 92024  
Effective as of 01-DEC-11

**ZABANEH, ALEXANDER, MD†**

Provider ID: N/A

320 SANTA FE DR STE 104  
ENCINITAS, CA 92024  
Effective as of 01-JAN-21

**ZHAO, TAILUN, MD**

Provider ID: N/A

320 SANTA FE DR STE 104  
ENCINITAS, CA 92024  
Effective as of 01-JAN-24

**ZHAO, TAILUN, MD**

Provider ID: N/A

320 SANTA FE DR STE 104  
ENCINITAS, CA 92024  
Effective as of 01-JUL-23

**ZHAO, TAILUN, MD**

Provider ID: N/A

320 SANTA FE DR STE 104  
ENCINITAS, CA 92024  
Effective as of 01-NOV-23

**OPTOMETRIST**

**CAO-NGUYEN, TIEN, OD**

Provider ID: N/A

477 N EL CAMINO REAL  
STE C202  
ENCINITAS, CA 92024  
Effective as of 01-JUL-23

**DEAN, MOENA, OD†**

Provider ID: N/A

320 SANTA FE DR STE 104  
ENCINITAS, CA 92024  
Effective as of 01-JUL-21

**DEAN, MOENA, OD†**

Provider ID: N/A

320 SANTA FE DR STE 104  
ENCINITAS, CA 92024  
Effective as of 01-SEP-22

**MARR, RYAN, OD**

Provider ID: N/A

320 SANTA FE DR STE 104  
ENCINITAS, CA 92024  
Effective as of 01-DEC-22

**SOLIS, KEVIN, OD**

Provider ID: N/A

477 N EL CAMINO REAL  
STE C202  
ENCINITAS, CA 92024  
Effective as of 01-JUN-23

**TAN, CONNIE, OD**

Provider ID: N/A

477 N EL CAMINO REAL  
STE C202  
ENCINITAS, CA 92024  
Effective as of 01-JUN-21

**ORAL MAXILLOFACIAL  
SURGEON**

**ELI, BRADLEY, DMD**

Provider ID: N/A

4403 MANCHESTER AVE  
STE 101  
ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-SEP-20

**OTOLARYNGOLOGY**

**REUTHER, MARSHA, MD†**

Provider ID: N/A

477 N EL CAMINO REAL  
STE A308  
ENCINITAS, CA 92024  
Effective as of 01-JAN-21

**PEDIATRICS**

**KOOROS, KOOROSH, MD†**

Provider ID: N/A

477 N EL CAMINO REAL  
STE A308  
ENCINITAS, CA 92024  
Effective as of 01-FEB-22

**ZACHRY, ALISON, MD†**

Provider ID: N/A

1130 2ND ST  
ENCINITAS, CA 92024  
Effective as of 01-SEP-22

**PHYSICIANS ASSISTANT**

**DAS, GOURAB, PA**

Provider ID: N/A

477 N EL CAMINO REAL  
STE A200  
ENCINITAS, CA 92024  
Effective as of 01-JAN-21

**DOUGHERTY, CLARA, PA†**

Provider ID: N/A

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

**DOUGHERTY, CLARA, PA†**

Provider ID: N/A

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

**GILLAN, JAMES, PA†**

Provider ID: N/A

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

**HIGGINS, JOSHUA, PA†**

Provider ID: N/A

1505 ENCINITAS BLVD  
ENCINITAS, CA 92024  
Effective as of 01-JAN-22

**PELIO, DARREN, PA†**

Provider ID: N/A

1200 GARDEN VIEW RD  
ENCINITAS, CA 92024  
Effective as of 01-SEP-22

**VANETSKY, GARY, PA†**

Provider ID: N/A

477 N EL CAMINO REAL  
STE D308  
ENCINITAS, CA 92024  
Effective as of 01-JAN-21

**VANETSKY, GARY, PA†**

Provider ID: N/A

477 N EL CAMINO REAL  
STE D308  
ENCINITAS, CA 92024  
Effective as of 01-JAN-21

**PODIATRIST**

**BERGER, COLBY, DPM**

Provider ID: N/A

501 N EL CAMINO REAL  
STE 201  
ENCINITAS, CA 92024  
Effective as of 01-APR-23

**BERGER, COLBY, DPM**

Provider ID: N/A

501 N EL CAMINO REAL  
STE 201  
ENCINITAS, CA 92024  
Effective as of 01-JUN-23

**DUSTIN, ADAM, DPM†**

Provider ID: N/A

326 ENCINITAS BLVD STE  
100  
ENCINITAS, CA 92024  
Effective as of 01-FEB-21

**GILLES, LOUIS, DPM**

Provider ID: N/A

320 SANTA FE DR STE 305  
ENCINITAS, CA 92024  
Effective as of 01-AUG-23

**KREPS, CHRISTOPHER, DPM**

Provider ID: N/A

501 N EL CAMINO REAL  
STE 201  
ENCINITAS, CA 92024  
Effective as of 01-DEC-23

**KREPS, CHRISTOPHER, DPM**

Provider ID: N/A

501 N EL CAMINO REAL  
STE 201  
ENCINITAS, CA 92024  
Effective as of 01-JUN-23

**LIEBERMAN, RONALD, 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-22

**GOMEZ, JUANITA, PhD†**

Provider ID: N/A

1505 ENCINITAS BLVD  
ENCINITAS, CA 92024  
Effective as of 01-AUG-22

**PULMONARY DISEASES**

**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-24

**HSING, ANDREW, MD†**

Provider ID: N/A

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

**LIANG, NI-CHENG, MD†**

Provider ID: N/A

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

**LIANG, NI-CHENG, MD†**

Provider ID: N/A

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

**MAGANA, MARISA, MD†**

Provider ID: N/A

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

**MAGANA, MARISA, MD†**

Provider ID: N/A

326 SANTA FE DR STE 100

ENCINITAS, CA 92024

Effective as of 01-APR-23

**MAKANI, SAMIR, MD†**

Provider ID: N/A

326 SANTA FE DR STE 100  
ENCINITAS, CA 92024  
Effective as of 01-APR-23

**MAKANI, SAMIR, MD†**

Provider ID: N/A

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

**MAKANI, SAMIR, MD†**

Provider ID: N/A

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

**PINO, ALEJANDRO, MD†**

Provider ID: N/A

326 SANTA FE DR STE 100  
ENCINITAS, CA 92024  
Effective as of 01-SEP-22

**SARNOFF, ROBERT, MD†**

Provider ID: N/A

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

**SARNOFF, ROBERT, MD†**

Provider ID: N/A

326 SANTA FE DR STE 100  
ENCINITAS, CA 92024  
Effective as of 01-APR-21

**SHIN, STEPHANIE, MD†**

Provider ID: N/A

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

**TRAN, SHERI, MD†**

Provider ID: N/A

326 SANTA FE DR STE 100  
ENCINITAS, CA 92024  
Effective as of 01-MAY-23

**ZHANG, MICHELLE, MD†**

Provider ID: N/A

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

**ZHANG, MICHELLE, MD†**

Provider ID: N/A

326 SANTA FE DR STE 100  
ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-SEP-23

**ZHANG, MICHELLE, MD†**

Provider ID: N/A

326 SANTA FE DR STE 100  
ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-APR-23

***RADIATION ONCOLOGY***

**BEAR, JONATHAN, MD**

Provider ID: N/A

1200 GARDEN VIEW RD  
ENCINITAS, CA 92024  
Effective as of 01-JUN-23

**HATTANGADI GLUTH, JONA,  
MD†**

Provider ID: N/A

1200 GARDEN VIEW RD  
STE 210  
ENCINITAS, CA 92024  
Effective as of 01-DEC-23

**HORN, ADAM, MD**

Provider ID: N/A

1200 GARDEN VIEW RD  
ENCINITAS, CA 92024  
Effective as of 01-JUN-23

**MACEWAN, IAIN, MD†**

Provider ID: N/A

1200 GARDEN VIEW RD  
STE 210  
ENCINITAS, CA 92024  
Effective as of 01-DEC-23

**MANSY, GINA, MD**

Provider ID: N/A

1200 GARDEN VIEW RD  
ENCINITAS, CA 92024  
Effective as of 01-DEC-23

**MAYADEV, JYOTI, MD†**

Provider ID: N/A

1200 GARDEN VIEW RD  
STE 210  
ENCINITAS, CA 92024  
Effective as of 01-DEC-23

**MELL, LOREN, MD**

Provider ID: N/A

1200 GARDEN VIEW RD  
ENCINITAS, CA 92024  
Effective as of 01-DEC-23

**MURPHY, JAMES, MD†**

Provider ID: N/A

1200 GARDEN VIEW RD  
STE 200  
ENCINITAS, CA 92024  
Effective as of 01-DEC-23

**RAHN, DOUGLAS, MD**

Provider ID: N/A

1200 GARDEN VIEW RD  
ENCINITAS, CA 92024  
Effective as of 01-DEC-23

**ROSE, BRENT, MD†**

Provider ID: N/A

1200 GARDEN VIEW RD  
STE 210  
ENCINITAS, CA 92024  
Effective as of 01-DEC-23

**SANDHU, AJAY, MD**

Provider ID: N/A

1200 GARDEN VIEW RD  
ENCINITAS, CA 92024  
Effective as of 01-DEC-23

**SEIBERT, TYLER, MD†**

Provider ID: N/A

1200 GARDEN VIEW RD  
STE 210  
ENCINITAS, CA 92024  
Effective as of 01-DEC-23

**SHARABI, ANDREW, MD**

Provider ID: N/A

1200 GARDEN VIEW RD  
ENCINITAS, CA 92024  
Effective as of 01-DEC-23

**SIMPSON, DANIEL, MD**

Provider ID: N/A

1200 GARDEN VIEW RD  
STE 210  
ENCINITAS, CA 92024  
Effective as of 01-DEC-23

**STRAKA, CHRISTOPHER, MD**

Provider ID: N/A

1200 GARDEN VIEW RD  
ENCINITAS, CA 92024  
Effective as of 01-DEC-23

**TYE, KAREN, MD**

Provider ID: N/A

1200 GARDEN VIEW RD  
ENCINITAS, CA 92024  
Effective as of 01-JUN-23

**WHITE, EVAN, MD**

Provider ID: N/A

1200 GARDEN VIEW RD  
ENCINITAS, CA 92024  
Effective as of 01-DEC-23

**YASHAR, CATHERYN, MD**

Provider ID: N/A

1200 GARDEN VIEW RD  
ENCINITAS, CA 92024  
Effective as of 01-DEC-23

**REGISTERED DIETITIAN /  
NUTRITIONIST**

**SALCEDO, ALEXANDRA, RD**

Provider ID: N/A

1200 GARDEN VIEW RD  
ENCINITAS, CA 92024  
Effective as of 01-JAN-24

**REGISTERED PHYSICAL  
THERAPIST**

**DOULL, MATTHEW, PT**

Provider ID: N/A

351 SANTA FE DR STE 100  
ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-JUN-23

**TAMAYO, SYDNIE, PT**

Provider ID: N/A

351 SANTA FE DR STE 100  
ENCINITAS, CA 92024  
Teleservice  
Effective as of 01-OCT-23

**SLEEP MEDICINE**

**MENN, STUART, MD**

Provider ID: N/A

4403 MANCHESTER AVE  
STE 101  
ENCINITAS, CA 92024

Effective as of 01-MAR-23

***SURGERY COLON  
SURGERY***

**PARRY, LISA, MD<sup>†</sup>**

Provider ID: N/A

📍 1200 GARDEN VIEW RD  
STE 200  
ENCINITAS, CA 92024

Effective as of 01-APR-21

**SCHULTZEL, MATTHEW, DO<sup>†</sup>**

Provider ID: N/A

📍 477 N EL CAMINO REAL  
STE A308  
ENCINITAS, CA 92024

Effective as of 01-JAN-21

***SURGERY GENERAL***

**ARMANI, AVA, MD<sup>†</sup>**

Provider ID: N/A

📍 1200 GARDEN VIEW RD  
STE 200  
ENCINITAS, CA 92024

Effective as of 01-JUL-21

**BURGESS, DANIEL, DO<sup>†</sup>**

Provider ID: N/A

📍 477 N EL CAMINO REAL  
STE A308  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-JUN-21

**BURGESS, DANIEL, DO<sup>†</sup>**

Provider ID: N/A

📍 477 N EL CAMINO REAL  
STE C204  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-JUN-21

**BURGESS, DANIEL, DO<sup>†</sup>**

Provider ID: N/A

📍 477 N EL CAMINO REAL  
STE A308  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-OCT-23

**BURGESS, DANIEL, DO<sup>†</sup>**

Provider ID: N/A

📍 477 N EL CAMINO REAL  
STE C204  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-OCT-23

**JACOBSEN, GARTH, MD<sup>†</sup>**

Provider ID: N/A

📍 1200 GARDEN VIEW RD  
ENCINITAS, CA 92024

Effective as of 01-DEC-21

**RAYAN, SUNIL, MD<sup>†</sup>**

Provider ID: N/A

📍 320 SANTA FE DR STE 212  
ENCINITAS, CA 92024

Effective as of 01-AUG-15

**SCHULTZEL, MATTHEW, DO<sup>†</sup>**

Provider ID: N/A

📍 477 N EL CAMINO REAL  
STE C204  
ENCINITAS, CA 92024

Effective as of 01-JUL-20

***SURGERY GENERAL  
VASCULAR***

**RAYAN, SUNIL, MD<sup>†</sup>**

Provider ID: N/A

📍 320 SANTA FE DR STE 212  
ENCINITAS, CA 92024

Effective as of 01-JAN-21

***SURGERY ORTHOPEDIC***

**AFRA, ROBERT, MD<sup>†</sup>**

Provider ID: N/A

📍 317 N EL CAMINO REAL STE  
405  
ENCINITAS, CA 92024

Effective as of 01-JAN-16

**BREMNER, LUKE, MD**

Provider ID: N/A

📍 332 SANTA FE DR STE 110  
ENCINITAS, CA 92024

Effective as of 01-DEC-19

**BREMNER, LUKE, MD**

Provider ID: N/A

📍 332 SANTA FE DR STE 110  
ENCINITAS, CA 92024

Effective as of 01-MAR-23

**CHAN, JUSTIN, MD**

Provider ID: N/A

📍 332 SANTA FE DR STE 110  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-AUG-20

**CHAN, JUSTIN, MD**

Provider ID: N/A

📍 332 SANTA FE DR STE 110  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-MAR-23

**GROTING, JOHN, MD**

Provider ID: N/A

📍 477 N EL CAMINO REAL  
STE B301  
ENCINITAS, CA 92024

Effective as of 01-NOV-23

**HAJNIK, CHRISTOPHER, MD**

Provider ID: N/A

📍 332 SANTA FE DR STE 110  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-DEC-19

**HAJNIK, CHRISTOPHER, MD**

Provider ID: N/A

332 SANTA FE DR STE 110  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-MAR-23

**HAMMEL, NATHAN, MD†**

Provider ID: N/A

332 SANTA FE DR STE 110  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-MAR-23

**HAMMEL, NATHAN, MD†**

Provider ID: N/A

332 SANTA FE DR STE 110  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-DEC-19

**KIM, PAUL, MD†**

Provider ID: N/A

332 SANTA FE DR STE 110  
ENCINITAS, CA 92024

Effective as of 01-SEP-22

**MEINEKE, RYAN, MD†**

Provider ID: N/A

332 SANTA FE DR STE 110  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-MAY-22

**MEINEKE, RYAN, MD†**

Provider ID: N/A

332 SANTA FE DR STE 110  
ENCINITAS, CA 92024

Teleservice

Effective as of 01-MAR-23

**RAISZADEH, RAMIN, MD†**

Provider ID: N/A

332 SANTA FE DR STE 110  
ENCINITAS, CA 92024

Effective as of 01-JAN-23

**SCHULTZEL, MARK, MD†**

Provider ID: N/A

519 ENCINITAS BLVD STE  
106

ENCINITAS, CA 92024

Teleservice

Effective as of 01-OCT-22

**SURGERY PLASTIC**

**CHAO, JAMES, MD†**

Provider ID: N/A

499 N EL CAMINO REAL  
STE C200

ENCINITAS, CA 92024

Effective as of 01-JUL-15

**GOSMAN, AMANDA, MD†**

Provider ID: N/A

1200 GARDEN VIEW RD  
ENCINITAS, CA 92024

Effective as of 01-NOV-21

**GUPTA, ABHAY, MD**

Provider ID: N/A

351 SANTA FE DR STE 250  
ENCINITAS, CA 92024

Effective as of 01-MAY-23

**GUPTA, ANSHU, MD**

Provider ID: N/A

700 GARDEN VIEW CT STE  
208

ENCINITAS, CA 92024

Effective as of 01-MAY-23

**SURGICAL ONCOLOGY**

**CHEN, STEVEN, MD†**

Provider ID: N/A

499 N EL CAMINO REAL  
STE C200

ENCINITAS, CA 92024

Effective as of 01-JUL-15

**UROLOGY**

**COHEN, EDWARD, MD†**

Provider ID: N/A

320 SANTA FE DR STE 108  
ENCINITAS, CA 92024

Effective as of 01-APR-16

**COHEN, EDWARD, MD†**

Provider ID: N/A

320 SANTA FE DR STE 108  
ENCINITAS, CA 92024

Effective as of 01-JAN-21

**COHEN, EDWARD, MD†**

Provider ID: N/A

320 SANTA FE DR STE 108  
ENCINITAS, CA 92024

Effective as of 01-JUL-22

**COHEN, EDWARD, MD†**

Provider ID: N/A

320 SANTA FE DR STE 305  
ENCINITAS, CA 92024

Effective as of 01-SEP-21

**COHEN, EDWARD, MD†**

Provider ID: N/A

320 SANTA FE DR STE 305  
ENCINITAS, CA 92024

Effective as of 01-SEP-22

**DATO, PAUL, MD**


Provider ID: N/A

320 SANTA FE DR STE 108  
ENCINITAS, CA 92024


Effective as of 01-JAN-24

**DICKS, BRIAN, MD**




Provider ID: N/A  
 320 SANTA FE DR STE 108  
 ENCINITAS, CA 92024  
 Effective as of 01-JAN-24


**KEILLER, DANNY, MD**

Provider ID: N/A  
 320 SANTA FE DR STE 108  
 ENCINITAS, CA 92024  
 Effective as of 01-FEB-24


**NAITOH, JOHN, MD†**

Provider ID: N/A  
 320 SANTA FE DR STE 305  
 ENCINITAS, CA 92024  
 Effective as of 01-SEP-22


**NAITOH, JOHN, MD†**

Provider ID: N/A  
 320 SANTA FE DR STE 108  
 ENCINITAS, CA 92024  
 Effective as of 01-JUL-22


**NAITOH, JOHN, MD†**

Provider ID: N/A  
 320 SANTA FE DR STE 108  
 ENCINITAS, CA 92024  
 Effective as of 01-NOV-21

**NEUSTEIN, PAUL, MD**

Provider ID: N/A  
 320 SANTA FE DR STE 108  
 ENCINITAS, CA 92024  
 Effective as of 01-FEB-24

**NGUYEN, HUNG, MD†**


Provider ID: N/A  
 320 SANTA FE DR STE 108  
 ENCINITAS, CA 92024  
 Teleservice  
 Effective as of 01-JAN-21

**NGUYEN, HUNG, MD†**


Provider ID: N/A  
 320 SANTA FE DR STE 108

ENCINITAS, CA 92024  
 Teleservice  
 Effective as of 01-JAN-24


**NGUYEN, HUNG, MD†**

Provider ID: N/A  
 320 SANTA FE DR STE 108  
 ENCINITAS, CA 92024  
 Teleservice  
 Effective as of 01-SEP-21


**PE, MARK-RALLY, MD**

Provider ID: N/A  
 320 SANTA FE DR STE 108  
 ENCINITAS, CA 92024  
 Effective as of 01-FEB-24


**ROBERTS, JAMES, MD**

Provider ID: N/A  
 320 SANTA FE DR STE 108  
 ENCINITAS, CA 92024  
 Effective as of 01-JAN-24


**SALEM, CAROL, MD**

Provider ID: N/A  
 320 SANTA FE DR STE 108  
 ENCINITAS, CA 92024  
 Effective as of 01-FEB-24


**SALMASI, AMIRALI, MD**

Provider ID: N/A  
 320 SANTA FE DR STE 108  
 ENCINITAS, CA 92024  
 Effective as of 01-FEB-24

**VAPNEK, EVAN, MD**

Provider ID: N/A  
 320 SANTA FE DR STE 108  
 ENCINITAS, CA 92024  
 Effective as of 01-JAN-24


**YUH, BENJAMIN, MD†**

Provider ID: N/A  
 320 SANTA FE DR STE 108  
 ENCINITAS, CA 92024


Effective as of 01-JAN-24

**ANESTHESIOLOGY**


**FARUQUE, TANIA, MD†**

Provider ID: N/A  
 255 N ELM ST STE 101  
 ESCONDIDO, CA 92025  
 Effective as of 01-JAN-21

**KHATIBI, NIKAN, DO†**


Provider ID: N/A  
 160 N DATE ST  
 ESCONDIDO, CA 92025  
 Effective as of 01-JAN-21

**KHATIBI, NIKAN, DO†**


Provider ID: N/A  
 160 N DATE ST  
 ESCONDIDO, CA 92025  
 Effective as of 01-JAN-21

**ANESTHESIOLOGY PAIN  
MANAGEMENT**


**COHEN, ZACHARY, MD**

Provider ID: N/A  
 940 E VALLEY PKWY STE K  
 ESCONDIDO, CA 92025  
 Effective as of 01-JAN-23

**DAIRO, BRANDON, MD†**

Provider ID: N/A  
 1955 CITRACADO PKWY  
 STE 203  
 ESCONDIDO, CA 92029  
 Teleservice  
 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

**KHATIBI, NIKAN, DO†**

Provider ID: N/A

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

**KHATIBI, NIKAN, DO†**

Provider ID: N/A

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

**KHATIBI, NIKAN, DO†**

Provider ID: N/A

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

**PRASAD, RUPA, MD†**

Provider ID: N/A

1955 CITRACADO PKWY  
STE 102  
ESCONDIDO, CA 92029  
Teleservice  
Effective as of 01-NOV-23

**ROBINSON, COLE, MD**

Provider ID: N/A

160 N DATE ST  
ESCONDIDO, CA 92025  
Teleservice  
Effective as of 01-JUN-23

**AUDIOLOGIST**

**HERRERA, CHARITY, AuD†**

Provider ID: N/A

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

**HORNER, HEATHER, AuD†**

Provider ID: N/A

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

**CARDIAC**

**ELECTROPHYSIOLOGY**

**LERNER, JONATHAN, MD**

Provider ID: N/A

488 E VALLEY PKWY STE  
107  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-23

**SAWHNEY, NAVINDER, MD**

Provider ID: N/A

2130 CITRACADO PKWY  
STE 320  
ESCONDIDO, CA 92029  
Effective as of 01-MAR-24

**SHAH, ABHISHEK, MD†**

Provider ID: N/A

488 E VALLEY PKWY STE  
107  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-23

**CARDIOLOGY**

**BAYAT, HAMED, MD**

Provider ID: N/A

2130 CITRACADO PKWY  
STE 220  
ESCONDIDO, CA 92029  
Effective as of 01-MAR-23

**CHEN, ANDREW, 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

**VANICHSARN, CHRISTOPHER,  
MD**

Provider ID: N/A

2130 CITRACADO PKWY  
STE 220  
ESCONDIDO, CA 92029  
Effective as of 01-MAR-24

**CARDIOVASCULAR  
DISEASE**

**ABELHAD, NADIA, MD**

Provider ID: N/A

488 E VALLEY PKWY STE  
107  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

**CARLSON, STEVEN, MD†**

Provider ID: N/A

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

**DO, HULBERT, MD**

Provider ID: N/A

488 E VALLEY PKWY STE  
107

ESCONDIDO, CA 92025  
Effective as of 01-OCT-23

**MALEK, MIKHAIL, MD**

Provider ID: N/A  
2130 CITRACADO PKWY  
STE 220  
ESCONDIDO, CA 92029  
Effective as of 01-MAR-23

**MOUSSAVIAN, MEHRAN, DO†**

Provider ID: N/A  
488 E VALLEY PKWY STE  
107  
ESCONDIDO, CA 92025  
Effective as of 01-MAY-21

**NARAYANAN, MEENA, MD†**

Provider ID: N/A  
488 E VALLEY PKWY STE  
107  
ESCONDIDO, CA 92025  
Effective as of 01-MAY-21

**PARIKH, MILIND, DO†**

Provider ID: N/A  
488 E VALLEY PKWY STE  
107  
ESCONDIDO, CA 92025  
Effective as of 01-MAY-21

**SARSAM, LUAY, MD**

Provider ID: N/A  
488 E VALLEY PKWY STE  
107  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-23

**SARSAM, LUAY, MD**

Provider ID: N/A  
488 E VALLEY PKWY STE  
107  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-23

**SERRY, ROD, MD**

Provider ID: N/A  
2130 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029  
Effective as of 01-MAR-23

**SHAH, KULIN, MD†**

Provider ID: N/A  
488 E VALLEY PKWY STE  
107  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-23

**SHAH, ABHISHEK, MD†**

Provider ID: N/A  
488 E VALLEY PKWY STE  
107  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

**SUDHAKAR, DEEPTHI, MD†**

Provider ID: N/A  
488 E VALLEY PKWY STE  
107  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-23

**CERTIFIED  
ACUPUNCTURIST**

**CHEN, SISI, LAC†**

Provider ID: N/A  
240 W MISSION AVE STE C  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-21

**KIM, MIN JOO, LAC†**

Provider ID: N/A  
425 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-NOV-22

**CERTIFIED NURSE**

**PRACTITIONER**

**BATAC, NADINE, NP†**

Provider ID: N/A  
1955 CITRACADO PKWY  
STE 203  
ESCONDIDO, CA 92029  
Effective as of 01-DEC-22

**BISHOP, LESLIE, NP†**

Provider ID: N/A  
1955 CITRACADO PKWY  
STE 102  
ESCONDIDO, CA 92029  
Teleservice  
Effective as of 01-MAR-21

**CARNEY, AMY, NP**

Provider ID: N/A  
728 E VALLEY PKWY  
ESCONDIDO, CA 92025  
Teleservice  
Effective as of 01-MAR-23

**GARVIN, JOSEPH, NP†**

Provider ID: N/A  
2125 CITRACADO PKWY  
STE 220  
ESCONDIDO, CA 92029  
Effective as of 01-JAN-22

**KONYN, CATHERINE, NPF**

Provider ID: N/A  
728 E VALLEY PKWY  
ESCONDIDO, CA 92025  
Teleservice  
Effective as of 01-APR-23

**KOROGODSKI, ANNA, NP†**

Provider ID: N/A  
704 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-22

**LAI, AMARA, MD**

Provider ID: N/A

488 E VALLEY PKWY STE 411  
ESCONDIDO, CA 92025  
Effective as of 01-AUG-22

**LAI, AMARA, MD**

Provider ID: N/A

728 E VALLEY PKWY  
ESCONDIDO, CA 92025  
Effective as of 01-AUG-22

**MANCHESTER, KAREN, NP**

Provider ID: N/A

2130 CITRACADO PKWY STE 220  
ESCONDIDO, CA 92029  
Effective as of 01-FEB-24

**MEYERS, JUDITH, NP†**

Provider ID: N/A

1955 CITRACADO PKWY STE 300  
ESCONDIDO, CA 92029  
Effective as of 01-JAN-21

**MILLER, JEAN, NP**

Provider ID: N/A

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

**NEGRON, CAROLINE, NP**

Provider ID: N/A

460 N ELM ST  
ESCONDIDO, CA 92025  
Effective as of 01-AUG-20

**RICE, ELIZABETH, NP**

Provider ID: N/A

1955 CITRACADO PKWY STE 102  
ESCONDIDO, CA 92029  
Effective as of 01-MAR-24

**ROSE, LAURA, NP**

Provider ID: N/A

1955 CITRACADO PKWY STE 203  
ESCONDIDO, CA 92029

Teleservice

Effective as of 01-DEC-23

**SPAULDING, ENJOLI, NP†**

Provider ID: N/A

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

**TEHRAN, SAGHI, NP†**

Provider ID: N/A

704 E GRAND AVE  
ESCONDIDO, CA 92025

Teleservice

Effective as of 01-JUL-22

**TEHRAN, SAGHI, NP†**

Provider ID: N/A

255 N ASH ST STE 101  
ESCONDIDO, CA 92027

Teleservice

Effective as of 01-JUL-22

**TRAN, DAPHNE, NP**

Provider ID: N/A

2125 CITRACADO PKWY  
ESCONDIDO, CA 92029  
Effective as of 01-FEB-23

**CERTIFIED REGISTERED  
NURSE ANESTHETIST**

**BARBA, ARNEL, CRNA**

Provider ID: N/A

488 E VALLEY PKWY STE 110  
ESCONDIDO, CA 92025  
Effective as of 01-FEB-24

**BROWN, SHENISE, CRNA**

Provider ID: N/A

488 E VALLEY PKWY STE 110  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

**FIEDLER, DEREK, CRNA**

Provider ID: N/A

488 E VALLEY PKWY STE 110  
ESCONDIDO, CA 92025  
Effective as of 01-FEB-24

**HASE, KATHLEEN, CRNA**

Provider ID: N/A

488 E VALLEY PKWY STE 110  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

**ORTEGA, JOSEPH, CRNA**

Provider ID: N/A

488 E VALLEY PKWY STE 110  
ESCONDIDO, CA 92025  
Effective as of 01-FEB-24

**SEILNACHT-BERNARD,  
KAREN, CRNA†**

Provider ID: N/A

488 E VALLEY PKWY  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

**CERTIFIED REGISTERED  
NURSE MIDWIFE**

**ALLEN, ANNE, CRNM†**

Provider ID: N/A

488 E VALLEY PKWY STE 404  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-22

**HAMMOND, HEATHER, CRNM**

Provider ID: N/A

488 E VALLEY PKWY STE  
404  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

**ONEILL, THERESE, CRNM†**

Provider ID: N/A

488 E VALLEY PKWY STE  
404  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

**ONEILL, THERESE, CRNM†**

Provider ID: N/A

488 E VALLEY PKWY STE  
404  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-22

**ZAMORA-FLYR, MARIA, CRNM**

Provider ID: N/A

488 E VALLEY PKWY STE  
404  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-22

**CHIROPRACTOR**

**BARTZ, PAUL, DC†**

Provider ID: N/A

460 N ELM ST  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-22

**FONSECA, ROSANNA, DC**

Provider ID: N/A

2065 S ESCONDIDO BLVD  
STE 105  
ESCONDIDO, CA 92025  
Effective as of 01-MAY-21

**KEYS, ANNA, DC**

Provider ID: N/A

240 W MISSION AVE STE C  
ESCONDIDO, CA 92025  
Effective as of 01-JUN-21

**ZECHA, RONALD, DC**

Provider ID: N/A

488 E VALLEY PKWY STE  
411  
ESCONDIDO, CA 92025  
Effective as of 01-AUG-22

**ZECHA, RONALD, DC**

Provider ID: N/A

460 N ELM ST  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-22

**ZECHA, RONALD, DC**

Provider ID: N/A

460 N ELM ST  
ESCONDIDO, CA 92025  
Effective as of 01-AUG-22

**CLINICAL**

**NEUROPSYCHOLOGIST**

**QUESNELL, TARA, DO†**

Provider ID: N/A

1955 CITRACADO PKWY  
STE 102  
ESCONDIDO, CA 92029  
Teleservice  
Effective as of 01-NOV-23

**DERMATOLOGY**

**ARMSTRONG, PATRICK, MD**

Provider ID: N/A

2125 CITRACADO PKWY  
STE 220  
ESCONDIDO, CA 92029  
Effective as of 01-MAR-24

**STEIN, ALEXANDER, MD**

Provider ID: N/A

1101 E PENNSYLVANIA AVE  
ESCONDIDO, CA 92025  
Effective as of 01-NOV-23

**VENKAT, ARUN, MD†**

Provider ID: N/A

488 E VALLEY PKWY  
ESCONDIDO, CA 92025  
Effective as of 01-OCT-13

**EMERGENCY MEDICINE**

**HARE, MARC, MD**

Provider ID: N/A

1045 E PENNSYLVANIA  
AVE  
ESCONDIDO, CA 92025  
Effective as of 01-APR-23

**ENDOCRINOLOGY**

**METABOLISM DIABETES**

**BAILEY, TIMOTHY, MD**

Provider ID: N/A

625 CITRACADO PKWY STE  
108  
ESCONDIDO, CA 92025  
Effective as of 01-OCT-23

**FARJOUDI, FARHAD, MD**

Provider ID: N/A

2125 CITRACADO PKWY  
STE 220  
ESCONDIDO, CA 92029  
Effective as of 01-FEB-24

**FAMILY PRACTICE**

**COBIAN, VANESSA, MD**

Provider ID: N/A

728 E VALLEY PKWY  
ESCONDIDO, CA 92025  
Effective as of 01-FEB-24

**RAO, USHA, MD†**

Provider ID: N/A

704 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-NOV-23

**SHAFT, ALEXANDER, MD†**

Provider ID: N/A  
488 E VALLEY PKWY STE  
313  
ESCONDIDO, CA 92025  
Teleservice  
Effective as of 01-MAR-22

**SHAFT, ALEXANDER, MD†**

Provider ID: N/A  
488 E VALLEY PKWY STE  
313  
ESCONDIDO, CA 92025  
Teleservice  
Effective as of 01-FEB-23

**GASTROENTEROLOGY**

**CHELIMILLA, HARITHA, MD**

Provider ID: N/A  
488 E VALLEY PKWY STE  
110  
ESCONDIDO, CA 92025  
Effective as of 01-OCT-20

**CHELIMILLA, HARITHA, MD**

Provider ID: N/A  
735 E OHIO AVE STE 204  
ESCONDIDO, CA 92025  
Effective as of 01-AUG-20

**CHELIMILLA, HARITHA, MD**

Provider ID: N/A  
735 E OHIO AVE STE 204  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

**GARA, NAVEEN, MD†**

Provider ID: N/A  
935 E PENNSYLVANIA AVE

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

**GARA, NAVEEN, MD†**

Provider ID: N/A  
661 E PENNSYLVANIA AVE  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-21

**HASSANEIN, TAREK, MD†**

Provider ID: N/A  
488 E VALLEY PKWY  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-21

**HASSANEIN, TAREK, MD†**

Provider ID: N/A  
488 E VALLEY PKWY STE  
313  
ESCONDIDO, CA 92025  
Teleservice  
Effective as of 01-MAR-22

**HASSANEIN, TAREK, MD†**

Provider ID: N/A  
488 E VALLEY PKWY STE  
313  
ESCONDIDO, CA 92025  
Teleservice  
Effective as of 01-MAY-22

**HEARING AID DEALER /  
SUPPLIER**

**ANDERSON, ELAINE, MA†**

Provider ID: N/A  
330 W FELICITA AVE STE  
A4  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

**INTERNAL MEDICINE**

**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  
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**

**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

**LICENSED CLINICAL  
SOCIAL WORKER**

**BECERRA, GABRIEL, LCSW**

Provider ID: N/A

425 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-DEC-23

**CHRISTENSEN, PATTI, LCSW**

Provider ID: N/A

1002 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

**GUZZO, RICHARD, LCSW**

Provider ID: N/A

1002 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

**HARRIS, LAURA, LCSW**

Provider ID: N/A

1002 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

**HARRIS, LAURA, LCSW**

Provider ID: N/A

1002 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-MAR-23

**MAGOS, DANIEL, LCSW**

Provider ID: N/A

425 N DATE ST

ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

**MARTINEZ, NORAYMA, LCSW†**

Provider ID: N/A

728 E VALLEY PKWY  
ESCONDIDO, CA 92025  
Effective as of 01-NOV-22

**ROBLEDO, DAMIAN, LCSW**

Provider ID: N/A

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

**ROBLEDO, DAMIAN, LCSW**

Provider ID: N/A

425 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-APR-23

**MARRIAGE FAMILY  
THERAPIST**

**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-DAHMAN, ZAID, MD**

Provider ID: N/A

631 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-AUG-23

**AL-DAHMAN, ZAID, MD**

Provider ID: N/A

631 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-FEB-24

**AL-DAHMAN, ZAID, MD**

Provider ID: N/A

631 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-23

**AL-DAHMAN, ZAID, MD**

Provider ID: N/A

631 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-MAY-23

**CHODRY, QASIM, MD**

Provider ID: N/A

631 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-NOV-23

**CHODRY, QASIM, MD**

Provider ID: N/A

631 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-OCT-23

**CHODRY, QASIM, MD**

Provider ID: N/A

631 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-OCT-23

**CHODRY, QASIM, MD**

Provider ID: N/A

631 E GRAND AVE  
ESCONDIDO, CA 92025

Effective as of 01-JUL-23

**CHOUdry, QASIM, MD**

Provider ID: N/A

631 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-23

**CHOUdry, QASIM, MD**

Provider ID: N/A

631 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-DEC-23

**CHOUdry, QASIM, MD**

Provider ID: N/A

631 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-DEC-23

**GREENSTEIN, JOSHUA, MD†**

Provider ID: N/A

631 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-21

**GREENSTEIN, JOSHUA, MD†**

Provider ID: N/A

631 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-21

**GREENSTEIN, JOSHUA, MD†**

Provider ID: N/A

631 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-22

**HEBREO, JOSEPH, MD†**

Provider ID: N/A

631 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-22

**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-MAR-17

**HEBREO, JOSEPH, MD†**

Provider ID: N/A

631 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-21

**KAYAL, ANAS, MD†**

Provider ID: N/A

631 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-22

**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

**KHAWAR, OSMAN, MD†**

Provider ID: N/A

631 E GRAND AVE  
ESCONDIDO, CA 92025  
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

**NEYAZ, MOHAMMED, DO†**

Provider ID: N/A

631 E GRAND AVE  
ESCONDIDO, CA 92025  
Teleservice  
Effective as of 01-JUL-22

**SHAPIRO, MARK, MD†**

Provider ID: N/A

631 E GRAND AVE  
ESCONDIDO, CA 92025  
Teleservice  
Effective as of 01-JUL-22

**SHAPIRO, MARK, MD†**

Provider ID: N/A

631 E GRAND AVE  
ESCONDIDO, CA 92025  
Teleservice  
Effective as of 01-JAN-21

**NEUROLOGY**

**BAKER, DAVID, DO**

Provider ID: N/A

1955 CITRACADO PKWY  
STE 102  
ESCONDIDO, CA 92029  
Effective as of 01-JAN-24

**DELANEY, MICHAEL, MD†**

Provider ID: N/A

1955 CITRACADO PKWY  
STE 102



ESCONDIDO, CA 92029  
Effective as of 01-JAN-21

**DELANEY, MICHAEL, MD†**

Provider ID: N/A

1955 CITRACADO PKWY  
STE 102

ESCONDIDO, CA 92029  
Effective as of 01-JAN-21

**DELANEY, MICHAEL, MD†**

Provider ID: N/A

1955 CITRACADO PKWY  
STE 102

ESCONDIDO, CA 92029  
Effective as of 01-FEB-19

**DROKER, BRIAN, MD**

Provider ID: N/A

1955 CITRACADO PKWY  
STE 102

ESCONDIDO, CA 92029  
Effective as of 01-MAR-24

**FARNSWORTH, WILLIAM, MD†**

Provider ID: N/A

1955 CITRACADO PKWY  
STE 102

ESCONDIDO, CA 92029  
Effective as of 01-FEB-22

**FARNSWORTH, WILLIAM, MD†**

Provider ID: N/A

1955 CITRACADO PKWY  
STE 102

ESCONDIDO, CA 92029  
Effective as of 01-NOV-21

**FRISHBERG, BENJAMIN, MD†**

Provider ID: N/A

1955 CITRACADO PKWY  
STE 102

ESCONDIDO, CA 92029  
Effective as of 01-SEP-22

**FRISHBERG, BENJAMIN, 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

**OH, IRENE, MD†**

Provider ID: N/A

1955 CITRACADO PKWY  
STE 102

ESCONDIDO, CA 92029  
Effective as of 01-JAN-21

**PADUGA, REMIA, MD†**

Provider ID: N/A

1955 CITRACADO PKWY  
STE 102

ESCONDIDO, CA 92029  
Effective as of 01-SEP-22

**QUESNELL, TARA, DO†**

Provider ID: N/A

1955 CITRACADO PKWY  
STE 102

ESCONDIDO, CA 92029  
Teleservice

Effective as of 01-JAN-24

**SAVANI, AMAN, MD**

Provider ID: N/A

1955 CITRACADO PKWY  
STE 102

ESCONDIDO, CA 92029  
Effective as of 01-NOV-23

**SHAPIRO, MARK, MD†**

Provider ID: N/A

631 E GRAND AVE  
ESCONDIDO, CA 92025\*

Teleservice

Effective as of 01-JAN-21

**WANG, CHUNYANG, MD**

Provider ID: N/A

1955 CITRACADO PKWY  
STE 102

ESCONDIDO, CA 92029  
Effective as of 01-FEB-24

**WANG, ANCHI, MD†**

Provider ID: N/A

1955 CITRACADO PKWY  
STE 102

ESCONDIDO, CA 92029  
Teleservice

Effective as of 01-JAN-21

**OBSTETRICS /  
GYNECOLOGY**

**BABKINA, NATALIA, MD**

Provider ID: N/A

488 E VALLEY PKWY STE  
400

ESCONDIDO, CA 92025  
Effective as of 01-MAR-23

**BABKINA, NATALIA, MD**

Provider ID: N/A

488 E VALLEY PKWY STE  
308

ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

**BABKINA, NATALIA, MD**

Provider ID: N/A

488 E VALLEY PKWY STE  
311

ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

**BABKINA, NATALIA, MD**

Provider ID: N/A

488 E VALLEY PKWY STE 310  
ESCONDIDO, CA 92025  
Effective as of 01-FEB-24

**BULLOCH, EDGAR, MD**

Provider ID: N/A

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

**BULLOCH, EDGAR, MD**

Provider ID: N/A

460 N ELM ST  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-23

**BULLOCH, EDGAR, MD**

Provider ID: N/A

460 N ELM ST  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-23

**CIZMAR, BRANISLAV, MD**

Provider ID: N/A

488 E VALLEY PKWY STE 404  
ESCONDIDO, CA 92025  
Effective as of 01-FEB-24

**CIZMAR, BRANISLAV, MD**

Provider ID: N/A

488 E VALLEY PKWY STE 311  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

**CIZMAR, BRANISLAV, MD**

Provider ID: N/A

2130 CITRACADO PKWY STE 220  
ESCONDIDO, CA 92029  
Effective as of 01-FEB-24

**HINSHAW, PAUL, DO†**

Provider ID: N/A

1955 CITRACADO PKWY STE 302  
ESCONDIDO, CA 92029  
Effective as of 01-SEP-22

**HINSHAW, PAUL, DO†**

Provider ID: N/A

488 E VALLEY PKWY STE 400  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

**HUSKEY, DANA, MD**

Provider ID: N/A

488 E VALLEY PKWY STE 310  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

**SHORT, ABIADE, MD†**

Provider ID: N/A

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

**OPHTHALMOLOGY**

**AVALLONE, THOMAS, MD†**

Provider ID: N/A

700 W EL NORTE PKWY  
ESCONDIDO, CA 92026  
Effective as of 01-MAY-23

**AVALLONE, THOMAS, MD†**

Provider ID: N/A

700 W EL NORTE PKWY  
ESCONDIDO, CA 92026  
Effective as of 01-APR-23

**BINDER, NICHOLAS, MD†**

Provider ID: N/A

700 W EL NORTE PKWY STE 200  
ESCONDIDO, CA 92026  
Effective as of 01-DEC-21

ESCONDIDO, CA 92026  
Effective as of 01-DEC-21

**BINDER, NICHOLAS, MD†**

Provider ID: N/A

700 W EL NORTE PKWY STE 200  
ESCONDIDO, CA 92026  
Effective as of 01-DEC-23

**BINDER, NICHOLAS, MD†**

Provider ID: N/A

700 W EL NORTE PKWY STE 200  
ESCONDIDO, CA 92026  
Effective as of 01-NOV-23

**BINDER, NICHOLAS, MD†**

Provider ID: N/A

830 W VALLEY PKWY STE 300  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

**BINDER, NICHOLAS, MD†**

Provider ID: N/A

830 W VALLEY PKWY STE 300  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

**BINDER, NICHOLAS, MD†**

Provider ID: N/A

700 W EL NORTE PKWY STE 200  
ESCONDIDO, CA 92026  
Effective as of 01-APR-22

**CHOPLIN, NEIL, MD†**

Provider ID: N/A

700 W EL NORTE PKWY  
ESCONDIDO, CA 92026  
Effective as of 01-SEP-15

**CHOPLIN, NEIL, MD†**

Provider ID: N/A

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

**HUDSON, HENRY, MD†**

Provider ID: N/A

700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026  
Effective as of 01-DEC-21

**HUDSON, HENRY, MD†**

Provider ID: N/A

830 W VALLEY PKWY STE  
300  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

**HUDSON, HENRY, MD†**

Provider ID: N/A

830 W VALLEY PKWY STE  
300  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

**MCGRAW, JOSEPH, MD†**

Provider ID: N/A

830 W VALLEY PKWY STE  
300  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

**MORRISON-REYES, JOSHUA,  
MD†**

Provider ID: N/A

830 W VALLEY PKWY STE  
300  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

**MORRISON-REYES, JOSHUA,  
MD†**

Provider ID: N/A

830 W VALLEY PKWY STE

300  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

**MORRISON-REYES, JOSHUA,  
MD**

Provider ID: N/A

700 W EL NORTE PKWY  
ESCONDIDO, CA 92026  
Effective as of 01-MAR-23

**MORRISON-REYES, JOSHUA,  
MD†**

Provider ID: N/A

830 W VALLEY PKWY STE  
300  
ESCONDIDO, CA 92025  
Effective as of 01-MAR-23

**MORTON, ASA, MD†**

Provider ID: N/A

700 W EL NORTE PKWY  
ESCONDIDO, CA 92026  
Effective as of 01-AUG-23

**MORTON, ASA, MD†**

Provider ID: N/A

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

**PATEL, GITANE, MD†**

Provider ID: N/A

830 W VALLEY PKWY STE  
300  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

**PATEL, SARJAN, MD†**

Provider ID: N/A

830 W VALLEY PKWY STE  
300  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

**PRABHU, SUJATA, MD†**

Provider ID: N/A

830 W VALLEY PKWY STE  
300  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

**PRABHU, SUJATA, MD†**

Provider ID: N/A

700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026  
Effective as of 01-DEC-21

**PRABHU, SUJATA, MD†**

Provider ID: N/A

700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026  
Effective as of 01-DEC-23

**PRABHU, SUJATA, MD†**

Provider ID: N/A

830 W VALLEY PKWY STE  
300  
ESCONDIDO, CA 92025  
Effective as of 01-AUG-20

**SHEILS, CATHERINE, MD**

Provider ID: N/A

700 W EL NORTE PKWY  
ESCONDIDO, CA 92026  
Effective as of 01-JAN-24

**SHEILS, CATHERINE, MD**

Provider ID: N/A

700 W EL NORTE PKWY  
ESCONDIDO, CA 92026  
Effective as of 01-JAN-24

**ZHAO, TAILUN, MD**

Provider ID: N/A

700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026

Effective as of 01-JAN-24

**ZHAO, TAILUN, MD**

Provider ID: N/A

700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026

Effective as of 01-JUL-23

**ZHAO, TAILUN, MD**

Provider ID: N/A

700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026

Effective as of 01-NOV-23

**OPTOMETRIST**

**AOTO, KIM, OD†**

Provider ID: N/A

830 W VALLEY PKWY STE  
300  
ESCONDIDO, CA 92025

Effective as of 01-JAN-21

**AOTO, KIM, OD†**

Provider ID: N/A

830 W VALLEY PKWY STE  
300  
ESCONDIDO, CA 92025

Effective as of 01-JAN-21

**AOTO, KIM, OD†**

Provider ID: N/A

830 W VALLEY PKWY STE  
300  
ESCONDIDO, CA 92025

Effective as of 01-SEP-22

**AOTO, KIM, OD†**

Provider ID: N/A

700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026

Effective as of 01-SEP-22

**AOTO, KIM, OD†**

Provider ID: N/A

700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026

Effective as of 01-DEC-21

**DYER, SHARON, OD†**

Provider ID: N/A

830 W VALLEY PKWY STE  
300  
ESCONDIDO, CA 92025

Effective as of 01-SEP-22

**JULAZADEH, SARA, OD**

Provider ID: N/A

700 W EL NORTE PKWY  
ESCONDIDO, CA 92026

Effective as of 01-SEP-23

**KHALIL, VADY, OD†**

Provider ID: N/A

700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026

Effective as of 01-NOV-22

**KHALIL, VADY, OD†**

Provider ID: N/A

700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026

Effective as of 01-NOV-22

**KHIEU, TINA, OD**

Provider ID: N/A

700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026

Effective as of 01-NOV-23

**KHIEU, TINA, OD**

Provider ID: N/A

700 W EL NORTE PKWY  
STE 200

ESCONDIDO, CA 92026

Effective as of 01-DEC-23

**SCOTT, JEFFREY, OD†**

Provider ID: N/A

830 W VALLEY PKWY STE  
300

ESCONDIDO, CA 92025

Effective as of 01-JAN-22

**TAUNTON, PHILIP, OD†**

Provider ID: N/A

700 W EL NORTE PKWY  
ESCONDIDO, CA 92026

Effective as of 01-SEP-21

**TAUNTON, PHILIP, OD†**

Provider ID: N/A

700 W EL NORTE PKWY  
ESCONDIDO, CA 92026

Effective as of 01-SEP-23

**TONNU, ANH, OD†**

Provider ID: N/A

700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026

Effective as of 01-DEC-21

**PEDIATRICS**

**MALEKSHAMRAN, KEYVAN, MD†**

Provider ID: N/A

426 N DATE ST  
ESCONDIDO, CA 92025

Effective as of 01-AUG-22

**PHYS MED/ REHAB PAIN  
MEDICINE**

**RICHARDSON, HENRY, MD†**

Provider ID: N/A

1955 CITRACADO PKWY  
STE 203

ESCONDIDO, CA 92029  
Effective as of 01-MAR-23

**PHYSICAL MEDICINE /  
REHABILITATION**

**TAHAEI, SEYED, MD†**

Provider ID: N/A

215 S HICKORY ST STE 116  
ESCONDIDO, CA 92025

Effective as of 01-OCT-22

**PHYSICIANS ASSISTANT**

**BALDWIN, DONNA, PA†**

Provider ID: N/A

1035 E GRAND AVE STE 101  
ESCONDIDO, CA 92025

Effective as of 01-JAN-21

**BEITTER, KEERSTIN, PA†**

Provider ID: N/A

1955 CITRACADO PKWY  
STE 203  
ESCONDIDO, CA 92029

Effective as of 01-MAR-22

**CHATFIELD, ALEXANDRA, PA†**

Provider ID: N/A

1955 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029

Effective as of 01-FEB-21

**COLESON, PAMELA, PA**

Provider ID: N/A

460 N ELM ST  
ESCONDIDO, CA 92025

Effective as of 01-AUG-20

**DANESHVAR, ABRAHAM, PA**

Provider ID: N/A

631 E GRAND AVE  
ESCONDIDO, CA 92025

Teleservice

Effective as of 01-AUG-23

**ESCALANTE, JUVY, PA**

Provider ID: N/A

460 N ELM ST  
ESCONDIDO, CA 92025

Effective as of 01-FEB-23

**ESCALANTE, JUVY, PA**

Provider ID: N/A

728 E VALLEY PKWY  
ESCONDIDO, CA 92025

Effective as of 01-FEB-23

**GANGJI, SHAZMIN, PA**

Provider ID: N/A

460 N ELM ST  
ESCONDIDO, CA 92025

Effective as of 01-JAN-24

**GANGJI, SHAZMIN, PA**

Provider ID: N/A

460 N ELM ST  
ESCONDIDO, CA 92025

Effective as of 01-FEB-24

**HUANG, STEPHANIE, PA†**

Provider ID: N/A

1955 CITRACADO PKWY  
STE 102  
ESCONDIDO, CA 92029

Effective as of 01-JAN-21

**MEHTA, NOOPUR, PA**

Provider ID: N/A

460 N ELM ST  
ESCONDIDO, CA 92025

Effective as of 01-MAR-23

**MONTES, VIVIAN, PA**

Provider ID: N/A

728 E VALLEY PKWY  
ESCONDIDO, CA 92025

Effective as of 01-APR-23

**NG, EUNICE, PA**

Provider ID: N/A

488 E VALLEY PKWY STE  
411  
ESCONDIDO, CA 92025

Effective as of 01-MAY-23

**NIAKAMAL, EVAN, PA†**

Provider ID: N/A

425 N DATE ST  
ESCONDIDO, CA 92025

Effective as of 01-JUL-22

**WICKWARE, TRACY, PA†**

Provider ID: N/A

728 E VALLEY PKWY  
ESCONDIDO, CA 92025

Effective as of 01-MAY-23

**WICKWARE, TRACY, PA**

Provider ID: N/A

426 N DATE ST  
ESCONDIDO, CA 92025

Effective as of 01-MAY-23

**WICKWARE, TRACY, PA†**

Provider ID: N/A

460 N ELM ST  
ESCONDIDO, CA 92025

Effective as of 01-MAY-23

**WICKWARE, TRACY, PA**

Provider ID: N/A

488 E VALLEY PKWY STE  
411  
ESCONDIDO, CA 92025

Effective as of 01-FEB-24

**WILE, KIMBERLY, PA**

Provider ID: N/A

625 CITRACADO PKWY STE  
108  
ESCONDIDO, CA 92025

Effective as of 01-NOV-23

**WRIGHT, DEREK, PA**

Provider ID: N/A

1955 CITRACADO PKWY  
ESCONDIDO, CA 92029  
Effective as of 01-NOV-23

**WRIGHT, DEREK, PA**

Provider ID: N/A

1955 CITRACADO PKWY  
ESCONDIDO, CA 92029  
Effective as of 01-AUG-23

**PODIATRIST**

**BANKS, JAMINELLI, DPM†**

Provider ID: N/A

215 S HICKORY ST STE 118  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

**CHU, ANDREW, DPM†**

Provider ID: N/A

215 S HICKORY ST STE 118  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

**FARMER, STEVEN, DPM†**

Provider ID: N/A

728 E VALLEY PKWY  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

**FARMER, STEVEN, DPM†**

Provider ID: N/A

728 E VALLEY PKWY  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-21

**HAN, KYOUNG, DPM**

Provider ID: N/A

215 S HICKORY ST STE 118  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-22

**LARKINS, PHILIP, DPM**

Provider ID: N/A

460 N ELM ST  
ESCONDIDO, CA 92025  
Effective as of 01-MAR-23

**MORRIS, JASON, DPM**

Provider ID: N/A

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

**MORRIS, JASON, DPM**

Provider ID: N/A

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

**MORRIS, JASON, DPM**

Provider ID: N/A

736 E GRAND AVE  
ESCONDIDO, CA 92025  
Teleservice  
Effective as of 01-JAN-23

**NEGRON, RICARDO, DPM**

Provider ID: N/A

728 E VALLEY PKWY  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-22

**NEGRON, RICARDO, DPM**

Provider ID: N/A

1001 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-21

**NEGRON, RICARDO, DPM**

Provider ID: N/A

1001 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-21

**READ, TRENTON, DPM**

Provider ID: N/A

215 S HICKORY ST STE 118  
ESCONDIDO, CA 92025  
Effective as of 01-APR-23

**REDKAR, AVANTI, DPM**

Provider ID: N/A

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

**REDKAR, AVANTI, DPM**

Provider ID: N/A

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

**SMITH, COLLIN, DPM†**

Provider ID: N/A

215 S HICKORY ST STE 118  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

**SMITH, COLLIN, DPM†**

Provider ID: N/A

215 S HICKORY ST STE 118  
ESCONDIDO, CA 92025  
Effective as of 01-DEC-21

**SMITH, COLLIN, DPM†**

Provider ID: N/A

215 S HICKORY ST STE 118  
ESCONDIDO, CA 92025  
Effective as of 01-FEB-21

**TOUMA, ELIE, DPM†**

Provider ID: N/A

460 N ELM ST  
ESCONDIDO, CA 92025  
Effective as of 01-FEB-23

**TOUMA, ELIE, DPM**

Provider ID: N/A

1045 E PENNSYLVANIA  
AVE

ESCONDIDO, CA 92025  
Teleservice  
Effective as of 01-APR-23

**TOUMA, ELIE, DPM†**

Provider ID: N/A  
704 N ELM ST  
ESCONDIDO, CA 92025  
Effective as of 01-DEC-22

**PSYCHIATRY**

**CASTILLO, TIFFANY, MD†**

Provider ID: N/A  
425 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-NOV-22

**CASTILLO, TIFFANY, MD†**

Provider ID: N/A  
425 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-NOV-22

**CHAND, RAVINDRA, MD†**

Provider ID: N/A  
2185 CITRACADO PKWY  
ESCONDIDO, CA 92029  
Effective as of 01-JUL-21

**CHAND, RAVINDRA, MD†**

Provider ID: N/A  
2185 CITRACADO PKWY  
ESCONDIDO, CA 92029  
Effective as of 01-JUL-21

**FANOUS, ASHRAF, MD**

Provider ID: N/A  
221 W CREST ST STE 205  
ESCONDIDO, CA 92025  
Effective as of 01-MAY-23

**FANOUS, ASHRAF, MD**

Provider ID: N/A  
221 W CREST ST STE 205

ESCONDIDO, CA 92025  
Effective as of 01-MAY-23

**FU, KATHERINE, MD**

Provider ID: N/A  
704 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-FEB-24

**FU, KATHERINE, MD**

Provider ID: N/A  
704 E GRAND AVE  
ESCONDIDO, CA 92025  
Effective as of 01-FEB-24

**HOLLEMAN, KEVIN, DO**

Provider ID: N/A  
221 W CREST ST STE 205  
ESCONDIDO, CA 92025  
Effective as of 01-APR-23

**HOLLEMAN, KEVIN, DO**

Provider ID: N/A  
221 W CREST ST STE 205  
ESCONDIDO, CA 92025  
Effective as of 01-APR-23

**KOH, STEVE, MD†**

Provider ID: N/A  
255 N ASH ST STE 101  
ESCONDIDO, CA 92027  
Teleservice  
Effective as of 01-JAN-22

**KOH, STEVE, MD†**

Provider ID: N/A  
704 E GRAND AVE  
ESCONDIDO, CA 92025  
Teleservice  
Effective as of 01-SEP-22

**KOH, STEVE, MD†**

Provider ID: N/A  
704 E GRAND AVE  
ESCONDIDO, CA 92025

Teleservice  
Effective as of 01-SEP-22

**KOH, STEVE, MD†**

Provider ID: N/A  
255 N ASH ST STE 101  
ESCONDIDO, CA 92027  
Teleservice  
Effective as of 01-JAN-22

**PARASHAR, ANUSHREE, MD**

Provider ID: N/A  
221 W CREST ST STE 205  
ESCONDIDO, CA 92025  
Effective as of 01-MAR-23

**PARASHAR, ANUSHREE, MD**

Provider ID: N/A  
221 W CREST ST STE 205  
ESCONDIDO, CA 92025  
Effective as of 01-MAR-23

**PARASHAR, ANUSHREE, MD**

Provider ID: N/A  
221 W CREST ST STE 205  
ESCONDIDO, CA 92025  
Effective as of 01-MAR-23

**PARASHAR, ANUSHREE, MD**

Provider ID: N/A  
221 W CREST ST STE 205  
ESCONDIDO, CA 92025  
Effective as of 01-MAR-23

**RODARTE, GABRIEL, MD†**

Provider ID: N/A  
425 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

**RODARTE, GABRIEL, MD†**

Provider ID: N/A  
425 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

**RODARTE, GABRIEL, MD†**

Provider ID: N/A

425 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-22

**RODARTE, GABRIEL, MD†**

Provider ID: N/A

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

**RODARTE, GABRIEL, MD†**

Provider ID: N/A

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

**RODARTE, GABRIEL, MD†**

Provider ID: N/A

425 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-22

**PSYCHOLOGIST**

**CALOCA, LAURA, PSYD**

Provider ID: N/A

488 E VALLEY PKWY STE  
411  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

**CALOCA, LAURA, PSYD**

Provider ID: N/A

728 E VALLEY PKWY  
ESCONDIDO, CA 92025  
Effective as of 01-AUG-20

**CALOCA, LAURA, PSYD**

Provider ID: N/A

488 E VALLEY PKWY STE  
411  
ESCONDIDO, CA 92025

Effective as of 01-JAN-24

**CALOCA, LAURA, PSYD**

Provider ID: N/A

728 E VALLEY PKWY  
ESCONDIDO, CA 92025  
Effective as of 01-AUG-20

**CARLTON PENN, CORNELIA,  
PhD**

Provider ID: N/A

425 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-NOV-22

**CARLTON PENN, CORNELIA,  
PhD**

Provider ID: N/A

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

**CARLTON PENN, CORNELIA,  
PhD**

Provider ID: N/A

425 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-NOV-22

**CARLTON PENN, CORNELIA,  
PhD**

Provider ID: N/A

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

**CHAO, BRIAN, PhD**

Provider ID: N/A

460 N ELM ST  
ESCONDIDO, CA 92025  
Effective as of 01-AUG-20

**CHAO, BRIAN, PhD**

Provider ID: N/A

460 N ELM ST  
ESCONDIDO, CA 92025  
Effective as of 01-AUG-20

**ESTRADA PATINO, ANGELA,  
PSYD**

Provider ID: N/A

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

**ESTRADA PATINO, ANGELA,  
PSYD**

Provider ID: N/A

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

**GREENE, ERIC, PSYD**

Provider ID: N/A

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

**GREENE, ERIC, PSYD**

Provider ID: N/A

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

**GUARDADO-SOTO, RAQUEL,  
PhD**

Provider ID: N/A

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

**GUARDADO-SOTO, RAQUEL,  
PhD**

Provider ID: N/A

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

**HOLDEN, MATTHEW, PhD†**



Provider ID: N/A

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

**HOLDEN, MATTHEW, PhD†**

Provider ID: N/A

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

**MEJIAS, JUAN, PhD**

Provider ID: N/A

426 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-FEB-24

**MEJIAS, JUAN, PhD**

Provider ID: N/A

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

**MEJIAS, JUAN, PhD**

Provider ID: N/A

426 N DATE ST  
ESCONDIDO, CA 92025  
Effective as of 01-FEB-24

**MEJIAS, JUAN, PhD**

Provider ID: N/A

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

**SUOZZO, JOSEPH, PhD†**

Provider ID: N/A

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

**SUOZZO, JOSEPH, PhD†**

Provider ID: N/A

425 N DATE ST  
ESCONDIDO, CA 92025

Effective as of 01-JAN-24

**VALLEZ-BARLAM, ANDREA, PhD**

Provider ID: N/A

488 E VALLEY PKWY STE 404  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

**VALLEZ-BARLAM, ANDREA, PhD**

Provider ID: N/A

488 E VALLEY PKWY STE 404  
ESCONDIDO, CA 92025  
Effective as of 01-DEC-23

**VALLEZ-BARLAM, ANDREA, PhD**

Provider ID: N/A

488 E VALLEY PKWY STE 404  
ESCONDIDO, CA 92025  
Effective as of 01-DEC-23

**VALLEZ-BARLAM, ANDREA, PhD**

Provider ID: N/A

488 E VALLEY PKWY STE 404  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-24

**WOODWORTH, JENNIFER, PSYD**

Provider ID: N/A

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

**WOODWORTH, JENNIFER, PSYD**

Provider ID: N/A

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

**PULMONARY DISEASES**

**BENDER, FRANK, MD**

Provider ID: N/A

2125 CITRACADO PKWY STE 230  
ESCONDIDO, CA 92029  
Effective as of 01-FEB-24

**POPPER, STEVEN, MD**

Provider ID: N/A

2125 CITRACADO PKWY STE 230  
ESCONDIDO, CA 92029  
Effective as of 01-JAN-24

**QUAN, MICHELE, MD†**

Provider ID: N/A

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

**RADIATION ONCOLOGY**

**COLEMAN, LORI, MD†**

Provider ID: N/A

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

**FULLER, DONALD, MD†**

Provider ID: N/A

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

**FULLER, DONALD, MD†**

Provider ID: N/A

701 E GRAND AVE STE 200

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

**FULLER, DONALD, MD†**

Provider ID: N/A  
701 E GRAND AVE STE 200  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-21

**FULLER, DONALD, MD†**

Provider ID: N/A  
701 E GRAND AVE STE 200  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-22

**IJAZ, TAHIR, MD†**

Provider ID: N/A  
701 E GRAND AVE STE 200  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-22

**IJAZ, TAHIR, MD†**

Provider ID: N/A  
701 E GRAND AVE STE 200  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-21

**IJAZ, TAHIR, MD†**

Provider ID: N/A  
701 E GRAND AVE STE 200  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

**JABBARI, SIAVASH, MD†**

Provider ID: N/A  
2125 CITRACADO PKWY  
STE 110  
ESCONDIDO, CA 92029  
Effective as of 01-OCT-22

**SHIRAZI, REZA, MD†**

Provider ID: N/A  
701 E GRAND AVE STE 200  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

**SHIRAZI, REZA, MD†**

Provider ID: N/A  
701 E GRAND AVE STE 200  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-21

**SHIRAZI, REZA, MD†**

Provider ID: N/A  
701 E GRAND AVE STE 200  
ESCONDIDO, CA 92025  
Effective as of 01-SEP-22

**SHIRAZI, REZA, MD†**

Provider ID: N/A  
701 E GRAND AVE STE 200  
ESCONDIDO, CA 92025  
Effective as of 01-JUL-22

**UHL, BARRY, MD†**

Provider ID: N/A  
2125 CITRACADO PKWY  
STE 110  
ESCONDIDO, CA 92029  
Effective as of 01-JAN-21

**VAKILIAN, SIAVOSH, MD†**

Provider ID: N/A  
701 E GRAND AVE STE 200  
ESCONDIDO, CA 92025  
Teleservice  
Effective as of 01-JUL-21

**VAKILIAN, SIAVOSH, MD†**

Provider ID: N/A  
701 E GRAND AVE STE 200  
ESCONDIDO, CA 92025  
Teleservice  
Effective as of 01-MAY-21

**VAKILIAN, SIAVOSH, MD†**

Provider ID: N/A  
701 E GRAND AVE STE 200  
ESCONDIDO, CA 92025  
Teleservice

Effective as of 01-SEP-22

**VOLPP, PAUL, MD†**

Provider ID: N/A  
2125 CITRACADO PKWY  
STE 110  
ESCONDIDO, CA 92029  
Effective as of 01-JAN-21

**WEINSTEIN, GEOFFREY, MD†**

Provider ID: N/A  
2125 CITRACADO PKWY  
STE 110  
ESCONDIDO, CA 92029  
Effective as of 01-JAN-21

**RADIOLOGY DIAGNOSTIC**

**VAKILIAN, SIAVOSH, MD†**

Provider ID: N/A  
701 E GRAND AVE STE 200  
ESCONDIDO, CA 92025  
Teleservice  
Effective as of 01-SEP-22

**REGISTERED PHYSICAL  
THERAPIST**

**BOUTELLE, DAVID, PT**

Provider ID: N/A  
1815 E VALLEY PKWY STE 5  
ESCONDIDO, CA 92027  
Effective as of 01-FEB-24

**BOUTELLE, BARBARA, PT**

Provider ID: N/A  
1815 E VALLEY PKWY STE 5  
ESCONDIDO, CA 92027  
Effective as of 01-FEB-24

**FARRAR, COURTNEY, PT†**

Provider ID: N/A  
1340 W VALLEY PKWY STE  
201  
ESCONDIDO, CA 92029

Effective as of 01-JAN-21

**FARRAR, COURTNEY, PT**

Provider ID: N/A

☞ 1955 CITRACADO PKWY  
STE 203  
ESCONDIDO, CA 92029

Teleservice

Effective as of 01-JUL-23

**MCGEE, JACQUELINE, PT**

Provider ID: N/A

☞ 1815 E VALLEY PKWY STE 5  
ESCONDIDO, CA 92027

Effective as of 01-JAN-21

**SPEECH PATHOLOGIST**

**KOUKEYAN, KARIN, SP**

Provider ID: N/A

☞ 500 LA TERRAZA BLVD STE  
150  
ESCONDIDO, CA 92025

Effective as of 01-JAN-23

**SURGERY**

**CARDIOVASCULAR**

**LIN, YUAN, MD**

Provider ID: N/A

☞ 2130 CITRACADO PKWY  
STE 220  
ESCONDIDO, CA 92029

Effective as of 01-MAR-23

**SURGERY GENERAL**

**CASILLAS BERUMEN, SERGIO,  
MD**

Provider ID: N/A

☞ 1045 E PENNSYLVANIA  
AVE  
ESCONDIDO, CA 92025

Effective as of 01-FEB-24

**GROVE, JAY, MD†**

Provider ID: N/A

☞ 2185 CITRACADO PKWY  
ESCONDIDO, CA 92029

Teleservice

Effective as of 01-JAN-21

**MOLDOVAN, STEFAN, MD†**

Provider ID: N/A

☞ 1045 E PENNSYLVANIA  
AVE  
ESCONDIDO, CA 92025

Teleservice

Effective as of 01-MAR-24

**MOLDOVAN, STEFAN, MD†**

Provider ID: N/A

☞ 1045 E PENNSYLVANIA  
AVE  
ESCONDIDO, CA 92025

Teleservice

Effective as of 01-MAR-24

**SURGERY GENERAL**

**VASCULAR**

**BULKIN, ANATOLY, MD†**

Provider ID: N/A

☞ 625 CITRACADO PKWY STE  
203  
ESCONDIDO, CA 92025

Effective as of 01-JAN-24

**CHANG, ALEXANDER, MD†**

Provider ID: N/A

☞ 625 CITRACADO PKWY STE  
203  
ESCONDIDO, CA 92025

Effective as of 01-AUG-20

**MORENO MARTINEZ,**

**ENRIQUE, MD†**

Provider ID: N/A

☞ 1045 E PENNSYLVANIA

AVE

ESCONDIDO, CA 92025

Teleservice

Effective as of 01-MAR-24

**NEMCEFF, DENNIS, MD†**

Provider ID: N/A

☞ 625 CITRACADO PKWY STE  
203  
ESCONDIDO, CA 92025

Effective as of 01-JAN-21

**SALLOUM, ALEXANDER, MD†**

Provider ID: N/A

☞ 1045 E PENNSYLVANIA  
AVE  
ESCONDIDO, CA 92025

Teleservice

Effective as of 01-MAR-24

**SALLOUM, ALEXANDER, MD†**

Provider ID: N/A

☞ 1045 E PENNSYLVANIA  
AVE  
ESCONDIDO, CA 92025

Teleservice

Effective as of 01-MAR-24

**SURGERY**

**NEUROLOGICAL**

**STERN, MARK, MD†**

Provider ID: N/A

☞ 705 E OHIO AVE  
ESCONDIDO, CA 92025

Effective as of 01-JAN-21

**STERN, MARK, MD†**

Provider ID: N/A

☞ 705 E OHIO AVE  
ESCONDIDO, CA 92025

Effective as of 01-SEP-23

**SURGERY ORTHOPEDIC**

**BARBA, DANIEL, MD**

Provider ID: N/A

2130 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029  
Effective as of 01-MAR-23

**KNUTSON, THOMAS, MD**

Provider ID: N/A

2130 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029  
Effective as of 01-MAR-23

**PALANCA, ARIEL, MD**

Provider ID: N/A

2130 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029  
Effective as of 01-JAN-24

**RAISZADEH, RAMIN, MD†**

Provider ID: N/A

2125 CITRACADO PKWY  
STE 310  
ESCONDIDO, CA 92029  
Effective as of 01-JAN-23

**RAISZADEH, RAMIN, MD†**

Provider ID: N/A

488 E VALLEY PKWY STE  
316  
ESCONDIDO, CA 92025  
Effective as of 01-JAN-23

**SHARP, LORRA, MD**

Provider ID: N/A

2130 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029  
Effective as of 01-MAR-23

**UROLOGY**

**ANTHONY, JULIAN, MD**

Provider ID: N/A

1955 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029  
Effective as of 01-JAN-24

**ANTHONY, JULIAN, MD**

Provider ID: N/A

2130 CITRACADO PKWY  
STE 210  
ESCONDIDO, CA 92029  
Effective as of 01-MAR-24

**CARDIOLOGY**

**BISWAS, MIMI, MD**

Provider ID: N/A

591 E ELDER ST STE C  
FALLBROOK, CA 92028  
Teleservice  
Effective as of 01-NOV-23

**COX, JEREMY, DO**

Provider ID: N/A

591 E ELDER ST STE C  
FALLBROOK, CA 92028  
Effective as of 01-NOV-23

**MESSENGER, BRADLEY, MD†**

Provider ID: N/A

591 E ELDER ST STE C  
FALLBROOK, CA 92028  
Effective as of 01-JAN-19

**PAREKH, NIRAJ, MD†**

Provider ID: N/A

591 E ELDER ST STE C  
FALLBROOK, CA 92028  
Effective as of 01-JAN-19

**SANGODKAR, SANDEEP, DO†**

Provider ID: N/A

591 E ELDER ST STE C  
FALLBROOK, CA 92028  
Effective as of 01-JAN-19

**CARDIOVASCULAR  
DISEASE**

**SANGODKAR, SANDEEP, DO†**

Provider ID: N/A

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

**SANGODKAR, SANDEEP, DO†**

Provider ID: N/A

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

**CERTIFIED**

**ACUPUNCTURIST**

**LAROWE, ALEXISS, LAC†**

Provider ID: N/A

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

**LAROWE, ALEXISS, LAC†**

Provider ID: N/A

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

**LAROWE, ALEXISS, LAC†**

Provider ID: N/A

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

**WACHNER, KRISTELYN, LAC†**

Provider ID: N/A

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

**WACHNER, KRISTELYN, LAC†**

Provider ID: N/A

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

**CERTIFIED NURSE  
PRACTITIONER**

**HAMED, JACQUELYN, NP**  
Provider ID: N/A

1328 S MISSION RD  
FALLBROOK, CA 92028  
Effective as of 01-NOV-23

**NATARAJAN, EVALYNN, NP**  
Provider ID: N/A

1328 S MISSION RD  
FALLBROOK, CA 92028  
Effective as of 01-MAY-23

**STARICKA, MELISSA, NPF**  
Provider ID: N/A

1328 S MISSION RD  
FALLBROOK, CA 92028  
Effective as of 01-FEB-23

**CHIROPRACTOR**

**BARTZ, PAUL, DC†**  
Provider ID: N/A

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

**FARSHLER, ANTHONY, DC†**  
Provider ID: N/A

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

**MCCARTHY, CHEYENNE, 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

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

**ROSS, ANDREW, MD†**  
Provider ID: N/A

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

**SAMADY, JOSEPH, MD†**  
Provider ID: N/A

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

**SAMADY, JOSEPH, MD†**  
Provider ID: N/A

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

**SAMADY, JOSEPH, MD†**

Provider ID: N/A

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

**SIRICHOTIRATANA, MELISSA,  
MD†**

Provider ID: N/A

1309 S MISSION RD STE A  
FALLBROOK, CA 92028  
Effective as of 01-JAN-23

**VENKAT, ARUN, MD†**  
Provider ID: N/A

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

**WONG, DARRYL, MD†**  
Provider ID: N/A

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

**GASTROENTEROLOGY**

**HONG, JOHN, MD†**  
Provider ID: N/A

521 E ELDER ST STE 104  
FALLBROOK, CA 92028  
Effective as of 01-JAN-21

**INTERNAL MEDICINE**

**MOOLANI, UJJALA, MD**  
Provider ID: N/A

591 E ELDER ST STE C  
FALLBROOK, CA 92028  
Effective as of 01-MAY-23

**NEPHROLOGY**

**AL-DAHMAN, ZAID, MD**  
Provider ID: N/A

591 E ELDER ST STE C

FALLBROOK, CA 92028  
Effective as of 01-MAY-23

**NAGASUNDER, ARABHI, DO**

Provider ID: N/A

591 E ELDER ST STE C  
FALLBROOK, CA 92028  
Teleservice  
Effective as of 01-OCT-23

**NAGASUNDER, ARABHI, DO**

Provider ID: N/A

591 E ELDER ST STE C  
FALLBROOK, CA 92028  
Teleservice  
Effective as of 01-FEB-24

**NEUROLOGY**

**UDDIN, MOHAMMAD, MD†**

Provider ID: N/A

577 E ELDER ST STE E  
FALLBROOK, CA 92028  
Effective as of 01-SEP-17

**UDDIN, MOHAMMAD, MD†**

Provider ID: N/A

577 E ELDER ST STE E  
FALLBROOK, CA 92028  
Effective as of 01-OCT-15

**UDDIN, MOHAMMAD, MD†**

Provider ID: N/A

577 E ELDER ST STE E  
FALLBROOK, CA 92028  
Effective as of 01-OCT-20

**UDDIN, MOHAMMAD, MD†**

Provider ID: N/A

577 E ELDER ST STE E  
FALLBROOK, CA 92028  
Effective as of 01-OCT-20

**UDDIN, MOHAMMAD, MD†**

Provider ID: N/A

577 E ELDER ST STE E  
FALLBROOK, CA 92028  
Effective as of 01-JUL-19

**UDDIN, MOHAMMAD, MD†**

Provider ID: N/A

577 E ELDER ST STE E  
FALLBROOK, CA 92028  
Effective as of 01-APR-22

**OBSTETRICS /  
GYNECOLOGY**

**STIGEN, THERESA, MD†**

Provider ID: N/A

577 E ELDER ST STE K  
FALLBROOK, CA 92028  
Effective as of 01-SEP-17

**OPHTHALMOLOGY**

**DONALDSON, JARED, MD†**

Provider ID: N/A

521 E ELDER ST STE 102  
FALLBROOK, CA 92028  
Effective as of 01-SEP-22

**DONALDSON, JARED, MD†**

Provider ID: N/A

521 E ELDER ST STE 102  
FALLBROOK, CA 92028  
Effective as of 01-JAN-23

**DONALDSON, JARED, MD†**

Provider ID: N/A

521 E ELDER ST STE 102  
FALLBROOK, CA 92028  
Effective as of 01-DEC-22

**JOHNSON, ROGER, MD†**

Provider ID: N/A

521 E ELDER ST STE 102  
FALLBROOK, CA 92028  
Effective as of 01-FEB-22

**JOHNSON, ROGER, MD†**

Provider ID: N/A

521 E ELDER ST STE 102  
FALLBROOK, CA 92028  
Effective as of 01-JAN-22

**ZHOU, SIWEI, MD†**

Provider ID: N/A

521 E ELDER ST STE 102  
FALLBROOK, CA 92028  
Effective as of 01-JUL-23

**OPTOMETRIST**

**ARCHIBALD, JOHN, OD†**

Provider ID: N/A

521 E ELDER ST STE 102  
FALLBROOK, CA 92028  
Effective as of 01-JUL-23

**ARCHIBALD, JOHN, OD†**

Provider ID: N/A

521 E ELDER ST STE 102  
FALLBROOK, CA 92028  
Effective as of 01-DEC-23

**BULLUM, ANTHONY, OD†**

Provider ID: N/A

1328 S MISSION RD  
FALLBROOK, CA 92028  
Effective as of 01-JUL-22

**COLEMAN, BROOKE, OD†**

Provider ID: N/A

521 E ELDER ST STE 102  
FALLBROOK, CA 92028  
Effective as of 01-FEB-22

**COOPER, MICHAEL, OD†**

Provider ID: N/A

521 E ELDER ST STE 102  
FALLBROOK, CA 92028  
Effective as of 01-FEB-22

**COOPER, MICHAEL, OD†**

Provider ID: N/A

521 E ELDER ST STE 102  
FALLBROOK, CA 92028  
Effective as of 01-SEP-22

**PEDIATRICS**

**ROBINSON, DAISY, MD**

Provider ID: N/A  
321 E ALVARADO ST  
FALLBROOK, CA 92028  
Effective as of 01-MAR-23

**RONAN, KEVIN, MD**

Provider ID: N/A  
321 E ALVARADO ST  
FALLBROOK, CA 92028  
Effective as of 01-MAY-23

**PHYSICIANS ASSISTANT**

**SERING, MALIA, PA†**

Provider ID: N/A  
1309 S MISSION RD STE A  
FALLBROOK, CA 92028  
Effective as of 01-SEP-22

**PODIATRIST**

**FARMER, STEVEN, DPM†**

Provider ID: N/A  
1309 S MISSION RD  
FALLBROOK, CA 92028  
Effective as of 01-JUL-21

**FARMER, STEVEN, DPM†**

Provider ID: N/A  
1309 S MISSION RD  
FALLBROOK, CA 92028  
Effective as of 01-JUL-22

**NEGRON, RICARDO, DPM**

Provider ID: N/A  
1309 S MISSION RD  
FALLBROOK, CA 92028

Effective as of 01-JUL-22

**NEGRON, RICARDO, DPM**

Provider ID: N/A  
1309 S MISSION RD  
FALLBROOK, CA 92028  
Effective as of 01-JUL-21

**NEGRON, RICARDO, DPM**

Provider ID: N/A  
1309 S MISSION RD  
FALLBROOK, CA 92028  
Effective as of 01-JUL-21

**ALLERGY IMMUNOLOGY**

**PANGANIBAN, CHRISTINE, MD†**

Provider ID: N/A  
26672 PORTOLA PKWY STE 110  
FOOTHILL RANCH, CA 92610

Effective as of 01-NOV-22

**PANGANIBAN, CHRISTINE, MD†**

Provider ID: N/A  
26672 PORTOLA PKWY STE 110  
FOOTHILL RANCH, CA 92610

Effective as of 01-NOV-22

**YOSHII, DENIS, DO†**

Provider ID: N/A  
26750 TOWNE CENTRE DR STE D  
FOOTHILL RANCH, CA 92610

Effective as of 01-APR-23

**YOSHII, DENIS, DO†**

Provider ID: N/A  
26750 TOWNE CENTRE DR

STE D

FOOTHILL RANCH, CA 92610

Effective as of 01-APR-23

**YOSHII, DENIS, DO†**

Provider ID: N/A  
26750 TOWNE CENTRE DR STE D  
FOOTHILL RANCH, CA 92610  
Effective as of 01-JAN-18

**CERTIFIED NURSE PRACTITIONER**

**KHAN, AHAD, NP**

Provider ID: N/A  
26672 PORTOLA PKWY  
FOOTHILL RANCH, CA 92610  
Effective as of 01-MAY-23

**LIU, GRACE, NP**

Provider ID: N/A  
26672 PORTOLA PKWY STE 104  
FOOTHILL RANCH, CA 92610  
Effective as of 01-MAY-23

**LIU, GRACE, NP**

Provider ID: N/A  
26672 PORTOLA PKWY STE 104  
FOOTHILL RANCH, CA 92610  
Effective as of 01-MAY-23

**SORIA, JULIE, NP**

Provider ID: N/A  
26672 PORTOLA PKWY  
FOOTHILL RANCH, CA 92610\*  
Effective as of 01-APR-22

## CHIROPRACTOR

### TUREK, PAUL, DC

Provider ID: N/A

27462 PORTOLA PKWY STE 201  
FOOTHILL RANCH, CA  
92610

Effective as of 01-JUL-21

## DERMATOLOGY

### AHADIAT, OMEED, MD

Provider ID: N/A

26700 TOWNE CENTRE DR STE 170  
FOOTHILL RANCH, CA  
92610

Effective as of 01-DEC-23

## ENDOCRINOLOGY

### METABOLISM DIABETES

### AHL, SCOTT, DO†

Provider ID: N/A

26672 PORTOLA PKWY STE 104  
FOOTHILL RANCH, CA  
92610

Effective as of 01-OCT-22

## 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-NOV-22

### ASHRAF, HEBA, MD

Provider ID: N/A

26672 PORTOLA PKWY STE 104  
FOOTHILL RANCH, CA  
92610

Effective as of 01-NOV-22

### ASHRAF, HEBA, MD

Provider ID: N/A

26672 PORTOLA PKWY STE 104  
FOOTHILL RANCH, CA  
92610

Effective as of 01-OCT-23

### ASHRAF, HEBA, MD

Provider ID: N/A

26672 PORTOLA PKWY STE 104  
FOOTHILL RANCH, CA  
92610

Effective as of 01-SEP-22

### ASHRAF, HEBA, MD

Provider ID: N/A

26672 PORTOLA PKWY STE 104  
FOOTHILL RANCH, CA  
92610

Effective as of 01-SEP-22

### ASHRAF, HEBA, MD

Provider ID: N/A

26672 PORTOLA PKWY STE 104  
FOOTHILL RANCH, CA  
92610

Effective as of 01-SEP-22

### ASHRAF, HEBA, MD

Provider ID: N/A

26672 PORTOLA PKWY STE 104  
FOOTHILL RANCH, CA  
92610

Effective as of 01-SEP-22

### ASHRAF, HEBA, MD

Provider ID: N/A

26672 PORTOLA PKWY STE 104  
FOOTHILL RANCH, CA  
92610

Effective as of 01-JAN-23

### BEMANIAN, SHAHROOZ, MD

Provider ID: N/A

26672 PORTOLA PKWY STE 104  
FOOTHILL RANCH, CA  
92610

Effective as of 01-JAN-23

### BEMANIAN, SHAHROOZ, MD

Provider ID: N/A

26672 PORTOLA PKWY STE 104  
FOOTHILL RANCH, CA  
92610

Effective as of 01-OCT-23

### LEE, PAUL, MD

Provider ID: N/A

26672 PORTOLA PKWY STE 104  
FOOTHILL RANCH, CA  
92610

Effective as of 01-OCT-23

### OMAN, MATTHEW, MD

Provider ID: N/A

26672 PORTOLA PKWY STE 104  
FOOTHILL RANCH, CA



92610  
Effective as of 01-OCT-23

**YU, VICTOR, MD**

Provider ID: N/A

26672 PORTOLA PKWY STE  
104  
FOOTHILL RANCH, CA  
92610

Effective as of 01-OCT-23

**YU, VICTOR, MD**

Provider ID: N/A

26672 PORTOLA PKWY STE  
104  
FOOTHILL RANCH, CA  
92610

Effective as of 01-JAN-23

**OBSTETRICS /  
GYNECOLOGY**

**DAVIS, STEPHANIE, MD**

Provider ID: N/A

26672 PORTOLA PKWY STE  
108  
FOOTHILL RANCH, CA  
92610

Effective as of 01-FEB-23

**DEJBAKSH, SHEILA, MD**

Provider ID: N/A

26672 PORTOLA PKWY STE  
180  
FOOTHILL RANCH, CA  
92610

Effective as of 01-OCT-22

**MILLER, JAMIE, MD**

Provider ID: N/A

26672 PORTOLA PKWY STE  
108  
FOOTHILL RANCH, CA  
92610

Effective as of 01-NOV-23

**PETERS, AMY, DO**

Provider ID: N/A

26672 PORTOLA PKWY STE  
108  
FOOTHILL RANCH, CA  
92610

Effective as of 01-NOV-23

**PETERS, AMY, DO†**

Provider ID: N/A

26672 PORTOLA PKWY STE  
180  
FOOTHILL RANCH, CA  
92610

Effective as of 01-OCT-22

**PRICE, KERRY, MD**

Provider ID: N/A

26672 PORTOLA PKWY STE  
180  
FOOTHILL RANCH, CA  
92610

Effective as of 01-OCT-22

**PHYSICIANS ASSISTANT**

**DUGGAN, VERONICA, PA**

Provider ID: N/A

26672 PORTOLA PKWY STE  
100  
FOOTHILL RANCH, CA  
92610

Effective as of 01-JAN-23

**DUGGAN, VERONICA, PA**

Provider ID: N/A

26672 PORTOLA PKWY STE  
100  
FOOTHILL RANCH, CA  
92610

Effective as of 01-JAN-23

**VU, BAO-KHOI, PA†**

Provider ID: N/A

26781 PORTOLA PKWY STE  
4E  
FOOTHILL RANCH, CA  
92610

Effective as of 01-SEP-20

**WU, VANNA, PA**

Provider ID: N/A

26672 PORTOLA PKWY STE  
104  
FOOTHILL RANCH, CA  
92610

Effective as of 01-MAR-24

**WU, VANNA, PA**

Provider ID: N/A

26672 PORTOLA PKWY STE  
104  
FOOTHILL RANCH, CA  
92610

Effective as of 01-MAR-24

**WU, VANNA, PA**

Provider ID: N/A

26672 PORTOLA PKWY STE  
104  
FOOTHILL RANCH, CA  
92610

Effective as of 01-MAR-24

**WU, VANNA, PA**

Provider ID: N/A

26672 PORTOLA PKWY STE  
104  
FOOTHILL RANCH, CA  
92610

Effective as of 01-MAR-24

**WU, VANNA, PA**

Provider ID: N/A

26672 PORTOLA PKWY STE  
104  
FOOTHILL RANCH, CA  
92610

Effective as of 01-MAR-24

## **PULMONARY DISEASES**

### **FRANKLIN RUTLAND, CEDRIC, MD†**

Provider ID: N/A

26672 PORTOLA PKWY  
FOOTHILL RANCH, CA  
92610

Effective as of 01-JAN-21

## **RHEUMATOLOGY**

### **MAHMOOD, FARAH, MD†**

Provider ID: N/A

26700 TOWNE CENTRE DR  
STE 165  
FOOTHILL RANCH, CA  
92610

Effective as of 01-OCT-19

## **SURGERY GENERAL**

### **SALEM, YASSER, MD†**

Provider ID: N/A

26781 PORTOLA PKWY STE  
4E  
FOOTHILL RANCH, CA  
92610

Effective as of 01-AUG-20

### **SALEM, YASSER, MD†**

Provider ID: N/A

26781 PORTOLA PKWY STE  
4E  
FOOTHILL RANCH, CA  
92610

Effective as of 01-AUG-17

### **SALEM, YASSER, MD†**

Provider ID: N/A

26781 PORTOLA PKWY STE  
4E  
FOOTHILL RANCH, CA  
92610

Effective as of 01-AUG-13

## **SURGERY PLASTIC**

### **DANESHMAND, HOOTAN, MD**

Provider ID: N/A

27462 PORTOLA PKWY STE  
100  
FOOTHILL RANCH, CA  
92610

Effective as of 01-OCT-22

### **DANESHMAND, HOOTAN, MD**

Provider ID: N/A

27462 PORTOLA PKWY STE  
100  
FOOTHILL RANCH, CA  
92610

Effective as of 01-JAN-18

### **DANESHMAND, HOOTAN, MD**

Provider ID: N/A

27462 PORTOLA PKWY STE  
100  
FOOTHILL RANCH, CA  
92610

Effective as of 01-APR-11

### **DANESHMAND, HOOTAN, MD**

Provider ID: N/A

27462 PORTOLA PKWY STE  
100  
FOOTHILL RANCH, CA  
92610

Effective as of 01-MAY-12

## **ALLERGY IMMUNOLOGY**

### **BROWN, HOSEA, MD†**

Provider ID: N/A

1000 E LATHAM AVE STE B  
HEMET, CA 92543

Effective as of 01-FEB-22

### **BROWN, HOSEA, MD†**

Provider ID: N/A

1000 E LATHAM AVE STE B  
HEMET, CA 92543

Effective as of 01-JUL-23

### **BROWN, HOSEA, MD†**

Provider ID: N/A

1000 E LATHAM AVE STE B  
HEMET, CA 92543

Effective as of 01-MAY-15

### **SALEH, HANA, MD†**

Provider ID: N/A

391 N SAN JACINTO ST  
HEMET, CA 92543

Effective as of 01-SEP-15

## **ANESTHESIOLOGY**

### **DORAISWAMY, ARUL, MD†**

Provider ID: N/A

1264 E LATHAM AVE  
HEMET, CA 92543

Effective as of 01-MAY-15

### **DORAISWAMY, ARUL, MD†**

Provider ID: N/A

1264 E LATHAM AVE  
HEMET, CA 92543

Effective as of 01-MAY-15

### **HYUN, SUZANNE, MD**

Provider ID: N/A

3989 W STETSON AVE STE  
102  
HEMET, CA 92545

Effective as of 01-MAR-24

### **JEDAMSKI, WALDTRAUT, MD**

Provider ID: N/A

1264 E LATHAM AVE  
HEMET, CA 92543

Effective as of 01-OCT-19

### **PANG, GARY, MD†**

Provider ID: N/A

3989 W STETSON AVE STE 102  
HEMET, CA 92545  
Effective as of 01-MAR-24

**ANESTHESIOLOGY PAIN MANAGEMENT**

**CHEN, HAMILTON, MD†**

Provider ID: N/A

3989 W STETSON AVE STE 102  
HEMET, CA 92545  
Effective as of 01-MAY-21

**DORAISWAMY, ARUL, MD†**

Provider ID: N/A

1264 E LATHAM AVE  
HEMET, CA 92543  
Effective as of 01-NOV-14

**DORAISWAMY, ARUL, MD†**

Provider ID: N/A

1264 E LATHAM AVE  
HEMET, CA 92543  
Effective as of 01-NOV-17

**GUIANG, RAINIER, MD†**

Provider ID: N/A

3989 W STETSON AVE STE 102  
HEMET, CA 92545  
Effective as of 01-MAR-24

**GUIANG, RAINIER, MD†**

Provider ID: N/A

3989 W STETSON AVE STE 102  
HEMET, CA 92545  
Effective as of 01-MAY-21

**KANU, ABDUL, MD**

Provider ID: N/A

1011 E DEVONSHIRE AVE  
HEMET, CA 92543

Teleservice  
Effective as of 01-JUN-21

**LEIER, TIM, MD**

Provider ID: N/A

1011 E DEVONSHIRE AVE STE 203  
HEMET, CA 92543  
Effective as of 01-SEP-19

**PANG, GARY, MD†**

Provider ID: N/A

3989 W STETSON AVE STE 102  
HEMET, CA 92545  
Effective as of 01-MAY-21

**CARDIOLOGY**

**AGARWAL, ASHOK, MD**

Provider ID: N/A

136 S SAN JACINTO ST  
HEMET, CA 92543  
Effective as of 01-JAN-17

**AGARWAL, ASHOK, MD**

Provider ID: N/A

136 S SAN JACINTO ST  
HEMET, CA 92543  
Effective as of 01-JAN-17

**AGARWAL, ASHOK, MD**

Provider ID: N/A

136 S SAN JACINTO ST  
HEMET, CA 92543  
Effective as of 01-JAN-17

**AMIN, JATIN, MD†**

Provider ID: N/A

3853 W STETSON AVE STE 104  
HEMET, CA 92545  
Teleservice  
Effective as of 01-JAN-19

**ATTIA, NADER, DO†**

Provider ID: N/A

3853 W STETSON AVE STE 104  
HEMET, CA 92545  
Teleservice  
Effective as of 01-JAN-19

**BISWAS, MIMI, MD†**

Provider ID: N/A

3853 W STETSON AVE STE 104  
HEMET, CA 92545  
Teleservice  
Effective as of 01-JAN-19

**COX, JEREMY, DO†**

Provider ID: N/A

3853 W STETSON AVE STE 104  
HEMET, CA 92545  
Effective as of 01-JAN-19

**GOKHROO, RAHUL, MD†**

Provider ID: N/A

949 CALHOUN PL STE D  
HEMET, CA 92543  
Effective as of 01-DEC-22

**GOKHROO, RAHUL, MD†**

Provider ID: N/A

949 CALHOUN PL STE D  
HEMET, CA 92543  
Effective as of 01-DEC-22

**GRANT ANDERSON, BETTY, MD†**

Provider ID: N/A

949 CALHOUN PL STE D  
HEMET, CA 92543  
Effective as of 01-JUN-17

**GRANT ANDERSON, BETTY, MD†**

Provider ID: N/A

949 CALHOUN PL STE D  
HEMET, CA 92543  
Effective as of 01-JUL-14

**MESSENGER, BRADLEY, MD†**

Provider ID: N/A

3853 W STETSON AVE STE  
104  
HEMET, CA 92545  
Effective as of 01-JAN-19

**RIVA, GREGORY, MD†**

Provider ID: N/A

1275 E LATHAM AVE STE A  
HEMET, CA 92543  
Effective as of 01-MAR-14

**RIVA, GREGORY, MD†**

Provider ID: N/A

1275 E LATHAM AVE STE A  
HEMET, CA 92543  
Effective as of 01-DEC-13

**SANGODKAR, SANDEEP, DO**

Provider ID: N/A

3853 W STETSON AVE STE  
104  
HEMET, CA 92545  
Effective as of 01-NOV-23

**CARDIOVASCULAR  
DISEASE**

**AGARWAL, ASHOK, MD**

Provider ID: N/A

136 S SAN JACINTO ST  
HEMET, CA 92543  
Effective as of 01-JUL-23

**AGGARWAL, SAURABH, MD†**

Provider ID: N/A

949 CALHOUN PL STE D  
HEMET, CA 92543  
Effective as of 01-AUG-22

**AGGARWAL, SAURABH, MD†**

Provider ID: N/A

949 CALHOUN PL STE D  
HEMET, CA 92543  
Effective as of 01-DEC-21

**AGGARWAL, SAURABH, MD†**

Provider ID: N/A

949 CALHOUN PL STE D  
HEMET, CA 92543  
Effective as of 01-AUG-22

**AMIN, JATIN, MD†**

Provider ID: N/A

3853 W STETSON AVE STE  
104  
HEMET, CA 92545  
Teleservice  
Effective as of 01-MAY-21

**AMIN, JATIN, MD†**

Provider ID: N/A

3853 W STETSON AVE STE  
104  
HEMET, CA 92545  
Teleservice  
Effective as of 01-SEP-18

**ATTIA, NADER, DO†**

Provider ID: N/A

3853 W STETSON AVE STE  
104  
HEMET, CA 92545  
Teleservice  
Effective as of 01-SEP-18

**ATTIA, NADER, DO†**

Provider ID: N/A

3853 W STETSON AVE STE  
104  
HEMET, CA 92545  
Teleservice  
Effective as of 01-MAY-21

**ATTIA, NADER, DO†**

Provider ID: N/A

3853 W STETSON AVE STE  
104  
HEMET, CA 92545  
Teleservice  
Effective as of 01-JUL-22

**ATTIA, NADER, DO†**

Provider ID: N/A

3853 W STETSON AVE STE  
104  
HEMET, CA 92545  
Teleservice  
Effective as of 01-MAR-20

**BISWAS, MIMI, MD†**

Provider ID: N/A

3853 W STETSON AVE STE  
104  
HEMET, CA 92545  
Teleservice  
Effective as of 01-SEP-18

**COX, JEREMY, DO†**

Provider ID: N/A

3853 W STETSON AVE STE  
104  
HEMET, CA 92545  
Effective as of 01-SEP-18

**GRANT ANDERSON, BETTY,  
MD†**

Provider ID: N/A

949 CALHOUN PL STE D  
HEMET, CA 92543  
Effective as of 01-AUG-23

**PAREKH, NIRAJ, MD†**

Provider ID: N/A

3853 W STETSON AVE STE  
104  
HEMET, CA 92545  
Teleservice

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, ANIL, MD†**

Provider ID: N/A

☐ 1275 E LATHAM AVE STE A  
HEMET, CA 92543

Effective as of 01-MAY-15

**RASTOGI, ANIL, MD†**

Provider ID: N/A

☐ 1275 E LATHAM AVE STE A  
HEMET, CA 92543

Effective as of 01-SEP-00

**RASTOGI, ANIL, MD†**

Provider ID: N/A

☐ 1275 E LATHAM AVE STE A  
HEMET, CA 92543

Effective as of 01-SEP-09

**RASTOGI, ANISHA, MD†**

Provider ID: N/A

☐ 1275 E LATHAM AVE STE A

HEMET, CA 92543

Effective as of 01-FEB-21

**RIVA, GREGORY, MD†**

Provider ID: N/A

☐ 1275 E LATHAM AVE STE A  
HEMET, CA 92543

Effective as of 01-MAY-15

**CERTIFIED NURSE  
PRACTITIONER**

**ABAYA, HONEYLYNN, NP**

Provider ID: N/A

☐ 3989 W STETSON AVE STE 202  
HEMET, CA 92545

Effective as of 01-OCT-23

**ADEDAYO, TOLULOPE, NP**

Provider ID: N/A

☐ 1030 E FLORIDA AVE  
HEMET, CA 92543

Effective as of 01-FEB-24

**ADEDAYO, TOLULOPE, NP†**

Provider ID: N/A

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

Effective as of 01-APR-21

**ADEGBITE, ADEKUNLE, NP†**

Provider ID: N/A

☐ 162 N SANTA FE ST  
HEMET, CA 92543

Effective as of 01-APR-23

**ADEGBITE, ADEKUNLE, NP†**

Provider ID: N/A

☐ 162 N SANTA FE ST  
HEMET, CA 92543

Effective as of 01-APR-23

**ADEGBITE, ADEKUNLE, NP†**

Provider ID: N/A

☐ 162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-APR-23

**ADEGBITE, ADEKUNLE, NP†**

Provider ID: N/A

☐ 162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-SEP-22

**ADEGBITE, ADEKUNLE, NP†**

Provider ID: N/A

☐ 162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-SEP-22

**AGUILAR, MICHELLE, NP†**

Provider ID: N/A

☐ 1000 E LATHAM AVE STE G  
HEMET, CA 92543

Effective as of 01-MAY-21

**AMJAD WARYAM, ASHEE  
AMJAD, NP†**

Provider ID: N/A

☐ 162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-AUG-21

**AMJAD WARYAM, ASHEE  
AMJAD, NP†**

Provider ID: N/A

☐ 162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-AUG-21

**AMJAD WARYAM, ASHEE  
AMJAD, NP†**

Provider ID: N/A

☐ 162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-DEC-22

**AMJAD WARYAM, ASHEE**

**AMJAD, NP†**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-DEC-22

**ANUFORO, CHINWE, NP**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-MAY-23

**ANUFORO, CHINWE, NP**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-MAY-23

**BAKER, SERENA, NP**

Provider ID: N/A

3989 W STETSON AVE STE  
202  
HEMET, CA 92545  
Effective as of 01-JUL-23

**BAKER, SERENA, NP**

Provider ID: N/A

3989 W STETSON AVE STE  
202  
HEMET, CA 92545  
Effective as of 01-JUL-23

**BAKER, SERENA, NP**

Provider ID: N/A

3989 W STETSON AVE STE  
202  
HEMET, CA 92545  
Effective as of 01-MAY-23

**BEDFORD, RONALD, NP†**

Provider ID: N/A

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

**BEDFORD, RONALD, NP†**

Provider ID: N/A

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

**BRAR, SUKHDEEP, NP**

Provider ID: N/A

255 N GILBERT ST BLDG B4  
HEMET, CA 92543  
Effective as of 01-SEP-21

**BRASKET, ADAM, NP†**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-NOV-21

**BRASKET, ADAM, NP†**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-DEC-22

**BRASKET, ADAM, NP†**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-DEC-22

**EDEM, MARY, NP†**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-MAR-21

**HUERTA, CARMEN, NP†**

Provider ID: N/A

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

**HUERTA, CARMEN, NP†**

Provider ID: N/A

850 E LATHAM AVE STE 201

HEMET, CA 92543  
Effective as of 01-OCT-22

**HUERTA, CARMEN, NP†**

Provider ID: N/A

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

**HUERTA, CARMEN, NP†**

Provider ID: N/A

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

**HUERTA, CARMEN, NP†**

Provider ID: N/A

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

**HUERTA, CARMEN, NP†**

Provider ID: N/A

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

**HUERTA, CARMEN, NP†**

Provider ID: N/A

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

**IGWE, CHINWENDU, NP†**

Provider ID: N/A

3989 W STETSON AVE STE  
202  
HEMET, CA 92545  
Effective as of 01-AUG-19

**IGWE, CHINWENDU, NP†**

Provider ID: N/A

3989 W STETSON AVE STE  
202  
HEMET, CA 92545

Effective as of 01-JAN-20

**IHEMEDU, MAGNUS, NPF**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543

Effective as of 01-APR-23

**IHEMEDU, AMARACHI, NPF**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543

Effective as of 01-APR-23

**IHEMEDU, MAGNUS, NPF**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543

Effective as of 01-APR-23

**IHEMEDU, AMARACHI, NPF**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543

Effective as of 01-APR-23

**IHEMEDU, AMARACHI, NPF**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543

Effective as of 01-APR-23

**IHEMEDU, MAGNUS, NPF**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543

Effective as of 01-APR-23

**IHEMEDU, MAGNUS, NPF**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543

Effective as of 01-DEC-22

**IHEMEDU, MAGNUS, NPF**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543

Effective as of 01-JUL-23

**IHEMEDU, MAGNUS, NPF**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543

Effective as of 01-DEC-22

**JOHNSON, KIMBERLY, NP†**

Provider ID: N/A

3989 W STETSON AVE STE  
202

HEMET, CA 92545

Effective as of 01-JAN-23

**JOHNSON, KIMBERLY, NP†**

Provider ID: N/A

3989 W STETSON AVE STE  
202

HEMET, CA 92545

Effective as of 01-JUL-23

**JOHNSON, KIMBERLY, NP†**

Provider ID: N/A

3989 W STETSON AVE STE  
202

HEMET, CA 92545

Effective as of 01-JUL-23

**JOHNSON, KIMBERLY, NP†**

Provider ID: N/A

3989 W STETSON AVE STE  
202

HEMET, CA 92545

Effective as of 01-JUL-23

**JOHNSON, KIMBERLY, NP†**

Provider ID: N/A

3989 W STETSON AVE STE  
202

HEMET, CA 92545

Effective as of 01-JUL-23

**JOHNSON, KIMBERLY, NP†**

Provider ID: N/A

3989 W STETSON AVE STE  
202

HEMET, CA 92545

Effective as of 01-SEP-22

**JOHNSON, KIMBERLY, NP†**

Provider ID: N/A

3989 W STETSON AVE STE  
202

HEMET, CA 92545

Effective as of 01-SEP-22

**JOHNSON, KIMBERLY, NP†**

Provider ID: N/A

3989 W STETSON AVE STE  
202

HEMET, CA 92545

Effective as of 01-SEP-22

**JOHNSON, KIMBERLY, NP†**

Provider ID: N/A

3989 W STETSON AVE STE  
202

HEMET, CA 92545

Effective as of 01-SEP-22

**JOHNSON, KIMBERLY, NP†**

Provider ID: N/A

3989 W STETSON AVE STE  
202

HEMET, CA 92545

Effective as of 01-MAY-23

**JOHNSON, KIMBERLY, NP†**

Provider ID: N/A

3989 W STETSON AVE STE  
202

HEMET, CA 92545

Effective as of 01-MAY-23

**JONES, LAKESHA, NP†**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-DEC-22

**JONES, LAKESHA, NP†**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-DEC-22

**KUMAR, NINA, NP**

Provider ID: N/A

1030 E FLORIDA AVE  
HEMET, CA 92543  
Effective as of 01-FEB-24

**KUMAR, NINA, NP†**

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, NP†**

Provider ID: N/A

1264 E LATHAM AVE  
HEMET, CA 92543  
Effective as of 01-JUL-17

**MELOT, KAREN, NP**

Provider ID: N/A

1225 E LATHAM AVE STE A  
HEMET, CA 92543  
Effective as of 01-DEC-20

**MELOT, KAREN, NP**

Provider ID: N/A

1225 E LATHAM AVE STE A  
HEMET, CA 92543  
Effective as of 01-DEC-20

**MELOT, KAREN, NP**

Provider ID: N/A

1225 E LATHAM AVE STE A  
HEMET, CA 92543  
Effective as of 01-DEC-20

**MILLON, TINA, NPF**

Provider ID: N/A

1225 E LATHAM AVE STE A  
HEMET, CA 92543  
Effective as of 01-SEP-23

**MILLON, TINA, NPF**

Provider ID: N/A

1225 E LATHAM AVE STE A  
HEMET, CA 92543  
Effective as of 01-SEP-23

**MILLON, TINA, NPF**

Provider ID: N/A

1225 E LATHAM AVE STE A  
HEMET, CA 92543  
Effective as of 01-SEP-23

**NGUYEN, ANDY, NP†**

Provider ID: N/A

2390 E FLORIDA AVE STE  
104  
HEMET, CA 92544  
Effective as of 01-JUL-21

**NGUYEN, ANDY, NP†**

Provider ID: N/A

2390 E FLORIDA AVE STE  
104  
HEMET, CA 92544  
Effective as of 01-JUL-21

**O'NEIL, NICOLE, NP†**

Provider ID: N/A

1701 E FLORIDA AVE  
HEMET, CA 92544  
Effective as of 01-MAR-22

**ONUOHA, NOJA, NP†**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-AUG-23

**ONUOHA, NOJA, NP†**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543\*  
Effective as of 01-NOV-22

**ONUOHA, NOJA, NP†**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543\*  
Effective as of 01-NOV-22

**ONUOHA, NOJA, NP†**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-MAR-23

**ONUOHA, NOJA, NP†**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-MAR-23

**PAULHUS, PATRICIA, NP†**

Provider ID: N/A

3989 W STETSON AVE STE  
202  
HEMET, CA 92545  
Effective as of 01-MAR-20

**PAULHUS, PATRICIA, NP†**

Provider ID: N/A



3989 W STETSON AVE STE 202  
HEMET, CA 92545  
Effective as of 01-MAR-20

**PAULHUS, PATRICIA, NP†**  
Provider ID: N/A

3989 W STETSON AVE STE 202  
HEMET, CA 92545  
Effective as of 01-MAR-20

**RATAJCZAK, CELESTE, NP**  
Provider ID: N/A

1264 E LATHAM AVE  
HEMET, CA 92543  
Effective as of 01-FEB-24

**SALAS-AMIGON, BRENDA, NP†**  
Provider ID: N/A

391 N SAN JACINTO ST  
HEMET, CA 92543  
Effective as of 01-AUG-18

**SANCHEZ, YAHAIRA, NP†**  
Provider ID: N/A

1003 E FLORIDA AVE STE 101  
HEMET, CA 92543  
Effective as of 01-DEC-22

**SANCHEZ, YAHAIRA, NP†**  
Provider ID: N/A

1003 E FLORIDA AVE STE 101  
HEMET, CA 92543  
Effective as of 01-MAR-22

**SANCHEZ, YAHAIRA, NP†**  
Provider ID: N/A

1003 E FLORIDA AVE STE 101  
HEMET, CA 92543  
Effective as of 01-OCT-22

**SANCHEZ, YAHAIRA, NP†**  
Provider ID: N/A

1003 E FLORIDA AVE STE 104  
HEMET, CA 92543  
Effective as of 01-OCT-22

**SHARTZER, ANNA, NP†**  
Provider ID: N/A

903 E DEVONSHIRE AVE STE D  
HEMET, CA 92543  
Effective as of 01-SEP-22

**SHARTZER, ANNA, NP†**  
Provider ID: N/A

422 N SAN JACINTO ST  
HEMET, CA 92543  
Effective as of 01-SEP-22

**SHEIKH, SARAH, NP**  
Provider ID: N/A

901 S STATE ST STE 600  
HEMET, CA 92543  
Effective as of 01-OCT-16

**SHEIKH, SARAH, NP**  
Provider ID: N/A

901 S STATE ST STE 600  
HEMET, CA 92543  
Effective as of 01-MAY-23

**SINGH, JOGENDRA, NP†**  
Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-OCT-22

**SINGH, JOGENDRA, NP†**  
Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-OCT-22

**SINGH, JOGENDRA, NP†**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-OCT-20

**SINGH, JOGENDRA, NP†**  
Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-OCT-20

**VALDEVERONA, KATHY, NP†**  
Provider ID: N/A

4020 W FLORIDA AVE  
HEMET, CA 92545  
Effective as of 01-NOV-19

**VENTURA, ALEXIS, NP**  
Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-JUL-23

**VENTURA, ALEXIS, NP**  
Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-JAN-23

**VENTURA, ALEXIS, NP**  
Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-JAN-23

**VENTURA, ALEXIS, NP**  
Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-APR-23

**VENTURA, ALEXIS, NP**  
Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543

Effective as of 01-APR-23

**VIDAL, ALYSSA, NPF**

Provider ID: N/A

☒ 3989 W STETSON AVE STE 202  
HEMET, CA 92545

Effective as of 01-SEP-23

**VIDAL, ALYSSA, NPF**

Provider ID: N/A

☒ 3989 W STETSON AVE STE 202  
HEMET, CA 92545

Effective as of 01-SEP-23

**VIDAL, ALYSSA, NPF**

Provider ID: N/A

☒ 3989 W STETSON AVE STE 202  
HEMET, CA 92545

Effective as of 01-SEP-23

**VIDAL, ALYSSA, NPF**

Provider ID: N/A

☒ 3989 W STETSON AVE STE 202  
HEMET, CA 92545

Effective as of 01-SEP-23

**WILLIAM, PHEBEE, NP†**

Provider ID: N/A

☒ 162 N SANTA FE ST  
HEMET, CA 92543

Effective as of 01-MAY-21

**WILLIAM, PHEBEE, NP†**

Provider ID: N/A

☒ 162 N SANTA FE ST  
HEMET, CA 92543

Effective as of 01-MAY-21

**ZELEDON, JAIME, NP**

Provider ID: N/A

☒ 422 N SAN JACINTO ST STE

B

HEMET, CA 92543

Effective as of 01-MAY-18

**CHIROPRACTOR**

**BROWN, KEVIN, DC†**

Provider ID: N/A

☒ 2940 W FLORIDA AVE STE B  
HEMET, CA 92545

Effective as of 01-MAR-22

**BROWN, KEVIN, DC**

Provider ID: N/A

☒ 3012 W FLORIDA AVE  
HEMET, CA 92545

Effective as of 01-AUG-23

**BROWN, KEVIN, DC†**

Provider ID: N/A

☒ 2940 W FLORIDA AVE STE B  
HEMET, CA 92545

Effective as of 01-MAR-22

**BROWN, KEVIN, DC**

Provider ID: N/A

☒ 3012 W FLORIDA AVE  
HEMET, CA 92545

Effective as of 01-AUG-23

**HINES, TAYTE, DC**

Provider ID: N/A

☒ 903 E DEVONSHIRE AVE STE D  
HEMET, CA 92543

Effective as of 01-JAN-24

**ROBINSON, DEAN, DC**

Provider ID: N/A

☒ 903 E DEVONSHIRE AVE STE D  
HEMET, CA 92543

Effective as of 01-JUL-22

**WACHHOLZ, PAMELA, DC**

Provider ID: N/A

☒ 760 W ACACIA AVE STE 113  
HEMET, CA 92543

Effective as of 01-JUL-23

**WACHHOLZ, PAMELA, DC**

Provider ID: N/A

☒ 760 W ACACIA AVE STE 113  
HEMET, CA 92543

Effective as of 01-SEP-09

**WACHHOLZ, PAMELA, DC**

Provider ID: N/A

☒ 760 W ACACIA AVE STE 113  
HEMET, CA 92543

Effective as of 01-FEB-11

**DERMATOLOGY**

**HARFORD, ROBERT, MD†**

Provider ID: N/A

☒ 750 E LATHAM AVE STE 3  
HEMET, CA 92543

Effective as of 01-DEC-20

**MITCHELL, JESSE, MD**

Provider ID: N/A

☒ 3989 W STETSON AVE STE 201  
HEMET, CA 92545

Effective as of 01-DEC-23

**MITCHELL, JESSE, MD**

Provider ID: N/A

☒ 3989 W STETSON AVE STE 201  
HEMET, CA 92545

Effective as of 01-DEC-23

**MITCHELL, JESSE, MD**

Provider ID: N/A

☒ 3989 W STETSON AVE STE 201  
HEMET, CA 92545

Effective as of 01-DEC-23

**MITCHELL, JESSE, MD**

Provider ID: N/A

3989 W STETSON AVE STE 201  
HEMET, CA 92545

Effective as of 01-DEC-23

**MITCHELL, JESSE, MD†**

Provider ID: N/A

3853 W STETSON AVE STE 201  
HEMET, CA 92545

Effective as of 01-JUL-21

**MITCHELL, JESSE, MD†**

Provider ID: N/A

3853 W STETSON AVE STE 201  
HEMET, CA 92545

Effective as of 01-JUL-21

**MUDGE, BRADLEY, MD†**

Provider ID: N/A

850 E LATHAM AVE STE 201  
HEMET, CA 92543

Teleservice

Effective as of 01-OCT-21

**OBEREMOK, STEVE, MD**

Provider ID: N/A

720 E LATHAM AVE STE 1  
HEMET, CA 92543\*

Effective as of 01-JUL-23

**OBEREMOK, STEVE, MD**

Provider ID: N/A

901 S STATE ST STE 100  
HEMET, CA 92543

Effective as of 01-AUG-23

**SAIED, NAGI, MD†**

Provider ID: N/A

850 E LATHAM AVE STE 201

HEMET, CA 92543

Teleservice

Effective as of 01-OCT-21

**SAIED, NAGI, MD†**

Provider ID: N/A

850 E LATHAM AVE STE 201  
HEMET, CA 92543

Teleservice

Effective as of 01-NOV-21

**SAKO, ERIC, MD†**

Provider ID: N/A

850 E LATHAM AVE STE 201  
HEMET, CA 92543

Teleservice

Effective as of 01-NOV-21

**SAKO, ERIC, MD†**

Provider ID: N/A

850 E LATHAM AVE STE 201  
HEMET, CA 92543

Teleservice

Effective as of 01-OCT-21

**SAKO, ERIC, MD†**

Provider ID: N/A

850 E LATHAM AVE STE 201  
HEMET, CA 92543

Teleservice

Effective as of 01-DEC-21

**SAKO, ERIC, MD†**

Provider ID: N/A

850 E LATHAM AVE STE 201  
HEMET, CA 92543

Teleservice

Effective as of 01-FEB-24

**SEYFZADEH, MANOUCHEHR, MD†**

Provider ID: N/A

1280 E LATHAM AVE  
HEMET, CA 92543

Effective as of 01-JUL-14

**EMERGENCY MEDICINE**

**MATHUR, ARVIND, MD†**

Provider ID: N/A

975 SAINT JOHN PL  
HEMET, CA 92543

Effective as of 01-APR-23

**ENDOCRINOLOGY**

**METABOLISM DIABETES**

**HAIDER, UZMA, MD†**

Provider ID: N/A

1515 W FLORIDA AVE  
HEMET, CA 92543

Effective as of 01-JUL-21

**HAIDER, UZMA, MD†**

Provider ID: N/A

1515 W FLORIDA AVE  
HEMET, CA 92543

Effective as of 01-NOV-23

**HAIDER, SHANZAY, MD**

Provider ID: N/A

1515 W FLORIDA AVE  
HEMET, CA 92543

Effective as of 01-MAR-24

**HAIDER, SHANZAY, MD**

Provider ID: N/A

1515 W FLORIDA AVE  
HEMET, CA 92543

Effective as of 01-MAR-24

**HAIDER, SHANZAY, MD**

Provider ID: N/A

1515 W FLORIDA AVE  
HEMET, CA 92543

Effective as of 01-MAR-24

**HAIDER, SHANZAY, MD**

Provider ID: N/A

1515 W FLORIDA AVE  
HEMET, CA 92543  
Effective as of 01-MAR-24

**HAIDER, UZMA, MD†**

Provider ID: N/A

1515 W FLORIDA AVE  
HEMET, CA 92543  
Effective as of 01-DEC-20

**HAIDER, UZMA, MD†**

Provider ID: N/A

1515 W FLORIDA AVE  
HEMET, CA 92543  
Effective as of 01-DEC-20

**FAMILY PRACTICE**

**CHAMBI-HERNANDEZ, RUTH,  
MD**

Provider ID: N/A

1035 SAINT JOHN PL  
HEMET, CA 92543  
Effective as of 01-MAY-23

**GASTROENTEROLOGY**

**CHAKRABARTY,  
MILANKUMAR, MD†**

Provider ID: N/A

1003 E FLORIDA AVE STE  
101  
HEMET, CA 92543  
Effective as of 01-AUG-20

**CHAKRABARTY,  
MILANKUMAR, MD†**

Provider ID: N/A

1003 E FLORIDA AVE STE  
101  
HEMET, CA 92543  
Effective as of 01-MAY-15

**CHAKRABARTY,  
MILANKUMAR, MD†**

Provider ID: N/A

1003 E FLORIDA AVE STE  
101  
HEMET, CA 92543  
Effective as of 01-MAY-15

**CHAKRABARTY,  
MILANKUMAR, MD†**

Provider ID: N/A

1003 E FLORIDA AVE STE  
101  
HEMET, CA 92543  
Effective as of 01-SEP-09

**CHAKRABARTY,  
MILANKUMAR, MD†**

Provider ID: N/A

1003 E FLORIDA AVE STE  
101  
HEMET, CA 92543  
Effective as of 01-JUL-23

**NAKKA, SREENIVASA, MD†**

Provider ID: N/A

949 CALHOUN PL STE A  
HEMET, CA 92543  
Effective as of 01-JUL-23

**QASEEM, TAHIR, MD**

Provider ID: N/A

1003 E FLORIDA AVE STE  
101  
HEMET, CA 92543  
Effective as of 01-JUL-23

**QASEEM, TAHIR, MD**

Provider ID: N/A

1003 E FLORIDA AVE STE  
101  
HEMET, CA 92543  
Effective as of 01-JAN-22

**QASEEM, TAHIR, MD**

Provider ID: N/A

1003 E FLORIDA AVE STE

101

HEMET, CA 92543  
Effective as of 01-MAY-22

**QASEEM, TAHIR, MD**

Provider ID: N/A

1003 E FLORIDA AVE STE  
101  
HEMET, CA 92543  
Effective as of 01-MAY-22

**QASEEM, TAHIR, MD**

Provider ID: N/A

1003 E FLORIDA AVE STE  
101  
HEMET, CA 92543  
Effective as of 01-DEC-22

**QASEEM, TAHIR, MD**

Provider ID: N/A

1003 E FLORIDA AVE STE  
104  
HEMET, CA 92543  
Effective as of 01-DEC-22

**QASEEM, TAHIR, MD**

Provider ID: N/A

1003 E FLORIDA AVE STE  
101  
HEMET, CA 92543  
Effective as of 01-APR-22

**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

**BANTA, WARREN, MD†**

Provider ID: N/A

☒ 2390 E FLORIDA AVE STE  
105

HEMET, CA 92544  
Effective as of 01-AUG-22

**BANTA, WARREN, MD†**

Provider ID: N/A

☒ 2390 E FLORIDA AVE STE  
105

HEMET, CA 92544  
Effective as of 01-AUG-22

**BANTA, WARREN, MD†**

Provider ID: N/A

☒ 2390 E FLORIDA AVE STE  
105

HEMET, CA 92544  
Effective as of 01-AUG-22

**BASERI, BABAK, MD**

Provider ID: N/A

☒ 1001 S STATE ST STE A  
HEMET, CA 92543

Effective as of 01-APR-23

**BELLO, OSAGIE, MD**

Provider ID: N/A

☒ 2390 E FLORIDA AVE STE  
105

HEMET, CA 92544  
Effective as of 01-OCT-23

**BELLO, OSAGIE, MD**

Provider ID: N/A

☒ 2390 E FLORIDA AVE STE  
105

HEMET, CA 92544  
Effective as of 01-OCT-23

**BELLO, OSAGIE, MD**

Provider ID: N/A

☒ 2390 E FLORIDA AVE STE  
105

HEMET, CA 92544  
Effective as of 01-OCT-23

**HUANG, DANIEL, MD**

Provider ID: N/A

☒ 1001 S STATE ST STE A  
HEMET, CA 92543

Effective as of 01-APR-23

**LEE, BYUNG, DO†**

Provider ID: N/A

☒ 2390 E FLORIDA AVE STE  
105

HEMET, CA 92544  
Effective as of 01-JUL-21

**LEE, BYUNG, DO†**

Provider ID: N/A

☒ 2390 E FLORIDA AVE STE  
105

HEMET, CA 92544  
Effective as of 01-JUL-21

**LEE, BYUNG, DO†**

Provider ID: N/A

☒ 2390 E FLORIDA AVE STE  
105

HEMET, CA 92544  
Effective as of 01-JUL-21

**MARJON, PHILIP, MD**

Provider ID: N/A

☒ 1001 S STATE ST STE A  
HEMET, CA 92543

Effective as of 01-APR-23

**MOST, CAROLE, MD†**

Provider ID: N/A

☒ 2390 E FLORIDA AVE STE  
105

HEMET, CA 92544  
Effective as of 01-MAR-21

**MOST, CAROLE, MD†**

Provider ID: N/A

☒ 2390 E FLORIDA AVE STE  
105

HEMET, CA 92544  
Effective as of 01-SEP-18

**MOST, CAROLE, MD†**

Provider ID: N/A

☒ 2390 E FLORIDA AVE STE  
105

HEMET, CA 92544  
Effective as of 01-SEP-18

**MOST, CAROLE, MD†**

Provider ID: N/A

☒ 2390 E FLORIDA AVE STE  
105

HEMET, CA 92544  
Effective as of 01-SEP-18

**SARWARI, NAWID, MD**

Provider ID: N/A

☒ 1001 S STATE ST STE A  
HEMET, CA 92543

Effective as of 01-APR-23

**SAUNDERS, PHILLIP, DO**

Provider ID: N/A

☒ 1001 S STATE ST STE A  
HEMET, CA 92543

Effective as of 01-APR-23


**SAUNDERS, PHILLIP, DO†**

Provider ID: N/A


☒ 1011 E DEVONSHIRE AVE  
STE 201

HEMET, CA 92543  
Effective as of 01-JAN-20


**SAUNDERS, PHILLIP, DO†**

Provider ID: N/A  
 1011 E DEVONSHIRE AVE  
STE 201  
HEMET, CA 92543  
Effective as of 01-DEC-20


**SCHWERKOSKE, JOHN, MD**

Provider ID: N/A  
 1001 S STATE ST STE A  
HEMET, CA 92543  
Effective as of 01-JUL-23


**SHUM, MERRILL, MD**

Provider ID: N/A  
 1001 S STATE ST STE A  
HEMET, CA 92543  
Effective as of 01-JUL-23


**SHUM, MERRILL, MD**

Provider ID: N/A  
 1011 E DEVONSHIRE AVE  
STE 201  
HEMET, CA 92543  
Effective as of 01-JUL-23

**TSAI, JAMES, MD†**

Provider ID: N/A  
 201 LAURSEN ST  
HEMET, CA 92543  
Effective as of 01-SEP-09

**TSANG, WALTER, MD†**


Provider ID: N/A  
 2390 E FLORIDA AVE STE  
105  
HEMET, CA 92544  
Effective as of 01-FEB-20

**TSANG, WALTER, MD†**

Provider ID: N/A  
 2390 E FLORIDA AVE STE


105  
HEMET, CA 92544  
Effective as of 01-FEB-20

**TSANG, WALTER, MD†**

Provider ID: N/A  
 2390 E FLORIDA AVE STE  
105  
HEMET, CA 92544  
Effective as of 01-FEB-20


***HOSPICE AND PALLIATIVE  
MEDICINE***

**TAECHARVONGPHAIROJ,  
VEERAVAT, MD**

Provider ID: N/A  
 850 E LATHAM AVE STE  
205  
HEMET, CA 92543  
Effective as of 01-MAR-24


***HOSPITALIST MD/DO***

**TUN, TIN, MD†**


Provider ID: N/A  
 1850 W FLORIDA AVE  
HEMET, CA 92545  
Effective as of 01-APR-23

***INTERNAL MEDICINE***


**DHIMAN, DARSHAN, MD†**

Provider ID: N/A  
 3989 W STETSON AVE STE  
202  
HEMET, CA 92545  
Effective as of 01-DEC-23


**DHIMAN, DARSHAN, MD†**

Provider ID: N/A  
 3989 W STETSON AVE STE  
202  
HEMET, CA 92545  
Effective as of 01-DEC-23


**MATHIAS, HERMAN, MD†**

Provider ID: N/A  
 391 N SAN JACINTO ST  
HEMET, CA 92543  
Effective as of 01-DEC-23


**NAGASUNDER, ARABHI, DO**

Provider ID: N/A  
 3989 W STETSON AVE STE  
202  
HEMET, CA 92545  
Teleservice  
Effective as of 01-SEP-23


**NAGASUNDER, ARABHI, DO**

Provider ID: N/A  
 3989 W STETSON AVE STE  
202  
HEMET, CA 92545  
Teleservice  
Effective as of 01-SEP-23


**NAGASUNDER, ARABHI, DO**

Provider ID: N/A  
 3989 W STETSON AVE STE  
202  
HEMET, CA 92545  
Teleservice  
Effective as of 01-SEP-23

**NAGASUNDER, ARABHI, DO**

Provider ID: N/A  
 3989 W STETSON AVE STE  
202  
HEMET, CA 92545  
Teleservice  
Effective as of 01-SEP-23

**PEARCE, DANIEL, DO**

Provider ID: N/A  
 1030 E FLORIDA AVE  
HEMET, CA 92543  
Effective as of 01-OCT-23

**RIVA, GREGORY, MD†**

Provider ID: N/A

1275 E LATHAM AVE STE C  
HEMET, CA 92543  
Effective as of 01-APR-21

**TAECHARVONGPHAIROJ,  
VEERAVAT, MD**

Provider ID: N/A

1030 E FLORIDA AVE  
HEMET, CA 92543  
Effective as of 01-JUL-23

**INTERNAL MEDICINE  
GERIATRIC MEDICINE**

**MATHIAS, HERMAN, MD†**

Provider ID: N/A

391 N SAN JACINTO ST  
HEMET, CA 92543  
Effective as of 01-AUG-95

**INTERVENTIONAL  
CARDIOLOGY**

**GOKHROO, RAHUL, MD†**

Provider ID: N/A

949 CALHOUN PL STE D  
HEMET, CA 92543  
Effective as of 01-DEC-22

**PAREKH, NIRAJ, MD†**

Provider ID: N/A

3853 W STETSON AVE STE  
104  
HEMET, CA 92545  
Teleservice  
Effective as of 01-JAN-19

**RASTOGI, ANISHA, MD†**

Provider ID: N/A

1275 E LATHAM AVE STE A  
HEMET, CA 92543  
Effective as of 01-AUG-20

**LICENSED CLINICAL  
SOCIAL WORKER**

**ARIAS-ALISHAHI, ELIZABETH,  
LCSW**

Provider ID: N/A

903 E DEVONSHIRE AVE  
STE D  
HEMET, CA 92543  
Effective as of 01-JAN-21

**BRINSON, CIRSTEN, LCSW†**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-JUL-22

**BRINSON, CIRSTEN, LCSW†**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-JUL-22

**GRANDISON, BROOKE, LCSW**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-FEB-24

**GRANDISON, BROOKE, LCSW**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-FEB-24

**HERSH, LINDSEY, LCSW†**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-JUL-23

**HERSH, LINDSEY, LCSW†**

Provider ID: N/A

162 N SANTA FE ST

HEMET, CA 92543  
Effective as of 01-JUL-23

**HERSH, LINDSEY, LCSW†**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-AUG-22

**JONES, VALORIA, LCSW†**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-JUL-23

**JONES, VALORIA, LCSW†**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-JUL-23

**JONES, VALORIA, LCSW†**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-JUL-23

**JONES, VALORIA, LCSW†**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-JAN-23

**PIDDINGTON, CHRISTINE,  
LCSW†**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-JUL-23

**PIDDINGTON, CHRISTINE,  
LCSW†**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543

Effective as of 01-DEC-22

**PIDDINGTON, CHRISTINE,  
LCSW†**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543

Effective as of 01-DEC-22

**PIDDINGTON, CHRISTINE,  
LCSW†**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543

Effective as of 01-MAR-21

**TABIL-GALAPON, BERNICE,  
LCSW**

Provider ID: N/A

1030 E FLORIDA AVE  
HEMET, CA 92543

Effective as of 01-JUL-23

**VALDEZ-HERNANDEZ, ISRAEL,  
LCSW†**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543

Effective as of 01-APR-23

**VALDEZ-HERNANDEZ, ISRAEL,  
LCSW†**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543

Effective as of 01-JAN-23

**VALDEZ-HERNANDEZ, ISRAEL,  
LCSW†**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543

Effective as of 01-APR-23

**VALDEZ-HERNANDEZ, ISRAEL, CHANG, DAVID, MD†  
LCSW†**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543

Effective as of 01-JAN-23

**MARRIAGE FAMILY  
THERAPIST**

**POOR, PATRICK, MFT†**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543

Effective as of 01-DEC-22

**POOR, PATRICK, MFT†**

Provider ID: N/A

162 N SANTA FE ST  
HEMET, CA 92543

Effective as of 01-DEC-22

**MEDICAL ONCOLOGY**

**PARSI, HOOMAN, MD**

Provider ID: N/A

1001 S STATE ST STE A  
HEMET, CA 92543

Effective as of 01-APR-23

**SHAIKH, ANWER, MD**

Provider ID: N/A

1001 S STATE ST STE A  
HEMET, CA 92543

Effective as of 01-APR-23

**NEPHROLOGY**

**CHANG, DAVID, MD†**

Provider ID: N/A

1011 E DEVONSHIRE AVE  
STE 201  
HEMET, CA 92543

Effective as of 01-SEP-09

Provider ID: N/A

1011 E DEVONSHIRE AVE  
STE 201  
HEMET, CA 92543

Effective as of 01-SEP-09

**CHANG, DAVID, MD†**

Provider ID: N/A

850 E LATHAM AVE STE D  
HEMET, CA 92543

Effective as of 01-NOV-06

**CHARLES COWAN, TRICIA,  
DO†**

Provider ID: N/A

3989 W STETSON AVE STE  
202  
HEMET, CA 92545

Effective as of 01-SEP-17

**CHARLES COWAN, TRICIA,  
DO†**

Provider ID: N/A

3989 W STETSON AVE STE  
202  
HEMET, CA 92545

Effective as of 01-SEP-17

**CHARLES COWAN, TRICIA,  
DO†**

Provider ID: N/A

3989 W STETSON AVE STE  
202  
HEMET, CA 92545

Effective as of 01-APR-23

**CHARLES COWAN, TRICIA,  
DO†**

Provider ID: N/A

3989 W STETSON AVE STE  
202  
HEMET, CA 92545

Effective as of 01-AUG-17



**CHARLES COWAN, TRICIA, DO†**

Provider ID: N/A  
 3989 W STETSON AVE  
 HEMET, CA 92545  
 Effective as of 01-AUG-17

**CHARLES COWAN, TRICIA, DO†**

Provider ID: N/A  
 3989 W STETSON AVE  
 HEMET, CA 92545  
 Effective as of 01-AUG-17

**CHARLES COWAN, TRICIA, DO†**

Provider ID: N/A  
 3989 W STETSON AVE STE  
 202  
 HEMET, CA 92545  
 Effective as of 01-OCT-20

**CHARLES COWAN, TRICIA, DO†**

Provider ID: N/A  
 3989 W STETSON AVE STE  
 202  
 HEMET, CA 92545  
 Effective as of 01-OCT-17

**CHARLES COWAN, TRICIA, DO†**

Provider ID: N/A  
 3989 W STETSON AVE STE  
 202  
 HEMET, CA 92545  
 Effective as of 01-MAR-18

**DHIMAN, DARSHAN, MD†**

Provider ID: N/A  
 3989 W STETSON AVE STE  
 202  
 HEMET, CA 92545  
 Effective as of 01-MAR-21

**DHIMAN, DARSHAN, MD†**

Provider ID: N/A  
 3989 W STETSON AVE STE  
 202  
 HEMET, CA 92545  
 Effective as of 01-APR-18

**DHIMAN, DARSHAN, MD†**

Provider ID: N/A  
 3989 W STETSON AVE STE  
 202  
 HEMET, CA 92545  
 Effective as of 01-DEC-15

**DHIMAN, DARSHAN, MD†**

Provider ID: N/A  
 3989 W STETSON AVE STE  
 202  
 HEMET, CA 92545  
 Effective as of 01-DEC-15

**DHIMAN, DARSHAN, MD†**

Provider ID: N/A  
 3989 W STETSON AVE STE  
 202  
 HEMET, CA 92545  
 Effective as of 01-DEC-15

**DHIMAN, DARSHAN, MD†**

Provider ID: N/A  
 3989 W STETSON AVE STE  
 202  
 HEMET, CA 92545  
 Effective as of 01-DEC-15

**ISHAK, SALAM, MD†**

Provider ID: N/A  
 3989 W STETSON AVE STE  
 202  
 HEMET, CA 92545  
 Effective as of 01-AUG-20

**NAGASUNDER, ARABHI, DO**

Provider ID: N/A

3989 W STETSON AVE STE  
 202  
 HEMET, CA 92545  
 Teleservice  
 Effective as of 01-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

**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-FEB-24

**NATH, ASHOK, MD†**

Provider ID: N/A  
 3989 W STETSON AVE STE  
 202  
 HEMET, CA 92545  
 Effective as of 01-APR-20

**NATH, ASHOK, MD†**

Provider ID: N/A  
 3889 W STETSON AVE STE  
 100  
 HEMET, CA 92545  
 Effective as of 01-FEB-21

**YAN, ERIC, MD**

Provider ID: N/A  
 3989 W STETSON AVE STE 202  
 HEMET, CA 92545  
 Effective as of 01-JUN-23

**YAN, ERIC, MD**

Provider ID: N/A  
 3989 W STETSON AVE STE 202  
 HEMET, CA 92545  
 Effective as of 01-JUN-23

**YAN, ERIC, MD**

Provider ID: N/A  
 3989 W STETSON AVE STE 202  
 HEMET, CA 92545  
 Effective as of 01-JUN-23

**YOUSSEF, AMR, DO†**

Provider ID: N/A  
 3989 W STETSON AVE STE 202  
 HEMET, CA 92545  
 Effective as of 01-SEP-22

**YOUSSEF, AMR, DO†**

Provider ID: N/A  
 3989 W STETSON AVE STE 202  
 HEMET, CA 92545  
 Effective as of 01-SEP-22

**YOUSSEF, AMR, DO†**

Provider ID: N/A  
 3989 W STETSON AVE STE 202  
 HEMET, CA 92545  
 Effective as of 01-JUN-22

**OBSTETRICS /  
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

**REY, RODOLFO, MD†**

Provider ID: N/A  
 903 E DEVONSHIRE AVE  
 STE D  
 HEMET, CA 92543  
 Effective as of 01-JUL-22

**RIZVI, SYED, MD†**

Provider ID: N/A  
 1600 E FLORIDA AVE STE 315  
 HEMET, CA 92544  
 Effective as of 01-MAR-22

**RIZVI, SYED, MD†**

Provider ID: N/A  
 1600 E FLORIDA AVE STE 315  
 HEMET, CA 92544  
 Effective as of 01-FEB-17

**URSO, MARY JO, DO†**

Provider ID: N/A  
 1225 E LATHAM AVE STE A  
 HEMET, CA 92543  
 Effective as of 01-DEC-20

**URSO, MARY JO, DO†**

Provider ID: N/A  
 1225 E LATHAM AVE STE A  
 HEMET, CA 92543  
 Effective as of 01-DEC-20

**URSO, MARY JO, DO†**

Provider ID: N/A  
 1225 E LATHAM AVE STE A  
 HEMET, CA 92543  
 Effective as of 01-DEC-20

**URSO, MARY JO, DO†**

Provider ID: N/A  
 1225 E LATHAM AVE STE A  
 HEMET, CA 92543  
 Effective as of 01-DEC-20

**URSO, MARY JO, DO†**

Provider ID: N/A  
 1225 E LATHAM AVE STE A  
 HEMET, CA 92543  
 Effective as of 01-DEC-20

**URSO, MARY JO, DO†**

Provider ID: N/A  
 1225 E LATHAM AVE STE A  
 HEMET, CA 92543  
 Effective as of 01-DEC-20

**URSO, MARY JO, DO†**

Provider ID: N/A  
 1225 E LATHAM AVE STE A  
 HEMET, CA 92543  
 Effective as of 01-JUL-23

**OCCUPATIONAL  
THERAPIST**

**BONILLA, EDWARD, OT**

Provider ID: N/A  
 3989 W STETSON AVE STE 105  
 HEMET, CA 92545  
 Effective as of 01-DEC-23

**BONILLA, EDWARD, OT**

Provider ID: N/A

3989 W STETSON AVE STE 105

HEMET, CA 92545

Effective as of 01-DEC-23

**JENSEN, BROOKE, OT†**

Provider ID: N/A

3889 W STETSON AVE STE 150

HEMET, CA 92545

Effective as of 01-JAN-20

**JENSEN, BROOKE, OT†**

Provider ID: N/A

3889 W STETSON AVE STE 100

HEMET, CA 92545

Effective as of 01-MAY-21

**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-22

**CARLSON, JOHN, MD†**

Provider ID: N/A

3953 W STETSON AVE

HEMET, CA 92545

Effective as of 01-FEB-22

**CARLSON, JOHN, MD†**

Provider ID: N/A

3953 W STETSON AVE

HEMET, CA 92545

Effective as of 01-AUG-20

**CHOW, JASON, MD†**

Provider ID: N/A

3953 W STETSON AVE

HEMET, CA 92545

Effective as of 01-FEB-24

**CHOW, JASON, MD†**

Provider ID: N/A

3953 W STETSON AVE

HEMET, CA 92545

Effective as of 01-JUL-23

**CHOW, JASON, MD†**

Provider ID: N/A

3953 W STETSON AVE

HEMET, CA 92545

Effective as of 01-SEP-22

**CHOW, JASON, MD†**

Provider ID: N/A

3953 W STETSON AVE

HEMET, CA 92545

Effective as of 01-OCT-22

**DONALDSON, JARED, MD†**

Provider ID: N/A

3953 W STETSON AVE

HEMET, CA 92545

Effective as of 01-SEP-22

**DONALDSON, JARED, MD†**

Provider ID: N/A

3953 W STETSON AVE

HEMET, CA 92545

Effective as of 01-MAY-21

**DONALDSON, JARED, MD†**

Provider ID: N/A

3953 W STETSON AVE

HEMET, CA 92545

Effective as of 01-JAN-23

**DONALDSON, JARED, MD†**

Provider ID: N/A

3953 W STETSON AVE

HEMET, CA 92545

Effective as of 01-DEC-22

**JACOBS, JEFFREY, MD†**

Provider ID: N/A

2390 E FLORIDA AVE STE 207

HEMET, CA 92544

Effective as of 01-JUL-18

**JACOBS, JEFFREY, MD†**

Provider ID: N/A

2390 E FLORIDA AVE STE 207

HEMET, CA 92544

Effective as of 01-JUL-23

**JACOBS, JEFFREY, MD†**

Provider ID: N/A

2390 E FLORIDA AVE STE 207

HEMET, CA 92544

Effective as of 01-NOV-08

**JACOBS, JEFFREY, MD†**

Provider ID: N/A

2390 E FLORIDA AVE STE 207

HEMET, CA 92544

Effective as of 01-SEP-09

**JACOBS, JEFFREY, MD†**

Provider ID: N/A

2390 E FLORIDA AVE STE 207

HEMET, CA 92544

Effective as of 01-SEP-09

**JACOBSON, ARTHUR, MD†**

Provider ID: N/A

2390 E FLORIDA AVE STE 207

HEMET, CA 92544

Effective as of 01-SEP-09

**JACOBSON, ARTHUR, MD†**

Provider ID: N/A

2390 E FLORIDA AVE STE 207

HEMET, CA 92544

Effective as of 01-MAR-98

**JACOBSON, ARTHUR, MD†**

Provider ID: N/A

☒ 2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544

Effective as of 01-JUL-23

**JOHNSON, ROGER, MD†**

Provider ID: N/A

☒ 3953 W STETSON AVE  
HEMET, CA 92545

Effective as of 01-JUL-23

**JOSEPH, JEFFREY, MD†**

Provider ID: N/A

☒ 3953 W STETSON AVE  
HEMET, CA 92545

Effective as of 01-DEC-21

**JOSEPH, JEFFREY, MD†**

Provider ID: N/A

☒ 3953 W STETSON AVE  
HEMET, CA 92545

Effective as of 01-AUG-20

**JOSEPH, JEFFREY, MD†**

Provider ID: N/A

☒ 3953 W STETSON AVE  
HEMET, CA 92545

Effective as of 01-AUG-19

**LEE, JOHN, MD†**

Provider ID: N/A

☒ 2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544

Effective as of 01-JAN-11

**LEE, JOHN, MD†**

Provider ID: N/A

☒ 2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544

Effective as of 01-FEB-11

**LEE, JOHN, MD†**

Provider ID: N/A

☒ 2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544

Effective as of 01-JUL-23

**LEE, JOHN, MD†**

Provider ID: N/A

☒ 2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544

Effective as of 01-MAR-14

**NAMBIAR, MARGARET, MD†**

Provider ID: N/A

☒ 2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544

Effective as of 01-FEB-20

**PHILLIPS, BARRATT, MD†**

Provider ID: N/A

☒ 3953 W STETSON AVE  
HEMET, CA 92545

Effective as of 01-MAY-14

**PHILLIPS, BARRATT, MD†**

Provider ID: N/A

☒ 3953 W STETSON AVE  
HEMET, CA 92545

Effective as of 01-JAN-22

**PHILLIPS, BARRATT, MD†**

Provider ID: N/A

☒ 3953 W STETSON AVE  
HEMET, CA 92545

Effective as of 01-JAN-22

**PHILLIPS, BARRATT, MD†**

Provider ID: N/A

☒ 3953 W STETSON AVE  
HEMET, CA 92545

Effective as of 01-SEP-09

**SHELTON, RAYMOND, MD**

Provider ID: N/A

☒ 2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544

Effective as of 01-MAY-23

**SORENSEN, ROBERT, MD†**

Provider ID: N/A

☒ 3953 W STETSON AVE  
HEMET, CA 92545

Effective as of 01-JUL-23

**SORENSEN, ROBERT, MD†**

Provider ID: N/A

☒ 3953 W STETSON AVE  
HEMET, CA 92545

Effective as of 01-JAN-22

**SORENSEN, ROBERT, MD†**

Provider ID: N/A

☒ 3953 W STETSON AVE  
HEMET, CA 92545

Effective as of 01-DEC-21

**SORENSEN, ROBERT, MD†**

Provider ID: N/A

☒ 3953 W STETSON AVE  
HEMET, CA 92545

Effective as of 01-SEP-09

**VIDOR, IRA, MD†**

Provider ID: N/A

☒ 361 N SAN JACINTO ST  
HEMET, CA 92543

Effective as of 01-JUL-19

**WARNER, MICHAEL, MD†**

Provider ID: N/A

☒ 2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544

Teleservice

Effective as of 01-JUL-23

**WARNER, MICHAEL, MD†**

Provider ID: N/A

☐ 2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544

Teleservice

Effective as of 01-MAR-14

**WARNER, MICHAEL, MD†**

Provider ID: N/A

☐ 2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544

Teleservice

Effective as of 01-MAR-14

**WARNER, MICHAEL, MD†**

Provider ID: N/A

☐ 2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544

Teleservice

Effective as of 01-SEP-09

**OPTOMETRIST**

**ARCHIBALD, JOHN, OD†**

Provider ID: N/A

☐ 3953 W STETSON AVE  
HEMET, CA 92545

Effective as of 01-JUL-23

**ARCHIBALD, JOHN, OD†**

Provider ID: N/A

☐ 3953 W STETSON AVE  
HEMET, CA 92545

Effective as of 01-DEC-23

**BARR, AUSTIN, OD**

Provider ID: N/A

☐ 2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544

Effective as of 01-MAR-23

**BARR, AUSTIN, OD**

Provider ID: N/A

☐ 2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544

Effective as of 01-NOV-22

**BARR, AUSTIN, OD**

Provider ID: N/A

☐ 2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544

Effective as of 01-NOV-22

**BARR, AUSTIN, OD**

Provider ID: N/A

☐ 2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544

Effective as of 01-NOV-22

**COLEMAN, BROOKE, OD†**

Provider ID: N/A

☐ 3953 W STETSON AVE  
HEMET, CA 92545

Effective as of 01-JUL-11

**COLEMAN, BROOKE, OD†**

Provider ID: N/A

☐ 3953 W STETSON AVE  
HEMET, CA 92545

Effective as of 01-AUG-20

**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-FEB-22

**LANE, KEVIN, OD†**

Provider ID: N/A

☐ 2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544

Effective as of 01-SEP-09

**LANE, KEVIN, OD†**

Provider ID: N/A

☐ 2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544

Effective as of 01-FEB-11

**LANE, KEVIN, OD†**

Provider ID: N/A

☐ 2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544

Effective as of 01-JUL-23

**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-JUL-23

**LARSON, BRETT, OD†**

Provider ID: N/A

☐ 3953 W STETSON AVE  
HEMET, CA 92545

Effective as of 01-SEP-10

**LARSON, BRETT, OD<sup>†</sup>**

Provider ID: N/A

☒ 3953 W STETSON AVE  
HEMET, CA 92545

Effective as of 01-AUG-20

**MC CLEARY, DAVID, OD<sup>†</sup>**

Provider ID: N/A

☒ 3953 W STETSON AVE  
HEMET, CA 92545

Effective as of 01-DEC-21

**MC CLEARY, DAVID, OD<sup>†</sup>**

Provider ID: N/A

☒ 3953 W STETSON AVE  
HEMET, CA 92545

Effective as of 01-JUL-23

**MC CLEARY, DAVID, OD<sup>†</sup>**

Provider ID: N/A

☒ 3953 W STETSON AVE  
HEMET, CA 92545

Effective as of 01-AUG-18

**TADROS, JESSICA, OD<sup>†</sup>**

Provider ID: N/A

☒ 2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544

Effective as of 01-JUL-23

**ULIBARRI, MATTHEW, OD<sup>†</sup>**

Provider ID: N/A

☒ 2390 E FLORIDA AVE STE  
207  
HEMET, CA 92544

Effective as of 01-JUL-23

**PEDIATRIC**

**ENDOCRINOLOGY**

**SEYED, KAZEM, MD<sup>†</sup>**

Provider ID: N/A

☒ 750 E LATHAM AVE STE 1  
HEMET, CA 92543

Effective as of 01-MAY-15

**SEYED, KAZEM, MD<sup>†</sup>**

Provider ID: N/A

☒ 750 E LATHAM AVE STE 1  
HEMET, CA 92543

Effective as of 01-MAY-15

**SEYED, KAZEM, MD<sup>†</sup>**

Provider ID: N/A

☒ 750 E LATHAM AVE STE 1  
HEMET, CA 92543

Effective as of 01-OCT-10

**PHYSICAL MEDICINE /  
REHABILITATION**

**AILINANI, HARY, MD**

Provider ID: N/A

☒ 1011 E DEVONSHIRE AVE  
STE 203  
HEMET, CA 92543

Effective as of 01-MAY-21

**CHEN, HAMILTON, MD<sup>†</sup>**

Provider ID: N/A

☒ 3989 W STETSON AVE STE  
102  
HEMET, CA 92545

Effective as of 01-MAR-24

**LEE, JONATHAN KWANG, MD<sup>†</sup>**

Provider ID: N/A

☒ 3889 W STETSON AVE STE  
100  
HEMET, CA 92545

Effective as of 01-JUL-15

**NIKACHINA, ANNA, MD<sup>†</sup>**

Provider ID: N/A

☒ 3889 W STETSON AVE STE  
100  
HEMET, CA 92545

Effective as of 01-MAY-21

**PHYSICIANS ASSISTANT**

**ANDERSON, MATTHEW, PA<sup>†</sup>**

Provider ID: N/A

☒ 3889 W STETSON AVE STE  
100  
HEMET, CA 92545

Effective as of 01-AUG-21

**BAKER, ROBERT, PA**

Provider ID: N/A

☒ 1011 E DEVONSHIRE AVE  
STE 203  
HEMET, CA 92543

Effective as of 01-MAR-24

**BAKER, ROBERT, PA**

Provider ID: N/A

☒ 1011 E DEVONSHIRE AVE  
STE 203  
HEMET, CA 92543

Effective as of 01-MAR-24

**BAKER, ROBERT, PA**

Provider ID: N/A

☒ 1011 E DEVONSHIRE AVE  
STE 203  
HEMET, CA 92543

Effective as of 01-MAR-24

**BAKER, ROBERT, PA**

Provider ID: N/A

☒ 1011 E DEVONSHIRE AVE  
STE 203  
HEMET, CA 92543

Effective as of 01-MAR-24

**BAKER, ROBERT, PA**

Provider ID: N/A

☒ 1011 E DEVONSHIRE AVE  
STE 203  
HEMET, CA 92543

Effective as of 01-MAR-24

**CAGATAY, HARRIER, PA†**

Provider ID: N/A

422 N SAN JACINTO ST STE  
B-C  
HEMET, CA 92543

Effective as of 01-AUG-20

**CAGATAY, HARRIER, PA†**

Provider ID: N/A

1011 E DEVONSHIRE AVE  
HEMET, CA 92543

Effective as of 01-AUG-20

**CERALDE, ALAN, PA†**

Provider ID: N/A

3889 W STETSON AVE STE  
100  
HEMET, CA 92545

Effective as of 01-AUG-16

**CERALDE, ALAN, PA†**

Provider ID: N/A

3889 W STETSON AVE STE  
100  
HEMET, CA 92545

Effective as of 01-AUG-16

**CERALDE, ALAN, PA†**

Provider ID: N/A

3889 W STETSON AVE STE  
100  
HEMET, CA 92545

Effective as of 01-AUG-16

**CERALDE, ALAN, PA†**

Provider ID: N/A

3889 W STETSON AVE STE  
100  
HEMET, CA 92545

Effective as of 01-NOV-16

**CURTIS, DANIEL, PA†**

Provider ID: N/A

949 CALHOUN PL STE D  
HEMET, CA 92543

Effective as of 01-DEC-22

**CURTIS, DANIEL, PA†**

Provider ID: N/A

949 CALHOUN PL STE D  
HEMET, CA 92543

Effective as of 01-DEC-22

**CURTIS, DANIEL, PA†**

Provider ID: N/A

949 CALHOUN PL STE D  
HEMET, CA 92543

Effective as of 01-MAY-23

**DE CARO, ROBERT, PA†**

Provider ID: N/A

1264 E LATHAM AVE  
HEMET, CA 92543

Effective as of 01-OCT-19

**DIETZLER, MARQUE, PA†**

Provider ID: N/A

4020 W FLORIDA AVE  
HEMET, CA 92545

Effective as of 01-JUL-19

**FELIX, FRANCISCO, PA**

Provider ID: N/A

1011 E DEVONSHIRE AVE  
HEMET, CA 92543

Effective as of 01-AUG-23

**FELIX, FRANCISCO, PA**

Provider ID: N/A

1011 E DEVONSHIRE AVE  
HEMET, CA 92543

Effective as of 01-AUG-23

**GONZALEZ, KEVIN, PA**

Provider ID: N/A

3989 W STETSON AVE STE  
201  
HEMET, CA 92545

Effective as of 01-DEC-23

**GONZALEZ, KEVIN, PA**

Provider ID: N/A

3989 W STETSON AVE STE  
201  
HEMET, CA 92545

Effective as of 01-DEC-23

**GONZALEZ, KEVIN, PA**

Provider ID: N/A

3989 W STETSON AVE STE  
201  
HEMET, CA 92545

Effective as of 01-DEC-23

**GONZALEZ, KEVIN, PA**

Provider ID: N/A

3989 W STETSON AVE STE  
201  
HEMET, CA 92545

Effective as of 01-DEC-23

**HUNSAKER, NALANI, PA†**

Provider ID: N/A

1515 W FLORIDA AVE  
HEMET, CA 92543

Effective as of 01-NOV-23

**HUNSAKER, NALANI, PA†**

Provider ID: N/A

1515 W FLORIDA AVE  
HEMET, CA 92543

Effective as of 01-DEC-20

**HUNSAKER, NALANI, PA†**

Provider ID: N/A

1515 W FLORIDA AVE  
HEMET, CA 92543

Effective as of 01-DEC-20

**LANIER, JAME, PA†**

Provider ID: N/A

1264 E LATHAM AVE  
HEMET, CA 92543

Effective as of 01-OCT-19

**LANIER, JAME, PA†**

Provider ID: N/A  
 1264 E LATHAM AVE  
 HEMET, CA 92543  
 Effective as of 01-JUL-17

**MACHO, DANIELLA, PA†**

Provider ID: N/A  
 1701 E FLORIDA AVE  
 HEMET, CA 92544  
 Effective as of 01-FEB-17

**MITCHELL, PAUL, PA**

Provider ID: N/A  
 422 N SAN JACINTO ST STE  
 B  
 HEMET, CA 92543  
 Effective as of 01-JUN-18

**MITCHELL, PAUL, PA**

Provider ID: N/A  
 1011 E DEVONSHIRE AVE  
 STE 101  
 HEMET, CA 92543  
 Effective as of 01-FEB-24

**MOORE, PAMELA, PA†**

Provider ID: N/A  
 3889 W STETSON AVE STE  
 120  
 HEMET, CA 92545  
 Effective as of 01-DEC-17

**RODDICK, JASON, PA**

Provider ID: N/A  
 3989 W STETSON AVE STE  
 201  
 HEMET, CA 92545  
 Effective as of 01-DEC-23

**RODDICK, JASON, PA**

Provider ID: N/A  
 3989 W STETSON AVE STE  
 201  
 HEMET, CA 92545

Effective as of 01-DEC-23

**RODDICK, JASON, PA†**

Provider ID: N/A  
 3853 W STETSON AVE STE  
 201  
 HEMET, CA 92545  
 Effective as of 01-JUL-23

**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

**SHORES, CLORINDA, PA†**

Provider ID: N/A  
 255 N GILBERT ST BLDG B4  
 HEMET, CA 92543  
 Effective as of 01-OCT-17

**SMITH, ANTHONY, PA†**

Provider ID: N/A  
 3889 W STETSON AVE STE  
 200  
 HEMET, CA 92545  
 Effective as of 01-JUN-18

**SMITH, ANTHONY, PA†**

Provider ID: N/A  
 3889 W STETSON AVE STE  
 200  
 HEMET, CA 92545  
 Effective as of 01-JUN-18

**SZCZESIK, KRYSTIAN, PA†**

Provider ID: N/A

3889 W STETSON AVE STE  
 100  
 HEMET, CA 92545  
 Effective as of 01-MAY-18

**SZCZESIK, KRYSTIAN, PA†**

Provider ID: N/A  
 3889 W STETSON AVE STE  
 100  
 HEMET, CA 92545  
 Effective as of 01-MAY-18

**SZCZESIK, KRYSTIAN, PA†**

Provider ID: N/A  
 3889 W STETSON AVE STE  
 100  
 HEMET, CA 92545  
 Effective as of 01-MAY-18

**PODIATRIST**

**BRAHM, STEPHEN, DPM†**

Provider ID: N/A  
 995 SAINT JOHN PL STE B  
 HEMET, CA 92543  
 Effective as of 01-MAY-17

**HAAS, RICHARD, DPM†**

Provider ID: N/A  
 760 W ACACIA AVE STE 117  
 HEMET, CA 92543  
 Effective as of 01-JUL-23

**PAOLERCIO, NANCY, DPM**

Provider ID: N/A  
 255 N GILBERT ST STE B1  
 HEMET, CA 92543  
 Effective as of 01-MAR-17

**PAOLERCIO, NANCY, DPM**

Provider ID: N/A  
 255 N GILBERT ST STE B1  
 HEMET, CA 92543  
 Effective as of 01-MAR-17



**PAOLERCIO, NANCY, DPM**

Provider ID: N/A

☐ 255 N GILBERT ST STE B1  
HEMET, CA 92543

Effective as of 01-MAR-17

**PSYCHIATRY**

**ADEYEMO, OLUWAFEMI, MD**

Provider ID: N/A

☐ 361 N SAN JACINTO ST  
HEMET, CA 92543

Effective as of 01-SEP-17

**ADEYEMO, OLUWAFEMI, MD**

Provider ID: N/A

☐ 361 N SAN JACINTO ST  
HEMET, CA 92543

Effective as of 01-MAR-15

**ADEYEMO, OLUWAFEMI, MD**

Provider ID: N/A

☐ 361 N SAN JACINTO ST  
HEMET, CA 92543

Effective as of 01-JUN-17

**ADEYEMO, OLUWAFEMI, MD**

Provider ID: N/A

☐ 361 N SAN JACINTO ST  
HEMET, CA 92543

Effective as of 01-JUN-17

**ADEYEMO, OLUWAFEMI, MD**

Provider ID: N/A

☐ 361 N SAN JACINTO ST  
HEMET, CA 92543

Effective as of 01-MAR-15

**ADEYEMO, OLUWAFEMI, MD**

Provider ID: N/A

☐ 361 N SAN JACINTO ST  
HEMET, CA 92543

Effective as of 01-SEP-17

**JAKKULA, JAGAN, MD†**

Provider ID: N/A

☐ 162 N SANTA FE ST  
HEMET, CA 92543

Effective as of 01-AUG-22

**JAKKULA, JAGAN, MD†**

Provider ID: N/A

☐ 162 N SANTA FE ST  
HEMET, CA 92543

Effective as of 01-AUG-22

**JAKKULA, JAGAN, MD†**

Provider ID: N/A

☐ 162 N SANTA FE ST  
HEMET, CA 92543

Effective as of 01-NOV-23

**JAKKULA, JAGAN, MD†**

Provider ID: N/A

☐ 162 N SANTA FE ST  
HEMET, CA 92543

Effective as of 01-OCT-20

**JAKKULA, JAGAN, MD†**

Provider ID: N/A

☐ 162 N SANTA FE ST  
HEMET, CA 92543

Effective as of 01-NOV-23

**JAKKULA, JAGAN, MD†**

Provider ID: N/A

☐ 162 N SANTA FE ST  
HEMET, CA 92543

Effective as of 01-OCT-20

**JAKKULA, JAGAN, MD†**

Provider ID: N/A

☐ 162 N SANTA FE ST  
HEMET, CA 92543

Effective as of 01-AUG-22

**JAKKULA, JAGAN, MD†**

Provider ID: N/A

☐ 162 N SANTA FE ST  
HEMET, CA 92543

Effective as of 01-AUG-22

**KUNAM, SYAM, MD**

Provider ID: N/A

☐ 162 N SANTA FE ST  
HEMET, CA 92543

Effective as of 01-MAR-24

**KUNAM, SYAM, MD**

Provider ID: N/A

☐ 162 N SANTA FE ST  
HEMET, CA 92543

Effective as of 01-MAR-24

**PERSAUD, PRIA, MD**

Provider ID: N/A

☐ 903 E DEVONSHIRE AVE  
STE D

HEMET, CA 92543

Effective as of 01-AUG-20

**PERSAUD, PRIA, MD**

Provider ID: N/A

☐ 903 E DEVONSHIRE AVE  
STE D

HEMET, CA 92543

Effective as of 01-AUG-20

**PUCHAKAYALA, NANDITA,  
MD†**

Provider ID: N/A

☐ 162 N SANTA FE ST  
HEMET, CA 92543

Effective as of 01-SEP-23

**PUCHAKAYALA, NANDITA,  
MD†**

Provider ID: N/A

☐ 162 N SANTA FE ST  
HEMET, CA 92543

Effective as of 01-SEP-23

**PUCHAKAYALA, NANDITA,  
MD†**

Provider ID: N/A

☒ 162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-JUN-21

**PUCHAKAYALA, NANDITA, MD†**

Provider ID: N/A

☒ 162 N SANTA FE ST  
HEMET, CA 92543  
Effective as of 01-JUN-21

**PSYCHOLOGIST**

**DUNN, JOSEPH, PhD**

Provider ID: N/A

☒ 1011 E DEVONSHIRE AVE  
STE 203  
HEMET, CA 92543  
Effective as of 01-JUN-23

**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-JUL-23

**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-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-SEP-09

**LU, CHONG PING, MD†**

Provider ID: N/A

☒ 1000 E LATHAM AVE  
HEMET, CA 92543  
Effective as of 01-SEP-00

**LU, CHONG PING, MD†**

Provider ID: N/A

☒ 1000 E LATHAM AVE  
HEMET, CA 92543  
Effective as of 01-JUL-23

**RADIATION ONCOLOGY**

**BELL, DAVID, MD†**

Provider ID: N/A

☒ 430 W STETSON AVE  
HEMET, CA 92543  
Effective as of 01-OCT-21

**RHA, JANICE, MD†**

Provider ID: N/A

☒ 430 W STETSON AVE  
HEMET, CA 92543  
Effective as of 01-DEC-21

**RADIOLOGY DIAGNOSTIC**

**BURROUGHS, GLORIA, MD†**

Provider ID: N/A

☒ 540 N JACINTO ST

HEMET, CA 92543  
Effective as of 01-MAR-07

**BURROUGHS, GLORIA, MD†**

Provider ID: N/A

☒ 850 E LATHAM AVE STE 101  
HEMET, CA 92543  
Effective as of 01-OCT-17

**BURROUGHS, GLORIA, MD†**

Provider ID: N/A

☒ 850 E LATHAM AVE STE 101  
HEMET, CA 92543  
Effective as of 01-OCT-17

**BURROUGHS, GLORIA, MD†**

Provider ID: N/A

☒ 850 E LATHAM AVE STE 101  
HEMET, CA 92543  
Effective as of 01-OCT-17

**REGISTERED PHYSICAL  
THERAPIST**

**MONTERO, MARIA, PT**

Provider ID: N/A

☒ 1515 W FLORIDA AVE STE E  
HEMET, CA 92543  
Effective as of 01-APR-23

**MONTERO, MARIA, PT**

Provider ID: N/A

☒ 1515 W FLORIDA AVE STE E  
HEMET, CA 92543  
Effective as of 01-APR-23


**SMITH, DIANNE, PT†**


Provider ID: N/A


☒ 1515 W FLORIDA AVE STE E  
HEMET, CA 92543  
Effective as of 01-JUN-17


**RHEUMATOLOGY**


**COLBURN, KEITH, MD†**

Provider ID: N/A  
 949 CALHOUN PL STE F  
 HEMET, CA 92543  
 Effective as of 01-MAR-21


**MEHTA, AMAL, MD†**  
 Provider ID: N/A  
 949 CALHOUN PL STE F  
 HEMET, CA 92543  
 Effective as of 01-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  
 949 CALHOUN PL STE F  
 HEMET, CA 92543  
 Effective as of 01-SEP-18

**RAMASWAMY,  
DHARMARAJAN, MD†**  
 Provider ID: N/A  
 949 CALHOUN PL STE F  
 HEMET, CA 92543  
 Effective as of 01-JUL-23


***SURGERY COLON  
SURGERY***


**GORSKI, TITO, MD†**  
 Provider ID: N/A  
 3853 W STETSON AVE STE  
 105  
 HEMET, CA 92545  
 Effective as of 01-MAY-22


**GORSKI, TITO, MD†**  
 Provider ID: N/A  
 3853 W STETSON AVE STE


105  
 HEMET, CA 92545  
 Effective as of 01-MAY-22


***SURGERY GENERAL***

**ATCHISON, MARVIN, MD†**  
 Provider ID: N/A  
 3853 W STETSON AVE STE  
 105  
 HEMET, CA 92545  
 Effective as of 01-DEC-20

**ATCHISON, MARVIN, MD†**  
 Provider ID: N/A  
 3853 W STETSON AVE STE  
 105  
 HEMET, CA 92545  
 Effective as of 01-DEC-21


**ATCHISON, MARVIN, MD†**  
 Provider ID: N/A  
 3853 W STETSON AVE STE  
 105  
 HEMET, CA 92545  
 Effective as of 01-JUL-21


**ATCHISON, MARVIN, MD†**  
 Provider ID: N/A  
 3853 W STETSON AVE STE  
 105  
 HEMET, CA 92545  
 Effective as of 01-JUL-21


**ATCHISON, MARVIN, MD†**  
 Provider ID: N/A  
 3853 W STETSON AVE STE  
 105  
 HEMET, CA 92545  
 Effective as of 01-MAY-22


**ATCHISON, MARVIN, MD†**  
 Provider ID: N/A  
 3853 W STETSON AVE STE  
 105


HEMET, CA 92545  
 Effective as of 01-MAY-22


**ATCHISON, MARVIN, MD†**  
 Provider ID: N/A  
 3853 W STETSON AVE STE  
 105  
 HEMET, CA 92545  
 Effective as of 01-SEP-22

**BARRERA, KAYLENE, MD†**  
 Provider ID: N/A  
 3853 W STETSON AVE STE  
 105  
 HEMET, CA 92545  
 Effective as of 01-SEP-22

**BARRERA, KAYLENE, MD†**  
 Provider ID: N/A  
 3853 W STETSON AVE STE  
 105  
 HEMET, CA 92545  
 Effective as of 01-MAY-22

**BARRERA, KAYLENE, MD†**  
 Provider ID: N/A  
 3853 W STETSON AVE STE  
 105  
 HEMET, CA 92545  
 Effective as of 01-MAY-22

**BARRERA, KAYLENE, MD†**  
 Provider ID: N/A  
 3853 W STETSON AVE STE  
 105  
 HEMET, CA 92545  
 Effective as of 01-APR-22

**GORSKI, TITO, MD†**  
 Provider ID: N/A  
 3853 W STETSON AVE STE  
 105  
 HEMET, CA 92545  
 Effective as of 01-APR-22

**GORSKI, TITO, MD†**

Provider ID: N/A

3853 W STETSON AVE STE 105  
HEMET, CA 92545  
Effective as of 01-FEB-24

**GORSKI, TITO, MD†**

Provider ID: N/A

3853 W STETSON AVE STE 105  
HEMET, CA 92545  
Effective as of 01-SEP-22

**GORSKI, YARA, MD†**

Provider ID: N/A

3853 W STETSON AVE STE 105  
HEMET, CA 92545  
Effective as of 01-SEP-22

**IGWE, DANIEL, MD†**

Provider ID: N/A

1225 E LATHAM AVE STE A  
HEMET, CA 92543  
Effective as of 01-JUL-18

**IGWE, DANIEL, MD†**

Provider ID: N/A

1225 E LATHAM AVE STE A  
HEMET, CA 92543  
Effective as of 01-JUL-18

**IGWE, DANIEL, MD†**

Provider ID: N/A

1225 E LATHAM AVE STE A  
HEMET, CA 92543  
Effective as of 01-JUL-18

**JOHNSEN, HEGE, MD†**

Provider ID: N/A

3853 W STETSON AVE STE 105  
HEMET, CA 92545  
Effective as of 01-SEP-22

**JOHNSEN, HEGE, MD†**

Provider ID: N/A

3853 W STETSON AVE STE 105  
HEMET, CA 92545  
Effective as of 01-MAY-22

**JOHNSEN, HEGE, MD†**

Provider ID: N/A

3853 W STETSON AVE STE 105  
HEMET, CA 92545  
Effective as of 01-MAY-22

**JOHNSEN, HEGE, MD†**

Provider ID: N/A

3853 W STETSON AVE STE 105  
HEMET, CA 92545  
Effective as of 01-APR-22

**MAC, OLIVIA, MD†**

Provider ID: N/A

3853 W STETSON AVE STE 105  
HEMET, CA 92545  
Effective as of 01-DEC-22

**NAFIU, BOLAJI, MD†**

Provider ID: N/A

3853 W STETSON AVE STE 105  
HEMET, CA 92545  
Effective as of 01-APR-20

**NAFIU, BOLAJI, MD†**

Provider ID: N/A

3853 W STETSON AVE STE 105  
HEMET, CA 92545  
Effective as of 01-SEP-22

**NOURI, SARVENAZ, MD†**

Provider ID: N/A

3853 W STETSON AVE STE 105  
HEMET, CA 92545  
Effective as of 01-NOV-22

**SHARMA, SURENDRA, MD†**

Provider ID: N/A

4020 W FLORIDA AVE  
HEMET, CA 92545  
Effective as of 01-SEP-00

**SHARMA, SURENDRA, MD†**

Provider ID: N/A

4020 W FLORIDA AVE  
HEMET, CA 92545  
Effective as of 01-SEP-09

**SHARMA, SURENDRA, MD†**

Provider ID: N/A

4020 W FLORIDA AVE  
HEMET, CA 92545  
Effective as of 01-SEP-09

**TIU, BRIAN, MD†**

Provider ID: N/A

3853 W STETSON AVE STE 105  
HEMET, CA 92545  
Effective as of 01-SEP-22

**WANG, XIUJIE, MD†**

Provider ID: N/A

3853 W STETSON AVE STE 105  
HEMET, CA 92545  
Effective as of 01-SEP-19

**WANG, XIUJIE, MD†**

Provider ID: N/A

3853 W STETSON AVE STE 105  
HEMET, CA 92545  
Effective as of 01-DEC-21

**SURGERY GENERAL**

**VASCULAR**

**GORSKI, YARA, MD†**

Provider ID: N/A

☒ 3853 W STETSON AVE STE 105  
HEMET, CA 92545  
Effective as of 01-MAY-22

**GORSKI, YARA, MD†**

Provider ID: N/A

☒ 3853 W STETSON AVE STE 105  
HEMET, CA 92545  
Effective as of 01-MAY-22

**KARMUR, AMIT, DO†**

Provider ID: N/A

☒ 3853 W STETSON AVE STE 105  
HEMET, CA 92545  
Effective as of 01-JAN-22

**NAFIU, BOLAJI, MD†**

Provider ID: N/A

☒ 3853 W STETSON AVE STE 105  
HEMET, CA 92545  
Effective as of 01-DEC-21

**NAFIU, BOLAJI, MD†**

Provider ID: N/A

☒ 3853 W STETSON AVE STE 105  
HEMET, CA 92545  
Effective as of 01-MAY-22

**TIU, BRIAN, MD†**

Provider ID: N/A

☒ 3853 W STETSON AVE STE 105  
HEMET, CA 92545  
Effective as of 01-APR-22

**WANG, XIUJIE, MD†**

Provider ID: N/A

☒ 3853 W STETSON AVE STE 105  
HEMET, CA 92545  
Effective as of 01-OCT-20

**WANG, XIUJIE, MD†**

Provider ID: N/A

☒ 3853 W STETSON AVE STE 105  
HEMET, CA 92545  
Effective as of 01-MAY-22

**WANG, XIUJIE, MD†**

Provider ID: N/A

☒ 3853 W STETSON AVE STE 105  
HEMET, CA 92545  
Effective as of 01-MAY-22

**WANG, XIUJIE, MD†**

Provider ID: N/A

☒ 3853 W STETSON AVE STE 105  
HEMET, CA 92545  
Effective as of 01-OCT-20

**SURGERY HEAD**

**LE, SANG, MD†**

Provider ID: N/A

☒ 3889 W STETSON AVE STE 100  
HEMET, CA 92545  
Effective as of 01-JUL-15

**SURGERY ORTHOPEDIC**

**ALLEN, JONATHAN, MD†**

Provider ID: N/A

☒ 3889 W STETSON AVE STE 100  
HEMET, CA 92545  
Teleservice

Effective as of 01-JUL-15

**ALLEN, JONATHAN, MD†**

Provider ID: N/A

☒ 3889 W STETSON AVE STE 100  
HEMET, CA 92545  
Teleservice  
Effective as of 01-DEC-21

**ALLEN, JONATHAN, MD†**

Provider ID: N/A

☒ 3889 W STETSON AVE STE 100  
HEMET, CA 92545  
Teleservice  
Effective as of 01-DEC-21

**BURTON, PAUL, DO†**

Provider ID: N/A

☒ 3889 W STETSON AVE STE 100  
HEMET, CA 92545  
Effective as of 01-DEC-21

**BURTON, PAUL, DO†**

Provider ID: N/A

☒ 3889 W STETSON AVE STE 100  
HEMET, CA 92545  
Effective as of 01-DEC-21

**BURTON, PAUL, DO†**

Provider ID: N/A

☒ 3889 W STETSON AVE STE 100  
HEMET, CA 92545  
Effective as of 01-MAR-21

**BURTON, PAUL, DO†**

Provider ID: N/A

☒ 3889 W STETSON AVE STE 100  
HEMET, CA 92545  
Effective as of 01-JUL-15

**ELSISSY, PETER, MD†**

Provider ID: N/A

☒ 3889 W STETSON AVE STE 100  
HEMET, CA 92545  
Effective as of 01-MAY-16

**ELSISSY, PETER, MD†**

Provider ID: N/A

☒ 3889 W STETSON AVE STE 100  
HEMET, CA 92545  
Effective as of 01-AUG-21

**ELSISSY, PETER, MD†**

Provider ID: N/A

☒ 3889 W STETSON AVE STE 100  
HEMET, CA 92545  
Effective as of 01-AUG-21

**GRAMES, BARRY, MD†**

Provider ID: N/A

☒ 3889 W STETSON AVE STE 100  
HEMET, CA 92545  
Effective as of 01-MAY-16

**GRAMES, BARRY, MD†**

Provider ID: N/A

☒ 3889 W STETSON AVE STE 200  
HEMET, CA 92545  
Effective as of 01-MAR-21

**GUSTAFSON, GEORGE, MD†**

Provider ID: N/A

☒ 3889 W STETSON AVE STE 100  
HEMET, CA 92545  
Effective as of 01-AUG-15

**HADLEY, ZACHARY, MD†**

Provider ID: N/A

☒ 3889 W STETSON AVE

HEMET, CA 92545

Teleservice

Effective as of 01-AUG-20

**HADLEY, ZACHARY, MD†**

Provider ID: N/A

☒ 3889 W STETSON AVE STE 100  
HEMET, CA 92545  
Effective as of 01-MAR-19

**HADLEY, ZACHARY, MD†**

Provider ID: N/A

☒ 3889 W STETSON AVE STE 100  
HEMET, CA 92545  
Effective as of 01-MAY-21

**LAROSE, CONNOR, MD†**

Provider ID: N/A

☒ 3889 W STETSON AVE STE 100  
HEMET, CA 92545  
Effective as of 01-MAR-21

**LE, SANG, MD†**

Provider ID: N/A

☒ 3889 W STETSON AVE STE 100  
HEMET, CA 92545  
Effective as of 01-MAR-21

**LE, SANG, MD†**

Provider ID: N/A

☒ 3889 W STETSON AVE STE 100  
HEMET, CA 92545  
Effective as of 01-NOV-16

**LE, SANG, MD†**

Provider ID: N/A

☒ 3889 W STETSON AVE STE 100  
HEMET, CA 92545  
Effective as of 01-JUL-15

**LE, SANG, MD†**

Provider ID: N/A

☒ 3889 W STETSON AVE STE 100  
HEMET, CA 92545  
Effective as of 01-JUL-15

**PANSE, MILIND, MD†**

Provider ID: N/A

☒ 1225 E LATHAM AVE STE A  
HEMET, CA 92543\*  
Effective as of 01-JUL-23

**PATTON, DANIEL, MD†**

Provider ID: N/A

☒ 3889 W STETSON AVE STE 100  
HEMET, CA 92545  
Effective as of 01-JUL-21

**PATTON, DANIEL, MD†**

Provider ID: N/A

☒ 3889 W STETSON AVE STE 100  
HEMET, CA 92545  
Effective as of 01-JAN-20

**WONG, ANDREW, MD†**

Provider ID: N/A

☒ 1011 E DEVONSHIRE AVE  
STE 203  
HEMET, CA 92543  
Effective as of 01-NOV-09

**UROLOGY**

**NIHIRA, MIKIO, MD†**

Provider ID: N/A

☒ 1225 E LATHAM AVE STE A  
HEMET, CA 92543  
Effective as of 01-OCT-21

**NIHIRA, MIKIO, MD†**

Provider ID: N/A

1225 E LATHAM AVE STE A  
HEMET, CA 92543  
Effective as of 01-OCT-21

**FAMILY PRACTICE**

**CHISUM, FAITH, MD**

Provider ID: N/A  
949 PALM AVE  
IMPERIAL BEACH, CA 91932  
Effective as of 01-FEB-23

**LARA, LESLEY, MD†**

Provider ID: N/A  
949 PALM AVE  
IMPERIAL BEACH, CA  
91932\*  
Effective as of 01-OCT-22

**SUMMERS-DAY, COURTNEY,  
MD†**

Provider ID: N/A  
949 PALM AVE  
IMPERIAL BEACH, CA 91932  
Effective as of 01-JUL-22

**INTERNAL MEDICINE**

**RYAN, DANA, MD**

Provider ID: N/A  
949 PALM AVE  
IMPERIAL BEACH, CA 91932  
Effective as of 01-APR-23

**REGISTERED PHYSICAL  
THERAPIST**

**CHENG, BRANDON, PT**

Provider ID: N/A  
600 PALM AVE STE 126  
IMPERIAL BEACH, CA 91932  
Effective as of 01-FEB-24

**DORSEY, KYLE, PT**

Provider ID: N/A

600 PALM AVE STE 126  
IMPERIAL BEACH, CA 91932  
Effective as of 01-FEB-24

**HERMAN, RACHEL, PT**

Provider ID: N/A  
600 PALM AVE STE 126  
IMPERIAL BEACH, CA 91932  
Effective as of 01-FEB-24

**KARANDE, PRACHI, PT†**

Provider ID: N/A  
600 PALM AVE STE 126  
IMPERIAL BEACH, CA 91932  
Effective as of 01-JAN-22

**NGUYEN, TIA, PT**

Provider ID: N/A  
600 PALM AVE STE 126  
IMPERIAL BEACH, CA 91932  
Effective as of 01-MAR-24

**NOVENCIDO, ANDREW, PT†**

Provider ID: N/A  
600 PALM AVE STE 126  
IMPERIAL BEACH, CA 91932  
Effective as of 01-SEP-22

**SUGGS, SARAH, PT**

Provider ID: N/A  
600 PALM AVE STE 126  
IMPERIAL BEACH, CA 91932  
Effective as of 01-MAY-23

**VILLANUEVA, GIOVANNI, PT†**

Provider ID: N/A  
600 PALM AVE STE 126  
IMPERIAL BEACH, CA 91932  
Effective as of 01-JAN-21

**ALLERGY IMMUNOLOGY**

**CARR, WARNER, MD**

Provider ID: N/A  
15785 LAGUNA CANYON

RD STE 100  
IRVINE, CA 92618  
Effective as of 01-JUL-23

**FRIEDMAN, BRUCE, MD†**

Provider ID: N/A  
22 ODYSSEY STE 240  
IRVINE, CA 92618  
Effective as of 01-JUL-23

**FRIEDMAN, BRUCE, MD†**

Provider ID: N/A  
22 ODYSSEY STE 240  
IRVINE, CA 92618  
Effective as of 01-JUL-23

**FRIEDMAN, BRUCE, MD†**

Provider ID: N/A  
22 ODYSSEY STE 240  
IRVINE, CA 92618  
Effective as of 01-DEC-21

**FRIEDMAN, BRUCE, MD†**

Provider ID: N/A  
22 ODYSSEY STE 240  
IRVINE, CA 92618  
Effective as of 01-DEC-21

**FRIEDMAN, BRUCE, MD†**

Provider ID: N/A  
22 ODYSSEY STE 240  
IRVINE, CA 92618  
Effective as of 01-DEC-21

**FRIEDMAN, BRUCE, MD†**

Provider ID: N/A  
22 ODYSSEY STE 240  
IRVINE, CA 92618  
Effective as of 01-DEC-21

**FRIEDMAN, BRUCE, MD†**

Provider ID: N/A  
22 ODYSSEY STE 240  
IRVINE, CA 92618  
Effective as of 01-DEC-21

**FRIEDMAN, BRUCE, MD†**

Provider ID: N/A  
 ☒ 22 ODYSSEY STE 240  
 IRVINE, CA 92618  
 Effective as of 01-MAY-23

**FRIEDMAN, BRUCE, MD†**

Provider ID: N/A  
 ☒ 22 ODYSSEY STE 240  
 IRVINE, CA 92618  
 Effective as of 01-MAY-23

**FRIEDMAN, BRUCE, MD†**

Provider ID: N/A  
 ☒ 22 ODYSSEY STE 240  
 IRVINE, CA 92618  
 Effective as of 01-MAY-23

**FRIEDMAN, BRUCE, MD†**

Provider ID: N/A  
 ☒ 22 ODYSSEY STE 240  
 IRVINE, CA 92618  
 Effective as of 01-MAY-23

**FRIEDMAN, BRUCE, MD†**

Provider ID: N/A  
 ☒ 22 ODYSSEY STE 240  
 IRVINE, CA 92618  
 Effective as of 01-MAY-23

**FRIEDMAN, BRUCE, MD†**

Provider ID: N/A  
 ☒ 22 ODYSSEY STE 240  
 IRVINE, CA 92618  
 Effective as of 01-MAY-23

**LEE-KIM, CHRISTINE, DO**

Provider ID: N/A  
 ☒ 15785 LAGUNA CANYON  
 RD STE 100  
 IRVINE, CA 92618  
 Effective as of 01-FEB-23

**LEE-KIM, CHRISTINE, DO**

Provider ID: N/A  
 ☒ 15785 LAGUNA CANYON  
 RD STE 100  
 IRVINE, CA 92618  
 Effective as of 01-FEB-23

**MEHTA, VINAY, MD**

Provider ID: N/A  
 ☒ 15785 LAGUNA CANYON  
 RD STE 100  
 IRVINE, CA 92618  
 Effective as of 01-MAR-23

**MEHTA, VINAY, MD**

Provider ID: N/A  
 ☒ 15785 LAGUNA CANYON  
 RD STE 100  
 IRVINE, CA 92618  
 Effective as of 01-MAR-23

**MEHTA, VINAY, MD**

Provider ID: N/A  
 ☒ 15785 LAGUNA CANYON  
 RD STE 100  
 IRVINE, CA 92618  
 Effective as of 01-MAR-23

**MEHTA, VINAY, MD**

Provider ID: N/A  
 ☒ 15785 LAGUNA CANYON  
 RD STE 100  
 IRVINE, CA 92618  
 Effective as of 01-MAR-23

**MEHTA, VINAY, MD**

Provider ID: N/A  
 ☒ 15785 LAGUNA CANYON  
 RD STE 100  
 IRVINE, CA 92618  
 Effective as of 01-MAR-23

**MEHTA, VINAY, MD**

Provider ID: N/A  
 ☒ 15785 LAGUNA CANYON  
 RD STE 100

IRVINE, CA 92618  
 Effective as of 01-MAR-23

**VENKAT, GEETA, MD†**

Provider ID: N/A  
 ☒ 18 ENDEAVOR STE 208  
 IRVINE, CA 92618  
 Effective as of 01-OCT-17

**VENKAT, GEETA, MD†**

Provider ID: N/A  
 ☒ 18 ENDEAVOR STE 208  
 IRVINE, CA 92618  
 Effective as of 01-OCT-17

**ANESTHESIOLOGY**

**HO, LARRY, MD**

Provider ID: N/A  
 ☒ 15701 ROCKFIELD BLVD  
 IRVINE, CA 92618  
 Effective as of 01-SEP-10

**PERERA-THANGARATNAM, D, MD†**

Provider ID: N/A  
 ☒ 5 HOLLAND STE 101  
 IRVINE, CA 92618  
 Effective as of 01-SEP-19

**ANESTHESIOLOGY PAIN MANAGEMENT**

**BESHAI, ALFRED, MD**

Provider ID: N/A  
 ☒ 16405 SAND CANYON AVE  
 STE 210  
 IRVINE, CA 92618  
 Effective as of 01-DEC-23

**BESHAI, ALFRED, MD**

Provider ID: N/A  
 ☒ 16405 SAND CANYON AVE  
 STE 210  
 IRVINE, CA 92618



Effective as of 01-JUN-22

**HO, LARRY, MD**

Provider ID: N/A

☐ 15701 ROCKFIELD BLVD  
IRVINE, CA 92618

Effective as of 01-OCT-01

**HO, LARRY, MD**

Provider ID: N/A

☐ 15701 ROCKFIELD BLVD  
IRVINE, CA 92618

Effective as of 01-APR-11

**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-OCT-23

**CARDIOLOGY**

**BERG, CHRISTOPHER, MD**

Provider ID: N/A

☐ 16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618

Effective as of 01-NOV-23

**BERG, CHRISTOPHER, MD**

Provider ID: N/A

☐ 16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618

Effective as of 01-NOV-23

**BERG, CHRISTOPHER, MD**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618

Effective as of 01-NOV-23

**BERG, CHRISTOPHER, MD**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618

Effective as of 01-NOV-23

**BERG, CHRISTOPHER, MD**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618

Effective as of 01-NOV-23

**ESLAMI-FARSANI, MAHMOUD, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618

Effective as of 01-APR-18

**ESLAMI-FARSANI, MAHMOUD, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618

Effective as of 01-APR-18

**HOWELL, STACEY, MD**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618

Effective as of 01-NOV-23

**HOWELL, STACEY, MD**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618

Effective as of 01-NOV-23

**HOWELL, STACEY, MD**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618

Effective as of 01-NOV-23

**HOWELL, STACEY, MD**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618

Effective as of 01-NOV-23

**HOWELL, STACEY, MD**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618

Effective as of 01-NOV-23

**KAZEMI, SEPIDEH, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 601  
IRVINE, CA 92618

Effective as of 01-JAN-21

**NGUYEN, HUY, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 255  
IRVINE, CA 92618

Effective as of 01-SEP-17

**NGUYEN, HUY, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 255

IRVINE, CA 92618

Effective as of 01-SEP-17

**NGUYEN, HUY, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 255  
IRVINE, CA 92618

Effective as of 01-JAN-21

**SCHACHTER, JESSICA, DO**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618

Effective as of 01-NOV-23

**SCHACHTER, JESSICA, DO**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618

Effective as of 01-NOV-23

**SCHACHTER, JESSICA, DO**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618

Effective as of 01-NOV-23

**SCHACHTER, JESSICA, DO**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618

Effective as of 01-NOV-23

**SCHACHTER, JESSICA, DO**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618

Effective as of 01-NOV-23

**WERTMAN, BRETT, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 255  
IRVINE, CA 92618  
Effective as of 01-SEP-17

**WERTMAN, BRETT, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 255  
IRVINE, CA 92618  
Effective as of 01-SEP-17

**WERTMAN, BRETT, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 255  
IRVINE, CA 92618  
Effective as of 01-JAN-21

**YALVAC, ETHAN, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618  
Effective as of 01-APR-18

**YALVAC, ETHAN, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618  
Effective as of 01-JAN-21

**YALVAC, ETHAN, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618  
Effective as of 01-APR-18

**CARDIOVASCULAR  
DISEASE**

**ASHTIANI, ALI, MD**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618  
Effective as of 01-MAY-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-FEB-22

**ASHTIANI, ALI, 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-OCT-23

**COHEN, STEPHEN, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618  
Effective as of 01-APR-18

**COHEN, STEPHEN, MD†**

Provider ID: N/A

16300 SAND CANYON AVE

STE 201

IRVINE, CA 92618

Effective as of 01-APR-18

**COHEN, STEPHEN, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618  
Effective as of 01-MAY-22

**COHEN, STEPHEN, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618  
Effective as of 01-APR-18

**DOAN VAN, NICOLAS, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618  
Effective as of 01-DEC-21

**DOAN VAN, NICOLAS, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618  
Effective as of 01-OCT-23

**ELSAYED, SARAH SABRY, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618  
Effective as of 01-OCT-23

**ELSAYED, SARAH SABRY, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618  
Effective as of 01-JAN-22

**ELSAYED, SARAH SABRY, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618

Effective as of 01-APR-22

**ESLAMI, BAHRAM, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618

Effective as of 01-APR-18

**ESLAMI, BAHRAM, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618

Effective as of 01-APR-18

**ESLAMI, BAHRAM, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618

Effective as of 01-OCT-23

**ESLAMI, BAHRAM, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618

Effective as of 01-APR-18

**ESLAMI, BAHRAM, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618

Effective as of 01-APR-18

**ESLAMI-FARSANI, MAHMOUD, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618

Effective as of 01-OCT-23

**ESLAMI-FARSANI, MAHMOUD, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618

Effective as of 01-APR-18

**MELTZER, PAUL, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618

Effective as of 01-APR-18

**MELTZER, PAUL, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618

Effective as of 01-MAY-22

**MELTZER, PAUL, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618

Effective as of 01-APR-18

**MELTZER, PAUL, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618

Effective as of 01-APR-18

**MELTZER, PAUL, MD†**

Provider ID: N/A

16300 SAND CANYON AVE

STE 201

IRVINE, CA 92618

Effective as of 01-JAN-20

**MELTZER, PAUL, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618

Effective as of 01-OCT-23

**NGUYEN, HOANG, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618

Effective as of 01-OCT-23

**NGUYEN, HUY, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 255  
IRVINE, CA 92618

Effective as of 01-JAN-20

**NGUYEN, HOANG, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618

Effective as of 01-DEC-21

**NI, YU-MING, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618

Effective as of 01-AUG-22

**NI, YU-MING, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618

Effective as of 01-OCT-23

**PAGANO, JAMES, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618  
Effective as of 01-APR-18

**PATEL, SANJIV, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618  
Effective as of 01-JAN-22

**PATEL, SANJIV, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618  
Effective as of 01-OCT-23

**WARRIER, NIKHIL, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618  
Effective as of 01-DEC-21

**WERTMAN, BRETT, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 255  
IRVINE, CA 92618  
Effective as of 01-JAN-20

**WONG, JENNIFER, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618  
Effective as of 01-OCT-23

**WONG, JENNIFER, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618

Effective as of 01-JAN-22

**YALVAC, ETHAN, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618

Effective as of 01-OCT-23

**YALVAC, ETHAN, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618

Effective as of 01-MAY-22

**YALVAC, ETHAN, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618

Effective as of 01-JAN-20

**YANG, TAE, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618

Effective as of 01-OCT-23

**YANG, TAE, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 708  
IRVINE, CA 92618

Effective as of 01-JAN-22

**CERTIFIED  
ACUPUNCTURIST**

**CHOI, JI, LAC†**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 330  
IRVINE, CA 92618

Effective as of 01-MAR-22

**CHOI, JI, LAC†**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 330  
IRVINE, CA 92618

Effective as of 01-FEB-23

**CHOI, JI, LAC†**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 330  
IRVINE, CA 92618

Effective as of 01-OCT-22

**CHOI, JI, LAC†**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 330  
IRVINE, CA 92618

Effective as of 01-OCT-22

**CHOI, JI, LAC†**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 330  
IRVINE, CA 92618

Effective as of 01-OCT-22

**CHOI, JI, LAC†**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 330  
IRVINE, CA 92618

Effective as of 01-OCT-22

**HONG, HEE, LAC**

Provider ID: N/A

113 WATERWORKS WAY  
STE 205  
IRVINE, CA 92618

Effective as of 01-AUG-22

**HONG, HEE, 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

**KIM, LAUREN SOOJIN, LAC**

Provider ID: N/A

113 WATERWORKS WAY  
STE 205  
IRVINE, CA 92618

Effective as of 01-MAY-21

**LEE, BRIAN, LAC†**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 330  
IRVINE, CA 92618

Effective as of 01-MAY-21

**LEE, BRIAN, LAC†**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 330  
IRVINE, CA 92618

Effective as of 01-MAY-21

**LEE, BRIAN, LAC†**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 330  
IRVINE, CA 92618

Effective as of 01-MAY-21

**LEE, BRIAN, LAC†**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 330  
IRVINE, CA 92618

Effective as of 01-MAY-21

**LEE, BRIAN, LAC†**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 330  
IRVINE, CA 92618

Effective as of 01-MAY-21

**LEE, SEMI, LAC**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 330  
IRVINE, CA 92618

Effective as of 01-JUL-23

**LEE, SEMI, LAC**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 330  
IRVINE, CA 92618

Effective as of 01-JUL-23

**LEE, SEMI, LAC**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 330  
IRVINE, CA 92618

Effective as of 01-JUL-23

**LEE, SEMI, LAC**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 330

IRVINE, CA 92618

Effective as of 01-JUL-23

**LEE, SEMI, LAC**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 330  
IRVINE, CA 92618

Effective as of 01-JUN-23

**LEE, BRIAN, LAC†**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 330  
IRVINE, CA 92618

Effective as of 01-FEB-23

**LEE, BRIAN, LAC†**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 330  
IRVINE, CA 92618

Effective as of 01-AUG-22

**PARSI KANEMOTO, MARYAM, LAC†**

Provider ID: N/A

22 ODYSSEY STE 165  
IRVINE, CA 92618

Effective as of 01-SEP-21

**CERTIFIED NURSE  
PRACTITIONER**

**CARR, CHERYL, NP**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 100  
IRVINE, CA 92618

Effective as of 01-APR-23

**CARR, CHERYL, NP**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 100

IRVINE, CA 92618  
Effective as of 01-APR-23

**CARR, CHERYL, NP**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 100  
IRVINE, CA 92618  
Effective as of 01-APR-23

**CARR, CHERYL, NP**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 100  
IRVINE, CA 92618  
Effective as of 01-MAY-23

**CARR, CHERYL, NP**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 100  
IRVINE, CA 92618  
Effective as of 01-MAY-23

**CHOI, RANA, NP†**

Provider ID: N/A

15775 LAGUNA CANYON  
RD STE 210  
IRVINE, CA 92618  
Effective as of 01-SEP-19

**DESAI, SONAM, NPF†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 311  
IRVINE, CA 92618\*  
Effective as of 01-OCT-22

**FERRANTE, JADE, NP**

Provider ID: N/A

8607 IRVINE CENTER DR  
IRVINE, CA 92618  
Effective as of 01-NOV-23

**LIU, GRACE, NP**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-MAY-23

**LIU, GRACE, NP**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-MAY-23

**MANALESE, MARIA THERESA,  
NPF**

Provider ID: N/A

16100 SAND CANYON AVE  
STE 240  
IRVINE, CA 92618  
Effective as of 01-APR-23

**PARK, SE, NP**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-JUL-23

**PARK, SE, NP**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-JUL-23

**PARK, SE, NP**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-JUL-23

**PARK, SE, NP**

Provider ID: N/A

16305 SAND CANYON AVE

STE 200  
IRVINE, CA 92618  
Effective as of 01-JUL-23

**PARK, SE, NP**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-JUL-23

**SHIRKHANI, PARISA, NPF**

Provider ID: N/A

8607 IRVINE CENTER DR  
IRVINE, CA 92618  
Effective as of 01-NOV-23

**WU, JENNY, NP**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 311  
IRVINE, CA 92618  
Effective as of 01-DEC-23

**CERTIFIED REGISTERED  
NURSE MIDWIFE**

**SAJADI, ALISA, CRNM**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 275  
IRVINE, CA 92618  
Effective as of 01-DEC-23

**CHIROPRACTOR**

**KANG, KYUNG, DC**

Provider ID: N/A

14875 JEFFREY RD STE 210  
IRVINE, CA 92618  
Effective as of 01-OCT-23

**KIM, SEON-HOON SEAN, DC**

Provider ID: N/A

113 WATERWORKS WAY

STE 205  
IRVINE, CA 92618  
Effective as of 01-OCT-23

**KIM, SEON-HOON SEAN, DC**  
Provider ID: N/A  
113 WATERWORKS WAY  
STE 205  
IRVINE, CA 92618  
Effective as of 01-MAR-22

**KIM, SEON-HOON SEAN, DC**  
Provider ID: N/A  
113 WATERWORKS WAY  
STE 205  
IRVINE, CA 92618  
Effective as of 01-MAR-22

**KIM, SEON-HOON SEAN, DC**  
Provider ID: N/A  
113 WATERWORKS WAY  
STE 205  
IRVINE, CA 92618  
Effective as of 01-JAN-23

**WEDDLE, DIRK, DC**  
Provider ID: N/A  
15375 BARRANCA PKWY  
STE J104  
IRVINE, CA 92618  
Effective as of 01-JAN-18

**CLINICAL  
NEUROPSYCHOLOGIST**

**BENNETT, LAUREN, PhD**  
Provider ID: N/A  
16405 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618\*  
Effective as of 01-OCT-22

**BENNETT, LAUREN, PhD**  
Provider ID: N/A  
16405 SAND CANYON AVE

STE 220  
IRVINE, CA 92618\*  
Effective as of 01-OCT-22

**HAMILTON, ANITA, PhD**  
Provider ID: N/A  
300 SPECTRUM CENTER  
DR STE 400  
IRVINE, CA 92618  
Effective as of 01-DEC-23

**HAMILTON, ANITA, PhD**  
Provider ID: N/A  
300 SPECTRUM CENTER  
DR STE 400  
IRVINE, CA 92618  
Effective as of 01-DEC-23

**DERMATOLOGY**

**WANG, STEVEN, MD**  
Provider ID: N/A  
16105 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618  
Effective as of 01-JUL-22

**WANG, STEVEN, MD**  
Provider ID: N/A  
16105 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618  
Effective as of 01-JUL-22

**EMERGENCY MEDICINE**

**KADAKIA, AMAR, MD†**  
Provider ID: N/A  
11 TECHNOLOGY DR  
IRVINE, CA 92618  
Effective as of 01-JAN-18

**KARIMI, KAMBIZ, MD†**  
Provider ID: N/A  
11 TECHNOLOGY DR

IRVINE, CA 92618  
Effective as of 01-JAN-18

**ENDOCRINOLOGY  
METABOLISM DIABETES**

**CHAVEZ, BRIAN, MD†**  
Provider ID: N/A  
22 ODYSSEY STE 115  
IRVINE, CA 92618  
Teleservice  
Effective as of 01-AUG-21

**CHAVEZ, BRIAN, MD†**  
Provider ID: N/A  
22 ODYSSEY STE 115  
IRVINE, CA 92618  
Teleservice  
Effective as of 01-OCT-23

**FARJOUDI, FARHAD, MD†**  
Provider ID: N/A  
113 WATERWORKS WAY  
STE 108  
IRVINE, CA 92618  
Effective as of 01-MAY-22

**FARJOUDI, FARHAD, MD†**  
Provider ID: N/A  
113 WATERWORKS WAY  
STE 108  
IRVINE, CA 92618  
Effective as of 01-MAY-22

**FARJOUDI, FARHAD, MD†**  
Provider ID: N/A  
113 WATERWORKS WAY  
STE 108  
IRVINE, CA 92618  
Effective as of 01-MAY-22

**FARJOUDI, FARHAD, MD†**  
Provider ID: N/A  
113 WATERWORKS WAY



STE 250  
IRVINE, CA 92618  
Effective as of 01-JUN-22

**FARJODI, FARHAD, MD†**

Provider ID: N/A  
113 WATERWORKS WAY  
STE 250  
IRVINE, CA 92618  
Effective as of 01-JUN-22

**HOSSEINI, ALIREZA, MD†**

Provider ID: N/A  
16305 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618  
Effective as of 01-MAR-22

**HOSSEINI, ALIREZA, MD†**

Provider ID: N/A  
16305 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618  
Effective as of 01-MAR-22

**HOSSEINI, ALIREZA, MD†**

Provider ID: N/A  
16305 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618  
Effective as of 01-MAR-22

**HOSSEINI, ALIREZA, MD†**

Provider ID: N/A  
16305 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618  
Effective as of 01-MAR-22

**HOSSEINI, ALIREZA, MD†**

Provider ID: N/A  
16305 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618  
Effective as of 01-JUL-22

**HOSSEINI, ALIREZA, MD†**

Provider ID: N/A  
16305 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618  
Effective as of 01-JUL-22

**HOSSEINI, ALIREZA, MD†**

Provider ID: N/A  
16305 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618  
Effective as of 01-JUL-22

**HOSSEINI, ALIREZA, MD†**

Provider ID: N/A  
16305 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618  
Effective as of 01-JUL-22

**MARKMAN, LISA, MD**

Provider ID: N/A  
22 ODYSSEY STE 115  
IRVINE, CA 92618  
Effective as of 01-MAR-23

**MARKMAN, LISA, MD**

Provider ID: N/A  
22 ODYSSEY STE 115  
IRVINE, CA 92618  
Effective as of 01-MAR-23

**MARKMAN, LISA, MD**

Provider ID: N/A  
22 ODYSSEY STE 115  
IRVINE, CA 92618  
Effective as of 01-MAR-23

**MARKMAN, LISA, MD**

Provider ID: N/A  
22 ODYSSEY STE 115  
IRVINE, CA 92618  
Effective as of 01-MAR-23

**MARKMAN, LISA, MD**

Provider ID: N/A  
22 ODYSSEY STE 115  
IRVINE, CA 92618  
Effective as of 01-MAR-23

**MEHTA, SHILPA, MD†**

Provider ID: N/A  
22 ODYSSEY STE 115  
IRVINE, CA 92618  
Teleservice  
Effective as of 01-JAN-23

**MEHTA, SHILPA, MD†**

Provider ID: N/A  
22 ODYSSEY STE 115  
IRVINE, CA 92618  
Teleservice  
Effective as of 01-JUN-19

**MEHTA, SHILPA, MD†**

Provider ID: N/A  
22 ODYSSEY STE 115  
IRVINE, CA 92618  
Teleservice  
Effective as of 01-JUN-19

**MEHTA, SHILPA, MD†**

Provider ID: N/A  
22 ODYSSEY STE 115  
IRVINE, CA 92618  
Teleservice  
Effective as of 01-OCT-23

**FAMILY PRACTICE**

**BURRIS, RYAN, MD**

Provider ID: N/A  
16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618  
Effective as of 01-FEB-23

**BURRIS, RYAN, MD**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618

Effective as of 01-FEB-23

**FAMILY PRACTICE**

**SPORTS MEDICINE**

**RIVADENEYRA, ADAM, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 511  
IRVINE, CA 92618

Effective as of 01-JAN-19

**RIVADENEYRA, ADAM, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 511  
IRVINE, CA 92618

Effective as of 01-NOV-17

**FEMALE PELVIC MED AND  
RECONSTRUCTIVE SURG**

**MWESIGWA, PATRICIA, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-MAR-22

**SHOURESHI, POONE, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-SEP-23

**SHOURESHI, POONE, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200

IRVINE, CA 92618

Effective as of 01-SEP-23

**GASTROENTEROLOGY**

**ASHRAF, HEBA, MD**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618

Effective as of 01-SEP-22

**ASHRAF, HEBA, MD**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618

Effective as of 01-SEP-22

**ASHRAF, HEBA, MD**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618

Effective as of 01-SEP-22

**ASHRAF, HEBA, MD**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618

Effective as of 01-SEP-22

**ASHRAF, HEBA, MD**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618

Effective as of 01-OCT-23

**ASHRAF, HEBA, MD**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618

Effective as of 01-NOV-22

**ASHRAF, HEBA, MD**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618

Effective as of 01-NOV-22

**ASHRAF, HEBA, MD**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618

Effective as of 01-JAN-23

**ASHRAF, HEBA, MD**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618

Effective as of 01-MAY-23

**BABAKNIA, ARDALAN, MD†**

Provider ID: N/A

15775 LAGUNA CANYON  
RD STE 240  
IRVINE, CA 92618

Effective as of 01-MAY-12

**BABAKNIA, ARDALAN, MD†**

Provider ID: N/A

15775 LAGUNA CANYON  
RD STE 240  
IRVINE, CA 92618

Effective as of 01-APR-11

**BEMANIAN, SHAHROOZ, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618

Effective as of 01-OCT-23

**BEMANIAN, SHAHROOZ, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-MAY-16

**BEMANIAN, SHAHROOZ, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-MAY-16

**BEMANIAN, SHAHROOZ, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-JAN-20

**BEMANIAN, SHAHROOZ, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-JAN-21

**BEMANIAN, SHAHROOZ, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-JAN-16

**BEMANIAN, SHAHROOZ, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-JAN-18

**CHOI, DAVID, DO†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155

IRVINE, CA 92618

Effective as of 01-JUL-22

**CHOI, DAVID, DO†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-JUL-22

**CHOI, DAVID, DO†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-JUL-22

**CHOI, DAVID, DO†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-JUL-22

**CHOI, DAVID, DO†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-JUL-22

**CHOI, DAVID, DO†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-AUG-22

**CHOI, DAVID, DO†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-MAY-23

**CHOI, DAVID, DO†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-MAY-22

**CHOI, DAVID, DO†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-MAY-22

**CHOI, DAVID, DO†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-OCT-23

**HWANG, CAROLINE, MD**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 280  
IRVINE, CA 92618  
Effective as of 01-JUN-23

**HWANG, CAROLINE, MD**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 280  
IRVINE, CA 92618  
Effective as of 01-JUN-23

**HWANG, CAROLINE, MD**

Provider ID: N/A

500 SUPERIOR AVE  
STE 100  
IRVINE, CA 92618  
Effective as of 01-AUG-23

**HWANG, CAROLINE, MD**

Provider ID: N/A

500 SUPERIOR AVE

STE 100  
IRVINE, CA 92618  
Effective as of 01-AUG-23

**KAUFMAN, DAVID, DO**

Provider ID: N/A  
18 ENDEAVOR STE 204  
IRVINE, CA 92618  
Effective as of 01-JUL-12

**KUMAR, RASHMI, MD**

Provider ID: N/A  
16405 SAND CANYON AVE  
STE 280  
IRVINE, CA 92618  
Effective as of 01-OCT-23

**KUMAR, RASHMI, MD**

Provider ID: N/A  
16405 SAND CANYON AVE  
STE 280  
IRVINE, CA 92618  
Effective as of 01-OCT-23

**LEE, PAUL, MD†**

Provider ID: N/A  
113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-OCT-23

**LEE, PAUL, MD†**

Provider ID: N/A  
113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-MAY-16

**LEE, JAMES, MD**

Provider ID: N/A  
16305 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618  
Effective as of 01-JUN-23

**LEE, PAUL, MD**

Provider ID: N/A  
16105 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618  
Effective as of 01-JAN-23

**LEE, JAMES, MD**

Provider ID: N/A  
16305 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618  
Effective as of 01-JUN-23

**LEE, PAUL, MD**

Provider ID: N/A  
16105 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618  
Effective as of 01-OCT-23

**LEE, PAUL, MD†**

Provider ID: N/A  
113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-JAN-23

**LEE, PAUL, MD†**

Provider ID: N/A  
113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-JAN-18

**LEE, PAUL, MD†**

Provider ID: N/A  
113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-JAN-20

**LEE, PAUL, MD†**

Provider ID: N/A  
113 WATERWORKS WAY

STE 155  
IRVINE, CA 92618  
Effective as of 01-MAY-16

**LEE, PAUL, MD†**

Provider ID: N/A  
113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-JAN-21

**OHARA, JUN ICHI, MD**

Provider ID: N/A  
22 ODYSSEY STE 170A  
IRVINE, CA 92618  
Effective as of 01-JUN-19

**OMAN, MATTHEW, MD**

Provider ID: N/A  
16105 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618  
Effective as of 01-JAN-23

**OMAN, MATTHEW, MD**

Provider ID: N/A  
16105 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618  
Effective as of 01-OCT-23

**OMAN, MATTHEW, MD†**

Provider ID: N/A  
113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-OCT-23

**OMAN, MATTHEW, MD†**

Provider ID: N/A  
113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-JAN-18

**OMAN, MATTHEW, MD†**

Provider ID: N/A

☐ 113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-JAN-21

**OMAN, MATTHEW, MD†**

Provider ID: N/A

☐ 113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-JAN-20

**OMAN, MATTHEW, MD†**

Provider ID: N/A

☐ 113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-AUG-18

**OMAN, MATTHEW, MD†**

Provider ID: N/A

☐ 113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-AUG-18

**OMAN, MATTHEW, MD†**

Provider ID: N/A

☐ 113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-AUG-18

**OMAN, MATTHEW, MD†**

Provider ID: N/A

☐ 113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-FEB-18

**SINGH, HARDEEP, MD†**

Provider ID: N/A

☐ 16305 SAND CANYON AVE

STE 220  
IRVINE, CA 92618  
Effective as of 01-MAY-17

**SINGH, HARDEEP, MD†**

Provider ID: N/A

☐ 16305 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618  
Effective as of 01-MAY-17

**SINGH, HARDEEP, MD†**

Provider ID: N/A

☐ 16305 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618  
Effective as of 01-JUN-23

**SINGH, HARDEEP, MD†**

Provider ID: N/A

☐ 16305 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618  
Effective as of 01-JUN-23

**SINGH, HARDEEP, MD†**

Provider ID: N/A

☐ 16305 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618  
Effective as of 01-OCT-20

**YAP, KONG PENG, MD†**

Provider ID: N/A

☐ 15825 LAGUNA CANYON  
RD STE 106  
IRVINE, CA 92618  
Effective as of 01-JAN-14

**YU, FANG, MD†**

Provider ID: N/A

☐ 15825 LAGUNA CANYON  
RD STE 106  
IRVINE, CA 92618  
Effective as of 01-JAN-18

**YU, VICTOR, MD†**

Provider ID: N/A

☐ 113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-JAN-18

**YU, VICTOR, MD†**

Provider ID: N/A

☐ 113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-JAN-23

**YU, VICTOR, MD†**

Provider ID: N/A

☐ 113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-JAN-20

**YU, VICTOR, MD†**

Provider ID: N/A

☐ 113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-MAY-16

**YU, FANG, MD†**

Provider ID: N/A

☐ 15825 LAGUNA CANYON  
RD STE 106  
IRVINE, CA 92618  
Effective as of 01-JAN-23

**YU, VICTOR, MD†**

Provider ID: N/A

☐ 113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-JAN-21

**YU, VICTOR, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-OCT-23

**YU, VICTOR, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618  
Effective as of 01-MAY-16

**YU, FANG, MD†**

Provider ID: N/A

15825 LAGUNA CANYON  
RD STE 106  
IRVINE, CA 92618  
Effective as of 01-OCT-23

**GYNECOLOGIC  
ONCOLOGY**

**ABAID, LISA, MD†**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 260  
IRVINE, CA 92618  
Effective as of 01-NOV-18

**BECK, TIFFANY, MD†**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 260  
IRVINE, CA 92618  
Effective as of 01-AUG-22

**BECK, TIFFANY, MD†**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 260  
IRVINE, CA 92618  
Effective as of 01-AUG-22

**LEVINE, MONICA, MD**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 260  
IRVINE, CA 92618  
Effective as of 01-OCT-23

**LEVINE, MONICA, MD**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 260  
IRVINE, CA 92618  
Effective as of 01-OCT-23

**MENDIVIL, ALBERTO, MD†**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 260  
IRVINE, CA 92618  
Effective as of 01-AUG-22

**MENDIVIL, ALBERTO, MD†**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 260  
IRVINE, CA 92618  
Effective as of 01-AUG-22

**MENDIVIL, ALBERTO, MD†**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 260  
IRVINE, CA 92618  
Effective as of 01-FEB-23

**MENDIVIL, ALBERTO, MD†**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 260  
IRVINE, CA 92618  
Effective as of 01-FEB-23

**MENDIVIL, ALBERTO, MD†**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 260  
IRVINE, CA 92618

Effective as of 01-FEB-23

**HEMATOLOGY /  
ONCOLOGY**

**GOLDENSON, BENJAMIN, MD**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618  
Effective as of 01-AUG-23

**NANGIA, CHAITALI, MD†**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618\*  
Effective as of 01-OCT-22

**NANGIA, CHAITALI, MD†**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618\*  
Effective as of 01-OCT-22

**PANDIT, LALITA, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 609  
IRVINE, CA 92618  
Effective as of 01-OCT-19

**PANDIT, LALITA, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 609  
IRVINE, CA 92618  
Effective as of 01-OCT-21

**SEERY, TARA, MD†**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618

Effective as of 01-JAN-21

**SEERY, TARA, MD†**

Provider ID: N/A

☒ 16105 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618

Effective as of 01-JAN-21

**HEPATOLOGY**

**FONG, TSE LING, MD**

Provider ID: N/A

☒ 16405 SAND CANYON AVE  
STE 280  
IRVINE, CA 92618

Effective as of 01-JAN-24

**FONG, TSE LING, MD**

Provider ID: N/A

☒ 16405 SAND CANYON AVE  
STE 280  
IRVINE, CA 92618

Effective as of 01-JAN-24

**INFECTIOUS DISEASE**

**SARAFIAN, FARJAD, MD**

Provider ID: N/A

☒ 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

**SARAFIAN, FARJAD, MD**

Provider ID: N/A

☒ 16305 SAND CANYON AVE  
STE 220

IRVINE, CA 92618

Effective as of 01-APR-23

**SARAFIAN, FARJAD, MD**

Provider ID: N/A

☒ 16305 SAND CANYON AVE  
STE 220

IRVINE, CA 92618

Effective as of 01-APR-23

**INTERNAL MEDICINE**

**AHDOOT, JACOB, MD†**

Provider ID: N/A

☒ 15775 LAGUNA CANYON  
RD STE 220

IRVINE, CA 92618

Effective as of 01-JAN-20

**APPEL, RICHARD, MD†**

Provider ID: N/A

☒ 11 TECHNOLOGY DR  
IRVINE, CA 92618

Effective as of 01-JAN-18

**BILLECI, BARTON, MD†**

Provider ID: N/A

☒ 16300 SAND CANYON AVE  
STE 614

IRVINE, CA 92618\*

Effective as of 01-OCT-15

**CABRERA, JUAN, MD**

Provider ID: N/A

☒ 11 TECHNOLOGY DR  
IRVINE, CA 92618

Effective as of 01-JAN-18

**CHENG, CATHY, MD**

Provider ID: N/A

☒ 16305 SAND CANYON AVE  
STE 230

IRVINE, CA 92618

Teleservice

Effective as of 01-JUL-23

**CHENG, CATHY, MD**

Provider ID: N/A

☒ 16305 SAND CANYON AVE  
STE 230

IRVINE, CA 92618

Teleservice

Effective as of 01-JUL-23

**CHIEN, JOHN, MD†**

Provider ID: N/A

☒ 16200 SAND CANYON AVE  
IRVINE, CA 92618

Effective as of 01-JAN-18

**DANESH, HOUMAN, MD†**

Provider ID: N/A

☒ 11 TECHNOLOGY DR  
IRVINE, CA 92618\*

Effective as of 01-JAN-18

**DAVIS, BARBARA, DO†**

Provider ID: N/A

☒ 11 TECHNOLOGY DR  
IRVINE, CA 92618

Effective as of 01-JAN-18

**EL-BERSHAWI, AHMED, MD†**

Provider ID: N/A

☒ 16305 SAND CANYON AVE  
STE 225

IRVINE, CA 92618

Effective as of 01-MAR-21

**GEIGER, ERIK, MD†**

Provider ID: N/A

☒ 11 TECHNOLOGY DR  
IRVINE, CA 92618

Effective as of 01-JAN-18

**GHOSH, SUBRATO, MD†**

Provider ID: N/A

☒ 11 TECHNOLOGY DR  
IRVINE, CA 92618

Effective as of 01-JAN-18

**HUNG, JENNIFER, DO†**

Provider ID: N/A

11 TECHNOLOGY DR  
IRVINE, CA 92618

Effective as of 01-JAN-18

**LEE, RONALD, MD†**

Provider ID: N/A

11 TECHNOLOGY DR  
IRVINE, CA 92618

Effective as of 01-JAN-18

**LU, CHRISTIAN, MD†**

Provider ID: N/A

11 TECHNOLOGY DR  
IRVINE, CA 92618

Effective as of 01-JAN-18

**MIRSAEID GHAZI, POURYA,  
MD†**

Provider ID: N/A

11 TECHNOLOGY DR  
IRVINE, CA 92618

Effective as of 01-JAN-18

**NGUYEN, VIET, DO†**

Provider ID: N/A

11 TECHNOLOGY DR  
IRVINE, CA 92618

Effective as of 01-JAN-18

**NGUYEN, THUY, DO†**

Provider ID: N/A

11 TECHNOLOGY DR  
IRVINE, CA 92618

Effective as of 01-JAN-18

**PEREZ, FRANCISCO, MD†**

Provider ID: N/A

11 TECHNOLOGY DR  
IRVINE, CA 92618

Effective as of 01-JAN-18

**SHAHAMIRI, SEAN, MD†**

Provider ID: N/A

11 TECHNOLOGY DR  
IRVINE, CA 92618

Effective as of 01-JAN-18

**SHUNE, HONG, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 311  
IRVINE, CA 92618

Effective as of 01-JAN-20

**SYCHANGCO, PAUL, MD†**

Provider ID: N/A

11 TECHNOLOGY DR  
IRVINE, CA 92618

Effective as of 01-JAN-18

**TAHERI, NIMA, MD†**

Provider ID: N/A

11 TECHNOLOGY DR  
IRVINE, CA 92618

Effective as of 01-JAN-18

**YAP, MICHAEL, MD†**

Provider ID: N/A

11 TECHNOLOGY DR  
IRVINE, CA 92618

Effective as of 01-JAN-18

**ZAHED, SHAHAB, MD†**

Provider ID: N/A

11 TECHNOLOGY DR  
IRVINE, CA 92618

Effective as of 01-JAN-18

**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

**MARRIAGE FAMILY  
THERAPIST**

**LIU, CHIA CHI, MFT**

Provider ID: N/A

15635 ALTON PKWY STE  
350  
IRVINE, CA 92618

Effective as of 01-JUL-23

**LIU, CHIA CHI, MFT**

Provider ID: N/A

15635 ALTON PKWY STE  
350  
IRVINE, CA 92618

Effective as of 01-JUL-23

**MAJDALANI, KAREN, MFT**

Provider ID: N/A

60 STEPPING STONE  
IRVINE, CA 92603

Effective as of 01-JUN-23

**MAJDALANI, KAREN, MFT**

Provider ID: N/A

60 STEPPING STONE  
IRVINE, CA 92603

Effective as of 01-JUN-23

**MCINTYRE, SUSAN, MFT**



Provider ID: N/A

☞ 15635 ALTON PKWY STE  
350  
IRVINE, CA 92618

Effective as of 01-DEC-23

**MCINTYRE, SUSAN, MFT**

Provider ID: N/A

☞ 15635 ALTON PKWY STE  
350  
IRVINE, CA 92618

Effective as of 01-DEC-23

**ONEILL, SEAN, MFT**

Provider ID: N/A

☞ 60 STEPPING STONE  
IRVINE, CA 92603

Effective as of 01-JUN-23

**ONEILL, SEAN, MFT**

Provider ID: N/A

☞ 60 STEPPING STONE  
IRVINE, CA 92603

Effective as of 01-JUN-23

**SHAH, SALMA, MFT**

Provider ID: N/A

☞ 15635 ALTON PKWY STE  
350  
IRVINE, CA 92618

Effective as of 01-DEC-23

**SHAH, SALMA, MFT**

Provider ID: N/A

☞ 15635 ALTON PKWY STE  
350  
IRVINE, CA 92618

Effective as of 01-DEC-23

**MATERNAL AND FETAL  
MEDICINE**

**BUSH, MELISSA, MD†**

Provider ID: N/A

☞ 15785 LAGUNA CANYON

RD STE 360  
IRVINE, CA 92618

Effective as of 01-SEP-16

**BUSH, MELISSA, MD†**

Provider ID: N/A

☞ 15785 LAGUNA CANYON  
RD STE 360  
IRVINE, CA 92618

Effective as of 01-SEP-16

**BUSH, MELISSA, MD†**

Provider ID: N/A

☞ 15785 LAGUNA CANYON  
RD STE 360  
IRVINE, CA 92618

Effective as of 01-FEB-21

**DAY, ROBERT, MD†**

Provider ID: N/A

☞ 15785 LAGUNA CANYON  
RD STE 360  
IRVINE, CA 92618

Effective as of 01-MAY-22

**KFIR, MENASHE, MD†**

Provider ID: N/A

☞ 15785 LAGUNA CANYON  
RD STE 360  
IRVINE, CA 92618

Effective as of 01-SEP-16

**KFIR, MENASHE, MD†**

Provider ID: N/A

☞ 15785 LAGUNA CANYON  
RD STE 360  
IRVINE, CA 92618

Effective as of 01-JUN-19

**KFIR, MENASHE, MD†**

Provider ID: N/A

☞ 15785 LAGUNA CANYON  
RD STE 360  
IRVINE, CA 92618

Effective as of 01-JAN-23

**KFIR, MENASHE, MD†**

Provider ID: N/A

☞ 15785 LAGUNA CANYON  
RD STE 360  
IRVINE, CA 92618

Effective as of 01-JAN-23

**KFIR, MENASHE, MD†**

Provider ID: N/A

☞ 15785 LAGUNA CANYON  
RD STE 360  
IRVINE, CA 92618

Effective as of 01-JAN-20

**KFIR, MENASHE, MD†**

Provider ID: N/A

☞ 15785 LAGUNA CANYON  
RD STE 360  
IRVINE, CA 92618

Effective as of 01-FEB-23

**KFIR, MENASHE, MD†**

Provider ID: N/A

☞ 15785 LAGUNA CANYON  
RD STE 360  
IRVINE, CA 92618

Effective as of 01-JAN-23

**KFIR, MENASHE, MD†**

Provider ID: N/A

☞ 15785 LAGUNA CANYON  
RD STE 360  
IRVINE, CA 92618

Effective as of 01-DEC-23

**KFIR, MENASHE, MD†**

Provider ID: N/A

☞ 15785 LAGUNA CANYON  
RD STE 360  
IRVINE, CA 92618

Effective as of 01-FEB-18

**MASAKI, DAMON, MD†**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 360  
IRVINE, CA 92618  
Effective as of 01-DEC-19

**MASAKI, DAMON, MD†**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 360  
IRVINE, CA 92618  
Effective as of 01-MAY-19

**SHRIVASTAVA, VINEET, MD**

Provider ID: N/A

15785 LAGUNA CANYON  
RD STE 360  
IRVINE, CA 92618  
Effective as of 01-MAR-23

**MEDICAL ONCOLOGY**

**BECERRA, CARLOS, MD**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618  
Effective as of 01-MAR-23

**BECERRA, CARLOS, MD**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618  
Effective as of 01-MAR-23

**HAMOUI, NAHID, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 604  
IRVINE, CA 92618  
Effective as of 01-SEP-13

**KHAGI, SIMON, MD**

Provider ID: N/A

16105 SAND CANYON AVE

STE 230  
IRVINE, CA 92618  
Effective as of 01-OCT-23

**KHAGI, SIMON, MD**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618  
Effective as of 01-OCT-23

**PANDIT, LALITA, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 609  
IRVINE, CA 92618  
Effective as of 01-JAN-21

**NEPHROLOGY**

**AHDOOT, JACOB, MD†**

Provider ID: N/A

15775 LAGUNA CANYON  
RD STE 220  
IRVINE, CA 92618  
Effective as of 01-JAN-18

**AHDOOT, JACOB, MD†**

Provider ID: N/A

15775 LAGUNA CANYON  
RD STE 220  
IRVINE, CA 92618  
Effective as of 01-JAN-14

**AHDOOT, JACOB, MD†**

Provider ID: N/A

15775 LAGUNA CANYON  
RD STE 220  
IRVINE, CA 92618  
Effective as of 01-JAN-20

**AHDOOT, JACOB, MD†**

Provider ID: N/A

15775 LAGUNA CANYON  
RD STE 220

IRVINE, CA 92618  
Effective as of 01-JAN-21

**AHDOOT, JACOB, MD†**

Provider ID: N/A

15775 LAGUNA CANYON  
RD STE 220  
IRVINE, CA 92618  
Effective as of 01-MAY-12

**AHDOOT, JACOB, MD†**

Provider ID: N/A

15775 LAGUNA CANYON  
RD STE 220  
IRVINE, CA 92618  
Effective as of 01-JUN-18

**AHDOOT, JACOB, MD†**

Provider ID: N/A

15775 LAGUNA CANYON  
RD STE 220  
IRVINE, CA 92618  
Effective as of 01-OCT-23

**AHDOOT, JACOB, MD†**

Provider ID: N/A

15775 LAGUNA CANYON  
RD STE 220  
IRVINE, CA 92618  
Effective as of 01-APR-11

**JAMES, JOJI, MD**

Provider ID: N/A

22 ODYSSEY STE 115  
IRVINE, CA 92618  
Effective as of 01-AUG-23

**MANSOURY, HADI, MD†**

Provider ID: N/A

11 TECHNOLOGY DR  
IRVINE, CA 92618  
Effective as of 01-JAN-18

**MESBAH, AZITA, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618  
Effective as of 01-MAY-23

**SAWHNEY, SAJEET, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618  
Effective as of 01-APR-21

**YANG, PHILIP, MD†**

Provider ID: N/A

15825 LAGUNA CANYON  
RD STE 202  
IRVINE, CA 92618  
Effective as of 01-OCT-23

**YANG, PHILIP, MD†**

Provider ID: N/A

15825 LAGUNA CANYON  
RD STE 202  
IRVINE, CA 92618  
Effective as of 01-JUN-18

**YANG, PHILIP, MD†**

Provider ID: N/A

15825 LAGUNA CANYON  
RD STE 202  
IRVINE, CA 92618  
Effective as of 01-JUL-17

**YANG, PHILIP, MD†**

Provider ID: N/A

15825 LAGUNA CANYON  
RD STE 202  
IRVINE, CA 92618  
Effective as of 01-OCT-19

**YANG, PHILIP, MD†**

Provider ID: N/A

15825 LAGUNA CANYON  
RD STE 202  
IRVINE, CA 92618

Effective as of 01-MAY-20

**NEUROLOGY**

**CLEEREMANS, BRUCE, MD**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618  
Effective as of 01-JAN-21

**JANKOWSKI, PAWEL, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618  
Effective as of 01-MAY-23

**MAHDAD, MEHRDAD, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 609  
IRVINE, CA 92618  
Effective as of 01-OCT-21

**MAHDAD, MEHRDAD, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 609  
IRVINE, CA 92618  
Effective as of 01-OCT-21

**MAHDAD, MEHRDAD, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 609  
IRVINE, CA 92618  
Effective as of 01-APR-08

**MAHDAD, MEHRDAD, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 609  
IRVINE, CA 92618  
Effective as of 01-JAN-17

**MAHDAD, MEHRDAD, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 609  
IRVINE, CA 92618  
Effective as of 01-JAN-17

**MAHDAD, MEHRDAD, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 609  
IRVINE, CA 92618  
Effective as of 01-JAN-14

**PARK, JAMES, DO**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-OCT-22

**PARK, JAMES, DO**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-OCT-22

**PATEL, JAY, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 511  
IRVINE, CA 92618  
Effective as of 01-JAN-20

**THAKKAR, SANDEEP, DO†**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 265  
IRVINE, CA 92618  
Effective as of 01-AUG-22

**THAKKAR, SANDEEP, DO†**

Provider ID: N/A

16405 SAND CANYON AVE

STE 265  
IRVINE, CA 92618  
Effective as of 01-AUG-22

**THAKKAR, SANDEEP, DO<sup>+</sup>**

Provider ID: N/A  
16305 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618  
Effective as of 01-MAR-19

**THAKKAR, SANDEEP, DO<sup>+</sup>**

Provider ID: N/A  
16305 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618  
Effective as of 01-MAR-18

**WHITMAN, GREGORY, MD**

Provider ID: N/A  
16405 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618  
Effective as of 01-JAN-20

**WHITMAN, GREGORY, MD**

Provider ID: N/A  
16405 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618  
Effective as of 01-JAN-21

**NEUROLOGY CHILD**

**ELBALALESY, NASER, MD<sup>+</sup>**

Provider ID: N/A  
113 WATERWORKS WAY  
STE 350  
IRVINE, CA 92618  
Effective as of 01-OCT-22

**ELBALALESY, NASER, MD<sup>+</sup>**

Provider ID: N/A  
113 WATERWORKS WAY  
STE 350

IRVINE, CA 92618  
Effective as of 01-AUG-23

**ELBALALESY, NASER, MD<sup>+</sup>**

Provider ID: N/A  
113 WATERWORKS WAY  
STE 350  
IRVINE, CA 92618  
Effective as of 01-AUG-23

**ELBALALESY, NASER, MD<sup>+</sup>**

Provider ID: N/A  
113 WATERWORKS WAY  
STE 350  
IRVINE, CA 92618  
Effective as of 01-AUG-23

**ELBALALESY, NASER, MD<sup>+</sup>**

Provider ID: N/A  
113 WATERWORKS WAY  
STE 350  
IRVINE, CA 92618  
Effective as of 01-AUG-23

**ELBALALESY, NASER, MD<sup>+</sup>**

Provider ID: N/A  
113 WATERWORKS WAY  
STE 350  
IRVINE, CA 92618  
Effective as of 01-MAR-19

**ELBALALESY, NASER, MD<sup>+</sup>**

Provider ID: N/A  
113 WATERWORKS WAY  
STE 350  
IRVINE, CA 92618  
Effective as of 01-JUN-19

**ELBALALESY, NASER, MD<sup>+</sup>**

Provider ID: N/A  
113 WATERWORKS WAY  
STE 350  
IRVINE, CA 92618  
Effective as of 01-MAR-19

**ELBALALESY, NASER, MD<sup>+</sup>**

Provider ID: N/A  
113 WATERWORKS WAY  
STE 350  
IRVINE, CA 92618  
Effective as of 01-MAR-19

**ELBALALESY, NASER, MD<sup>+</sup>**

Provider ID: N/A  
113 WATERWORKS WAY  
STE 350  
IRVINE, CA 92618  
Effective as of 01-MAR-19

**ELBALALESY, NASER, MD<sup>+</sup>**

Provider ID: N/A  
113 WATERWORKS WAY  
STE 350  
IRVINE, CA 92618  
Effective as of 01-MAR-19

**ELBALALESY, NASER, MD<sup>+</sup>**

Provider ID: N/A  
113 WATERWORKS WAY  
STE 350  
IRVINE, CA 92618  
Effective as of 01-MAR-19

**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-JAN-21

**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-JUL-12

**AHDOOT, MORRIS, MD†**

Provider ID: N/A

15775 LAGUNA CANYON RD STE 200 IRVINE, CA 92618

Effective as of 01-JAN-18

**AHDOOT, MORRIS, MD†**

Provider ID: N/A

15775 LAGUNA CANYON RD STE 200 IRVINE, CA 92618

Effective as of 01-FEB-21

**AHDOOT, MORRIS, MD†**

Provider ID: N/A

15775 LAGUNA CANYON RD STE 200 IRVINE, CA 92618

Effective as of 01-FEB-21

**AHDOOT, MORRIS, MD†**

Provider ID: N/A

15775 LAGUNA CANYON RD STE 200 IRVINE, CA 92618

Effective as of 01-APR-11

**AHDOOT, MORRIS, MD†**

Provider ID: N/A

15775 LAGUNA CANYON RD STE 200 IRVINE, CA 92618

Effective as of 01-APR-20

**AHDOOT, MORRIS, MD†**

Provider ID: N/A

15775 LAGUNA CANYON RD STE 200 IRVINE, CA 92618

Effective as of 01-APR-20

**BARR, JESSICA, DO**

Provider ID: N/A

22 ODYSSEY STE 200 IRVINE, CA 92618

Effective as of 01-DEC-23

**BARR, JESSICA, DO**

Provider ID: N/A

22 ODYSSEY STE 200 IRVINE, CA 92618

Effective as of 01-DEC-23

**COUGH, HEIDI, MD**

Provider ID: N/A

16105 SAND CANYON AVE STE 200 IRVINE, CA 92618

Effective as of 01-OCT-22

**DAVIS, STEPHANIE, MD**

Provider ID: N/A

16105 SAND CANYON AVE STE 200 IRVINE, CA 92618

Effective as of 01-OCT-22

**HASHEMI, EMAD, MD†**

Provider ID: N/A

16305 SAND CANYON AVE STE 220 IRVINE, CA 92618

Effective as of 01-NOV-20

**HASHEMI, EMAD, MD†**

Provider ID: N/A

16305 SAND CANYON AVE STE 220 IRVINE, CA 92618

Effective as of 01-NOV-20

**KONG, GRACE, MD**

Provider ID: N/A

16105 SAND CANYON AVE STE 200 IRVINE, CA 92618

Effective as of 01-OCT-22

**LEE, KATHERINE, MD**

Provider ID: N/A

16105 SAND CANYON AVE STE 200 IRVINE, CA 92618

Effective as of 01-JUN-23

**LEE, KATHERINE, MD**

Provider ID: N/A

16305 SAND CANYON AVE STE 275 IRVINE, CA 92618

Effective as of 01-JUN-23

**LIN, JAMES, MD**

Provider ID: N/A

16300 SAND CANYON AVE STE 901 IRVINE, CA 92618

Effective as of 01-SEP-15

**MARINESCU, CATALIN, MD†**

Provider ID: N/A

☐ 16305 SAND CANYON AVE  
STE 265  
IRVINE, CA 92618  
Effective as of 01-JAN-20

**MARINESCU, CATALIN, MD†**

Provider ID: N/A

☐ 16305 SAND CANYON AVE  
STE 265  
IRVINE, CA 92618  
Effective as of 01-JAN-21

**MASAKI, DAMON, MD†**

Provider ID: N/A

☐ 15785 LAGUNA CANYON  
RD STE 360  
IRVINE, CA 92618  
Effective as of 01-JAN-22

**MASAKI, DAMON, MD†**

Provider ID: N/A

☐ 15785 LAGUNA CANYON  
RD STE 360  
IRVINE, CA 92618  
Effective as of 01-JAN-22

**MENDELSON, SUSAN, MD**

Provider ID: N/A

☐ 16105 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-NOV-23

**MILLER, JAMIE, MD**

Provider ID: N/A

☐ 16105 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-NOV-23

**PERKINS, KENDRA, DO†**

Provider ID: N/A

☐ 16305 SAND CANYON AVE  
STE 265  
IRVINE, CA 92618

Effective as of 01-JAN-21

**PETERS, AMY, DO**

Provider ID: N/A

☐ 16105 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-NOV-23

**PETERS, AMY, DO**

Provider ID: N/A

☐ 16305 SAND CANYON AVE  
STE 275  
IRVINE, CA 92618

Effective as of 01-NOV-23

**STERNFELD, DANIEL, MD†**

Provider ID: N/A

☐ 16305 SAND CANYON AVE  
STE 275  
IRVINE, CA 92618

Effective as of 01-OCT-22

**STERNFELD, DANIEL, MD†**

Provider ID: N/A

☐ 16305 SAND CANYON AVE  
STE 275  
IRVINE, CA 92618

Effective as of 01-SEP-20

**TANAMAI, VAYA, MD†**

Provider ID: N/A

☐ 16305 SAND CANYON AVE  
STE 275  
IRVINE, CA 92618

Effective as of 01-MAY-20

**YAO, GRACE, MD†**

Provider ID: N/A

☐ 22 ODYSSEY STE 155  
IRVINE, CA 92618  
Effective as of 01-JAN-21

**YAO, GRACE, MD†**

Provider ID: N/A

☐ 22 ODYSSEY STE 155  
IRVINE, CA 92618  
Effective as of 01-JAN-21

**OPHTHALMOLOGY**

**GE, NENGJIE, MD†**

Provider ID: N/A

☐ 16300 SAND CANYON AVE  
STE 608  
IRVINE, CA 92618  
Effective as of 01-OCT-23

**GE, NENGJIE, MD†**

Provider ID: N/A

☐ 16300 SAND CANYON AVE  
STE 608  
IRVINE, CA 92618

Effective as of 01-MAR-23

**GE, NENGJIE, MD†**

Provider ID: N/A

☐ 16300 SAND CANYON AVE  
STE 608  
IRVINE, CA 92618

Effective as of 01-MAR-23

**GE, NENGJIE, MD†**

Provider ID: N/A

☐ 16300 SAND CANYON AVE  
STE 608  
IRVINE, CA 92618

Effective as of 01-JUL-12

**GE, NENGJIE, MD†**

Provider ID: N/A

☐ 16300 SAND CANYON AVE  
STE 608  
IRVINE, CA 92618

Effective as of 01-JAN-18

**GE, NENGJIE, MD†**

Provider ID: N/A

☐ 16300 SAND CANYON AVE  
STE 608

IRVINE, CA 92618  
Effective as of 01-JAN-17

**GHIASI, ZAHRA, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 245

IRVINE, CA 92618  
Effective as of 01-JAN-17

**GWYNN, DAVID, MD**

Provider ID: N/A

22 ODYSSEY STE 150  
IRVINE, CA 92618

Effective as of 01-MAR-23

**LEE, ANDREW, MD**

Provider ID: N/A

18 ENDEAVOR STE 104  
IRVINE, CA 92618

Effective as of 01-MAY-23

**LEE, JIMMY, MD†**

Provider ID: N/A

15825 LAGUNA CANYON  
RD STE 201

IRVINE, CA 92618  
Effective as of 01-JUL-22

**LEE, ANDREW, MD**

Provider ID: N/A

18 ENDEAVOR STE 104  
IRVINE, CA 92618

Effective as of 01-OCT-23

**LEE, JIMMY, MD†**

Provider ID: N/A

15825 LAGUNA CANYON  
RD STE 201

IRVINE, CA 92618  
Effective as of 01-OCT-23

**MARVASTI, AMIR, MD**

Provider ID: N/A

15825 LAGUNA CANYON

RD STE 201  
IRVINE, CA 92618  
Effective as of 01-OCT-23

**MARVASTI, AMIR, MD**

Provider ID: N/A

15825 LAGUNA CANYON  
RD STE 201

IRVINE, CA 92618  
Effective as of 01-JAN-23

**NGUYEN, BAO-THU, MD†**

Provider ID: N/A

15825 LAGUNA CANYON  
RD STE 201

IRVINE, CA 92618\*  
Effective as of 01-JAN-23

**NGUYEN, BAO-THU, MD†**

Provider ID: N/A

15825 LAGUNA CANYON  
RD STE 201

IRVINE, CA 92618  
Effective as of 01-MAY-19

**NGUYEN, BAO-THU, MD†**

Provider ID: N/A

15825 LAGUNA CANYON  
RD STE 201

IRVINE, CA 92618  
Effective as of 01-MAY-19

**NGUYEN, BAO-THU, MD†**

Provider ID: N/A

15825 LAGUNA CANYON  
RD STE 201

IRVINE, CA 92618\*  
Effective as of 01-OCT-23

**TAYANI, RAMIN, MD**

Provider ID: N/A

22 ODYSSEY STE 150  
IRVINE, CA 92618

Effective as of 01-MAR-23

**VAIDYA, NADEEM, MD†**

Provider ID: N/A

16100 SAND CANYON AVE  
STE 385

IRVINE, CA 92618  
Effective as of 01-MAR-16

**VAIDYA, NADEEM, MD†**

Provider ID: N/A

16100 SAND CANYON AVE  
STE 385

IRVINE, CA 92618  
Effective as of 01-FEB-21

**VAIDYA, NADEEM, MD†**

Provider ID: N/A

16100 SAND CANYON AVE  
STE 385

IRVINE, CA 92618  
Effective as of 01-FEB-21

**VAIDYA, NADEEM, MD†**

Provider ID: N/A

16100 SAND CANYON AVE  
STE 385

IRVINE, CA 92618  
Effective as of 01-JAN-21

**VAIDYA, NADEEM, MD†**

Provider ID: N/A

16100 SAND CANYON AVE  
STE 385

IRVINE, CA 92618  
Effective as of 01-OCT-23

**OPTOMETRIST**

**OWYANG, ASHLEY, OD**

Provider ID: N/A

15825 LAGUNA CANYON  
RD STE 201

IRVINE, CA 92618  
Effective as of 01-OCT-23

**OWYANG, ASHLEY, OD**

Provider ID: N/A

15825 LAGUNA CANYON  
RD STE 201  
IRVINE, CA 92618  
Effective as of 01-JAN-23

**RUDE, LOREN, OD**

Provider ID: N/A

15825 LAGUNA CANYON  
RD STE 201  
IRVINE, CA 92618  
Effective as of 01-OCT-23

**RUDE, LOREN, OD**

Provider ID: N/A

15825 LAGUNA CANYON  
RD STE 201  
IRVINE, CA 92618  
Effective as of 01-JAN-23

**TRAN, STEPHANIE, OD**

Provider ID: N/A

15825 LAGUNA CANYON  
RD STE 201  
IRVINE, CA 92618  
Effective as of 01-JAN-23

**TRAN, STEPHANIE, OD**

Provider ID: N/A

15825 LAGUNA CANYON  
RD STE 201  
IRVINE, CA 92618  
Effective as of 01-OCT-23

**WANG, STEVEN, OD**

Provider ID: N/A

22 ODYSSEY STE 150  
IRVINE, CA 92618  
Effective as of 01-OCT-23

**WANG, MATTHEW, OD†**

Provider ID: N/A

22 ODYSSEY STE 150  
IRVINE, CA 92618  
Effective as of 01-OCT-23

**WANG, MATTHEW, OD†**

Provider ID: N/A

22 ODYSSEY STE 150  
IRVINE, CA 92618  
Effective as of 01-JAN-18

**WANG, MATTHEW, OD†**

Provider ID: N/A

22 ODYSSEY STE 150  
IRVINE, CA 92618  
Effective as of 01-JAN-23

**ORAL MAXILLOFACIAL  
SURGEON**

**KALANTARI, OUZHAN, DMD**

Provider ID: N/A

114 PACIFICA STE 420  
IRVINE, CA 92618  
Effective as of 01-NOV-23

**OTOLARYNGOLOGY**

**BALAKER, ASHLEY, MD†**

Provider ID: N/A

18 ENDEAVOR STE 208  
IRVINE, CA 92618  
Effective as of 01-OCT-22

**BALAKER, ASHLEY, MD†**

Provider ID: N/A

18 ENDEAVOR STE 208  
IRVINE, CA 92618  
Effective as of 01-APR-23

**BALAKER, ASHLEY, MD†**

Provider ID: N/A

18 ENDEAVOR STE 208  
IRVINE, CA 92618  
Effective as of 01-APR-23

**BALAKER, ASHLEY, MD†**

Provider ID: N/A

18 ENDEAVOR STE 208

IRVINE, CA 92618

Effective as of 01-JUN-19

**BALAKER, ASHLEY, MD†**

Provider ID: N/A

18 ENDEAVOR STE 208  
IRVINE, CA 92618  
Effective as of 01-MAY-19

**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

**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

**BUEN, FLOYD, MD†**

Provider ID: N/A

18 ENDEAVOR STE 208  
IRVINE, CA 92618  
Effective as of 01-NOV-20

**BUEN, FLOYD, MD†**

Provider ID: N/A

18 ENDEAVOR STE 208  
IRVINE, CA 92618  
Effective as of 01-NOV-20



**CROCKETT, DENNIS, 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

113 WATERWORKS WAY  
STE 145  
IRVINE, CA 92618  
Effective as of 01-FEB-23

**GE, NORMAN, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 145  
IRVINE, CA 92618  
Effective as of 01-FEB-23

**GE, NORMAN, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 145  
IRVINE, CA 92618  
Effective as of 01-FEB-23

**GE, NORMAN, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 145  
IRVINE, CA 92618  
Effective as of 01-JAN-23

**LUU, QUANG, MD†**

Provider ID: N/A

18 ENDEAVOR STE 208  
IRVINE, CA 92618  
Effective as of 01-OCT-18

**LUU, QUANG, MD†**

Provider ID: N/A

18 ENDEAVOR STE 208  
IRVINE, CA 92618  
Effective as of 01-OCT-18

**MUNDI, JAGMEET, MD†**

Provider ID: N/A

18 ENDEAVOR STE 208  
IRVINE, CA 92618  
Effective as of 01-MAY-19

**SUN, PAUL, MD†**

Provider ID: N/A

22 ODYSSEY STE 100  
IRVINE, CA 92618  
Effective as of 01-JAN-14

**SUN, JOHN, MD†**

Provider ID: N/A

22 ODYSSEY STE 100  
IRVINE, CA 92618  
Effective as of 01-JAN-20

**SUN, PAUL, MD†**

Provider ID: N/A

22 ODYSSEY STE 100  
IRVINE, CA 92618  
Effective as of 01-OCT-23

**SUN, JOHN, MD†**

Provider ID: N/A

22 ODYSSEY STE 100  
IRVINE, CA 92618  
Effective as of 01-OCT-23

**YIAN, CHRISTOPHER, MD†**

Provider ID: N/A

22 ODYSSEY STE 100  
IRVINE, CA 92618  
Effective as of 01-OCT-23

**OTOLARYNGOLOGY /  
OTOLOGY /  
LARYNGOLOGY /  
RHINOLOGY**

**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

**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-OCT-12

**MUNDI, JAGMEET, MD†**

Provider ID: N/A

18 ENDEAVOR STE 208  
IRVINE, CA 92618  
Effective as of 01-JUN-16

**MUNDI, JAGMEET, MD†**

Provider ID: N/A  
 ☒ 18 ENDEAVOR STE 208  
 IRVINE, CA 92618  
 Effective as of 01-JUN-16

**PETTIS, ROBERT, MD†**  
 Provider ID: N/A  
 ☒ 16100 SAND CANYON AVE  
 STE 230  
 IRVINE, CA 92618  
 Effective as of 01-MAY-20

**SUN, PAUL, MD†**  
 Provider ID: N/A  
 ☒ 22 ODYSSEY STE 100  
 IRVINE, CA 92618  
 Effective as of 01-NOV-17

**SUN, JOHN, MD†**  
 Provider ID: N/A  
 ☒ 22 ODYSSEY STE 100  
 IRVINE, CA 92618  
 Effective as of 01-NOV-17

**SUN, PAUL, MD†**  
 Provider ID: N/A  
 ☒ 22 ODYSSEY STE 100  
 IRVINE, CA 92618  
 Effective as of 01-NOV-17

**SUN, PAUL, MD†**  
 Provider ID: N/A  
 ☒ 22 ODYSSEY STE 100  
 IRVINE, CA 92618  
 Effective as of 01-JAN-17

**SUN, JOHN, MD†**  
 Provider ID: N/A  
 ☒ 22 ODYSSEY STE 100  
 IRVINE, CA 92618  
 Effective as of 01-JAN-17

**SUN, JOHN, MD†**  
 Provider ID: N/A  
 ☒ 22 ODYSSEY STE 100

IRVINE, CA 92618  
 Effective as of 01-NOV-17

**SUN, PAUL, MD†**  
 Provider ID: N/A  
 ☒ 22 ODYSSEY STE 100  
 IRVINE, CA 92618  
 Effective as of 01-JAN-21

**SUN, JOHN, MD†**  
 Provider ID: N/A  
 ☒ 22 ODYSSEY STE 100  
 IRVINE, CA 92618  
 Effective as of 01-JAN-21

**SUN, JOHN, MD†**  
 Provider ID: N/A  
 ☒ 22 ODYSSEY STE 100  
 IRVINE, CA 92618  
 Effective as of 01-MAR-16

**SUN, JOHN, MD†**  
 Provider ID: N/A  
 ☒ 22 ODYSSEY STE 100  
 IRVINE, CA 92618  
 Effective as of 01-JAN-14

**SUN, PAUL, MD†**  
 Provider ID: N/A  
 ☒ 22 ODYSSEY STE 100  
 IRVINE, CA 92618  
 Effective as of 01-FEB-16

**THOMPSON, CHRISTOPHER, MD†**  
 Provider ID: N/A  
 ☒ 18 ENDEAVOR STE 208  
 IRVINE, CA 92618  
 Effective as of 01-AUG-16

**THOMPSON, CHRISTOPHER, MD†**  
 Provider ID: N/A  
 ☒ 18 ENDEAVOR STE 208  
 IRVINE, CA 92618

Effective as of 01-AUG-16

**YIAN, CHRISTOPHER, MD†**  
 Provider ID: N/A  
 ☒ 22 ODYSSEY STE 100  
 IRVINE, CA 92618  
 Effective as of 01-JAN-14

**YIAN, CHRISTOPHER, MD†**  
 Provider ID: N/A  
 ☒ 22 ODYSSEY STE 100  
 IRVINE, CA 92618  
 Effective as of 01-FEB-16

**YIAN, CHRISTOPHER, MD†**  
 Provider ID: N/A  
 ☒ 22 ODYSSEY STE 100  
 IRVINE, CA 92618  
 Effective as of 01-JAN-21

**YIAN, CHRISTOPHER, MD†**  
 Provider ID: N/A  
 ☒ 22 ODYSSEY STE 100  
 IRVINE, CA 92618  
 Effective as of 01-NOV-17

**YIAN, CHRISTOPHER, MD†**  
 Provider ID: N/A  
 ☒ 22 ODYSSEY STE 100  
 IRVINE, CA 92618  
 Effective as of 01-NOV-17

***PHYSICAL MEDICINE /  
REHABILITATION***

**LAI, KHANG, DO**  
 Provider ID: N/A  
 ☒ 15701 ROCKFIELD BLVD  
 IRVINE, CA 92618  
 Effective as of 01-APR-11

**LAI, KHANG, DO**  
 Provider ID: N/A  
 ☒ 15701 ROCKFIELD BLVD  
 IRVINE, CA 92618

Effective as of 01-NOV-14

**LAI, KHANG, DO**

Provider ID: N/A

15701 ROCKFIELD BLVD  
IRVINE, CA 92618

Effective as of 01-DEC-14

**SEKO, KYLE, DO**

Provider ID: N/A

9080 IRVINE CENTER DR  
IRVINE, CA 92618

Effective as of 01-FEB-22

**PHYSICIANS ASSISTANT**

**BOW, LINDA, PA<sup>†</sup>**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-SEP-23

**CHRISTIE, CAMERON, PA**

Provider ID: N/A

8607 IRVINE CENTER DR  
IRVINE, CA 92618

Effective as of 01-DEC-23

**KIM, MOSES, MD<sup>†</sup>**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-APR-21

**KISCADEN, LAUREN, PA**

Provider ID: N/A

18 ENDEAVOR STE 208  
IRVINE, CA 92618

Effective as of 01-APR-23

**KISCADEN, LAUREN, PA**

Provider ID: N/A

18 ENDEAVOR STE 208  
IRVINE, CA 92618

Effective as of 01-APR-23

**ROUGHLEY, MATTHEW, PA**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 511  
IRVINE, CA 92618

Effective as of 01-DEC-23

**SOBHANIAN, SHAHAB, PA**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-NOV-22

**SOBHANIAN, SHAHAB, PA**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-NOV-22

**STONE, MICHELLE, PA**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 260  
IRVINE, CA 92618

Effective as of 01-JAN-23

**STONE, MICHELLE, PA**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 260  
IRVINE, CA 92618

Effective as of 01-JAN-23

**STONE, MICHELLE, PA**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 260  
IRVINE, CA 92618

Effective as of 01-FEB-23

**STONE, MICHELLE, PA**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 260  
IRVINE, CA 92618

Effective as of 01-FEB-23

**STONE, MICHELLE, PA**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 260  
IRVINE, CA 92618

Effective as of 01-JAN-23

**WONG, POLLYANNA, PA**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618

Effective as of 01-JAN-23

**WONG, POLLYANNA, PA**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618

Effective as of 01-JAN-23

**WU, VANNA, PA**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618

Effective as of 01-MAR-24

**WU, VANNA, PA**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155  
IRVINE, CA 92618

Effective as of 01-MAR-24

**WU, VANNA, PA**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155

IRVINE, CA 92618  
Effective as of 01-MAR-24

**WU, VANNA, PA**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155

IRVINE, CA 92618

Effective as of 01-MAR-24

**WU, VANNA, PA**

Provider ID: N/A

113 WATERWORKS WAY  
STE 155

IRVINE, CA 92618

Effective as of 01-MAR-24

**PODIATRIST**

**BATHAEE, FARSHAD, DPM**

Provider ID: N/A

113 WATERWORKS WAY  
STE 250

IRVINE, CA 92618

Effective as of 01-DEC-21

**COYER, MICHAEL, DPM†**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 270

IRVINE, CA 92618

Effective as of 01-JUL-18

**COYER, MICHAEL, DPM†**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 270

IRVINE, CA 92618

Effective as of 01-JUL-18

**COYER, MICHAEL, DPM†**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 270

IRVINE, CA 92618

Effective as of 01-JAN-20

**KOLODENKER, GENNADY, DPM†**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 270

IRVINE, CA 92618

Effective as of 01-JUL-18

**KOLODENKER, GENNADY, DPM†**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 270

IRVINE, CA 92618

Effective as of 01-JUL-18

**LIN, PARKSON, DPM**

Provider ID: N/A

2 HUGHES STE 150  
IRVINE, CA 92618

Effective as of 01-JAN-17

**ROOHIAN, ARSHIA, DPM**

Provider ID: N/A

113 WATERWORKS WAY  
STE 250

IRVINE, CA 92618

Effective as of 01-DEC-21

**ROOHIAN, ARSHIA, DPM**

Provider ID: N/A

113 WATERWORKS WAY  
STE 250

IRVINE, CA 92618

Effective as of 01-JUL-20

**SOLAR, SARA, DPM†**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 270

IRVINE, CA 92618

Effective as of 01-NOV-22

**SOLAR, SARA, DPM†**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 270

IRVINE, CA 92618

Effective as of 01-NOV-22

**TIEN, AUDRIS, DPM†**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 270

IRVINE, CA 92618

Effective as of 01-DEC-20

**TIEN, AUDRIS, DPM†**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 270

IRVINE, CA 92618

Effective as of 01-JUL-21

**TIEN, AUDRIS, DPM†**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 270

IRVINE, CA 92618

Effective as of 01-JUL-21

**TIEN, AUDRIS, DPM†**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 270

IRVINE, CA 92618

Effective as of 01-DEC-20

**TIEN, AUDRIS, DPM†**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 270

IRVINE, CA 92618

Effective as of 01-DEC-20

**VINCENT, EBONIE, DPM†**

Provider ID: N/A

16405 SAND CANYON AVE

STE 270  
IRVINE, CA 92618  
Effective as of 01-AUG-19

**VINCENT, EBONIE, DPM†**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 270  
IRVINE, CA 92618  
Effective as of 01-JAN-21

**VINCENT, EBONIE, DPM†**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 270  
IRVINE, CA 92618  
Effective as of 01-AUG-19

**VINCENT, EBONIE, DPM†**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 270  
IRVINE, CA 92618  
Effective as of 01-AUG-19

**YANG, DAVID, DPM**

Provider ID: N/A

18 ENDEAVOR STE 206  
IRVINE, CA 92618  
Effective as of 01-JAN-23

**YANG, DAVID, DPM**

Provider ID: N/A

18 ENDEAVOR STE 206  
IRVINE, CA 92618  
Effective as of 01-OCT-23

**YANG, ANDREW, DPM†**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 270  
IRVINE, CA 92618  
Effective as of 01-DEC-20

**YANG, ANDREW, DPM†**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 270  
IRVINE, CA 92618  
Effective as of 01-DEC-20

**YANG, ANDREW, DPM†**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 270  
IRVINE, CA 92618  
Effective as of 01-DEC-20

**PSYCHIATRY**

**RITTER, AARON, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618  
Effective as of 01-NOV-22

**RITTER, AARON, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618  
Effective as of 01-NOV-22

**RITTER, AARON, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618  
Effective as of 01-NOV-22

**RITTER, AARON, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618  
Effective as of 01-NOV-22

**SALO, CLINT, DO†**

Provider ID: N/A

2 HUGHES STE 100  
IRVINE, CA 92618  
Effective as of 01-NOV-16

**SALO, CLINT, DO†**

Provider ID: N/A

2 HUGHES STE 100  
IRVINE, CA 92618  
Effective as of 01-AUG-17

**SALO, CLINT, DO†**

Provider ID: N/A

2 HUGHES STE 100  
IRVINE, CA 92618  
Effective as of 01-AUG-17

**SALO, CLINT, DO†**

Provider ID: N/A

2 HUGHES STE 100  
IRVINE, CA 92618  
Effective as of 01-NOV-16

**SZPUNAR, MERCEDES, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618  
Effective as of 01-MAR-23

**SZPUNAR, MERCEDES, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618  
Effective as of 01-MAR-23

**SZPUNAR, MERCEDES, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 201  
IRVINE, CA 92618  
Effective as of 01-MAR-23

**SZPUNAR, MERCEDES, MD**

Provider ID: N/A

16305 SAND CANYON AVE Effective as of 01-MAR-20  
STE 201  
IRVINE, CA 92618  
Effective as of 01-MAR-23

**PSYCHOLOGIST**

**ALEXANDER, DEBORAH, PSYD**

Provider ID: N/A

15635 ALTON PKWY STE Effective as of 01-DEC-23  
350  
IRVINE, CA 92618

**ALEXANDER, DEBORAH, PSYD**

Provider ID: N/A

15635 ALTON PKWY STE Effective as of 01-DEC-23  
350  
IRVINE, CA 92618

**ALEXANDER, DEBORAH, PSYD**

Provider ID: N/A

15635 ALTON PKWY STE Effective as of 01-DEC-23  
350  
IRVINE, CA 92618

**ALEXANDER, DEBORAH, PSYD**

Provider ID: N/A

15635 ALTON PKWY STE Effective as of 01-DEC-23  
350  
IRVINE, CA 92618

**KANG, EILEEN, PhD**

Provider ID: N/A

6 VENTURE Effective as of 01-MAR-20  
IRVINE, CA 92618

**KANG, EILEEN, PhD**

Provider ID: N/A

6 VENTURE  
IRVINE, CA 92618

**KANG, EILEEN, PhD**

Provider ID: N/A

6 VENTURE Effective as of 01-MAR-20  
IRVINE, CA 92618

**KANG, EILEEN, PhD**

Provider ID: N/A

6 VENTURE Effective as of 01-MAR-20  
IRVINE, CA 92618

**MORIN, RUTH, PSYD**

Provider ID: N/A

16405 SAND CANYON AVE Effective as of 01-JAN-24  
STE 220  
IRVINE, CA 92618

**MORIN, RUTH, PSYD**

Provider ID: N/A

16405 SAND CANYON AVE Effective as of 01-JAN-24  
STE 220  
IRVINE, CA 92618

**MORIN, RUTH, PSYD**

Provider ID: N/A

16405 SAND CANYON AVE Effective as of 01-JAN-24  
STE 220  
IRVINE, CA 92618

**MORIN, RUTH, PSYD**

Provider ID: N/A

16405 SAND CANYON AVE Effective as of 01-JAN-24  
STE 220  
IRVINE, CA 92618

**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 Effective as of 01-DEC-23  
350  
IRVINE, CA 92618

**MUNAVU, LILY, PSYD**

Provider ID: N/A

15635 ALTON PKWY STE Effective as of 01-DEC-23  
350  
IRVINE, CA 92618

**MUNAVU, LILY, PSYD**

Provider ID: N/A

15635 ALTON PKWY STE Effective as of 01-DEC-23  
350  
IRVINE, CA 92618

**PETERSON, JENYFFER, PSYD**

Provider ID: N/A

15635 ALTON PKWY STE Effective as of 01-DEC-23  
350  
IRVINE, CA 92618

**PETERSON, JENYFFER, PSYD**

Provider ID: N/A

15635 ALTON PKWY STE Effective as of 01-DEC-23  
350  
IRVINE, CA 92618

**PETERSON, JENYFFER, PSYD**

Provider ID: N/A

15635 ALTON PKWY STE Effective as of 01-DEC-23  
350  
IRVINE, CA 92618

**PETERSON, JENYFFER, PSYD**

Provider ID: N/A

15635 ALTON PKWY STE  
350

IRVINE, CA 92618

Effective as of 01-DEC-23

**PULMONARY DISEASES**

**EL-BERSHAWI, AHMED, MD†**

Provider ID: N/A

4 HUGHES STE 100

IRVINE, CA 92618

Effective as of 01-JUN-22

**EL-BERSHAWI, AHMED, MD†**

Provider ID: N/A

4 HUGHES STE 100

IRVINE, CA 92618

Effective as of 01-JUN-22

**GHAZARIAN, ZERON, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 225

IRVINE, CA 92618

Effective as of 01-MAR-21

**GOZZO, YVETTE, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 230

IRVINE, CA 92618

Effective as of 01-JAN-21

**HARIANAWALA, SALIM, MD†**

Provider ID: N/A

4 HUGHES STE 100

IRVINE, CA 92618

Effective as of 01-JUN-22

**HARIANAWALA, SALIM, MD†**

Provider ID: N/A

4 HUGHES STE 100

IRVINE, CA 92618

Effective as of 01-JUN-22

**RADIATION ONCOLOGY**

**LIN, KEVIN, MD†**

Provider ID: N/A

16105 SAND CANYON AVE  
IRVINE, CA 92618

Effective as of 01-JAN-21

**LIN, KEVIN, MD†**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 150

IRVINE, CA 92618

Effective as of 01-JAN-20

**RADIOLOGY DIAGNOSTIC**

**ULANER, GARY, MD†**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 215

IRVINE, CA 92618

Effective as of 01-OCT-22

**ULANER, GARY, MD†**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 215

IRVINE, CA 92618

Effective as of 01-OCT-22

**SURGERY**

**CARDIOVASCULAR**

**MARMUREANU, ALEXANDRU,  
MD**

Provider ID: N/A

5 HOLLAND STE 101  
IRVINE, CA 92618

Effective as of 01-NOV-23

**SURGERY COLON**

**SURGERY**

**MILANCHI, SIAMAK, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 604

IRVINE, CA 92618

Effective as of 01-APR-15

**MILANCHI, SIAMAK, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 604

IRVINE, CA 92618

Effective as of 01-APR-15

**MILANCHI, SIAMAK, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 604

IRVINE, CA 92618

Effective as of 01-JAN-21

**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

**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-14

**HAMOUI, NAHID, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 604  
IRVINE, CA 92618

Effective as of 01-DEC-19

**HAMOUI, NAHID, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 604  
IRVINE, CA 92618

Effective as of 01-DEC-19

**HAMOUI, NAHID, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 604  
IRVINE, CA 92618

Effective as of 01-DEC-19

**HAMOUI, NAHID, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 604  
IRVINE, CA 92618

Effective as of 01-JAN-21

**HAMOUI, NAHID, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 604  
IRVINE, CA 92618

Effective as of 01-JAN-18

Effective as of 01-JAN-23

**HURWITZ, MICHAEL, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 260  
IRVINE, CA 92618

Effective as of 01-JAN-20

**JENSEN, NATISHA, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 260  
IRVINE, CA 92618

Effective as of 01-AUG-23

**KRAFT, ELIZABETH, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 160  
IRVINE, CA 92618

Effective as of 01-OCT-23

**KRAFT, ELIZABETH, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 160  
IRVINE, CA 92618

Effective as of 01-OCT-23

**MACDONALD, HEATHER, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 160  
IRVINE, CA 92618

Effective as of 01-JAN-21

**MILANCHI, SIAMAK, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 604  
IRVINE, CA 92618

**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†**

Provider ID: N/A

16100 SAND CANYON AVE  
STE 350  
IRVINE, CA 92618

Effective as of 01-NOV-15

**SHAVER, JOHN, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
IRVINE, CA 92618

Effective as of 01-NOV-19

**SHAVER, JOHN, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
IRVINE, CA 92618

Effective as of 01-NOV-19

**SNYDER, LINCOLN, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 260  
IRVINE, CA 92618

Effective as of 01-JAN-20

**WOLF, RONALD, MD**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 230  
IRVINE, CA 92618

Effective as of 01-NOV-23

**SURGERY GENERAL  
VASCULAR**



**NISHANIAN, GARABED, MD†**

Provider ID: N/A

16100 SAND CANYON AVE  
STE 350  
IRVINE, CA 92618

Effective as of 01-JAN-21

**NISHANIAN, GARABED, MD†**

Provider ID: N/A

16100 SAND CANYON AVE  
STE 350  
IRVINE, CA 92618

Effective as of 01-NOV-15

**SURGERY**

**NEUROLOGICAL**

**JANKOWSKI, PAWEL, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618

Effective as of 01-MAY-23

**MEHTA, VIVEK, MD†**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618

Effective as of 01-JAN-21

**MEHTA, VIVEK, MD†**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618

Effective as of 01-AUG-21

**MEHTA, VIVEK, MD†**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618

Effective as of 01-AUG-21

**MEHTA, VIVEK, MD†**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618

Effective as of 01-AUG-21

**MEHTA, VIVEK, MD†**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618

Effective as of 01-AUG-21

**MEHTA, VIVEK, MD†**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618

Effective as of 01-AUG-21

**MEHTA, VIVEK, MD†**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 220  
IRVINE, CA 92618

Effective as of 01-JAN-21

**OZGUR, BURAK, MD†**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-JAN-21

**OZGUR, BURAK, MD†**

Provider ID: N/A

16405 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618

Effective as of 01-MAR-23

**SURGERY ORTHOPEDIC**

**ALEXANDER, GERALD, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 511  
IRVINE, CA 92618

Effective as of 01-MAR-18

**ALEXANDER, GERALD, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 511  
IRVINE, CA 92618

Effective as of 01-MAR-18

**ALEXANDER, GERALD, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 511  
IRVINE, CA 92618

Effective as of 01-JAN-21

**ALI, RAED, MD**

Provider ID: N/A

113 WATERWORKS WAY  
STE 225  
IRVINE, CA 92618

Effective as of 01-OCT-23

**ALI, RAED, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 240  
IRVINE, CA 92618

Effective as of 01-OCT-23

**ALI, RAED, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 240  
IRVINE, CA 92618

Effective as of 01-JAN-19

**ALI, RAED, MD**

Provider ID: N/A

113 WATERWORKS WAY  
STE 225

IRVINE, CA 92618  
Effective as of 01-JAN-23

**ALI, RAED, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 240  
IRVINE, CA 92618  
Effective as of 01-JAN-23

**AMINIAN, ARASH, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618  
Effective as of 01-DEC-21

**AMINIAN, ARASH, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618  
Effective as of 01-FEB-23

**AMINIAN, ARASH, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618  
Effective as of 01-NOV-21

**AMINIAN, ARASH, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618  
Effective as of 01-NOV-21

**AMINIAN, ARASH, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618  
Effective as of 01-NOV-21

**AMINIAN, ARASH, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618  
Effective as of 01-SEP-23

**AMINIAN, ARASH, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618  
Effective as of 01-MAR-21

**DEBOTTIS, DANIEL, MD**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 511  
IRVINE, CA 92618  
Effective as of 01-OCT-23

**DEBOTTIS, DANIEL, MD**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 511  
IRVINE, CA 92618  
Effective as of 01-OCT-23

**DINH, PAUL, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 511  
IRVINE, CA 92618  
Effective as of 01-JAN-20

**DUNPHY, TAYLOR, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 400  
IRVINE, CA 92618  
Effective as of 01-JAN-21

**FARRELLY, ERIN, MD**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 400  
IRVINE, CA 92618  
Effective as of 01-AUG-23

**GITTINGS, DANIEL, MD†**

Provider ID: N/A

16300 SAND CANYON AVE

STE 511  
IRVINE, CA 92618  
Effective as of 01-FEB-22

**GITTINGS, DANIEL, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 511  
IRVINE, CA 92618  
Effective as of 01-FEB-22

**GITTINGS, DANIEL, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 511  
IRVINE, CA 92618  
Effective as of 01-NOV-21

**GITTINGS, DANIEL, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 511  
IRVINE, CA 92618  
Effective as of 01-NOV-21

**GORDON, MICHAEL, MD**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 400  
IRVINE, CA 92618  
Effective as of 01-JAN-21

**GRAHAM, SCOTT, MD**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618  
Effective as of 01-SEP-23

**HAGHVERDIAN, BRANDON,  
MD**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 511  
IRVINE, CA 92618  
Effective as of 01-DEC-23

**HAGHVERDIAN, BRANDON, MD**  
Provider ID: N/A  
☑ 16300 SAND CANYON AVE  
STE 511  
IRVINE, CA 92618  
Effective as of 01-DEC-23

**HUNTER, MICHAEL, MD**  
Provider ID: N/A  
☑ 16300 SAND CANYON AVE  
STE 400  
IRVINE, CA 92618  
Effective as of 01-OCT-22

**JOHNSON, BRYCE, MD†**  
Provider ID: N/A  
☑ 22 ODYSSEY STE 205  
IRVINE, CA 92618  
Effective as of 01-DEC-21

**JOHNSON, BRYCE, MD†**  
Provider ID: N/A  
☑ 22 ODYSSEY STE 205  
IRVINE, CA 92618  
Effective as of 01-FEB-21

**JOHNSON, BRYCE, MD†**  
Provider ID: N/A  
☑ 22 ODYSSEY STE 205  
IRVINE, CA 92618  
Effective as of 01-MAR-21

**JOHNSON, BRYCE, MD†**  
Provider ID: N/A  
☑ 22 ODYSSEY STE 205  
IRVINE, CA 92618  
Effective as of 01-OCT-22

**JOHNSON, BRYCE, MD†**  
Provider ID: N/A  
☑ 22 ODYSSEY STE 205  
IRVINE, CA 92618  
Effective as of 01-SEP-23

**KADAKIA, NIMISH, MD†**  
Provider ID: N/A  
☑ 22 ODYSSEY STE 205  
IRVINE, CA 92618  
Effective as of 01-JUL-23

**KADAKIA, NIMISH, MD†**  
Provider ID: N/A  
☑ 22 ODYSSEY STE 205  
IRVINE, CA 92618  
Effective as of 01-MAR-21

**KADAKIA, NIMISH, MD†**  
Provider ID: N/A  
☑ 22 ODYSSEY STE 205  
IRVINE, CA 92618  
Effective as of 01-JUL-23

**KADAKIA, NIMISH, MD†**  
Provider ID: N/A  
☑ 22 ODYSSEY STE 205  
IRVINE, CA 92618  
Effective as of 01-SEP-23

**KADAKIA, NIMISH, MD†**  
Provider ID: N/A  
☑ 22 ODYSSEY STE 205  
IRVINE, CA 92618  
Effective as of 01-FEB-21

**KADAKIA, NIMISH, MD†**  
Provider ID: N/A  
☑ 22 ODYSSEY STE 205  
IRVINE, CA 92618  
Effective as of 01-FEB-17

**KADAKIA, NIMISH, MD†**  
Provider ID: N/A  
☑ 22 ODYSSEY STE 205  
IRVINE, CA 92618  
Effective as of 01-FEB-17

**KADAKIA, NIMISH, MD†**  
Provider ID: N/A

☑ 22 ODYSSEY STE 205  
IRVINE, CA 92618  
Effective as of 01-FEB-21

**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-JAN-24

**KIM, ABRAHAM, MD†**  
Provider ID: N/A  
☑ 22 ODYSSEY STE 205  
IRVINE, CA 92618  
Effective as of 01-JAN-24

**KIM, ABRAHAM, MD†**  
Provider ID: N/A  
☑ 22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-JAN-23

**KIM, ABRAHAM, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-OCT-23

**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-JAN-24

**LEE, RICHARD, MD**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 400  
IRVINE, CA 92618

Effective as of 01-JAN-21

**LIN, DARIUS, MD†**

Provider ID: N/A

22 ODYSSEY STE 270B  
IRVINE, CA 92618

Effective as of 01-JUN-17

**MOLHO, DAVID, MD**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-DEC-23

**MOLHO, DAVID, MD**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-DEC-23

**MOLHO, DAVID, MD**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-DEC-23

**MOLHO, DAVID, MD**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-DEC-23

**MOLHO, DAVID, MD**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-DEC-23

**MONTGOMERY, ROBERT, MD**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-SEP-23

**MOSKOW, LONNIE, MD**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-SEP-23

**NIETO, MICHAEL, MD**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 511  
IRVINE, CA 92618

Effective as of 01-JUN-21

**NIETO, MICHAEL, MD**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 511  
IRVINE, CA 92618

Effective as of 01-JUN-21

**NINH, CHRISTOPHER, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 240  
IRVINE, CA 92618

Effective as of 01-JAN-23

**NINH, CHRISTOPHER, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 240  
IRVINE, CA 92618

Effective as of 01-DEC-23

**NINH, CHRISTOPHER, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 240  
IRVINE, CA 92618

Effective as of 01-DEC-23

**NINH, CHRISTOPHER, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 240  
IRVINE, CA 92618

Effective as of 01-OCT-23

**NINH, CHRISTOPHER, MD†**

Provider ID: N/A

113 WATERWORKS WAY  
STE 240  
IRVINE, CA 92618

Effective as of 01-MAY-21

**PARVARESH, KEVIN, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 511  
IRVINE, CA 92618

Effective as of 01-DEC-20

**PARVARESH, KEVIN, MD†**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 511

IRVINE, CA 92618  
Effective as of 01-DEC-20

**PATEL, AMAR, MD†**

Provider ID: N/A

☑ 22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-DEC-21

**PATEL, AMAR, MD†**

Provider ID: N/A

☑ 22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-SEP-23

**PYRKO, PETER, MD**

Provider ID: N/A

☑ 22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-OCT-23

**SCUDDAY, TRAVIS, MD†**

Provider ID: N/A

☑ 16300 SAND CANYON AVE  
STE 511  
IRVINE, CA 92618

Effective as of 01-SEP-18

**SCUDDAY, TRAVIS, MD†**

Provider ID: N/A

☑ 16300 SAND CANYON AVE  
STE 511  
IRVINE, CA 92618

Effective as of 01-SEP-18

**SCUDDAY, TRAVIS, MD†**

Provider ID: N/A

☑ 16300 SAND CANYON AVE  
STE 511  
IRVINE, CA 92618

Effective as of 01-JAN-21

**TING, JAMES, MD†**

Provider ID: N/A

☑ 16300 SAND CANYON AVE

STE 400  
IRVINE, CA 92618  
Effective as of 01-JAN-21

**VENEZIANO, CHRISTOPHER, MD**

Provider ID: N/A

☑ 22 ODYSSEY STE 210  
IRVINE, CA 92618

Effective as of 01-SEP-23

**WANG, WILLIAM, MD†**

Provider ID: N/A

☑ 16300 SAND CANYON AVE  
STE 400  
IRVINE, CA 92618

Effective as of 01-AUG-22

**WANG, WILLIAM, MD†**

Provider ID: N/A

☑ 16300 SAND CANYON AVE  
STE 400  
IRVINE, CA 92618

Effective as of 01-AUG-22

**WONG, JEFFREY, MD†**

Provider ID: N/A

☑ 22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-SEP-23

**WONG, JEFFREY, MD†**

Provider ID: N/A

☑ 22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-JAN-20

**WONG, JEFFREY, MD†**

Provider ID: N/A

☑ 22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-FEB-20

**WONG, JEFFREY, MD†**

Provider ID: N/A

☑ 22 ODYSSEY STE 205  
IRVINE, CA 92618  
Effective as of 01-FEB-20

**WONG, JEFFREY, MD†**

Provider ID: N/A

☑ 22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-FEB-20

**YOUDESIAN, ARI, MD†**

Provider ID: N/A

☑ 22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-JAN-23

**YOUDESIAN, ARI, MD†**

Provider ID: N/A

☑ 22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-JAN-23

**YOUDESIAN, ARI, MD†**

Provider ID: N/A

☑ 22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-DEC-21

**YOUDESIAN, ARI, MD†**

Provider ID: N/A

☑ 22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-SEP-23

**YOUDESIAN, ARI, MD†**

Provider ID: N/A

☑ 22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-SEP-23

**YOUDESIAN, ARI, MD†**

Provider ID: N/A

☑ 22 ODYSSEY STE 205  
IRVINE, CA 92618

Effective as of 01-SEP-23

**YOUDEIRIAN, ARI, MD†**

Provider ID: N/A

22 ODYSSEY STE 205  
IRVINE, CA 92618  
Effective as of 01-OCT-23

**ZHANG, JOANNE, MD**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 400  
IRVINE, CA 92618  
Effective as of 01-NOV-22

**ZHANG, JOANNE, MD**

Provider ID: N/A

16300 SAND CANYON AVE  
STE 400  
IRVINE, CA 92618  
Effective as of 01-NOV-22

***SURGERY THORACIC***

**KANAAN, SAMER, MD†**

Provider ID: N/A

4 HUGHES STE 100  
IRVINE, CA 92618  
Effective as of 01-APR-22

**KANAAN, SAMER, MD†**

Provider ID: N/A

4 HUGHES STE 100  
IRVINE, CA 92618  
Effective as of 01-APR-22

**KANAAN, SAMER, MD†**

Provider ID: N/A

4 HUGHES STE 100  
IRVINE, CA 92618  
Effective as of 01-APR-22

**KANAAN, SAMER, MD†**

Provider ID: N/A

4 HUGHES STE 100  
IRVINE, CA 92618

Effective as of 01-APR-22

**KANAAN, SAMER, MD†**

Provider ID: N/A

4 HUGHES STE 100  
IRVINE, CA 92618  
Effective as of 01-APR-22

**KANAAN, SAMER, MD†**

Provider ID: N/A

4 HUGHES STE 100  
IRVINE, CA 92618  
Effective as of 01-APR-22

**KANAAN, SAMER, MD†**

Provider ID: N/A

4 HUGHES STE 100  
IRVINE, CA 92618  
Effective as of 01-DEC-23

**KANAAN, SAMER, MD†**

Provider ID: N/A

16105 SAND CANYON AVE  
IRVINE, CA 92618  
Effective as of 01-APR-19

***UROLOGY***

**BUI, DON, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-DEC-23

**BUI, DON, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-OCT-23

**BUI, DON, MD†**

Provider ID: N/A

16305 SAND CANYON AVE

STE 200

IRVINE, CA 92618\*

Effective as of 01-OCT-22

**BUI, DON, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-JAN-23

**BUI, DON, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-JUN-18

**BUI, DON, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-JUN-18

**BUI, DON, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-JUN-18

**BUI, DON, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-JUN-18

**BUI, DON, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-JUN-18

**ELKHOORY, FUAD, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-OCT-23

**ELKHOORY, FUAD, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-JAN-23

**ELKHOORY, FUAD, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-FEB-23

**ELKHOORY, FUAD, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-FEB-23

**ELKHOORY, FUAD, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-FEB-23

**ELKHOORY, FUAD, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-FEB-23

**ELKHOORY, FUAD, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-FEB-23

**GRUENENFELDER, JENNIFER, MD**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-JAN-21

**HO, TAMMY, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-JAN-21

**HO, TAMMY, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-MAY-19

**HO, TAMMY, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-OCT-23

**HO, TAMMY, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-DEC-20

**HO, TAMMY, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200

IRVINE, CA 92618  
Effective as of 01-FEB-22

**HO, TAMMY, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-JUN-19

**HO, TAMMY, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-JUN-19

**HO, TAMMY, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-AUG-19

**HO, TAMMY, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-AUG-19

**HO, TAMMY, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-AUG-19

**HO, TAMMY, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-AUG-19

**HO, TAMMY, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-AUG-19

**KIM, MOSES, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-DEC-23

**KIM, MOSES, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-OCT-23

**KIM, MOSES, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-SEP-18

**KIM, MOSES, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-SEP-18

**KIM, MOSES, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-JAN-21

**KIM, MOSES, MD†**

Provider ID: N/A

16305 SAND CANYON AVE

STE 200  
IRVINE, CA 92618  
Effective as of 01-JUN-18

**KIM, MOSES, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-JAN-23

**MEAGLIA, JAMES, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-JAN-23

**MEAGLIA, JAMES, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-JUN-18

**MEAGLIA, JAMES, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-JUN-18

**MEAGLIA, JAMES, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-JUN-18

**MEAGLIA, JAMES, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-JAN-21

**MEAGLIA, JAMES, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-OCT-22

**MEAGLIA, JAMES, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-OCT-23

**MEAGLIA, JAMES, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-DEC-23

**MEAGLIA, JAMES, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-DEC-19

**MEAGLIA, JAMES, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-DEC-19

**NAKAMURA, LEAH, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-APR-21

**NAKAMURA, LEAH, MD†**

Provider ID: N/A



<p>16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-OCT-23</p> <p><b>NAKAMURA, LEAH, MD†</b> Provider ID: N/A</p> <p>16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-OCT-22</p> <p><b>NAKAMURA, LEAH, MD†</b> Provider ID: N/A</p> <p>16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-JAN-21</p> <p><b>NAKAMURA, LEAH, MD†</b> Provider ID: N/A</p> <p>16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-JUN-18</p> <p><b>NAKAMURA, LEAH, MD†</b> Provider ID: N/A</p> <p>16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-JAN-23</p> <p><b>SHOURESHI, POONE, MD</b> Provider ID: N/A</p> <p>16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-AUG-23</p> <p><b>SHOURESHI, POONE, MD</b> Provider ID: N/A</p> <p>16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-DEC-19</p> <p><b>SHOURESHI, POONE, MD</b> Provider ID: N/A</p> <p>16305 SAND CANYON AVE STE 200 IRVINE, CA 92618</p>	<p>Effective as of 01-AUG-23</p> <p><b>SHOURESHI, POONE, MD</b> Provider ID: N/A</p> <p>16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-AUG-23</p> <p><b>SHOURESHI, POONE, MD</b> Provider ID: N/A</p> <p>16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-AUG-23</p> <p><b>SHOURESHI, POONE, MD</b> Provider ID: N/A</p> <p>16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-AUG-23</p> <p><b>SHOURESHI, POONE, MD</b> Provider ID: N/A</p> <p>16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-AUG-23</p> <p><b>SHOURESHI, POONE, MD</b> Provider ID: N/A</p> <p>16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-AUG-23</p> <p><b>SHOURESHI, POONE, MD</b> Provider ID: N/A</p> <p>16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-DEC-19</p> <p><b>SINGH, KARAN, MD†</b> Provider ID: N/A</p> <p>16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-DEC-19</p> <p><b>SINGH, KARAN, MD†</b></p>	<p>Provider ID: N/A</p> <p>16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-JAN-23</p> <p><b>SINGH, KARAN, MD†</b> Provider ID: N/A</p> <p>16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-JUN-18</p> <p><b>SINGH, KARAN, MD†</b> Provider ID: N/A</p> <p>16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-JUN-18</p> <p><b>SINGH, KARAN, MD†</b> Provider ID: N/A</p> <p>16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-JUN-18</p> <p><b>SINGH, KARAN, MD†</b> Provider ID: N/A</p> <p>16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-JUN-18</p> <p><b>SINGH, KARAN, MD†</b> Provider ID: N/A</p> <p>16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-JAN-21</p> <p><b>SINGH, KARAN, MD†</b> Provider ID: N/A</p> <p>16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-OCT-22</p> <p><b>SINGH, KARAN, MD†</b> Provider ID: N/A</p> <p>16305 SAND CANYON AVE STE 200</p>
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IRVINE, CA 92618  
Effective as of 01-OCT-23

**SPITZ, AARON, MD†**

Provider ID: N/A  
16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-OCT-23

**SPITZ, AARON, MD†**

Provider ID: N/A  
16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-OCT-22

**SPITZ, AARON, MD†**

Provider ID: N/A  
16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-OCT-18

**SPITZ, AARON, MD†**

Provider ID: N/A  
16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-JAN-21

**SPITZ, AARON, MD†**

Provider ID: N/A  
16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-JUN-18

**SPITZ, AARON, MD†**

Provider ID: N/A  
16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-JUN-18

**SPITZ, AARON, MD†**

Provider ID: N/A  
16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-JAN-23

**SPITZ, AARON, MD†**

Provider ID: N/A  
16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-DEC-19

**SPITZ, AARON, MD†**

Provider ID: N/A  
16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-FEB-23

**SPITZ, AARON, MD†**

Provider ID: N/A  
16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-DEC-19

**SPITZ, AARON, MD†**

Provider ID: N/A  
16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-APR-21

**SU, DANIEL, MD†**

Provider ID: N/A  
16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-DEC-19

**SU, DANIEL, MD†**

Provider ID: N/A  
16305 SAND CANYON AVE

STE 200  
IRVINE, CA 92618  
Effective as of 01-JAN-23

**SU, DANIEL, MD†**

Provider ID: N/A  
16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-JAN-21

**SU, DANIEL, MD†**

Provider ID: N/A  
16305 SAND CANYON AVE  
IRVINE, CA 92618  
Effective as of 01-SEP-18

**SU, DANIEL, MD†**

Provider ID: N/A  
16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-SEP-18

**SU, DANIEL, MD†**

Provider ID: N/A  
16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-OCT-23

**TAKESITA, KEN, MD†**

Provider ID: N/A  
15775 LAGUNA CANYON  
RD STE 200  
IRVINE, CA 92618  
Effective as of 01-OCT-15

**TEBYANI, NEYSSAN, MD†**

Provider ID: N/A  
16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-OCT-23

**TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-SEP-18

**TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-SEP-18

**TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-MAY-21

**TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-JAN-21

**TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-JUN-18

**TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-JAN-23

**TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

16305 SAND CANYON AVE

STE 200  
IRVINE, CA 92618  
Effective as of 01-JUN-18

**TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

16305 SAND CANYON AVE  
STE 200  
IRVINE, CA 92618  
Effective as of 01-JUN-18

**ZHAO, HANSON, MD**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 260  
IRVINE, CA 92618  
Effective as of 01-NOV-22

**ZHAO, HANSON, MD**

Provider ID: N/A

16105 SAND CANYON AVE  
STE 260  
IRVINE, CA 92618  
Effective as of 01-NOV-22

**ALLERGY IMMUNOLOGY**

**MODENA, BRIAN, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
710  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-JUN-22

**MODENA, BRIAN, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
710  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-MAY-22

**SHARMA, KUSUM, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
710  
LA JOLLA, CA 92037  
Effective as of 01-JAN-23

**SHARMA, KUSUM, MD**

Provider ID: N/A

9834 GENESEE AVE STE  
400  
LA JOLLA, CA 92037  
Effective as of 01-JUL-21

**SHARMA, KUSUM, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
710  
LA JOLLA, CA 92037  
Effective as of 01-JUN-22

**ANESTHESIOLOGY**

**BECERRA SONGOLO, TOSHA, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

**FILIPOVIC, MAYA, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-APR-23

**FUNDINGSLAND, BRENT, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUL-21

**GAYAM, SAJJAN, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JAN-22

**NARLA, VINOD, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-DEC-23

**NGO, DONALD, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-DEC-23

**ROY, KEVIN, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

**SUYDAM, STEVEN, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-DEC-21

**TULLY, JEFFREY, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-21

**TZENG, ERIC, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-21

**VAUGHN, DOUGLAS, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-22

**WANG, MICHELLE, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-NOV-21

**ANESTHESIOLOGY  
CRITICAL CARE MEDICINE**

**KRAUSE, MARTIN, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUL-21

**ANESTHESIOLOGY PAIN  
MANAGEMENT**

**MADHAV, SANDIP, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
530  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-APR-21

**MADHAV, SANDIP, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
530  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-MAR-21

**AUDIOLOGIST**

**BAXTER, STEPHANIE, AuD**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
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

9300 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  
Effective as of 01-MAY-23

**HARRIS, GENEVIEVE, AuD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

**KING, JOHN, AuD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

**RUBY, CHARLES, AuD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

**SPRIGGS, MEGHAN, AuD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

**TSANG, JOYCE, AuD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

**WIAN, DEBORAH, AuD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

**WILLIAMS, ALICIA, AuD†**

Provider ID: N/A

9350 CAMPUS POINT DR  
STE LLA  
LA JOLLA, CA 92037  
Effective as of 01-JUL-21

**ZETTNER, ERIKA, AuD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

**CARDIAC  
ELECTROPHYSIOLOGY**

**COHEN, DAVID, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
940  
LA JOLLA, CA 92037  
Effective as of 01-MAY-20

**COHEN, DAVID, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
940  
LA JOLLA, CA 92037  
Effective as of 01-SEP-21

**HAMZEI, ALI, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
780  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

**MENDENHALL, GEORGE, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
940  
LA JOLLA, CA 92037  
Effective as of 01-JUL-18

**MENDENHALL, GEORGE, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
940  
LA JOLLA, CA 92037  
Effective as of 01-JAN-23

**PATEL, JIGAR, DO†**

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

**CARDIOLOGY**

**AIZIN, VITALI, MD†**

Provider ID: N/A

9834 GENESEE AVE STE 101  
LA JOLLA, CA 92037  
Effective as of 01-SEP-15

**AL KHIAMI, BELAL, MD†**

Provider ID: N/A

9434 MEDICAL CENTER DR  
FL 1  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

**CARAZO, MATTHEW, MD†**

Provider ID: N/A

9434 MEDICAL CENTER DR  
FL 1

LA JOLLA, CA 92037  
Effective as of 01-NOV-21

**CRUZ RODRIGUEZ, JOSE, MD**

Provider ID: N/A

9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
Effective as of 01-JUL-23

**DAMANI, SAMIR, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
650  
LA JOLLA, CA 92037  
Effective as of 01-NOV-23

**GOVEA, ALAYN, MD**

Provider ID: N/A

9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
Effective as of 01-JUL-23

**WHITWAM, WAYNE, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
780  
LA JOLLA, CA 92037  
Effective as of 01-NOV-20

**CARDIOVASCULAR  
DISEASE**

**AIZIN, VITALI, MD†**

Provider ID: N/A

9834 GENESEE AVE STE 101  
LA JOLLA, CA 92037  
Effective as of 01-JAN-23

**AIZIN, VITALI, MD†**

Provider ID: N/A

9834 GENESEE AVE STE 101  
LA JOLLA, CA 92037  
Effective as of 01-FEB-21

**AVALOS, ROY, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
780

LA JOLLA, CA 92037

Effective as of 01-JAN-21

**BERMAN, BRETT, MD†**

Provider ID: N/A

9834 GENESEE AVE STE 101  
LA JOLLA, CA 92037

Effective as of 01-FEB-21

**CHARLAT, MARTIN, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
780

LA JOLLA, CA 92037

Effective as of 01-JAN-21

**COHEN, DAVID, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
940

LA JOLLA, CA 92037

Effective as of 01-JAN-21

**COSTELLO, DENNIS, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
430

LA JOLLA, CA 92037

Effective as of 01-JAN-21

**COSTELLO, DENNIS, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
430

LA JOLLA, CA 92037

Effective as of 01-JUL-20

**DAMANI, SAMIR, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
650

LA JOLLA, CA 92037

Effective as of 01-JUN-22

**DURAN, EDWARD, MD**

Provider ID: N/A

9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Effective as of 01-DEC-23

**HONG, ERIC, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
780

LA JOLLA, CA 92037

Effective as of 01-JAN-21

**KARIMIAN, AMIR, MD**

Provider ID: N/A

9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Effective as of 01-DEC-23

**KEEN, WILLIAM, MD†**

Provider ID: N/A

9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Effective as of 01-AUG-22

**KULHANEK, JAN, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
780

LA JOLLA, CA 92037

Effective as of 01-JUL-23

**KUMAR, KRIS, DO**

Provider ID: N/A

9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Effective as of 01-DEC-23

**MENDENHALL, GEORGE, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
940

LA JOLLA, CA 92037

Effective as of 01-JAN-21

**PATEL, JIGAR, DO†**

Provider ID: N/A

9850 GENESEE AVE STE  
810

LA JOLLA, CA 92037

Effective as of 01-MAR-24

**RAPEPORT, KEVIN, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
940B

LA JOLLA, CA 92037

Effective as of 01-MAR-16

**RUSSO, ROBERT, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
350

LA JOLLA, CA 92037

Effective as of 01-JAN-21

**SAB, SHIV, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
780

LA JOLLA, CA 92037

Effective as of 01-DEC-22

**SHAPIRO, HILARY, MD**

Provider ID: N/A

9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Effective as of 01-JUL-23

**SHEREV, DIMITRI, MD**

Provider ID: N/A

4225 EXECUTIVE SQ STE  
450

LA JOLLA, CA 92037

Effective as of 01-SEP-23

**CERTIFIED  
ACUPUNCTURIST**

**ARELLANO, JACQUELINE, LAC**

Provider ID: N/A

8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037  
Effective as of 01-FEB-24

**ARELLANO, JACQUELINE, LAC**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-FEB-24

**ARELLANO, JACQUELINE, LAC**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-FEB-24

**JULIAN, FIDES, LAC**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-FEB-24

**JULIAN, FIDES, LAC**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-FEB-24

**JULIAN, FIDES, LAC**

Provider ID: N/A

8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037  
Effective as of 01-FEB-24

**MURRAY, STEVEN, LAC**

Provider ID: N/A

8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037  
Effective as of 01-FEB-24

**MURRAY, STEVEN, LAC**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-FEB-24

**MURRAY, STEVEN, LAC**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-FEB-24

**TANG-RITCHIE, LENG, LAC**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-FEB-24

**TANG-RITCHIE, LENG, LAC**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-FEB-24

**TANG-RITCHIE, LENG, LAC**

Provider ID: N/A

8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037  
Effective as of 01-FEB-24

**CERTIFIED NURSE  
PRACTITIONER**

**ASHMAN, ELLEN, NP†**

Provider ID: N/A

9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-22

**ATILLO, RONALD MAR, NP†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-22

**BELL, ANDREA, NP†**

Provider ID: N/A

9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
Teleservice

Effective as of 01-AUG-22

**BIRD, JEREMY, NP**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-DEC-23

**BIRD, JEREMY, NP**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-DEC-23

**BISCHER, MARGARET, NP**

Provider ID: N/A

7855 IVANHOE AVE STE 110  
LA JOLLA, CA 92037  
Effective as of 01-MAR-24

**BURNEY, BRAEANNE, NP†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-22

**CAMAQUIN, MIA, NP**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-APR-23

**CAMAQUIN, MIA, NP**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-APR-23

**CONNER, PAMELA, NP**

Provider ID: N/A

9300 CAMPUS POINT DR

LA JOLLA, CA 92037  
Effective as of 01-JUN-23

**CONNER, PAMELA, NP**

Provider ID: N/A  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

**CONNOR, CAROLINE, NP†**

Provider ID: N/A  
8910 VILLA LA JOLLA DR  
STE 200  
LA JOLLA, CA 92037  
Effective as of 01-JUN-21

**CZYPULL, MONICA, NP**

Provider ID: N/A  
9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-SEP-21

**CZYPULL, MONICA, NP**

Provider ID: N/A  
9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-AUG-21

**DE DIOS, SARAH, NP**

Provider ID: N/A  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUL-23

**DRISCOLL, KARRIE, NP†**

Provider ID: N/A  
3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-DEC-21

**GIOVANNETTI, ERIN, NP†**

Provider ID: N/A  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

**GOMEZ, LESLIE, NP**

Provider ID: N/A  
3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

**GOMEZ, LESLIE, NP**

Provider ID: N/A  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

**GOMEZ, LESLIE, NP**

Provider ID: N/A  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

**GOMEZ, LESLIE, NP**

Provider ID: N/A  
9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

**GOSHEN, KIRSTEN, NP†**

Provider ID: N/A  
9850 GENESEE AVE STE  
570  
LA JOLLA, CA 92037  
Effective as of 01-SEP-22

**GOSHEN, KIRSTEN, NP†**

Provider ID: N/A  
9850 GENESEE AVE STE  
570  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

**HADINGER, JANE, NP**

Provider ID: N/A  
8950 VILLA LA JOLLA DR  
STE C129  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-DEC-23

**HALPERN, DAVID, NP†**

Provider ID: N/A  
9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

**HANNA, LINDSAY, NP†**

Provider ID: N/A  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-OCT-21

**HEURING, JULIE, NP†**

Provider ID: N/A  
9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
Effective as of 01-DEC-21

**JENKINS, ERIN, NP**

Provider ID: N/A  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-22

**JENKINS, ERIN, NP**

Provider ID: N/A  
9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-22

**JONES, CHRISTA, NP†**

Provider ID: N/A  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21



**JONES, LAILA, NP**

Provider ID: N/A

9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

**JORJADZE, KETEVAN, NP**

Provider ID: N/A

9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-AUG-22

**KHUAT, LIEN, NP†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

**KORMANIK, PATRICIA, NP†**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-JUL-21

**LEE, MINDY, NP**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

**LEE, MINDY, NP**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

**LEE, MINDY, NP**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-MAY-23

**LEE, MINDY, NP**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

**LOWE, ASHLEY, NP**

Provider ID: N/A

9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-JUL-23

**MAROSOK, MICHELLE, NP**

Provider ID: N/A

9850 GENESEE AVE STE  
560  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-NOV-23

**MATTERA, BETH, NPF**

Provider ID: N/A

9898 GENESEE AVE FL 4  
LA JOLLA, CA 92037  
Effective as of 01-MAY-16

**MATTHESS, JANETTE, NP†**

Provider ID: N/A

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-FEB-22

**MATTHESS, JANETTE, NP†**

Provider ID: N/A

8910 VILLA LA JOLLA DR  
STE 100  
LA JOLLA, CA 92037  
Effective as of 01-FEB-22

**MCCALLION, DANIELLE, NP†**

Provider ID: N/A

4225 EXECUTIVE SQ STE  
450  
LA JOLLA, CA 92037  
Effective as of 01-OCT-21

**MCCALLION, DANIELLE, NP†**

Provider ID: N/A

4225 EXECUTIVE SQ STE  
450  
LA JOLLA, CA 92037  
Effective as of 01-SEP-22

**MCCLAIN, MEGAN, NP†**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-AUG-22

**MCCLAIN, MEGAN, NP†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-22

**MCPHERSON, SAMANTHA, NP**

Provider ID: N/A

9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-AUG-21

**MICHAEL, NICOLE, NP†**

Provider ID: N/A

9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
Effective as of 01-MAY-21

**MICK, SHARON, NP**

Provider ID: N/A

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  
Effective as of 01-MAY-23

**MICK, SHARON, NP**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

**MICK, SHARON, NP**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

**MOONEY, PATRICIA, NP†**

Provider ID: N/A

9850 GENESEE AVE STE  
560  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-JAN-24

**MOONEY, PATRICIA, NP†**

Provider ID: N/A

9850 GENESEE AVE STE  
560  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-MAY-21

**MORENO, MANUEL, NP†**

Provider ID: N/A

9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-AUG-22

**MULVEY, CAOILFHIONN, NP†**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-AUG-22

**MWAURA, WAIRIMU, NP†**

Provider ID: N/A

9850 GENESEE AVE STE  
560  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-JAN-24

**MWAURA, WAIRIMU, NP†**

Provider ID: N/A

9850 GENESEE AVE STE  
560  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-JUN-21

**PETREK, MEAGAN, NP†**

Provider ID: N/A

9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-JAN-21

**RENFROE, ILANA, NP**

Provider ID: N/A

7855 IVANHOE AVE STE 110  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-DEC-21

**ROSSI, CATHERINE, NP†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-22

**SALINAS, NIECEL, NP†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-22

**SETIAWAN, EUGENIE, NPF†**

Provider ID: N/A

9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-DEC-21

**SILVESTRI, NICOLE, NP**

Provider ID: N/A

9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
Effective as of 01-MAY-21

**SOLOMON, AMANDA, NP**

Provider ID: N/A

8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

**SRILASAK, MICHELE, NP†**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-JUL-21

**TOMICICH, STEPHANIE, NP†**

Provider ID: N/A

9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-JAN-21

**TOMICICH, STEPHANIE, NP†**

Provider ID: N/A

9834 GENESEE AVE STE

416  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

**TOMICICH, STEPHANIE, NP†**

Provider ID: N/A  
9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-JAN-24

**TRAN, TRAN, NP†**

Provider ID: N/A  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-NOV-21

**TRAN, TRAN, NP†**

Provider ID: N/A  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-NOV-21

**TRAN, RICHARD, NPF**

Provider ID: N/A  
9850 GENESEE AVE STE  
570  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-JUL-23

**TRUJILLO, DALE, NP†**

Provider ID: N/A  
9350 CAMPUS POINT DR  
STE 2B  
LA JOLLA, CA 92037  
Effective as of 01-APR-21

**VIERRA, ERIN, NP†**

Provider ID: N/A  
9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
Effective as of 01-MAY-21

**WARD, MICHAEL, NP**

Provider ID: N/A  
9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
Effective as of 01-DEC-23

**WEIDNER, ANNE, NP**

Provider ID: N/A  
9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
Effective as of 01-MAY-21

**WILLEY, MARTI, NP†**

Provider ID: N/A  
9850 GENESEE AVE STE  
560  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-JUN-21

**WILLEY, MARTI, NP†**

Provider ID: N/A  
9850 GENESEE AVE STE  
560  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-JAN-24

**YEO, ALEXANDRIA, NP**

Provider ID: N/A  
9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

**ZUNIGA, VANIA, NP†**

Provider ID: N/A  
9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
Effective as of 01-MAY-21

**CERTIFIED REGISTERED  
NURSE ANESTHETIST**

**AMADOR, LINDSAY, CRNA†**

Provider ID: N/A  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-22

**CALABRIA, MEGAN, CRNA**

Provider ID: N/A  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

**CANTRELL, SARAH, CRNA**

Provider ID: N/A  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-DEC-23

**COLE, JASON, CRNA†**

Provider ID: N/A  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUL-21

**DOLLAND, STEVEN, CRNA†**

Provider ID: N/A  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUL-21

**DULAY, JOTI, CRNA**

Provider ID: N/A  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

**ESTABROOK, LARA, CRNA**

Provider ID: N/A  
9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037  
Effective as of 01-JUL-23

**EVANS, CATHERINE, CRNA**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-23

**FIEDLER, DEREK, CRNA**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

**GONZALEZ, LISA, CRNA**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

**GRIFFIN, SETH, CRNA**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

**JOHNSTON, RACHEL, CRNA**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
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**LAZARUS, ELIZABETH, CRNA**

Provider ID: N/A

9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037  
Effective as of 01-JUL-23

**POLIKOWSKI, SAMANTHA,  
CRNA†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-22

**POLLOM, JESSICA, CRNA†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUL-21

**RAMIREZ, NICOLE, CRNA†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-22

**ROADMAN, KEENE, CRNA**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

**SACKS, BRENT, CRNA†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-APR-21

**SNODGRASS, JULIE, CRNA†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUL-21

**SOTO, GILBERTO, CRNA†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-FEB-22

**CERTIFIED REGISTERED  
NURSE MIDWIFE**

**CHOI, NATHALIE, CRNM**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

**CORRY, ANDREA, CRNM**

Provider ID: N/A

8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

**ELY-KONOSKE, RACHEL,  
CRNM**

Provider ID: N/A

8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037  
Effective as of 01-DEC-23

**ELY-KONOSKE, RACHEL,  
CRNM**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-DEC-23

**NATHAN, CARLY, CRNM**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-23

**CHIROPRACTOR**

**BERKOFF, GREGORY, DC**

Provider ID: N/A

8950 VILLA LA JOLLA DR  
STE C129  
LA JOLLA, CA 92037  
Effective as of 01-MAY-21

**CLINICAL  
NEUROPSYCHOLOGIST**

**ALASANTRO, LORI, PhD†**

Provider ID: N/A

9850 GENESEE AVE STE  
470  
LA JOLLA, CA 92037  
Effective as of 01-FEB-18

**KAUP, ALLISON, PhD†**

Provider ID: N/A

☒ 9850 GENESEE AVE STE  
530  
LA JOLLA, CA 92037

Teleservice

Effective as of 01-MAR-21

### **DERMATOLOGY**

#### **CHANG, TIMOTHY, MD†**

Provider ID: N/A

☒ 9850 GENESEE AVE STE  
850  
LA JOLLA, CA 92037

Teleservice

Effective as of 01-OCT-21

#### **GONZALES, DARRELL, MD**

Provider ID: N/A

☒ 9850 GENESEE AVE STE  
850  
LA JOLLA, CA 92037

Teleservice

Effective as of 01-OCT-21

#### **NASH GOELITZ, ALYSSA, MD†**

Provider ID: N/A

☒ 9850 GENESEE AVE STE  
850  
LA JOLLA, CA 92037

Teleservice

Effective as of 01-OCT-21

#### **SIDDIQUI, FARYAL, MD**

Provider ID: N/A

☒ 7720 FAY AVE  
LA JOLLA, CA 92037

Effective as of 01-MAY-22

### **EMERGENCY MEDICINE**

#### **BLACK, NICHOLAS, MD†**

Provider ID: N/A

☒ 8910 VILLA LA JOLLA DR  
STE 200  
LA JOLLA, CA 92037

Effective as of 01-SEP-21

#### **CHEN, ALICE, MD†**

Provider ID: N/A

☒ 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-NOV-21

#### **CHEN, ALICE, MD†**

Provider ID: N/A

☒ 8910 VILLA LA JOLLA DR  
STE 100  
LA JOLLA, CA 92037

Effective as of 01-NOV-21

#### **GALUST, HENRIK, MD**

Provider ID: N/A

☒ 8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037

Effective as of 01-JUN-23

#### **HARDIN, JEREMY, MD†**

Provider ID: N/A

☒ 8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037

Effective as of 01-AUG-22

#### **HERNANDEZ, CRISTINA, MD†**

Provider ID: N/A

☒ 8910 VILLA LA JOLLA DR  
STE 100  
LA JOLLA, CA 92037

Effective as of 01-MAY-21

#### **HOGUE, BRENNIA, MD**

Provider ID: N/A

☒ 8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037

Effective as of 01-JUN-23

#### **HOGUE, BRENNIA, MD**

Provider ID: N/A

☒ 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-SEP-23

#### **KUTZ, CRAIG, MD†**

Provider ID: N/A

☒ 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-AUG-21

#### **KUTZ, CRAIG, MD†**

Provider ID: N/A

☒ 8910 VILLA LA JOLLA DR  
STE 200  
LA JOLLA, CA 92037

Effective as of 01-AUG-21

#### **LIOTTA, BENJAMIN, MD†**

Provider ID: N/A

☒ 8910 VILLA LA JOLLA DR  
STE 100  
LA JOLLA, CA 92037

Effective as of 01-AUG-21

#### **MUELLER, MATTHEW, DO†**

Provider ID: N/A

☒ 8910 VILLA LA JOLLA DR  
STE 100  
LA JOLLA, CA 92037

Effective as of 01-JUL-21

#### **MUELLER, MATTHEW, DO†**

Provider ID: N/A

☒ 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-JUL-21

#### **PARK, JAY, MD†**

Provider ID: N/A

☒ 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-SEP-21

#### **PARK, JAY, MD†**

Provider ID: N/A

☒ 8910 VILLA LA JOLLA DR  
STE 100  
LA JOLLA, CA 92037

Effective as of 01-NOV-21

**SELTZER, JUSTIN, MD†**

Provider ID: N/A

8910 VILLA LA JOLLA DR  
STE 200

LA JOLLA, CA 92037

Effective as of 01-AUG-21

**SMITH, CASEY, MD**

Provider ID: N/A

8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037

Effective as of 01-JUN-23

**SUPAT, BENJAMIN, MD**

Provider ID: N/A

8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037

Effective as of 01-JUN-23

**YU, ELAINE, DO**

Provider ID: N/A

8910 VILLA LA JOLLA DR  
STE A

LA JOLLA, CA 92037

Effective as of 01-JUN-23

**YU, ELAINE, DO**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-SEP-23

**ENDOCRINOLOGY**

**METABOLISM DIABETES**

**GUERIN, CHRIS, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-SEP-21

**IYENGAR, RAVI, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-APR-23

**IYENGAR, RAVI, MD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-APR-23

**MBA, MBA UZOMA, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
470

LA JOLLA, CA 92037

Effective as of 01-DEC-22

**NAGELBERG, JODI, MD†**

Provider ID: N/A

8939 VILLA LA JOLLA DR  
LA JOLLA, CA 92037

Effective as of 01-NOV-21

**PETTUS, JEREMY, MD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-JAN-24

**SCHNEIDER, DARIUS, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
470

LA JOLLA, CA 92037

Teleservice

Effective as of 01-JAN-23

**SCHNEIDER, DARIUS, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
470

LA JOLLA, CA 92037

Teleservice

Effective as of 01-OCT-21

**SHAH, NANDI, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-JAN-24

**SHAH, NANDI, MD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-JAN-24

**FAMILY PRACTICE**

**BOYD, JAMES, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
900

LA JOLLA, CA 92037\*

Effective as of 01-JAN-21

**JOLICOEUR, MEGAN, DO**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-JUN-23

**GASTROENTEROLOGY**

**BORTNIKER, ETHAN, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
440

LA JOLLA, CA 92037

Effective as of 01-JUN-23

**GOLDKLANG, ROBERT, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
440

LA JOLLA, CA 92037

Effective as of 01-APR-23

**GOLDKLANG, ROBERT, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037  
Effective as of 01-SEP-22

**HASAN, AWS, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

**HASAN, AWS, MD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

**KLAPHEKE, ROBERT, MD†**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-21

**LAJOIE, ADRIANNE, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037  
Effective as of 01-SEP-22

**MAYER, ANDREW, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
820  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

**MAYER, ANDREW, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
820  
LA JOLLA, CA 92037\*  
Effective as of 01-NOV-14

**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-SEP-22

**PAREDEZ, EDWARD, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
820  
LA JOLLA, CA 92037

Teleservice

Effective as of 01-JAN-21

**PAREDEZ, EDWARD, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
820  
LA JOLLA, CA 92037

Teleservice

Effective as of 01-NOV-14

**PAREDEZ, EDWARD, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
820  
LA JOLLA, CA 92037

Teleservice

Effective as of 01-SEP-22

**PAREDEZ, EDWARD, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
820  
LA JOLLA, CA 92037

Teleservice

Effective as of 01-FEB-05

**SHAH, SHAILJA, MD†**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-21

**SHAH, SHAILJA, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-21

**SYAL, GAURAV, MD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

**SYAL, GAURAV, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

**YOUSSEF, FADY, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

**YOUSSEF, FADY, MD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

**GENETICS MEDICAL**

**JONES, MARILYN, MD†**

Provider ID: N/A

9434 MEDICAL CENTER DR  
FL 1  
LA JOLLA, CA 92037  
Effective as of 01-JUN-21

**GYNECOLOGIC  
ONCOLOGY**

**ESKANDER, RAMEZ, MD†**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-JUL-21

**GYNECOLOGY**

**MARSHALL, CATHARINE, MD**

Provider ID: N/A

7301 GIRARD AVE STE 300  
LA JOLLA, CA 92037  
Effective as of 01-NOV-18

**HEMATOLOGY /  
ONCOLOGY**

**BANERJEE, PUSHPENDU, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
560  
LA JOLLA, CA 92037

Teleservice

Effective as of 01-JAN-21

**BANERJEE, PUSHPENDU, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
560  
LA JOLLA, CA 92037

Teleservice

Effective as of 01-JAN-21

**CHEN, YU-WEI, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-DEC-23

**CHEN, YU-WEI, MD**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-DEC-23

**SINCLAIR, JAMES, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
560  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

**SINCLAIR, JAMES, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
560  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

**SINCLAIR, JAMES, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
560  
LA JOLLA, CA 92037  
Effective as of 01-JUN-18

**SULLIVAN, JESSICA, DO**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-SEP-23

**WALLACH, SABINA, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
400  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

**HOSPICE AND PALLIATIVE  
MEDICINE**

**RUBENSIK, TAMARA, MD†**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-FEB-21

**SARWAR, NADIA, MD†**

Provider ID: N/A

3252 HOLIDAY CT STE 113  
LA JOLLA, CA 92037  
Effective as of 01-APR-19

**HOSPITALIST MD/DO**

**BADALYAN, SEDA, MD†**

Provider ID: N/A

9888 GENESEE AVE  
LA JOLLA, CA 92037\*  
Effective as of 01-AUG-21

**COFFLER, ELIANE, MD**

Provider ID: N/A

9888 GENESEE AVE  
LA JOLLA, CA 92037  
Effective as of 01-MAR-23

**DJEKIC, KRISTINA, DO†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-NOV-21

**DOUGLAS, JASON, MD**

Provider ID: N/A

9888 GENESEE AVE  
LA JOLLA, CA 92037\*  
Effective as of 01-JAN-23

**FIRESTEIN, CATHERINE, MD†**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

**HAMMOND, CHARLES, MD†**

Provider ID: N/A



9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-APR-21

**PAPP, STEPHAN, MD**

Provider ID: N/A

9888 GENESEE AVE  
LA JOLLA, CA 92037\*  
Effective as of 01-NOV-22

**SHINDO, YURI, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-21

**TONG, ALEXANDER, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUL-23

**WILLIAMS, BRANDON, MD†**

Provider ID: N/A

9888 GENESEE AVE  
LA JOLLA, CA 92037\*  
Effective as of 01-SEP-21

**YANG, BENJAMIN, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

**YASSIN, HAZEM, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-DEC-23

**INFECTIOUS DISEASE**

**BARTHEL, ROBERT, MD†**

Provider ID: N/A

9850 GENESEE AVE STE

900  
LA JOLLA, CA 92037\*  
Effective as of 01-JAN-21

**KUPPALLI, KRUTIKA, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-23

**KUPPALLI, KRUTIKA, MD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-23

**MILLER, HOWARD, MD**

Provider ID: N/A

9834 GENESEE AVE STE  
310  
LA JOLLA, CA 92037\*  
Effective as of 01-FEB-21

**RAMIREZ SANCHEZ, CLAUDIA, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUL-23

**TANG, MICHAEL, MD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

**INTERNAL MEDICINE**

**BORTZ, DAVID, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
570  
LA JOLLA, CA 92037\*  
Teleservice  
Effective as of 01-OCT-22

**BRAZEL, DANIELLE, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JAN-24

**CHETLAPALLI, SURYA, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
900  
LA JOLLA, CA 92037\*  
Effective as of 01-JAN-21

**CROWLEY, DOUGLAS, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
900  
LA JOLLA, CA 92037\*  
Effective as of 01-JAN-21

**DASHI, ARBEN, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-22

**GADIYARAM, VARUNA, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

**GAN, TERENCE, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
900  
LA JOLLA, CA 92037\*  
Effective as of 01-JAN-21

**GELBERG, ANNA, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-NOV-21

**KATSNELSON, MARCELLA, DO**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

**LAM, PAMELA, DO†**

Provider ID: N/A

9850 GENESEE AVE STE  
900  
LA JOLLA, CA 92037\*  
Effective as of 01-JAN-21

**LAM, PAMELA, DO†**

Provider ID: N/A

9888 GENESEE AVE  
LA JOLLA, CA 92037\*  
Effective as of 01-JAN-21

**LEWIS, GREG, MD†**

Provider ID: N/A

9888 GENESEE AVE  
LA JOLLA, CA 92037\*  
Effective as of 01-JAN-21

**LEWIS, GREG, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
900  
LA JOLLA, CA 92037\*  
Effective as of 01-JAN-21

**LIU, ANDREW, MD**

Provider ID: N/A

9834 GENESEE AVE STE  
312  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

**LIU, ANDREW, MD**

Provider ID: N/A

4225 EXECUTIVE SQ STE  
450  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

**LUGO, GUSTAVO, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
900  
LA JOLLA, CA 92037\*  
Effective as of 01-JAN-21

**MARTINEZ, ARMANDO, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-22

**MCCUTCHEON, CLAIRE, MD†**

Provider ID: N/A

9888 GENESEE AVE  
LA JOLLA, CA 92037\*  
Effective as of 01-DEC-22

**MIRZA, BASHAR, MD**

Provider ID: N/A

9888 GENESEE AVE  
LA JOLLA, CA 92037\*  
Effective as of 01-MAR-24

**MOOLANI, UJJALA, MD**

Provider ID: N/A

4225 EXECUTIVE SQ STE  
450  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

**MOOLANI, UJJALA, MD**

Provider ID: N/A

9834 GENESEE AVE STE  
312  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

**NOKES, BRANDON, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-DEC-21

**PATEL, KRUTI, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-FEB-21

**PATEL, KRUTI, MD†**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-21

**RADWAN, MOHAMED, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
370  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

**RAMOS, JEFFREY, MD†**

Provider ID: N/A

9888 GENESEE AVE  
LA JOLLA, CA 92037\*  
Effective as of 01-JAN-21

**RAMOS, JEFFREY, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
900  
LA JOLLA, CA 92037\*  
Effective as of 01-JAN-21

**SONG, ALEXANDER, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

**STEVENS, KENNETH, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
900  
LA JOLLA, CA 92037\*  
Effective as of 01-JAN-21

**STEVENS, KENNETH, MD†**

Provider ID: N/A  
9888 GENESEE AVE  
LA JOLLA, CA 92037\*  
Effective as of 01-JAN-21

**TOPPEN, WILLIAM, MD†**

Provider ID: N/A  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-22

**TOROSIAN, KARO, DO†**

Provider ID: N/A  
9834 GENESEE AVE STE  
312  
LA JOLLA, CA 92037  
Effective as of 01-SEP-22

**TRAN, PHI, DO†**

Provider ID: N/A  
9888 GENESEE AVE  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

**TRAN, PHI, DO†**

Provider ID: N/A  
9850 GENESEE AVE STE  
900  
LA JOLLA, CA 92037\*  
Effective as of 01-JAN-21

**TRIVEDI, MEHUL, MD**

Provider ID: N/A  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JAN-24

**WALLACH, SABINA, MD†**

Provider ID: N/A  
9850 GENESEE AVE STE  
400  
LA JOLLA, CA 92037  
Effective as of 01-JAN-24

**YANG, JENNY, MD†**

Provider ID: N/A  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-21

**INTERNAL MEDICINE  
CRITICAL CARE MEDICINE**

**BOROK, ZEA, MD†**

Provider ID: N/A  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-21

**JAFFE, GILAD, MD**

Provider ID: N/A  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

**JONES, DANIEL, MD†**

Provider ID: N/A  
9850 GENESEE AVE STE  
780  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

**SULLIVAN, LAUREN, MD**

Provider ID: N/A  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

**INTERVENTIONAL  
CARDIOLOGY**

**RAPEPORT, KEVIN, MD†**

Provider ID: N/A  
9850 GENESEE AVE STE  
940B  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

**LICENSED CLINICAL  
SOCIAL WORKER**

**ELLEGE, LINDSAY, LCSW**

Provider ID: N/A  
8950 VILLA LA JOLLA DR  
STE 101  
LA JOLLA, CA 92037  
Effective as of 01-JUL-23

**WISHNEK, HANNAH, LCSW†**

Provider ID: N/A  
8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-22

**MARRIAGE FAMILY  
THERAPIST**

**POZUN, CARA, MFT**

Provider ID: N/A  
8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037  
Effective as of 01-DEC-23

**MATERNAL AND FETAL  
MEDICINE**

**EMERUWA, UKACHI, MD**

Provider ID: N/A  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

**MEDICAL ONCOLOGY**

**BANERJEE, PUSHPENDU, MD†**

Provider ID: N/A  
9850 GENESEE AVE STE  
560  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-JUN-18

**FLORES, EDNA, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
560  
LA JOLLA, CA 92037  
Effective as of 01-JUN-18

**NEPHROLOGY**

**AL-DAHMAN, ZAID, MD**

Provider ID: N/A

4225 EXECUTIVE SQ STE  
450  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

**CRUZ WHITLEY, JESSICA, MD**

Provider ID: N/A

4225 EXECUTIVE SQ STE  
450  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

**DAVIS, JASON, MD**

Provider ID: N/A

4225 EXECUTIVE SQ STE  
450  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

**LAKHERA, YOGITA, MD†**

Provider ID: N/A

9834 GENESEE AVE STE  
312  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-JAN-21

**LAKHERA, YOGITA, MD†**

Provider ID: N/A

9834 GENESEE AVE STE  
312  
LA JOLLA, CA 92037  
Teleservice

Effective as of 01-JUL-22

**LAKHERA, YOGITA, MD†**

Provider ID: N/A

9834 GENESEE AVE STE  
312  
LA JOLLA, CA 92037

Teleservice

Effective as of 01-MAR-17

**LAKHERA, YOGITA, MD†**

Provider ID: N/A

9834 GENESEE AVE STE  
312  
LA JOLLA, CA 92037

Teleservice

Effective as of 01-MAR-22

**NAMAZY, DAVID, MD**

Provider ID: N/A

4225 EXECUTIVE SQ STE  
450  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

**RANA, SHAUNAK, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037\*  
Effective as of 01-NOV-21

**STEER, DYLAN, MD†**

Provider ID: N/A

9834 GENESEE AVE STE  
312  
LA JOLLA, CA 92037  
Effective as of 01-SEP-15

**STEER, DYLAN, MD†**

Provider ID: N/A

9834 GENESEE AVE STE  
312  
LA JOLLA, CA 92037  
Effective as of 01-FEB-05

**STEER, DYLAN, MD†**

Provider ID: N/A

9834 GENESEE AVE STE  
312  
LA JOLLA, CA 92037  
Effective as of 01-JUL-22

**STEER, DYLAN, MD†**

Provider ID: N/A

9834 GENESEE AVE STE  
312  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

**STEER, DYLAN, MD†**

Provider ID: N/A

9834 GENESEE AVE STE  
312  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

**TOROSIAN, KARO, DO†**

Provider ID: N/A

9834 GENESEE AVE STE  
312  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

**TOROSIAN, KARO, DO†**

Provider ID: N/A

9834 GENESEE AVE STE  
312  
LA JOLLA, CA 92037  
Effective as of 01-DEC-17

**TOROSIAN, KARO, DO†**

Provider ID: N/A

9834 GENESEE AVE STE  
312  
LA JOLLA, CA 92037  
Effective as of 01-JUL-22

**TOROSIAN, KARO, DO†**

Provider ID: N/A

9834 GENESEE AVE STE  
312  
LA JOLLA, CA 92037  
Effective as of 01-SEP-20

**ZHONG, YAN, MD†**

Provider ID: N/A

4225 EXECUTIVE SQ STE  
450  
LA JOLLA, CA 92037  
Effective as of 01-MAR-22

**NEUROLOGY**

**ANSARI, HOSSEIN, MD†**

Provider ID: N/A

4180 LA JOLLA VILLAGE  
DR STE 240  
LA JOLLA, CA 92037  
Effective as of 01-MAY-22

**CHOUDRY, BILAL, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
470  
LA JOLLA, CA 92037  
Effective as of 01-FEB-16

**CHOUDRY, BILAL, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
470  
LA JOLLA, CA 92037  
Effective as of 01-FEB-16

**FRISHBERG, BENJAMIN, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
470  
LA JOLLA, CA 92037  
Effective as of 01-FEB-16

**GUPTA, VISHAL, DO**

Provider ID: N/A

9300 CAMPUS POINT DR

LA JOLLA, CA 92037  
Effective as of 01-AUG-23

**HAAS, RICHARD, MD†**

Provider ID: N/A

9350 CAMPUS POINT DR  
STE LLB  
LA JOLLA, CA 92037  
Effective as of 01-OCT-21

**KARANJIA, NAVAZ, MD†**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-FEB-22

**KOCHARIAN, NAIRA, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
340  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

**LUHAR, RIYA, DO**

Provider ID: N/A

9850 GENESEE AVE STE  
530  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-JAN-23

**NIELSEN, AMY, DO†**

Provider ID: N/A

9850 GENESEE AVE STE  
530  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-FEB-21

**NIELSEN, AMY, DO†**

Provider ID: N/A

9850 GENESEE AVE STE  
530  
LA JOLLA, CA 92037  
Teleservice

Effective as of 01-FEB-21

**NIELSEN, AMY, DO†**

Provider ID: N/A

9850 GENESEE AVE STE  
530  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-FEB-21

**OH, IRENE, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
470  
LA JOLLA, CA 92037  
Effective as of 01-FEB-16

**PADUGA, REMIA, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
530  
LA JOLLA, CA 92037  
Effective as of 01-MAR-21

**QAYOUMI, WALI, MD†**

Provider ID: N/A

9350 CAMPUS POINT DR  
STE LLB  
LA JOLLA, CA 92037  
Effective as of 01-OCT-21

**QAYOUMI, WALI, MD†**

Provider ID: N/A

9500 GILMAN DR STE 2069  
LA JOLLA, CA 92093  
Effective as of 01-OCT-21

**SADOFF, MARK, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
470  
LA JOLLA, CA 92037  
Effective as of 01-FEB-16

**SADOFF, MARK, MD†**

Provider ID: N/A

☒ 9850 GENESEE AVE STE  
530  
LA JOLLA, CA 92037  
Effective as of 01-FEB-21

**SCHIM, JACK, MD<sup>†</sup>**

Provider ID: N/A

☒ 9850 GENESEE AVE STE  
470  
LA JOLLA, CA 92037  
Effective as of 01-FEB-16

**SCHULTE, JESSICA, MD<sup>†</sup>**

Provider ID: N/A

☒ 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-SEP-21

**WANG, CHUNYANG, MD<sup>†</sup>**

Provider ID: N/A

☒ 9850 GENESEE AVE STE  
470  
LA JOLLA, CA 92037  
Effective as of 01-FEB-16

**WANG, CHUNYANG, MD<sup>†</sup>**

Provider ID: N/A

☒ 9850 GENESEE AVE STE  
530  
LA JOLLA, CA 92037  
Effective as of 01-SEP-22

**WANG, ANCHI, MD<sup>†</sup>**

Provider ID: N/A

☒ 9850 GENESEE AVE STE  
470  
LA JOLLA, CA 92037  
Effective as of 01-FEB-16

**WANG, CHUNYANG, MD<sup>†</sup>**

Provider ID: N/A

☒ 9850 GENESEE AVE STE  
470

LA JOLLA, CA 92037  
Effective as of 01-FEB-16

**WIEGAND, SARAH, DO<sup>†</sup>**

Provider ID: N/A

☒ 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-21

**NUCLEAR MEDICINE**

**CHOI, ESTHER, MD**

Provider ID: N/A

☒ 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-APR-23

**KIPPER, MICHAEL, MD**

Provider ID: N/A

☒ 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

**SHARIF TABRIZI, AHMAD, MD**

Provider ID: N/A

☒ 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUL-23

**OBSTETRICS /  
GYNECOLOGY**

**BINDER, PRATIBHA, MD<sup>†</sup>**

Provider ID: N/A

☒ 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-JUL-21

**BONDRE, IOANA, MD<sup>†</sup>**

Provider ID: N/A

☒ 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-OCT-21

**BONDRE, IOANA, MD<sup>†</sup>**

Provider ID: N/A

☒ 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-OCT-21

**CARDENAS, MICHAEL, MD<sup>†</sup>**

Provider ID: N/A

☒ 8910 VILLA LA JOLLA DR  
STE 200  
LA JOLLA, CA 92037  
Effective as of 01-NOV-21

**CARDENAS, MICHAEL, MD<sup>†</sup>**

Provider ID: N/A

☒ 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-NOV-21

**DELCORE, LAURA, MD<sup>†</sup>**

Provider ID: N/A

☒ 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-22

**DELCORE, LAURA, MD<sup>†</sup>**

Provider ID: N/A

☒ 8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-22

**DRIEBE, AMY, MD<sup>†</sup>**

Provider ID: N/A

☒ 8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-22

**DRIEBE, AMY, MD<sup>†</sup>**

Provider ID: N/A

☒ 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-22

**HARVEY, SCOTT, MD<sup>†</sup>**

Provider ID: N/A

9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-21

**HARVEY, SCOTT, MD†**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-21

**HILL, KAITLYN, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
820  
LA JOLLA, CA 92037  
Effective as of 01-JAN-24

**KURTULUS, MEL, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
820  
LA JOLLA, CA 92037  
Effective as of 01-JAN-24

**MACKAY, GILLIAN, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-DEC-23

**MACKAY, GILLIAN, MD**

Provider ID: N/A

8910 VILLA LA JOLLA DR  
STE 200  
LA JOLLA, CA 92037  
Effective as of 01-DEC-23

**MELENDEZ, ARIANA, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

**MEURICE, MARIELLE**

**ERENDIRA LUCILLE, MD†**

Provider ID: N/A

8910 VILLA LA JOLLA DR  
STE 200  
LA JOLLA, CA 92037  
Effective as of 01-SEP-21

**PICKETT, CHARLOTTE, MD**

Provider ID: N/A

8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037  
Effective as of 01-JUL-23

**PICKETT, CHARLOTTE, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUL-23

**PINSON, KELSEY, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-21

**SPRING ROBINSON,**

**CHANDRA, DO†**

Provider ID: N/A

9850 GENESEE AVE STE  
770  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

**SPRING ROBINSON,**

**CHANDRA, DO†**

Provider ID: N/A

9850 GENESEE AVE STE  
770  
LA JOLLA, CA 92037  
Effective as of 01-JAN-23

**THOMSON, SAMANTHA, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR

LA JOLLA, CA 92037  
Effective as of 01-OCT-21

**THOMSON, SAMANTHA, MD†**

Provider ID: N/A

8910 VILLA LA JOLLA DR  
STE 200  
LA JOLLA, CA 92037  
Effective as of 01-OCT-21

**OCCUPATIONAL  
THERAPIST**

**MUNCADA, CAESAR, OT†**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-APR-22

**ONCOLOGY MEDICAL**

**FLORES, EDNA, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
560  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

**OPHTHALMOLOGY**

**ARNETT, JUSTIN, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

**ARNETT, JUSTIN, MD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

**ARNETT, JUSTIN, MD**

Provider ID: N/A

9415 CAMPUS POINT DR

LA JOLLA, CA 92093  
Effective as of 01-SEP-23

**ARYA, MALVIKA, MD**

Provider ID: N/A

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-SEP-23

**ARYA, MALVIKA, MD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

**ARYA, MALVIKA, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

**BINDER, NICHOLAS, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
310  
LA JOLLA, CA 92037  
Effective as of 01-NOV-23

**BINDER, NICHOLAS, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
310  
LA JOLLA, CA 92037  
Effective as of 01-NOV-21

**BINDER, NICHOLAS, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
310  
LA JOLLA, CA 92037  
Effective as of 01-SEP-22

**BINDER, NICHOLAS, MD†**

Provider ID: N/A

9850 GENESEE AVE STE

310  
LA JOLLA, CA 92037  
Effective as of 01-DEC-23

**BOLO, KYLE, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

**BOLO, KYLE, MD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

**BOLO, KYLE, MD**

Provider ID: N/A

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-SEP-23

**CHIU, STEPHAN, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
310  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

**CHIU, STEPHAN, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
310  
LA JOLLA, CA 92037  
Effective as of 01-MAY-22

**CHOPLIN, NEIL, MD†**

Provider ID: N/A

9834 GENESEE AVE STE  
428  
LA JOLLA, CA 92037  
Effective as of 01-JUL-21

**CHOPLIN, NEIL, MD†**

Provider ID: N/A

9834 GENESEE AVE STE  
428  
LA JOLLA, CA 92037  
Effective as of 01-AUG-23

**CULOTTA, ANTHONY, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
310  
LA JOLLA, CA 92037  
Effective as of 01-FEB-24

**CULOTTA, ANTHONY, MD†**

Provider ID: N/A

9834 GENESEE AVE  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

**ESLANI, MEDI, MD**

Provider ID: N/A

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-SEP-23

**ESLANI, MEDI, MD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

**ESLANI, MEDI, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

**FISH, STEVEN, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
310  
LA JOLLA, CA 92037  
Effective as of 01-NOV-22

**FISH, STEVEN, MD†**

Provider ID: N/A



9850 GENESEE AVE STE  
310  
LA JOLLA, CA 92037  
Effective as of 01-APR-23

**FISH, STEVEN, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
310  
LA JOLLA, CA 92037  
Effective as of 01-APR-23

**FISH, STEVEN, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
310  
LA JOLLA, CA 92037  
Effective as of 01-APR-23

**GARFF, KEVIN, MD**

Provider ID: N/A

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-MAR-24

**GOLLOGLY, HEIDRUN, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
310  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

**GOLLOGLY, HEIDRUN, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
310  
LA JOLLA, CA 92037  
Effective as of 01-SEP-22

**HENNEIN, LAUREN, MD**

Provider ID: N/A

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-SEP-23

**HUANG, ALEX, MD†**

Provider ID: N/A

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-DEC-21

**HUDSON, HENRY, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
310  
LA JOLLA, CA 92037  
Effective as of 01-MAY-21

**HUDSON, HENRY, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
310  
LA JOLLA, CA 92037  
Effective as of 01-SEP-22

**HUDSON, HENRY, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
310  
LA JOLLA, CA 92037  
Effective as of 01-APR-23

**HUDSON, HENRY, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
310  
LA JOLLA, CA 92037  
Effective as of 01-APR-22

**JIN, MAN, MD**

Provider ID: N/A

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-JUN-23

**JIN, MAN, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

**LANG, PAUL, MD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

**LANG, PAUL, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

**LANG, PAUL, MD**

Provider ID: N/A

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-SEP-23

**MCGRAW, JOSEPH, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
310  
LA JOLLA, CA 92037  
Effective as of 01-SEP-22

**MCGRAW, JOSEPH, MD†**

Provider ID: N/A

9834 GENESEE AVE STE  
428  
LA JOLLA, CA 92037  
Effective as of 01-NOV-21

**MORRISON-REYES, JOSHUA,  
MD**

Provider ID: N/A

9850 GENESEE AVE STE  
310  
LA JOLLA, CA 92037  
Effective as of 01-FEB-24

**MORTON, ASA, MD**

Provider ID: N/A

9834 GENESEE AVE STE  
428

LA JOLLA, CA 92037  
Effective as of 01-AUG-23

**MORTON, ASA, MD**

Provider ID: N/A

9834 GENESEE AVE STE  
428

LA JOLLA, CA 92037  
Effective as of 01-JUL-23

**PERRY, ARTHUR, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
310

LA JOLLA, CA 92037  
Effective as of 01-FEB-07

**PERRY, ARTHUR, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
310

LA JOLLA, CA 92037  
Effective as of 01-JAN-21

**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

**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

**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-JUL-23

**RAHMATNEJAD, KAMRAN, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-JUN-23

**RAHMATNEJAD, KAMRAN, MD**

Provider ID: N/A

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

Effective as of 01-JUN-23

**SAMUEL, MICHAEL, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
310

LA JOLLA, CA 92037  
Effective as of 01-SEP-22

**SATTERFIELD, KELLIE, MD**

Provider ID: N/A

9834 GENESEE AVE STE  
200

LA JOLLA, CA 92037  
Effective as of 01-DEC-23

**SCHONBACH, ETIENNE, MD†**

Provider ID: N/A

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

Effective as of 01-SEP-21

**SHEILS, CATHERINE, MD**

Provider ID: N/A

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

Effective as of 01-JUN-23

**SHEILS, CATHERINE, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-JUN-23

**SHEILS, CATHERINE, MD**

Provider ID: N/A

9834 GENESEE AVE STE  
200

LA JOLLA, CA 92037  
Effective as of 01-JAN-24

**SHOJI, MARISSA, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-SEP-23

**SHOJI, MARISSA, MD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-SEP-23

**SHOJI, MARISSA, MD**

Provider ID: N/A

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  
310  
LA JOLLA, CA 92037  
Effective as of 01-FEB-24

**WESTEREN, ALAN, MD**

Provider ID: N/A

6529 LA JOLLA BLVD  
LA JOLLA, CA 92037  
Effective as of 01-JAN-23

**ZHAO, TAILUN, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
310  
LA JOLLA, CA 92037  
Effective as of 01-JAN-24

**ZHAO, TAILUN, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
310  
LA JOLLA, CA 92037  
Effective as of 01-JUL-23

**ZHAO, TAILUN, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
310  
LA JOLLA, CA 92037  
Effective as of 01-NOV-23

**OPTOMETRIST**

**GARDNER, KRISTA, OD†**

Provider ID: N/A

8950 VILLA LA JOLLA DR  
STE C130

LA JOLLA, CA 92037

Teleservice

Effective as of 01-MAY-22

**HOO, PAMELA, OD†**

Provider ID: N/A

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-SEP-22

**JOMOC, CAITLIN, OD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUL-23

**JOMOC, CAITLIN, OD**

Provider ID: N/A

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-JUL-23

**JULAZADEH, SARA, OD**

Provider ID: N/A

9834 GENESEE AVE STE  
428  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

**KHIEU, TINA, OD**

Provider ID: N/A

9850 GENESEE AVE STE  
310  
LA JOLLA, CA 92037  
Effective as of 01-MAR-24

**KHIEU, TINA, OD**

Provider ID: N/A

9850 GENESEE AVE STE  
310  
LA JOLLA, CA 92037  
Effective as of 01-DEC-23

**KHIEU, TINA, OD**

Provider ID: N/A

9850 GENESEE AVE STE  
310  
LA JOLLA, CA 92037  
Effective as of 01-NOV-23

**KIM, PHILIP, OD†**

Provider ID: N/A

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-MAR-22

**MCCLEAN, ESMERALDA, OD†**

Provider ID: N/A

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-SEP-22

**TAUNTON, PHILIP, OD†**

Provider ID: N/A

9834 GENESEE AVE STE  
428  
LA JOLLA, CA 92037  
Effective as of 01-SEP-21

**TAUNTON, PHILIP, OD†**

Provider ID: N/A

9834 GENESEE AVE STE  
428  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

**YU, CAROL, OD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

**YU, CAROL, OD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-23

**OTOLARYNGOLOGY**

**BAREISS, ANNA, MD**

Provider ID: N/A

4150 REGENTS PARK ROW  
STE 345  
LA JOLLA, CA 92037

Teleservice

Effective as of 01-MAY-23

**BAREISS, ANNA, MD**

Provider ID: N/A

4150 REGENTS PARK ROW  
STE 345  
LA JOLLA, CA 92037

Teleservice

Effective as of 01-DEC-23

**BRUMUND, KEVIN, MD**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

Effective as of 01-MAY-23

**BRUMUND, KEVIN, MD**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Effective as of 01-MAY-23

**BRUMUND, KEVIN, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-MAY-23

**CALIFANO, JOSEPH, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-MAY-23

**CALIFANO, JOSEPH, MD**

Provider ID: N/A

9400 CAMPUS POINT DR

LA JOLLA, CA 92093

Effective as of 01-MAY-23

**CALIFANO, JOSEPH, MD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-MAY-23

**CALIFANO, JOSEPH, MD**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

Effective as of 01-MAY-23

**CHANG, ANGELA, MD<sup>†</sup>**

Provider ID: N/A

9834 GENESEE AVE STE 112  
LA JOLLA, CA 92037

Effective as of 01-OCT-21

**CHANG, ANGELA, MD<sup>†</sup>**

Provider ID: N/A

9834 GENESEE AVE STE 112  
LA JOLLA, CA 92037

Effective as of 01-JAN-21

**CHANG, ANGELA, MD<sup>†</sup>**

Provider ID: N/A

9834 GENESEE AVE STE 112  
LA JOLLA, CA 92037

Effective as of 01-JAN-23

**CHANG, ANGELA, MD<sup>†</sup>**

Provider ID: N/A

9834 GENESEE AVE STE 112  
LA JOLLA, CA 92037

Effective as of 01-JUL-20

**COFFEY, CHARLES, MD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-MAY-23

**COFFEY, CHARLES, MD**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Effective as of 01-MAY-23

**COFFEY, CHARLES, MD**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

Effective as of 01-MAY-23

**COFFEY, CHARLES, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-MAY-23

**DECONDE, ADAM, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-MAY-23

**DECONDE, ADAM, MD**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Effective as of 01-MAY-23

**DECONDE, ADAM, MD<sup>†</sup>**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-MAY-23

**DECONDE, ADAM, MD<sup>†</sup>**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

Effective as of 01-MAY-23

**FRIEDMAN, RICK, MD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

**FRIEDMAN, RICK, MD**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

**FRIEDMAN, RICK, MD**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

**FRIEDMAN, RICK, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

**GILANI, SAPIDEH, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

**GILANI, SAPIDEH, MD**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

**GILANI, SAPIDEH, MD**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

**GILANI, SAPIDEH, MD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

**GREENE, JACQUELINE, MD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

**GREENE, JACQUELINE, MD**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

**GREENE, JACQUELINE, MD**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

**GREENE, JACQUELINE, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
STE LLA  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

**GUO, THERESA, MD†**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

**GUO, THERESA, MD**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

**GUO, THERESA, MD**

Provider ID: N/A

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

**HARRIS, JEFFREY, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

**HARRIS, JEFFREY, MD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

**HARRIS, JEFFREY, MD**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

**HARRIS, JEFFREY, MD**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

**HOM, DAVID, MD**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

**HOM, DAVID, MD**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

**HOM, DAVID, MD**

Provider ID: N/A

9350 CAMPUS POINT DR  
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

**HUGHES, CHARLOTTE, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

**HUGHES, CHARLOTTE, MD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

**HUGHES, CHARLOTTE, MD**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

**HUGHES, CHARLOTTE, MD**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

**HUSSEMAN, JACOB, MD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-AUG-23

**JANSEN, CORNELIUS, MD**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

**JANSEN, CORNELIUS, MD**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

**JANSEN, CORNELIUS, MD†**

Provider ID: N/A

9350 CAMPUS POINT DR  
STE LLA  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

**JANSEN, CORNELIUS, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

**KARI, ELINA, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

**KARI, ELINA, MD†**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

**KARI, ELINA, MD**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

**KARI, ELINA, MD**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

**MAGIT, ANTHONY, MD**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

**MAGIT, ANTHONY, MD**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

**MAGIT, ANTHONY, MD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

**MAGIT, ANTHONY, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

**MATSUOKA, AKIHIRO, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

**MATSUOKA, AKIHIRO, MD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

**MATSUOKA, AKIHIRO, MD**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Effective as of 01-MAY-23

**MATSUOKA, AKIHIRO, MD**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

Effective as of 01-MAY-23

**NGUYEN, QUYEN, MD**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

Effective as of 01-MAY-23

**NGUYEN, QUYEN, MD**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Effective as of 01-MAY-23

**NGUYEN, QUYEN, MD†**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-MAY-23

**NGUYEN, QUYEN, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-MAY-23

**REUTHER, MARSHA, MD†**

Provider ID: N/A

4150 REGENTS PARK ROW  
STE 345  
LA JOLLA, CA 92037

Effective as of 01-AUG-23

**REUTHER, MARSHA, MD†**

Provider ID: N/A

4150 REGENTS PARK ROW  
STE 345

LA JOLLA, CA 92037

Effective as of 01-JAN-21

**SCHALCH LEPE, PAUL, MD†**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-MAY-23

**SCHALCH LEPE, PAUL, MD**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Effective as of 01-MAY-23

**SCHALCH LEPE, PAUL, MD**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

Effective as of 01-MAY-23

**SCHALCH LEPE, PAUL, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-MAY-23

**VAHABZADEH-HAGH,  
ANDREW, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-MAY-23

**VAHABZADEH-HAGH,  
ANDREW, MD**

Provider ID: N/A

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

3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

Effective as of 01-MAY-23

**WATSON, DEBORAH, MD**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Effective as of 01-MAY-23

**WATSON, DEBORAH, MD**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

Effective as of 01-MAY-23

**WATSON, DEBORAH, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-MAY-23

**WEISSBROD, PHILIP, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-MAY-23

**WEISSBROD, PHILIP, MD**

Provider ID: N/A

9400 CAMPUS POINT DR

LA JOLLA, CA 92093  
Effective as of 01-MAY-23

**WEISSBROD, PHILIP, MD†**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-MAY-23

**WEISSBROD, PHILIP, MD†**

Provider ID: N/A

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-JUL-22

**WOO, LINDA, MD†**

Provider ID: N/A

9834 GENESEE AVE STE 101  
LA JOLLA, CA 92037

Effective as of 01-JAN-21

**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

**YAN, CAROL, MD**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093  
Effective as of 01-MAY-23

**YAN, CAROL, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-MAY-23

**OTOLARYNGOLOGY /  
OTOLOGY /  
LARYNGOLOGY /  
RHINOLOGY**

**WATSON, DEBORAH, MD†**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-MAY-23

**PATHOLOGY ANATOMIC  
CLINICAL**

**LIN, GRACE, MD†**

Provider ID: N/A

9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Effective as of 01-FEB-22

**PEDIATRIC  
PULMONOLOGY**

**ANBAR, RAN, MD**

Provider ID: N/A

3252 HOLIDAY CT STE 113  
LA JOLLA, CA 92037

Effective as of 01-NOV-18

**PEDIATRIC RADIOLOGY**

**DWEK, JERRY, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR

LA JOLLA, CA 92037  
Effective as of 01-JAN-22

**KONING, JEFFREY, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-JAN-22

**PUGMIRE, BRIAN, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-OCT-21

**PEDIATRICS**

**GROBMAN, LILLIAN, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-DEC-21

**KOOROS, KOOROSH, MD†**

Provider ID: N/A

4150 REGENTS PARK ROW  
STE 345

LA JOLLA, CA 92037

Effective as of 01-FEB-22

**PHYSICAL MEDICINE /  
REHABILITATION**

**MADHAV, SANDIP, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
530

LA JOLLA, CA 92037

Teleservice

Effective as of 01-JAN-24

**PHYSICIANS ASSISTANT**

**ABDELWAHHAB, EANAS, PA**

Provider ID: N/A



9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

**ABRAHAMSEN, KELSEY, PA**  
Provider ID: N/A

9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

**ALBRIGHT, KELSEY, PA†**  
Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-21

**ALLERS, JENNA, PA**  
Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-23

**ARMEEN, GARY, PA†**  
Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-DEC-23

**BAKER, LINDZEE, PA**  
Provider ID: N/A

9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-NOV-22

**BECKER, JANTIMA, PA**  
Provider ID: N/A

9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
Effective as of 01-DEC-21

**CANDARE, VANESSA, PA**  
Provider ID: N/A

9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
Effective as of 01-FEB-21

**CASO, STEPHEN, PA**  
Provider ID: N/A

9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

**DOUGHERTY, CLARA, PA†**  
Provider ID: N/A

9850 GENESEE AVE STE  
400  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

**DOUGHERTY, CLARA, PA†**  
Provider ID: N/A

9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037  
Effective as of 01-SEP-22

**FELLION, LAUREN, PA**  
Provider ID: N/A

9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-MAY-23

**FLORENCE, BRYNA, PA†**  
Provider ID: N/A

9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-AUG-21

**FREY, LAUREN, PA**

Provider ID: N/A

9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-OCT-22

**GALDAMEZ, ANDREA, PA†**  
Provider ID: N/A

9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-DEC-21

**GOTTESFELD, STEVEN, PA**  
Provider ID: N/A

9850 GENESEE AVE STE  
650  
LA JOLLA, CA 92037  
Effective as of 01-DEC-23

**HANSEN, CHRISTINA, PA**  
Provider ID: N/A

9850 GENESEE AVE STE  
210  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-OCT-23

**HIGGINS, JOSHUA, PA†**  
Provider ID: N/A

9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
Effective as of 01-JAN-22

**HIGGINS, JOSHUA, PA†**  
Provider ID: N/A

8910 VILLA LA JOLLA DR  
STE 200  
LA JOLLA, CA 92037  
Effective as of 01-JAN-22

**HUNTER, JACOB, PA†**  
Provider ID: N/A

8910 VILLA LA JOLLA DR  
STE 100  
LA JOLLA, CA 92037  
Effective as of 01-MAY-21

**HUNTER, JACOB, PA**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

**HUNTER, JACOB, PA**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

**HUNTER, JACOB, PA**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

**HUNTER, JACOB, PA†**

Provider ID: N/A

9350 CAMPUS POINT DR  
STE LLA  
LA JOLLA, CA 92037  
Effective as of 01-FEB-22

**MARTIN, HALEY, PA**

Provider ID: N/A

9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
Effective as of 01-MAR-24

**MARTIN, HALEY, PA**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-MAR-24

**MARTIN, HALEY, PA**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAR-24

**MATTIOLI, TAYLOR, PA**

Provider ID: N/A

9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-AUG-22

**MORDEN, JACQUELINE, PA†**

Provider ID: N/A

9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-AUG-22

**MOTT, KRISTEN, PA**

Provider ID: N/A

9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-APR-22

**OKADA, MICHELLE, PA†**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-APR-21

**OKADA, MICHELLE, PA†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-APR-21

**PAAMONI, ARIELLE, PA**

Provider ID: N/A

9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-AUG-22

**PELIO, DARREN, PA†**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-SEP-22

**PELIO, DARREN, PA†**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-SEP-22

**PERREAULT, MARK, PA†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-21

**PERREAULT, MARK, PA†**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-AUG-21

**RAHIM, ARIANNA, PA**

Provider ID: N/A

9850 GENESEE AVE STE  
530  
LA JOLLA, CA 92037  
Effective as of 01-OCT-23

**SAIKHON, TALIA, PA†**

Provider ID: N/A

8910 VILLA LA JOLLA DR  
STE 100  
LA JOLLA, CA 92037  
Effective as of 01-SEP-22

**SAINT, MEAGHAN, PA**

Provider ID: N/A

9850 GENESEE AVE STE 320  
LA JOLLA, CA 92037  
Effective as of 01-DEC-21

**SAUNDERS, SARA, PA†**

Provider ID: N/A

9898 GENESEE AVE FL 4  
LA JOLLA, CA 92037  
Effective as of 01-MAY-16

**SHARAF, KAREEM, PA†**

Provider ID: N/A

3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093  
Effective as of 01-DEC-21

**SHARAF, KAREEM, PA†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-DEC-21

**SHARAF, KAREEM, PA†**

Provider ID: N/A

9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
Effective as of 01-DEC-21

**SNOWDEN, KELLY, PA**

Provider ID: N/A

7855 IVANHOE AVE STE 110  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-JAN-21

**SPEH, BRIAN, PA**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-MAR-24

**SZABO, HAYLIE, PA**

Provider ID: N/A

9850 GENESEE AVE STE 210  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-OCT-22

**WAHLIN, TAMARA, PA**

Provider ID: N/A

3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093  
Effective as of 01-JUN-23

**WAHLIN, TAMARA, PA**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

**WAHLIN, TAMARA, PA**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

**WAHLIN, TAMARA, PA**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-JUN-23

**WEIR, JACQUELINE, PA†**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-APR-21

**WRITER, NICOLE, PA**

Provider ID: N/A

9850 GENESEE AVE STE 320  
LA JOLLA, CA 92037\*  
Effective as of 01-FEB-21

**PODIATRIST**

**BERENTER, JAY, DPM†**

Provider ID: N/A

9850 GENESEE AVE STE 510  
LA JOLLA, CA 92037  
Effective as of 01-OCT-19

**BERENTER, JAY, DPM†**

Provider ID: N/A

9850 GENESEE AVE STE 510  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

**BERGER, COLBY, DPM**

Provider ID: N/A

9850 GENESEE AVE STE 510  
LA JOLLA, CA 92037  
Effective as of 01-APR-23

**BERGER, COLBY, DPM**

Provider ID: N/A

9850 GENESEE AVE STE 510  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

**KREPS, CHRISTOPHER, DPM†**

Provider ID: N/A

9850 GENESEE AVE STE 510  
LA JOLLA, CA 92037  
Effective as of 01-MAR-22

**KREPS, CHRISTOPHER, DPM†**

Provider ID: N/A

9850 GENESEE AVE STE 510  
LA JOLLA, CA 92037  
Effective as of 01-SEP-21

**PREVENTATIVE MEDICINE  
GENERAL**

**STERN, ANNA, MD**

Provider ID: N/A

☐ 9850 GENESEE AVE STE  
320  
LA JOLLA, CA 92037

Teleservice

Effective as of 01-FEB-24

**PSYCHIATRY**

**BRAR, SIMERJEET, MD†**

Provider ID: N/A

☐ 8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037

Effective as of 01-AUG-21

**BRAR, SIMERJEET, MD†**

Provider ID: N/A

☐ 8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037

Effective as of 01-AUG-21

**FINN, DAPHNA, MD†**

Provider ID: N/A

☐ 8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037

Effective as of 01-SEP-21

**FINN, DAPHNA, MD†**

Provider ID: N/A

☐ 8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037

Effective as of 01-SEP-21

**JOSHI, YASH, MD**

Provider ID: N/A

☐ 9300 CAMPUS POINT DR

LA JOLLA, CA 92037  
Effective as of 01-JAN-24

**JOSHI, YASH, MD**

Provider ID: N/A

☐ 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-JAN-24

**KARANJIA, NAVAZ, MD†**

Provider ID: N/A

☐ 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-FEB-22

**KARANJIA, NAVAZ, MD†**

Provider ID: N/A

☐ 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-FEB-22

**KARIPPOT, ANOOP, MD†**

Provider ID: N/A

☐ 9850 GENESEE AVE STE  
710  
LA JOLLA, CA 92037

Teleservice

Effective as of 01-JUN-22

**KARIPPOT, ANOOP, MD†**

Provider ID: N/A

☐ 9850 GENESEE AVE STE  
710  
LA JOLLA, CA 92037

Teleservice

Effective as of 01-JUN-22

**LEDBETTER, ALEX, DO**

Provider ID: N/A

☐ 8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037

Effective as of 01-JAN-24

**LEDBETTER, ALEX, DO**

Provider ID: N/A

☐ 8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037

Effective as of 01-JAN-24

**LI, XIA, MD†**

Provider ID: N/A

☐ 8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037

Effective as of 01-AUG-21

**LI, XIA, MD†**

Provider ID: N/A

☐ 8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037

Effective as of 01-AUG-21

**LIU, FRED, MD†**

Provider ID: N/A

☐ 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-NOV-21

**LIU, FRED, MD†**

Provider ID: N/A

☐ 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-NOV-21

**MOORE, SHAVON, MD†**

Provider ID: N/A

☐ 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-NOV-21

**MOORE, SHAVON, MD†**

Provider ID: N/A

☐ 8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037

Effective as of 01-NOV-21

**MOORE, SHAVON, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-NOV-21

**MOORE, SHAVON, MD†**

Provider ID: N/A

8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037  
Effective as of 01-NOV-21

**NICHOLS, ALPHONSO, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
710  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-JUL-22

**NICHOLS, ALPHONSO, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
710  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-JUL-22

**QAYOUMI, WALI, MD†**

Provider ID: N/A

9500 GILMAN DR STE 2069  
LA JOLLA, CA 92093  
Effective as of 01-OCT-21

**QAYOUMI, WALI, MD†**

Provider ID: N/A

9350 CAMPUS POINT DR  
STE LLB  
LA JOLLA, CA 92037  
Effective as of 01-OCT-21

**QAYOUMI, WALI, MD†**

Provider ID: N/A

9350 CAMPUS POINT DR  
STE LLB  
LA JOLLA, CA 92037  
Effective as of 01-OCT-21

**QAYOUMI, WALI, MD†**

Provider ID: N/A

9500 GILMAN DR STE 2069  
LA JOLLA, CA 92093  
Effective as of 01-OCT-21

**REGO-KEARNEY, JENNIFER, MD†**

Provider ID: N/A

8950 VILLA LA JOLLA DR  
STE C217  
LA JOLLA, CA 92037  
Effective as of 01-OCT-23

**REGO-KEARNEY, JENNIFER, MD†**

Provider ID: N/A

8950 VILLA LA JOLLA DR  
STE C217  
LA JOLLA, CA 92037  
Effective as of 01-OCT-23

**REGO-KEARNEY, JENNIFER, MD†**

Provider ID: N/A

8950 VILLA LA JOLLA DR  
STE C217  
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Effective as of 01-SEP-22

**REGO-KEARNEY, JENNIFER, MD†**

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8950 VILLA LA JOLLA DR  
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**REGO-KEARNEY, JENNIFER, MD†**

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LA JOLLA, CA 92037  
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**REGO-KEARNEY, JENNIFER, MD†**

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Effective as of 01-SEP-22

**SCHNEEBERGER, ANDRES, MD†**

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8950 VILLA LA JOLLA DR  
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LA JOLLA, CA 92037  
Effective as of 01-AUG-22

**SCHNEEBERGER, ANDRES, MD†**

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8950 VILLA LA JOLLA DR  
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LA JOLLA, CA 92037  
Effective as of 01-AUG-22

**TARVER, LESLIE, MD†**

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**TARVER, LESLIE, MD†**

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8950 VILLA LA JOLLA DR  
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Effective as of 01-AUG-22

**PSYCHIATRY CHILD**

**KARIPPOT, ANOOP, MD†**

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Effective as of 01-JAN-23

**KARIPPOT, ANOOP, MD†**

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**KARIPPOT, ANOOP, MD†**

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**NICHOLS, ALPHONSO, MD**

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**PSYCHIATRY SLEEP  
MEDICINE**

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**PSYCHOLOGIST**

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**KAUP, ALLISON, PhD†**

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**REED, KRISTIE, PhD<sup>†</sup>**

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**PERLMAN, MONICA, MD**

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**PULMONARY DISEASES**

**BAILEY, JACOB, MD**

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**CORATE, LALAINE, MD<sup>†</sup>**

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**CORATE, LALAINE, MD<sup>†</sup>**

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**FRICKS, CARL, MD<sup>†</sup>**

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Effective as of 01-JUL-20

**GLICKMAN, SAMUEL, MD<sup>†</sup>**

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**JONES, DANIEL, MD<sup>†</sup>**

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**MCCAUL, DAVID, MD<sup>†</sup>**

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**MCCAUL, DAVID, MD†**

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**MCGUIRE, WILLIAM, MD**

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**MUNOZ PINEDA, JORGE, MD**

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**PEARCE, ALEX, MD**

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**RADWAN, MOHAMED, MD†**

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***RADIATION ONCOLOGY***

**BEAR, JONATHAN, MD**

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**BRUGGEMAN, ANDREW, MD†**

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**HATTANGADI GLUTH, JONA, MD†**

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**HORN, ADAM, MD**

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**MACEWAN, IAIN, MD†**

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**MELL, LOREN, MD†**

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Effective as of 01-SEP-22

**SANDHU, AJAY, MD†**

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**SIMPSON, DANIEL, MD†**

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**TRINGALE, KATHRYN, MD**

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☒ 3960 HEALTH SCIENCES DR  
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**TRINGALE, KATHRYN, MD**

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**TYE, KAREN, MD**

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**YORK, JOHN, MD**

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***RADIOLOGY DIAGNOSTIC***

**AGANOVIC, LEJLA, MD**

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**AMMIRATI, GUISEPPE, MD†**

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**BOLAR, DIVYA, MD**

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**BOSWELL, GILBERT, MD**

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**BRANCH, CODY, MD†**

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**BROUHA, SHARON, MD**

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**BUI, KEVIN, MD†**

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**CARSWELL, AIMEE, MD**

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**CHANG, JENNIFER, MD**

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**CHENG, KAREN, MD**

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**CHENG, KAREN, MD†**

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**CHO, AARON, MD**

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**CHUNG, CHRISTINE, MD**

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**EAJAZI, ALIREZA, MD†**

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**EGHTEDARI, MOHAMMAD, MD**

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**FARID, NIKDOKHT, MD**

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**FAZELI, SOUDABEH, MD**

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**FLISZAR, EVELYNE, MD**

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**FOWLER, KATHRYN, MD**

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**GENTILI, AMILCARE, MD**

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**HAHN, LEWIS, MD**

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**HAHN, MICHAEL, MD**

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**HSIAO, ALBERT, MD**

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**JAFFRAY, PAUL, MD**

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**KIM, ERIC, MD†**

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**KLIGERMAN, SETH, MD**

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**KONDILI, DHIMITER, MD†**

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**LEE, ROLAND, MD**

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**LIM, VIVIAN, MD**

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**MAREK BYKOWSKI, JULIE, MD**

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**MARKS, ROBERT, MD**

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**MCDONALD, MARIN, MD†**

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**MCDONALD, MARIN, MD**

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**MCNAMEE, CAIRINE, MD**

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**NORBASH, ALEXANDER, MD**

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**OBOYLE, MARY, MD**

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**OBOYLE, MARY, MD†**

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**OJEDA-FOURNIER, HAYDEE, MD**

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**PATHRIA, MINI, MD**

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**RAKOW-PENNER, REBECCA, MD**

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**RESNICK, DONALD, MD**

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LA JOLLA, CA 92037

Effective as of 01-APR-23

**SAMPATH, SRINATH, MD**

Provider ID: N/A  
9452 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
Effective as of 01-APR-23

**SANTILLAN, CYNTHIA, MD**

Provider ID: N/A  
9452 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
Effective as of 01-APR-23

**SEARLEMAN, ADAM, MD**

Provider ID: N/A  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

**SLATER, JERRY, MD†**

Provider ID: N/A  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-21

**SMITAMAN, EDWARD, MD**

Provider ID: N/A  
9452 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
Effective as of 01-APR-23

**SPENGLER, NATHAN, MD**

Provider ID: N/A  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-DEC-23

**STEINBERGER, AMANDA, DO**

Provider ID: N/A  
9850 GENESEE AVE STE  
410  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-OCT-23

**STEINBERGER, AMANDA, DO**

Provider ID: N/A  
9850 GENESEE AVE STE  
410  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-JAN-24

**TAMAYO-MURILLO, DORATHY, MD**

Provider ID: N/A  
9452 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
Effective as of 01-APR-23

**THOMPSON, COLE, MD**

Provider ID: N/A  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

**UNSDORFER, KYLE, MD**

Provider ID: N/A  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

**VAHDOT, NOUSHIN, MD**

Provider ID: N/A  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUL-23

**YORK, VINCENT, MD†**

Provider ID: N/A  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-21

**REGISTERED DIETITIAN /  
NUTRITIONIST**

**SALCEDO, ALEXANDRA, RD**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JAN-24

**REGISTERED PHYSICAL  
THERAPIST**

**CAPONETTI, ELLIOTT, PT**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JAN-24

**CAPONETTI, ELLIOTT, PT**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-JAN-24

**FERRER, MIRON, PT**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JAN-24

**GILLILAND, TYLER, PT**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-JAN-24

**HOUSELY, ALEXIS, PT**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

**SHARP, SIMPSON, PT**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JAN-24

**TROYER, CORY, PT**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JAN-24

**RHEUMATOLOGY**

**KIM, JANET, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
420  
LA JOLLA, CA 92037  
Effective as of 01-FEB-17

**KIM, JANET, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
420  
LA JOLLA, CA 92037  
Effective as of 01-SEP-18

**SPEECH PATHOLOGIST**

**BLUMENFELD, LIZA, SP**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

**LINNEMEYER-RISSER,  
KRISTEN, SP**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-MAY-23

**LINNEMEYER-RISSER,  
KRISTEN, SP**

Provider ID: N/A

9350 CAMPUS POINT DR  
STE LLD  
LA JOLLA, CA 92037  
Effective as of 01-MAY-23

**NEESE, SUSAN, SP**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JAN-24

**SCHIEDERMAYER, BENJAMIN,  
SP†**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-APR-22

**SCHIEDERMAYER, BENJAMIN,  
SP†**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-APR-22

**THOMPSON, DANIELLE, SP**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-JAN-24

**SURGERY COLON  
SURGERY**

**BEIERMEISTER, KEITH, MD†**

Provider ID: N/A

9834 GENESEE AVE STE  
201  
LA JOLLA, CA 92037  
Effective as of 01-AUG-13

**BEIERMEISTER, KEITH, MD†**

Provider ID: N/A

9834 GENESEE AVE STE  
201  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

**LOPEZ, NICOLE, MD†**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-DEC-21

**PARRY, LISA, MD†**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-APR-21

**RAMAMOORTHY, SONIA, MD†**

Provider ID: N/A

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-DEC-21

**SCHULTZEL, MATTHEW, DO†**

Provider ID: N/A

4150 REGENTS PARK ROW  
STE 345  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

**WORSEY, MICHAEL, MD†**

Provider ID: N/A

9834 GENESEE AVE STE  
201  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

**WORSEY, MICHAEL, MD†**

Provider ID: N/A

9834 GENESEE AVE STE  
201  
LA JOLLA, CA 92037  
Effective as of 01-AUG-12

**SURGERY CRITICAL CARE**

**ADAMS, LAURA, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-21

**VENTRO, GEORGE, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-21

**SURGERY GENERAL**

**ARMANI, AVA, MD†**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-JUL-21

**BHOYRUL, SUNIL, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
570  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

**BHOYRUL, SUNIL, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
570  
LA JOLLA, CA 92037  
Effective as of 01-SEP-22

**BORTZ, PASCAL, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
570  
LA JOLLA, CA 92037  
Effective as of 01-SEP-22

**BORTZ, PASCAL, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
570  
LA JOLLA, CA 92037

Effective as of 01-JAN-21

**BORTZ, PASCAL, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
570  
LA JOLLA, CA 92037  
Effective as of 01-AUG-23

**BURGESS, DANIEL, DO†**

Provider ID: N/A

4150 REGENTS PARK ROW  
STE 345  
LA JOLLA, CA 92037

Teleservice

Effective as of 01-JUN-21

**BURGESS, DANIEL, DO†**

Provider ID: N/A

4150 REGENTS PARK ROW  
STE 345  
LA JOLLA, CA 92037

Teleservice

Effective as of 01-OCT-23

**HORGAN, SANTIAGO, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-DEC-21

**MORELL, MICHAEL, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
570  
LA JOLLA, CA 92037  
Effective as of 01-DEC-23

**MORELL, MICHAEL, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
570  
LA JOLLA, CA 92037  
Effective as of 01-MAR-24

**OLSON, CHERYL, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
660  
LA JOLLA, CA 92037

Effective as of 01-APR-17

**OLSON, CHERYL, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
660  
LA JOLLA, CA 92037

Effective as of 01-FEB-23

**SCHULTZEL, MATTHEW, DO†**

Provider ID: N/A

4150 REGENTS PARK ROW  
STE 345  
LA JOLLA, CA 92037

Effective as of 01-JUL-20

**SHAPER, EMANUEL, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
570  
LA JOLLA, CA 92037

Effective as of 01-FEB-24

**SHAPER, EMANUEL, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
570  
LA JOLLA, CA 92037

Effective as of 01-MAY-23

**SHERMAN, MARK, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
660  
LA JOLLA, CA 92037

Effective as of 01-FEB-23

**SURGERY GENERAL  
VASCULAR**

**BUNKE, NISHA, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
410  
LA JOLLA, CA 92037

Teleservice

Effective as of 01-JAN-21

**LUCAS, SARAH, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
410  
LA JOLLA, CA 92037

Effective as of 01-JAN-21

**SURGERY HAND**

**BROWN, RICHARD, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
210  
LA JOLLA, CA 92037

Teleservice

Effective as of 01-JAN-21

**DOWNING, KRISTOPHER, MD†**

Provider ID: N/A

9834 GENESEE AVE STE  
228  
LA JOLLA, CA 92037

Effective as of 01-MAY-18

**SURGERY HAND  
ORTHOPEDIC**

**STEPHENSON, SAMUEL, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-OCT-21

**STEPHENSON, SAMUEL, MD†**

Provider ID: N/A

9400 CAMPUS POINT DR

LA JOLLA, CA 92093

Effective as of 01-OCT-21

**SURGERY**

**NEUROLOGICAL**

**MURTHY, NIKHIL, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-JUL-23

**MURTHY, NIKHIL, MD**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Effective as of 01-JUL-23

**OSTRUP, RICHARD, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
770  
LA JOLLA, CA 92037

Effective as of 01-JAN-13

**SURGERY ORTHOPEDIC**

**ANDRY, JAMES, MD**

Provider ID: N/A

9834 GENESEE AVE STE  
228  
LA JOLLA, CA 92037

Effective as of 01-MAR-24

**BLAIS, MICAH, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Effective as of 01-JUL-23

**BLAIS, MICAH, MD**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Effective as of 01-JUL-23

**BUKATA, SUSAN, MD†**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-MAR-21

**CHOI, JIHOON, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-21

**CHOI, JIHOON, MD†**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-SEP-21

**DOWNING, KRISTOPHER, MD†**

Provider ID: N/A

9834 GENESEE AVE STE  
228  
LA JOLLA, CA 92037  
Effective as of 01-MAR-24

**GOEB, YANNICK, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-SEP-21

**GOEB, YANNICK, MD†**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-SEP-21

**HACKLEY, DAVID, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
210  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

**MARSHALL, STUART, MD**

Provider ID: N/A

7301 GIRARD AVE STE 300  
LA JOLLA, CA 92037  
Effective as of 01-NOV-18

**MOHLENBROCK, WILLIAM, MD**

Provider ID: N/A

9850 GENESEE AVE STE  
210  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

**SWENSON, FRANK, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
210  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

**TAYLOR, MARIO, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

**TAYLOR, MARIO, MD**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-JUN-23

**THUNDER, RICHARD, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
210  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

**WHEATLEY, BENJAMIN, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-JUN-23

**SURGERY PLASTIC**

**GOSMAN, AMANDA, MD†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-NOV-21

**MOFID, MEHRDAD, MD†**

Provider ID: N/A

4150 REGENTS PARK ROW  
STE 300  
LA JOLLA, CA 92037  
Effective as of 01-SEP-15

**MOFID, MEHRDAD, MD†**

Provider ID: N/A

4150 REGENTS PARK ROW  
STE 300  
LA JOLLA, CA 92037  
Effective as of 01-MAR-16

**MOFID, MEHRDAD, MD†**

Provider ID: N/A

4150 REGENTS PARK ROW  
STE 300  
LA JOLLA, CA 92037  
Effective as of 01-JUL-22

**MOFID, MEHRDAD, MD†**

Provider ID: N/A

4150 REGENTS PARK ROW  
STE 300  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

**MOFID, MEHRDAD, MD†**

Provider ID: N/A

4150 REGENTS PARK ROW  
STE 300  
LA JOLLA, CA 92037  
Effective as of 01-JUL-21

**UMANSKY, JEFFREY, MD†**

Provider ID: N/A



4150 REGENTS PARK ROW  
STE 260  
LA JOLLA, CA 92037\*  
Effective as of 01-JAN-14

### ***SURGERY THORACIC***

#### **BARADARIAN, SAM, MD†**

Provider ID: N/A

9898 GENESEE AVE  
LA JOLLA, CA 92037  
Effective as of 01-NOV-17

#### **BARADARIAN, SAM, MD**

Provider ID: N/A

9898 GENESEE AVE FL 3  
LA JOLLA, CA 92037  
Effective as of 01-JAN-24

#### **HUDSON, JESSICA, MD**

Provider ID: N/A

9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
Effective as of 01-DEC-23

#### **HUDSON, JESSICA, MD**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-DEC-23

#### **HUDSON, JESSICA, MD**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-DEC-23

#### **MOASIS, GHASSAN, MD†**

Provider ID: N/A

9898 GENESEE AVE  
LA JOLLA, CA 92037  
Effective as of 01-MAY-17

#### **TYNER, JOHN, MD†**

Provider ID: N/A

10666 N TORREY PINES RD  
STE 209  
LA JOLLA, CA 92037  
Effective as of 01-SEP-20

#### **TYNER, JOHN, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
560  
LA JOLLA, CA 92037  
Effective as of 01-SEP-15

#### **ZANDER, ASHLEY, DO†**

Provider ID: N/A

9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-22

#### **ZANDER, ASHLEY, DO†**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-AUG-22

#### **ZANDER, ASHLEY, DO†**

Provider ID: N/A

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Effective as of 01-AUG-22

### ***SURGICAL ONCOLOGY***

#### **MEHTSUN, WINTA, MD†**

Provider ID: N/A

3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Effective as of 01-JAN-22

### ***UROLOGY***

#### **ANGER, JENNIFER, MD†**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-OCT-21

#### **BAGRODIA, ADITYA, MD†**

Provider ID: N/A

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-DEC-21

#### **BASTUBA, MARTIN, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
630  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

#### **COHEN, EDWARD, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037  
Effective as of 01-JUL-22

#### **COHEN, EDWARD, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

#### **COHEN, EDWARD, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

#### **COHEN, EDWARD, MD†**

Provider ID: N/A

9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037  
Effective as of 01-SEP-21

**COHEN, EDWARD, MD†**

Provider ID: N/A

☐ 9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037  
Effective as of 01-OCT-12

**DATO, PAUL, MD**

Provider ID: N/A

☐ 9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037  
Effective as of 01-JAN-24

**DICKS, BRIAN, MD**

Provider ID: N/A

☐ 9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037  
Effective as of 01-FEB-24

**JUMA, SAAD, MD**

Provider ID: N/A

☐ 9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037  
Effective as of 01-JAN-24

**KATZ, JONATHAN, MD**

Provider ID: N/A

☐ 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Effective as of 01-JUN-23

**KEILLER, DANNY, MD**

Provider ID: N/A

☐ 9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037  
Effective as of 01-FEB-24

**NAITOH, JOHN, MD†**

Provider ID: N/A

☐ 9850 GENESEE AVE STE  
440

LA JOLLA, CA 92037  
Effective as of 01-JAN-21

**NAITOH, JOHN, MD†**

Provider ID: N/A

☐ 9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037  
Effective as of 01-JUL-22

**NAITOH, JOHN, MD†**

Provider ID: N/A

☐ 9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037  
Effective as of 01-JAN-21

**NAITOH, JOHN, MD†**

Provider ID: N/A

☐ 9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037  
Effective as of 01-SEP-22

**NAITOH, JOHN, MD†**

Provider ID: N/A

☐ 9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037  
Effective as of 01-NOV-21

**NAITOH, JOHN, MD†**

Provider ID: N/A

☐ 9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037  
Effective as of 01-NOV-98

**NEUSTEIN, PAUL, MD**

Provider ID: N/A

☐ 9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037  
Effective as of 01-JAN-24

**NGUYEN, HUNG, MD†**

Provider ID: N/A

☐ 9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-SEP-19

**NGUYEN, HUNG, MD†**

Provider ID: N/A

☐ 9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-SEP-21

**NGUYEN, HUNG, MD†**

Provider ID: N/A

☐ 9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-JAN-21

**NGUYEN, HUNG, MD†**

Provider ID: N/A

☐ 9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037  
Teleservice  
Effective as of 01-JAN-21

**PE, MARK-RALLY, MD**

Provider ID: N/A

☐ 9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037  
Effective as of 01-FEB-24

**ROBERTS, JAMES, MD**

Provider ID: N/A

☐ 9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037

Effective as of 01-JAN-24

**SALEM, CAROL, MD**

Provider ID: N/A

☐ 9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037

Effective as of 01-FEB-24

**SALMASI, AMIRALI, MD**

Provider ID: N/A

☐ 9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037

Effective as of 01-JAN-24

**SHEETZ, TYLER, MD**

Provider ID: N/A

☐ 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Effective as of 01-SEP-23

**SIMON, SCOTT, MD**

Provider ID: N/A

☐ 9834 GENESEE AVE STE  
224  
LA JOLLA, CA 92037

Effective as of 01-JUN-23

**VAPNEK, EVAN, MD**

Provider ID: N/A

☐ 9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037

Effective as of 01-JAN-24

**WANG, LUKE, MD**

Provider ID: N/A

☐ 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Effective as of 01-JUN-23

**YUH, BENJAMIN, MD†**

Provider ID: N/A

☐ 9850 GENESEE AVE STE

440

LA JOLLA, CA 92037

Effective as of 01-JAN-23

**YUH, BENJAMIN, MD†**

Provider ID: N/A

☐ 9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037

Effective as of 01-SEP-22

**ALLERGY IMMUNOLOGY**

**REDDY, SUMANA, MD†**

Provider ID: N/A

☐ 8860 CENTER DR STE 320  
LA MESA, CA 91942

Effective as of 01-JUL-22

**ANESTHESIOLOGY**

**CHIEN, SHELBY, MD†**

Provider ID: N/A

☐ 5360 JACKSON DR STE 100  
LA MESA, CA 91942

Effective as of 01-JAN-21

**VERDOLIN, MICHAEL, MD**

Provider ID: N/A

☐ 7051 ALVARADO RD STE 101  
LA MESA, CA 91942

Effective as of 01-JAN-21

**VERDOLIN, MICHAEL, MD**

Provider ID: N/A

☐ 7051 ALVARADO RD STE 101  
LA MESA, CA 91942

Effective as of 01-JAN-23

**VERDOLIN, MICHAEL, MD**

Provider ID: N/A

☐ 7051 ALVARADO RD STE 101  
LA MESA, CA 91942

Effective as of 01-FEB-16

**ANESTHESIOLOGY PAIN  
MANAGEMENT**

**BAUMGARTL, WILLIAM, MD†**

Provider ID: N/A

☐ 5360 JACKSON DR STE 100  
LA MESA, CA 91942

Teleservice

Effective as of 01-JAN-23

**COHEN, ZACHARY, 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

Teleservice

Effective as of 01-JUN-22

**SHASKY, GARY, AuD†**

Provider ID: N/A

☐ 5565 GROSSMONT  
CENTER DR STE 153  
LA MESA, CA 91942

Effective as of 01-JAN-21

**SHASKY, GARY, AuD**

Provider ID: N/A

☐ 5565 GROSSMONT  
CENTER DR STE 463  
LA MESA, CA 91942

Effective as of 01-FEB-24

**CARDIAC  
ELECTROPHYSIOLOGY**

**DAWOOD, FARAH, MD†**

Provider ID: N/A

8851 CENTER DR STE 304  
LA MESA, CA 91942

Effective as of 01-DEC-20

**CARDIOLOGY**

**MEHRANPOUR, PAYAM, MD†**

Provider ID: N/A

8851 CENTER DR STE 405  
LA MESA, CA 91942

Effective as of 01-JAN-19

**NGUYEN, BRYANT, MD†**

Provider ID: N/A

8851 CENTER DR STE 304  
LA MESA, CA 91942

Effective as of 01-JAN-21

**REDDY, REDDIWANDLA, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 202  
LA MESA, CA 91942

Effective as of 01-JAN-21

**REDDY, REDDIWANDLA, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 202  
LA MESA, CA 91942

Effective as of 01-SEP-22

**TAGHIZADEH, BEHZAD, MD†**

Provider ID: N/A

8851 CENTER DR STE 405  
LA MESA, CA 91942

Effective as of 01-SEP-22

**YELLEN, LAURENCE, MD†**

Provider ID: N/A

8851 CENTER DR STE 405  
LA MESA, CA 91942

Effective as of 01-SEP-22

**CARDIOVASCULAR  
DISEASE**

**AZIMI, NASSIR, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 3 STE 444  
LA MESA, CA 91942

Effective as of 01-SEP-22

**AZIMI, NASSIR, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 3 STE 444  
LA MESA, CA 91942

Effective as of 01-JAN-21

**BELOTT, PETER, MD†**

Provider ID: N/A

8851 CENTER DR STE 305  
LA MESA, CA 91942

Effective as of 01-APR-17

**DAWOOD, FARAH, MD†**

Provider ID: N/A

8851 CENTER DR STE 304  
LA MESA, CA 91942

Effective as of 01-AUG-21

**FERNANDEZ, GENARO, MD†**

Provider ID: N/A

8851 CENTER DR STE 304  
LA MESA, CA 91942

Effective as of 01-AUG-21

**KIM, JAMES, MD**

Provider ID: N/A

5358 JACKSON DR STE 1

LA MESA, CA 91942

Teleservice

Effective as of 01-JUN-23

**KIM, JAMES, MD**

Provider ID: N/A

5358 JACKSON DR STE 1  
LA MESA, CA 91942

Teleservice

Effective as of 01-AUG-23

**KOTHA, PURUSHOTHAM, MD†**

Provider ID: N/A

8860 CENTER DR STE 400  
LA MESA, CA 91942

Effective as of 01-JAN-21

**MEHRANPOUR, PAYAM, MD†**

Provider ID: N/A

8851 CENTER DR STE 405  
LA MESA, CA 91942

Effective as of 01-JAN-21

**SHEREV, DIMITRI, MD**

Provider ID: N/A

8851 CENTER DR STE 304  
LA MESA, CA 91942

Effective as of 01-APR-23

**CERTIFIED NURSE  
PRACTITIONER**

**DWYER, ERIN, NP**

Provider ID: N/A

8851 CENTER DR STE 501  
LA MESA, CA 91942

Effective as of 01-JAN-24

**HALE, EMILY, NPF**

Provider ID: N/A

5360 JACKSON DR STE 100  
LA MESA, CA 91942

Teleservice

Effective as of 01-MAY-23

**MCCALLION, DANIELLE, NP**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942  
Effective as of 01-AUG-23

**MCCALLION, DANIELLE, NP**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942  
Effective as of 01-AUG-23

**MEGERT, SONYA, NP†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942  
Effective as of 01-SEP-22

**TOMICICH, STEPHANIE, NP**

Provider ID: N/A

8851 CENTER DR STE 501  
LA MESA, CA 91942  
Effective as of 01-JAN-24

**WOLF, ELI, NP**

Provider ID: N/A

7339 EL CAJON BLVD STE 1  
LA MESA, CA 91942  
Effective as of 01-OCT-23

**HEARING AID DEALER /  
SUPPLIER**

**ANDERSON, ELAINE, MA†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR  
LA MESA, CA 91942  
Effective as of 01-SEP-22

**HEMATOLOGY /  
ONCOLOGY**

**BATRA, REEMA, MD†**

Provider ID: N/A

5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942\*  
Effective as of 01-JAN-14

**BATRA, REEMA, MD†**

Provider ID: N/A

5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942  
Effective as of 01-JAN-21

**MEDIC, IGOR, MD†**

Provider ID: N/A

5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942  
Effective as of 01-JAN-21

**MEDIC, IGOR, MD†**

Provider ID: N/A

5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942\*  
Effective as of 01-FEB-18

**ZU, KAI, MD†**

Provider ID: N/A

5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942\*  
Teleservice

Effective as of 01-JAN-14

**ZU, KAI, MD†**

Provider ID: N/A

5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942  
Teleservice

Effective as of 01-JAN-21

**INFECTIOUS DISEASE**

**HADDAD, FADI, MD**

Provider ID: N/A

8860 CENTER DR STE 320  
LA MESA, CA 91942  
Effective as of 01-JUN-23

**MIRADI, MOHAMMED, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 1 STE 211  
LA MESA, CA 91942  
Effective as of 01-SEP-22

**MIRADI, MOHAMMED, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 1 STE 211  
LA MESA, CA 91942  
Effective as of 01-APR-15

**INTERNAL MEDICINE**

**FADDA, GEORGE, MD†**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942  
Effective as of 01-NOV-23

**FARAVARDEH, ARMAN, MD†**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942  
Effective as of 01-SEP-14

**FERNANDEZ, GENARO, MD†**

Provider ID: N/A

8851 CENTER DR STE 304  
LA MESA, CA 91942  
Effective as of 01-SEP-22

**KOTHA, ROSHAN, MD†**

Provider ID: N/A

8860 CENTER DR STE 400  
LA MESA, CA 91942

Effective as of 01-SEP-15

**LEININGER, DANIEL, DO†**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Teleservice

Effective as of 01-NOV-22

**LIU, ANDREW, MD**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Effective as of 01-SEP-23

**MOOLANI, UJJALA, MD**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Effective as of 01-MAY-23

**POKALA, SATHYA, MD†**

Provider ID: N/A

8860 CENTER DR STE 240  
LA MESA, CA 91942

Effective as of 01-JAN-14

**INTERVENTIONAL  
CARDIOLOGY**

**FERNANDEZ, GENARO, MD†**

Provider ID: N/A

8851 CENTER DR STE 304  
LA MESA, CA 91942

Effective as of 01-DEC-20

**NAGHI, JESSE, MD†**

Provider ID: N/A

8851 CENTER DR STE 304  
LA MESA, CA 91942

Effective as of 01-JAN-24

**NAGHI, JESSE, MD†**

Provider ID: N/A

8851 CENTER DR STE 304  
LA MESA, CA 91942

Effective as of 01-JUL-22

**TAGHIZADEH, BEHZAD, MD†**

Provider ID: N/A

8851 CENTER DR STE 405  
LA MESA, CA 91942

Effective as of 01-SEP-22

**NEPHROLOGY**

**AL-DAHMAN, ZAID, MD**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Effective as of 01-MAY-23

**DO, LUAN, MD†**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Effective as of 01-JAN-14

**DO, LUAN, MD†**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Effective as of 01-JAN-21

**DO, LUAN, MD†**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Effective as of 01-JAN-21

**DO, LUAN, MD†**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Effective as of 01-SEP-20

**DO, LUAN, MD†**

Provider ID: N/A

8851 CENTER DR STE 505

LA MESA, CA 91942

Effective as of 01-JUL-22

**FADDA, GEORGE, MD†**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Effective as of 01-JUL-22

**FADDA, GEORGE, MD†**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Effective as of 01-JAN-21

**FADDA, GEORGE, MD†**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Effective as of 01-AUG-16

**FADDA, GEORGE, MD†**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Effective as of 01-AUG-16

**FARAVARDEH, ARMAN, MD†**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Effective as of 01-AUG-14

**LEININGER, DANIEL, DO†**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Teleservice

Effective as of 01-AUG-22

**LEININGER, DANIEL, DO†**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Teleservice

Effective as of 01-OCT-22

**LEININGER, DANIEL, DO†**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Teleservice

Effective as of 01-SEP-22

**LEININGER, DANIEL, DO†**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Teleservice

Effective as of 01-SEP-22

**MILLER, LUCY, MD†**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Effective as of 01-JUL-22

**MILLER, LUCY, MD†**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Effective as of 01-SEP-20

**MILLER, LUCY, MD†**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Effective as of 01-JAN-21

**MILLER, LUCY, MD†**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Effective as of 01-JAN-21

**MILLER, LUCY, MD†**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Effective as of 01-APR-15

**SAEED, ODAY, MD**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Effective as of 01-MAR-24

**THOMPSON, JOHN, MD†**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Effective as of 01-MAY-15

**THOMPSON, JOHN, MD†**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Effective as of 01-JAN-21

**THOMPSON, JOHN, MD†**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Effective as of 01-JAN-21

**THOMPSON, JOHN, MD†**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Effective as of 01-JAN-21

**THOMPSON, JOHN, MD†**

Provider ID: N/A

8851 CENTER DR STE 505  
LA MESA, CA 91942

Effective as of 01-JUL-22

**NEUROLOGY**

**MOHAMMAD, AHMAD SHAH, MD†**

Provider ID: N/A

8851 CENTER DR STE 307  
LA MESA, CA 91942

Effective as of 01-SEP-22

**MOHAMMAD, AHMAD SHAH, MD†**

Provider ID: N/A

8851 CENTER DR STE 307  
LA MESA, CA 91942

Effective as of 01-JAN-14

**MOHAMMAD, AHMAD SHAH, MD†**

Provider ID: N/A

8851 CENTER DR STE 307  
LA MESA, CA 91942

Effective as of 01-JAN-21

**MOHAMMAD, AHMAD SHAH, MD†**

Provider ID: N/A

8851 CENTER DR STE 307  
LA MESA, CA 91942\*

Effective as of 01-JAN-21

**MOHAMMAD, AHMAD SHAH, MD†**

Provider ID: N/A

8851 CENTER DR STE 307  
LA MESA, CA 91942

Effective as of 01-JAN-21

**OBSTETRICS /  
GYNECOLOGY**

**DAVIS, TRACIE, MD†**

Provider ID: N/A

8851 CENTER DR STE 210  
LA MESA, CA 91942

Effective as of 01-APR-21

**PAPA, RHETT, DO†**

Provider ID: N/A

8851 CENTER DR STE 210  
LA MESA, CA 91942

Effective as of 01-APR-21

**OCCUPATIONAL  
THERAPIST**

**BERNALES-MENDEZ,  
DEZARINA, OT**

Provider ID: N/A

8388 PARKWAY DR  
LA MESA, CA 91942  
Effective as of 01-JAN-23

**BERNALES-MENDEZ,  
DEZARINA, OT**

Provider ID: N/A

4700 SPRING ST STE 180  
LA MESA, CA 91942  
Effective as of 01-NOV-23

**BERNALES-MENDEZ,  
DEZARINA, OT**

Provider ID: N/A

8388 PARKWAY DR  
LA MESA, CA 91942  
Effective as of 01-AUG-23

**PORTER, EILEEN, OT**

Provider ID: N/A

8388 PARKWAY DR  
LA MESA, CA 91942  
Effective as of 01-AUG-23

**PORTER, EILEEN, OT**

Provider ID: N/A

8388 PARKWAY DR  
LA MESA, CA 91942  
Effective as of 01-JAN-22

**PORTER, EILEEN, OT**

Provider ID: N/A

4700 SPRING ST STE 180  
LA MESA, CA 91942  
Effective as of 01-NOV-23

**SHIH, LYNN, OT**

Provider ID: N/A

8388 PARKWAY DR  
LA MESA, CA 91942  
Effective as of 01-DEC-23

**SHIH, LYNN, OT**

Provider ID: N/A

4700 SPRING ST STE 180  
LA MESA, CA 91942  
Effective as of 01-DEC-23

**ONCOLOGY MEDICAL**

**BODKIN, DAVID, MD†**

Provider ID: N/A

5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942  
Effective as of 01-JAN-21

**OPHTHALMOLOGY**

**BINDER, NICHOLAS, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 3 BLDG 2  
LA MESA, CA 91942  
Effective as of 01-APR-22

**BINDER, NICHOLAS, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 3 BLDG 2  
LA MESA, CA 91942  
Effective as of 01-NOV-23

**BINDER, NICHOLAS, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 3 BLDG 2  
LA MESA, CA 91942  
Effective as of 01-SEP-22

**BINDER, NICHOLAS, MD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J

AND K

LA MESA, CA 91942  
Effective as of 01-SEP-22

**BINDER, NICHOLAS, MD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942  
Effective as of 01-MAR-22

**BINDER, NICHOLAS, MD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942  
Effective as of 01-DEC-23

**CARRABY, ARNETT, MD†**

Provider ID: N/A

8851 CENTER DR STE 406  
LA MESA, CA 91942  
Effective as of 01-JUL-22

**CARRABY, ARNETT, MD†**

Provider ID: N/A

8851 CENTER DR STE 406  
LA MESA, CA 91942  
Effective as of 01-SEP-22

**CHANG, TOM, MD**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
LA MESA, CA 91942  
Effective as of 01-NOV-23

**CHANG, TOM, MD**

Provider ID: N/A

7339 EL CAJON BLVD STE  
K  
LA MESA, CA 91942  
Effective as of 01-NOV-23

**CHANG, TOM, MD**

Provider ID: N/A



7339 EL CAJON BLVD STE J  
LA MESA, CA 91942  
Effective as of 01-NOV-23

**CHANG, TOM, MD**

Provider ID: N/A

7339 EL CAJON BLVD STE  
K  
LA MESA, CA 91942  
Effective as of 01-NOV-23

**CHANG, TOM, MD**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
LA MESA, CA 91942  
Effective as of 01-NOV-23

**CHANG, TOM, MD**

Provider ID: N/A

7339 EL CAJON BLVD STE  
K  
LA MESA, CA 91942  
Effective as of 01-NOV-23

**CHANG, TOM, MD**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
LA MESA, CA 91942  
Effective as of 01-NOV-23

**CHANG, TOM, MD**

Provider ID: N/A

7339 EL CAJON BLVD STE  
K  
LA MESA, CA 91942  
Effective as of 01-NOV-23

**CHANG, TOM, MD**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
LA MESA, CA 91942  
Effective as of 01-NOV-23

**CHANG, TOM, MD**

Provider ID: N/A

7339 EL CAJON BLVD STE  
K  
LA MESA, CA 91942  
Effective as of 01-NOV-23

**CHANG, TOM, MD**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
LA MESA, CA 91942  
Effective as of 01-NOV-23

**CHANG, TOM, MD**

Provider ID: N/A

7339 EL CAJON BLVD STE  
K  
LA MESA, CA 91942  
Effective as of 01-NOV-23

**CHANG, TOM, MD**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
LA MESA, CA 91942  
Effective as of 01-NOV-23

**CHANG, TOM, MD**

Provider ID: N/A

7339 EL CAJON BLVD STE  
K  
LA MESA, CA 91942  
Effective as of 01-NOV-23

**CHIU, STEPHAN, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 551  
LA MESA, CA 91942  
Effective as of 01-JUN-23

**CHIU, STEPHAN, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 551  
LA MESA, CA 91942  
Effective as of 01-MAY-22

**CHIU, STEPHAN, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 551  
LA MESA, CA 91942  
Effective as of 01-FEB-23

**DELENGOCKY, TAYSON, DO†**

Provider ID: N/A

8851 CENTER DR STE 406  
LA MESA, CA 91942  
Effective as of 01-JUL-22

**DELENGOCKY, TAYSON, DO†**

Provider ID: N/A

8851 CENTER DR STE 406  
LA MESA, CA 91942  
Effective as of 01-SEP-22

**FISH, STEVEN, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 2 STE 3  
LA MESA, CA 91942  
Effective as of 01-JAN-22

**FISH, STEVEN, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 551  
LA MESA, CA 91942  
Effective as of 01-JUN-22

**FISH, STEVEN, MD**

Provider ID: N/A

7339 EL CAJON BLVD STE  
J-K  
LA MESA, CA 91942  
Effective as of 01-APR-23

**GOLLOGLY, HEIDRUN, MD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942

Effective as of 01-APR-23

**GOLLOGLY, HEIDRUN, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 551  
LA MESA, CA 91942

Effective as of 01-JUN-23

**GOLLOGLY, HEIDRUN, MD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942

Effective as of 01-MAR-22

**GOLLOGLY, HEIDRUN, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 551  
LA MESA, CA 91942

Effective as of 01-JAN-21

**GOLLOGLY, HEIDRUN, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 3 BLDG 2  
LA MESA, CA 91942

Effective as of 01-SEP-22

**GOLLOGLY, HEIDRUN, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 551  
LA MESA, CA 91942

Effective as of 01-SEP-22

**GOLLOGLY, HEIDRUN, MD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942

Effective as of 01-SEP-22

**HAIGHT, BRUCE, MD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942

Effective as of 01-SEP-22

**HAIGHT, BRUCE, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 2-3  
LA MESA, CA 91942

Effective as of 01-SEP-22

**HAIGHT, BRUCE, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE  
551  
LA MESA, CA 91942

Effective as of 01-SEP-22

**HAIGHT, BRUCE, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE  
551  
LA MESA, CA 91942

Effective as of 01-JAN-21

**HAIGHT, BRUCE, MD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942

Effective as of 01-MAR-22

**HAIGHT, BRUCE, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE  
551  
LA MESA, CA 91942

Effective as of 01-JAN-22

**HSU, CHRISTOPHER, MD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942

Effective as of 01-MAR-22

**HSU, CHRISTOPHER, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 551  
LA MESA, CA 91942

Effective as of 01-MAY-22

**HSU, CHRISTOPHER, MD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942

Effective as of 01-APR-22

**HUDSON, HENRY, MD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942

Effective as of 01-APR-23

**HUDSON, HENRY, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 551  
LA MESA, CA 91942

Effective as of 01-APR-23

**HUDSON, HENRY, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 551  
LA MESA, CA 91942

Effective as of 01-MAY-21

**HUDSON, HENRY, MD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K

LA MESA, CA 91942  
Effective as of 01-MAR-23

**HUDSON, HENRY, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 551  
LA MESA, CA 91942  
Effective as of 01-MAR-23

**HUDSON, HENRY, MD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942  
Effective as of 01-MAR-22

**HUDSON, HENRY, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 551  
LA MESA, CA 91942  
Effective as of 01-SEP-22

**KATZMAN, BARRY, MD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942  
Effective as of 01-MAR-22

**KATZMAN, BARRY, MD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942  
Effective as of 01-APR-22

**MANI, MAJID, MD†**

Provider ID: N/A

8851 CENTER DR STE 406  
LA MESA, CA 91942  
Effective as of 01-JUL-22

**MANI, MAJID, MD†**

Provider ID: N/A

8851 CENTER DR STE 406  
LA MESA, CA 91942  
Effective as of 01-SEP-22

**MANI, NASRIN, MD†**

Provider ID: N/A

8851 CENTER DR STE 406  
LA MESA, CA 91942  
Effective as of 01-SEP-22

**MCGRAW, JOSEPH, MD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942  
Effective as of 01-SEP-22

**MCGRAW, JOSEPH, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 551  
LA MESA, CA 91942  
Effective as of 01-SEP-22

**MCGRAW, JOSEPH, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 2 STE 3  
LA MESA, CA 91942  
Effective as of 01-JAN-22

**MCGRAW, JOSEPH, MD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942  
Effective as of 01-MAR-22

**MCGRAW, JOSEPH, MD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942  
Effective as of 01-APR-23

**MORRISON-REYES, JOSHUA, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 2 STE 3  
LA MESA, CA 91942  
Effective as of 01-APR-22

**MORRISON-REYES, JOSHUA, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 551 BLDG  
3  
LA MESA, CA 91942  
Effective as of 01-MAR-23

**MORRISON-REYES, JOSHUA, MD**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942  
Effective as of 01-FEB-24

**MORRISON-REYES, JOSHUA, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 551 BLDG  
3  
LA MESA, CA 91942  
Effective as of 01-SEP-22

**NAJAFI, DAVID, MD**

Provider ID: N/A

8262 UNIVERSITY AVE  
LA MESA, CA 91942  
Effective as of 01-JAN-23

**PAPASTERGIU, GEORGIOS, MD†**

Provider ID: N/A

8851 CENTER DR STE 406  
LA MESA, CA 91942  
Effective as of 01-JAN-21

**PAPASTERGIOU, GEORGIOS, MD†**

Provider ID: N/A

8851 CENTER DR STE 406  
LA MESA, CA 91942  
Effective as of 01-AUG-20

**PAPASTERGIOU, GEORGIOS, MD†**

Provider ID: N/A

8851 CENTER DR STE 406  
LA MESA, CA 91942  
Effective as of 01-SEP-22

**PATEL, GITANE, MD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942  
Effective as of 01-SEP-22

**PATEL, SARJAN, MD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942  
Effective as of 01-SEP-22

**PATEL, GITANE, MD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942  
Effective as of 01-DEC-23

**PATEL, SARJAN, MD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942  
Effective as of 01-DEC-23

**PATEL, GITANE, MD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942  
Effective as of 01-MAR-22

**PATEL, SARJAN, MD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942  
Effective as of 01-MAR-22

**PEAIRS, JAMES, MD†**

Provider ID: N/A

8851 CENTER DR STE 406  
LA MESA, CA 91942  
Effective as of 01-AUG-20

**PEAIRS, JAMES, MD†**

Provider ID: N/A

8851 CENTER DR STE 406  
LA MESA, CA 91942  
Effective as of 01-SEP-22

**PERRY, ARTHUR, MD**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942  
Effective as of 01-APR-23

**PERRY, ARTHUR, MD**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942  
Effective as of 01-APR-22

**PRABHU, SUJATA, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 3 BLDG 2

LA MESA, CA 91942  
Effective as of 01-APR-22

**PRABHU, SUJATA, MD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942  
Effective as of 01-SEP-22

**PRABHU, SUJATA, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE  
551  
LA MESA, CA 91942  
Effective as of 01-DEC-20

**PRABHU, SUJATA, MD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942  
Effective as of 01-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-MAR-22

**PRATT, STEVEN, MD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942  
Effective as of 01-MAR-22

**RAJSBAUM, MARTIN, MD†**

Provider ID: N/A

8851 CENTER DR STE 406  
LA MESA, CA 91942  
Effective as of 01-JUL-22

**SAMUEL, MICHAEL, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 551  
LA MESA, CA 91942

Effective as of 01-MAR-21

**SAMUEL, MICHAEL, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 551  
LA MESA, CA 91942

Effective as of 01-FEB-21

**SASSANI, PATRICK, MD**

Provider ID: N/A

8851 CENTER DR STE 406  
LA MESA, CA 91942

Effective as of 01-FEB-24

**SCHER, BARRY, MD†**

Provider ID: N/A

8851 CENTER DR STE 406  
LA MESA, CA 91942

Effective as of 01-SEP-22

**SKAF, AYHAM, MD†**

Provider ID: N/A

8851 CENTER DR STE 406  
LA MESA, CA 91942

Effective as of 01-SEP-22

**SKAF, AYHAM, MD†**

Provider ID: N/A

8851 CENTER DR STE 406  
LA MESA, CA 91942

Effective as of 01-JAN-21

**SKAF, AYHAM, MD†**

Provider ID: N/A

8851 CENTER DR STE 406  
LA MESA, CA 91942

Effective as of 01-AUG-20

**ZABANEH, ALEXANDER, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 3  
LA MESA, CA 91942

Effective as of 01-JAN-21

**OPTOMETRIST**

**AOTO, KIM, OD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942

Effective as of 01-MAR-22

**AOTO, KIM, OD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942

Effective as of 01-SEP-22

**DEAN, MOENA, OD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942

Effective as of 01-JAN-24

**DEAN, MOENA, OD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942

Effective as of 01-MAR-22

**DYER, SHARON, OD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942

Effective as of 01-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-MAR-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, SUL KI, OD†**

Provider ID: N/A

7339 EL CAJON BLVD STE  
J/K  
LA MESA, CA 91942

Effective as of 01-DEC-22

**KHALIL, VADY, OD†**

Provider ID: N/A

7339 EL CAJON BLVD STE  
J-K  
LA MESA, CA 91942

Effective as of 01-NOV-22

**KHALIL, VADY, OD†**

Provider ID: N/A

7339 EL CAJON BLVD STE  
J-K  
LA MESA, CA 91942

Effective as of 01-NOV-22

**TONNU, ANH, OD†**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942

Effective as of 01-MAR-22

**VINH, JOHN, OD<sup>†</sup>**

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<sup>†</sup>**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 551  
LA MESA, CA 91942

Effective as of 01-SEP-20

**VINH, JOHN, OD<sup>†</sup>**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 551  
LA MESA, CA 91942

Effective as of 01-JAN-21

**ZVANUT, DONALD, OD<sup>†</sup>**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942

Effective as of 01-AUG-22

**ZVANUT, DONALD, OD<sup>†</sup>**

Provider ID: N/A

7339 EL CAJON BLVD STE J  
AND K  
LA MESA, CA 91942

Effective as of 01-MAR-22

**OTOLARYNGOLOGY**

**BUSINO, ROWLEY, MD<sup>†</sup>**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 101  
LA MESA, CA 91942

Effective as of 01-JAN-21

**BUSINO, ROWLEY, MD<sup>†</sup>**

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<sup>†</sup>**

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<sup>†</sup>**

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<sup>†</sup>**

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<sup>†</sup>**

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<sup>†</sup>**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942

Effective as of 01-APR-21

**MOLES, JEREMIAH, MD<sup>†</sup>**

Provider ID: N/A

5565 GROSSMONT

CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942

Effective as of 01-APR-21

**MOLES, JEREMIAH, MD<sup>†</sup>**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942

Effective as of 01-JAN-21

**MOLES, JEREMIAH, MD<sup>†</sup>**

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<sup>†</sup>**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942

Effective as of 01-SEP-22

**MOLES, JEREMIAH, MD<sup>†</sup>**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942

Effective as of 01-NOV-22

**MOLES, JEREMIAH, MD<sup>†</sup>**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942

Effective as of 01-JAN-21

**MOSHTAGHI, OMID, MD**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942

Teleservice

Effective as of 01-OCT-23

**MOSHTAGHI, OMID, MD**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

Effective as of 01-JAN-24

**PATSIAS, ALEXIS, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 101  
LA MESA, CA 91942

Effective as of 01-JUN-20

**PATSIAS, ALEXIS, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 101  
LA MESA, CA 91942

Effective as of 01-MAY-21

**PATSIAS, ALEXIS, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 101  
LA MESA, CA 91942

Effective as of 01-JAN-21

**PITZER, GEOFFREY, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942

Teleservice

Effective as of 01-JAN-21

**PITZER, GEOFFREY, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942

Teleservice

Effective as of 01-JAN-21

**PITZER, GEOFFREY, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942

Teleservice

Effective as of 01-APR-21

**PITZER, GEOFFREY, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942

Teleservice

Effective as of 01-JAN-21

**PITZER, GEOFFREY, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942

Teleservice

Effective as of 01-NOV-22

**SAEZ, NEIL, MD**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 3  
LA MESA, CA 91942

Effective as of 01-NOV-23

**SAEZ, NEIL, MD**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

Effective as of 01-JAN-24

**SAEZ, NEIL, MD**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942

Effective as of 01-FEB-24

**SCHALCH LEPE, PAUL, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942

Effective as of 01-JUL-22

**SCHALCH LEPE, PAUL, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 101  
LA MESA, CA 91942

Teleservice

Effective as of 01-OCT-22

**SCHALCH LEPE, PAUL, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 3  
LA MESA, CA 91942

Effective as of 01-JAN-21

**SCHALCH LEPE, PAUL, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 3  
LA MESA, CA 91942

Effective as of 01-MAY-21

**SKELTON, SEAN, DO†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942

Teleservice

Effective as of 01-MAY-21

**SKELTON, SEAN, DO†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942

Teleservice

Effective as of 01-APR-21

**SKELTON, SEAN, DO†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942

Teleservice

Effective as of 01-SEP-22

**OTOLARYNGOLOGY /  
OTOLOGY /  
LARYNGOLOGY /  
RHINOLOGY**

**MOLES, JEREMIAH, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942

Effective as of 01-DEC-15

**PITZER, GEOFFREY, MD†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942

Teleservice

Effective as of 01-AUG-16

**PEDIATRICS**

**SHAHBAZ, MAJID, MD**

Provider ID: N/A

8851 CENTER DR STE 408  
LA MESA, CA 91942

Effective as of 01-MAR-18

**PHYS MED/ REHAB PAIN  
MEDICINE**

**KATZEN, SETH, DO**

Provider ID: N/A

8851 CENTER DR STE 601  
LA MESA, CA 91942

Effective as of 01-MAY-23

**PHYSICAL MEDICINE /  
REHABILITATION**

**HURSCHMAN, ALAN, MD†**

Provider ID: N/A

5360 JACKSON DR STE 100  
LA MESA, CA 91942

Effective as of 01-JAN-23

**KATZEN, SETH, DO**

Provider ID: N/A

8851 CENTER DR STE 601  
LA MESA, CA 91942

Effective as of 01-NOV-22

**PHYSICIANS ASSISTANT**

**DOUGHERTY, CLARA, PA**

Provider ID: N/A

8851 CENTER DR STE 501  
LA MESA, CA 91942

Effective as of 01-JAN-24

**ELO, KRISTIN, PA†**

Provider ID: N/A

5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

Effective as of 01-JAN-21

**FERRARA, SAMANTHA, PA**

Provider ID: N/A

7339 EL CAJON BLVD STE 1  
LA MESA, CA 91942

Teleservice

Effective as of 01-JUL-23

**GUTH, CARA, PA**

Provider ID: N/A

8851 CENTER DR STE 601  
LA MESA, CA 91942

Effective as of 01-JAN-24

**HINKLE, CORINNE, PA**

Provider ID: N/A

7339 EL CAJON BLVD STE 1  
LA MESA, CA 91942

Teleservice

Effective as of 01-MAR-24

**KHALEGHI, MANI, PA†**

Provider ID: N/A

5360 JACKSON DR STE 100  
LA MESA, CA 91942

Effective as of 01-JAN-21

**MOORMAN, KRISTA, PA**

Provider ID: N/A

7339 EL CAJON BLVD STE 1  
LA MESA, CA 91942

Effective as of 01-MAY-22

**PYLE, ALEXANDRA, PA**

Provider ID: N/A

8851 CENTER DR STE 601  
LA MESA, CA 91942

Effective as of 01-JAN-24

**TAYLOR, RYAN, PA**

Provider ID: N/A

8851 CENTER DR STE 601  
LA MESA, CA 91942

Effective as of 01-JAN-24

**WHITE, KYLE, PA**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 3  
LA MESA, CA 91942

Teleservice

Effective as of 01-MAR-23

**WHITE, KYLE, PA**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942



Effective as of 01-MAY-23

**WHITE, KYLE, PA**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942

Effective as of 01-NOV-23

**PODIATRIST**

**CAINE, SAMUEL, DPM**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE  
510  
LA MESA, CA 91942

Teleservice

Effective as of 01-DEC-23

**CAINE, SAMUEL, DPM**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE  
510  
LA MESA, CA 91942

Teleservice

Effective as of 01-DEC-23

**COLLINS, MICHAEL, DPM†**

Provider ID: N/A

8851 CENTER DR STE 601  
LA MESA, CA 91942

Effective as of 01-AUG-23

**COLLINS, MICHAEL, DPM†**

Provider ID: N/A

8851 CENTER DR STE 601  
LA MESA, CA 91942

Effective as of 01-JAN-21

**COX, KEVIN, DPM**

Provider ID: N/A

5129 GARFIELD ST  
LA MESA, CA 91941

Effective as of 01-APR-23

**KRIGER, STEPHEN, DPM†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 510  
LA MESA, CA 91942

Teleservice

Effective as of 01-JAN-22

**NGUYEN, HAN, DPM**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 510  
LA MESA, CA 91942

Effective as of 01-JUL-23

**NGUYEN, HAN, DPM**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 510  
LA MESA, CA 91942

Effective as of 01-JAN-24

**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-DEC-23

**TSAI, GRACE, DPM**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE  
510  
LA MESA, CA 91942

Effective as of 01-APR-23

**TSAI, GRACE, DPM**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR BLDG 3 STE  
510  
LA MESA, CA 91942

Effective as of 01-FEB-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

**XU, DIXON, DPM†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 510  
LA MESA, CA 91942

Effective as of 01-MAR-24

**XU, DIXON, DPM†**

Provider ID: N/A

5565 GROSSMONT  
CENTER DR STE 510  
LA MESA, CA 91942

Effective as of 01-SEP-22

**PSYCHIATRY**

**MILLER, BRIAN, MD**

Provider ID: N/A

5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

Effective as of 01-JUL-23

**MILLER, BRIAN, MD**

Provider ID: N/A

5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

Effective as of 01-JUL-23

**PULMONARY DISEASES**

**AL-NASER, RAED, MD**

Provider ID: N/A

5525 GROSSMONT  
CENTER DR STE 609  
LA MESA, CA 91942

Effective as of 01-AUG-23

**RADIATION ONCOLOGY**

**BRUGGEMAN, ANDREW, MD**

Provider ID: N/A

5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

Effective as of 01-JAN-24

**CARMONA, RUBEN, MD**

Provider ID: N/A

5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

Effective as of 01-JAN-24

**COLEMAN, LORI, MD†**

Provider ID: N/A

5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

Effective as of 01-JAN-21

**JABBARI, SIAVASH, MD†**

Provider ID: N/A

5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

Effective as of 01-OCT-22

**PEJAVAR, SUNANDA, MD†**

Provider ID: N/A

5555 GROSSMONT  
CENTER DR

LA MESA, CA 91942

Effective as of 01-JAN-21

**UHL, BARRY, MD†**

Provider ID: N/A

5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

Effective as of 01-JAN-21

**VOLPP, PAUL, MD†**

Provider ID: N/A

5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

Effective as of 01-JAN-21

**WEINSTEIN, GEOFFREY, MD†**

Provider ID: N/A

5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

Effective as of 01-JAN-21

**RADIOLOGY DIAGNOSTIC**

**MOORE, BRIAN, MD†**

Provider ID: N/A

8860 CENTER DR STE 100  
LA MESA, CA 91942

Effective as of 01-JAN-21

**MOORE, BRIAN, MD†**

Provider ID: N/A

8881 FLETCHER PKWY STE  
102  
LA MESA, CA 91942

Effective as of 01-JAN-21

**VENKATESH, VIJAY, MD†**

Provider ID: N/A

8860 CENTER DR STE 100  
LA MESA, CA 91942

Effective as of 01-SEP-22

**VENKATESH, VIJAY, MD†**

Provider ID: N/A

8881 FLETCHER PKWY STE  
102  
LA MESA, CA 91942

Effective as of 01-SEP-22

**REGISTERED PHYSICAL  
THERAPIST**

**ALLOS, ALEXANDER, PT**

Provider ID: N/A

8388 PARKWAY DR  
LA MESA, CA 91942

Effective as of 01-NOV-23

**CONCHA URDAY ZAA, JANNY,  
PT**

Provider ID: N/A

5266 BALTIMORE DR  
LA MESA, CA 91942

Effective as of 01-JAN-23

**NGUYEN, STEVEN, PT**

Provider ID: N/A

8388 PARKWAY DR  
LA MESA, CA 91942

Effective as of 01-AUG-23

**NGUYEN, STEVEN, PT**

Provider ID: N/A

8388 PARKWAY DR  
LA MESA, CA 91942

Effective as of 01-MAY-22

**PAPA, AMY, PT**

Provider ID: N/A

8388 PARKWAY DR  
LA MESA, CA 91942

Effective as of 01-NOV-21

**PAPA, AMY, PT**

Provider ID: N/A

8388 PARKWAY DR

LA MESA, CA 91942  
Effective as of 01-AUG-23

**SAHATDJIAN, EVA, PT**

Provider ID: N/A  
8388 PARKWAY DR  
LA MESA, CA 91942  
Effective as of 01-DEC-21

**SAHATDJIAN, EVA, PT**

Provider ID: N/A  
8388 PARKWAY DR  
LA MESA, CA 91942  
Effective as of 01-AUG-23

**THOMAS, KAITLIN, PT**

Provider ID: N/A  
8388 PARKWAY DR  
LA MESA, CA 91942  
Effective as of 01-NOV-23

**RHEUMATOLOGY**

**KOTHA, AKTHER, MD†**

Provider ID: N/A  
8860 CENTER DR STE 400  
LA MESA, CA 91942  
Effective as of 01-SEP-15

**KOTHA, ROSHAN, MD†**

Provider ID: N/A  
8860 CENTER DR STE 400  
LA MESA, CA 91942  
Effective as of 01-AUG-20

**KOTHA, ROSHAN, MD†**

Provider ID: N/A  
8860 CENTER DR STE 400  
LA MESA, CA 91942  
Effective as of 01-JAN-21

**KOTHA, AKTHER, MD†**

Provider ID: N/A  
8860 CENTER DR STE 400  
LA MESA, CA 91942

Effective as of 01-DEC-23

**KOTHA, AKTHER, MD†**

Provider ID: N/A  
8860 CENTER DR STE 400  
LA MESA, CA 91942  
Effective as of 01-JAN-21

**SURGERY GENERAL**

**DICKINSON, PHILLIP, MD†**

Provider ID: N/A  
8554 LA MESA BLVD  
LA MESA, CA 91942  
Effective as of 01-JAN-14

**DICKINSON, PHILLIP, MD†**

Provider ID: N/A  
8554 LA MESA BLVD  
LA MESA, CA 91942  
Effective as of 01-JAN-24

**DICKINSON, PHILLIP, MD†**

Provider ID: N/A  
8554 LA MESA BLVD  
LA MESA, CA 91942  
Effective as of 01-JUL-22

**KHARAZI, ALEXANDRA, MD**

Provider ID: N/A  
8851 CENTER DR STE 500  
LA MESA, CA 91942  
Effective as of 01-MAY-23

**SURGERY HAND**

**RICKARDS, ENASS, MD†**

Provider ID: N/A  
8851 CENTER DR STE 601  
LA MESA, CA 91942  
Effective as of 01-JAN-21

**SURGERY  
NEUROLOGICAL**

**KURESHI, SOHAIB, MD†**

Provider ID: N/A  
5565 GROSSMONT  
CENTER DR STE 210  
LA MESA, CA 91942  
Effective as of 01-JAN-21

**OSTRUP, RICHARD, MD†**

Provider ID: N/A  
5565 GROSSMONT  
CENTER DR STE 210  
LA MESA, CA 91942  
Effective as of 01-JAN-21

**OSTRUP, RICHARD, MD†**

Provider ID: N/A  
5565 GROSSMONT  
CENTER DR STE 210  
LA MESA, CA 91942  
Effective as of 01-MAR-21

**ZACHARIAH, MARCUS, MD**

Provider ID: N/A  
5565 GROSSMONT  
CENTER DR BLDG 1 STE 210  
LA MESA, CA 91942  
Effective as of 01-MAY-23

**SURGERY ORTHOPEDIC**

**HENDERSON, RODNEY, MD**

Provider ID: N/A  
8851 CENTER DR STE 601  
LA MESA, CA 91942  
Effective as of 01-JAN-14

**KIMBALL, MICHAEL, MD†**

Provider ID: N/A  
8851 CENTER DR STE 601  
LA MESA, CA 91942  
Effective as of 01-OCT-21

**KIMBALL, MICHAEL, MD†**

Provider ID: N/A  
8851 CENTER DR STE 601

LA MESA, CA 91942  
Effective as of 01-MAR-16

**KIMBALL, MICHAEL, MD†**

Provider ID: N/A  
8851 CENTER DR STE 601  
LA MESA, CA 91942  
Effective as of 01-JAN-21

**KIMBALL, MICHAEL, MD†**

Provider ID: N/A  
8851 CENTER DR STE 601  
LA MESA, CA 91942  
Effective as of 01-JAN-21

**KIMBALL, MICHAEL, MD†**

Provider ID: N/A  
8851 CENTER DR STE 601  
LA MESA, CA 91942  
Effective as of 01-JUL-23

**RICKARDS, ENASS, MD†**

Provider ID: N/A  
8851 CENTER DR STE 601  
LA MESA, CA 91942  
Effective as of 01-JAN-21

**RICKARDS, ENASS, MD†**

Provider ID: N/A  
8851 CENTER DR STE 601  
LA MESA, CA 91942  
Effective as of 01-JUL-23

**RICKARDS, ENASS, MD†**

Provider ID: N/A  
8851 CENTER DR STE 601  
LA MESA, CA 91942  
Effective as of 01-SEP-22

**RICKARDS, ENASS, MD†**

Provider ID: N/A  
8851 CENTER DR STE 601  
LA MESA, CA 91942  
Effective as of 01-APR-23

**TAYYAB, NEIL, MD**

Provider ID: N/A  
8851 CENTER DR STE 601  
LA MESA, CA 91942  
Effective as of 01-AUG-23

***SURGERY THORACIC***

**KOUMJIAN, MICHAEL, MD†**

Provider ID: N/A  
5525 GROSSMONT  
CENTER DR STE 609  
LA MESA, CA 91942  
Effective as of 01-FEB-07

**KOUMJIAN, MICHAEL, MD†**

Provider ID: N/A  
5525 GROSSMONT  
CENTER DR STE 609  
LA MESA, CA 91942  
Effective as of 01-JAN-21

***UROLOGY***

**BUTLER, PHILIP, MD**

Provider ID: N/A  
8851 CENTER DR STE 501  
LA MESA, CA 91942  
Effective as of 01-JAN-24

**COHEN, EDWARD, MD**

Provider ID: N/A  
8851 CENTER DR STE 501  
LA MESA, CA 91942  
Effective as of 01-JAN-24

**DICKS, BRIAN, MD**

Provider ID: N/A  
8851 CENTER DR STE 501  
LA MESA, CA 91942  
Effective as of 01-JAN-24

**JAVIER DESLOGES, JUAN, MD†**

Provider ID: N/A  
8851 CENTER DR STE 501

LA MESA, CA 91942  
Teleservice  
Effective as of 01-DEC-22

**JAVIER DESLOGES, JUAN, MD†**

Provider ID: N/A  
8851 CENTER DR STE 501  
LA MESA, CA 91942  
Teleservice  
Effective as of 01-JAN-23

**JAVIER DESLOGES, JUAN, MD†**

Provider ID: N/A  
8851 CENTER DR STE 501  
LA MESA, CA 91942  
Teleservice  
Effective as of 01-JUL-23

**JUMA, SAAD, MD**

Provider ID: N/A  
8851 CENTER DR STE 501  
LA MESA, CA 91942  
Effective as of 01-JAN-24

**KEARSE, WILFRED, MD†**

Provider ID: N/A  
8851 CENTER DR STE 501  
LA MESA, CA 91942  
Effective as of 01-DEC-21

**KEILLER, DANNY, MD**

Provider ID: N/A  
8850 CENTER DR STE 501  
LA MESA, CA 91942  
Effective as of 01-JAN-24

**NEUSTEIN, PAUL, MD**

Provider ID: N/A  
8851 CENTER DR STE 501  
LA MESA, CA 91942  
Effective as of 01-JAN-24

**NGUYEN, HUNG, MD**

Provider ID: N/A

8851 CENTER DR STE 501  
LA MESA, CA 91942  
Effective as of 01-JAN-24

**PE, MARK-RALLY, MD**

Provider ID: N/A

8851 CENTER DR STE 501  
LA MESA, CA 91942  
Effective as of 01-JAN-24

**ROBERTS, JAMES, MD**

Provider ID: N/A

8851 CENTER DR STE 501  
LA MESA, CA 91942  
Effective as of 01-JAN-24

**SALEM, CAROL, MD**

Provider ID: N/A

8851 CENTER DR STE 501  
LA MESA, CA 91942  
Effective as of 01-JAN-24

**SALMASI, AMIRALI, MD†**

Provider ID: N/A

8851 CENTER DR STE 501  
LA MESA, CA 91942  
Effective as of 01-JUL-23

**SALMASI, AMIRALI, MD†**

Provider ID: N/A

8851 CENTER DR STE 501  
LA MESA, CA 91942  
Effective as of 01-JAN-21

**VAPNEK, EVAN, MD**

Provider ID: N/A

8851 CENTER DR STE 501  
LA MESA, CA 91942  
Effective as of 01-JAN-24

**CARDIAC**

**ELECTROPHYSIOLOGY**

**MITIKU, TEFERI, MD†**

Provider ID: N/A

333 CORPORATE DR STE  
102  
LADERA RANCH, CA 92694  
Effective as of 01-FEB-22

**MITIKU, TEFERI, MD†**

Provider ID: N/A

333 CORPORATE DR STE  
102  
LADERA RANCH, CA 92694  
Effective as of 01-FEB-22

**CARDIOLOGY**

**NGUYEN, HUY, MD†**

Provider ID: N/A

333 CORPORATE DR STE  
102  
LADERA RANCH, CA 92694  
Effective as of 01-DEC-17

**NGUYEN, HUY, MD†**

Provider ID: N/A

333 CORPORATE DR STE  
102  
LADERA RANCH, CA 92694  
Effective as of 01-DEC-17

**NGUYEN, HUY, MD†**

Provider ID: N/A

333 CORPORATE DR STE  
102  
LADERA RANCH, CA 92694  
Effective as of 01-JAN-21

**WERTMAN, BRETT, MD**

Provider ID: N/A

333 CORPORATE DR STE  
100  
LADERA RANCH, CA 92694  
Effective as of 01-JAN-16

**WERTMAN, BRETT, MD**

Provider ID: N/A

333 CORPORATE DR STE

100  
LADERA RANCH, CA 92694  
Effective as of 01-DEC-15

**CARDIOVASCULAR  
DISEASE**

**NGUYEN, HUY, MD†**

Provider ID: N/A

333 CORPORATE DR STE  
102  
LADERA RANCH, CA 92694  
Effective as of 01-JAN-20

**WERTMAN, BRETT, MD**

Provider ID: N/A

333 CORPORATE DR STE  
102  
LADERA RANCH, CA 92694  
Effective as of 01-JAN-20

**WERTMAN, BRETT, MD**

Provider ID: N/A

333 CORPORATE DR STE  
102  
LADERA RANCH, CA 92694  
Effective as of 01-JAN-21

**CERTIFIED NURSE  
PRACTITIONER**

**PASICOLAN, MARI, NP**

Provider ID: N/A

25612 CROWN VALLEY  
PKWY  
LADERA RANCH, CA 92694  
Effective as of 01-DEC-22

**PASICOLAN, MARI, NP**

Provider ID: N/A

25612 CROWN VALLEY  
PKWY  
LADERA RANCH, CA 92694  
Effective as of 01-DEC-22

**PASICOLAN, MARI, NP**

Provider ID: N/A

25612 CROWN VALLEY  
PKWY  
LADERA RANCH, CA 92694  
Effective as of 01-DEC-22

**DERMATOLOGY**

**BINGHAM, LUCAS, MD**

Provider ID: N/A

600 CORPORATE DR STE  
100  
LADERA RANCH, CA 92694  
Effective as of 01-DEC-18

**BINGHAM, LUCAS, MD**

Provider ID: N/A

600 CORPORATE DR STE  
100  
LADERA RANCH, CA 92694  
Effective as of 01-DEC-18

**BINGHAM, LUCAS, MD**

Provider ID: N/A

600 CORPORATE DR STE  
100  
LADERA RANCH, CA 92694  
Effective as of 01-MAY-22

**BINGHAM, LUCAS, MD**

Provider ID: N/A

600 CORPORATE DR STE  
100  
LADERA RANCH, CA 92694  
Effective as of 01-MAY-22

**LANDER, JEFFREY, MD†**

Provider ID: N/A

600 CORPORATE DR STE  
100  
LADERA RANCH, CA 92694  
Effective as of 01-MAY-20

**LANDER, JEFFREY, MD†**

Provider ID: N/A

600 CORPORATE DR STE  
100  
LADERA RANCH, CA 92694  
Effective as of 01-MAY-20

**LANDER, JEFFREY, MD†**

Provider ID: N/A

600 CORPORATE DR STE  
100  
LADERA RANCH, CA 92694  
Effective as of 01-MAY-20

**LANDER, JEFFREY, MD†**

Provider ID: N/A

600 CORPORATE DR STE  
100  
LADERA RANCH, CA 92694  
Effective as of 01-FEB-20

**LANDER, JEFFREY, MD†**

Provider ID: N/A

600 CORPORATE DR STE  
100  
LADERA RANCH, CA 92694  
Effective as of 01-OCT-23

**PETERSON, SAMUEL, MD†**

Provider ID: N/A

600 CORPORATE DR STE  
100  
LADERA RANCH, CA 92694  
Effective as of 01-DEC-21

**PETERSON, SAMUEL, MD†**

Provider ID: N/A

600 CORPORATE DR STE  
100  
LADERA RANCH, CA 92694  
Effective as of 01-MAY-22

**EMERGENCY MEDICINE**

**TIMBOE, JENNA, MD**

Provider ID: N/A

777 CORPORATE DR  
LADERA RANCH, CA 92694  
Effective as of 01-OCT-23

**WAINWRIGHT, MITCHELL, MD**

Provider ID: N/A

800 CORPORATE DR STE  
100  
LADERA RANCH, CA 92694  
Effective as of 01-SEP-18

**NEUROLOGY**

**PENG, YING, MD†**

Provider ID: N/A

333 CORPORATE DR STE  
110  
LADERA RANCH, CA 92694  
Effective as of 01-JUN-22

**NEUROLOGY CHILD**

**PENG, YING, MD†**

Provider ID: N/A

333 CORPORATE DR STE  
110  
LADERA RANCH, CA 92694  
Effective as of 01-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-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-OCT-19

**PENG, YING, MD†**

Provider ID: N/A

333 CORPORATE DR STE  
110  
LADERA RANCH, CA 92694  
Effective as of 01-OCT-19

**OTOLARYNGOLOGY /  
OTOLOGY /  
LARYNGOLOGY /  
RHINOLOGY**

**KAUFMAN, AVRUM, DO**

Provider ID: N/A

800 CORPORATE DR STE  
290  
LADERA RANCH, CA 92694  
Effective as of 01-JAN-18

**PEDIATRICS**

**DWINELL, LAUREN, MD**

Provider ID: N/A

777 CORPORATE DR STE  
250  
LADERA RANCH, CA 92694  
Effective as of 01-JUL-23

**PHYSICIANS ASSISTANT**

**RUMMEL, LAURA, PA†**

Provider ID: N/A

600 CORPORATE DR STE  
100  
LADERA RANCH, CA 92694  
Effective as of 01-DEC-22

**RUMMEL, LAURA, PA†**

Provider ID: N/A

600 CORPORATE DR STE  
100  
LADERA RANCH, CA 92694  
Effective as of 01-DEC-22

**PODIATRIST**

**RODRIGUEZ, NITZA, DPM†**

Provider ID: N/A

333 CORPORATE DR STE  
230  
LADERA RANCH, CA 92694  
Effective as of 01-NOV-19

**RODRIGUEZ, NITZA, DPM†**

Provider ID: N/A

333 CORPORATE DR STE  
230  
LADERA RANCH, CA 92694  
Effective as of 01-NOV-19

**RODRIGUEZ, NITZA, DPM†**

Provider ID: N/A

333 CORPORATE DR STE  
230  
LADERA RANCH, CA 92694  
Effective as of 01-SEP-19

**SPENCER, ROBERT, DPM†**

Provider ID: N/A

333 CORPORATE DR STE  
230  
LADERA RANCH, CA 92694  
Effective as of 01-SEP-19

**SPENCER, ROBERT, DPM†**

Provider ID: N/A

333 CORPORATE DR STE

230  
LADERA RANCH, CA 92694  
Effective as of 01-SEP-19

**SPENCER, ROBERT, DPM†**

Provider ID: N/A

333 CORPORATE DR STE  
230  
LADERA RANCH, CA 92694  
Effective as of 01-SEP-19

**PSYCHIATRY**

**BORECKY, ADAM, MD**

Provider ID: N/A

333 CORPORATE DR STE  
260  
LADERA RANCH, CA 92694  
Effective as of 01-JAN-24

**BORECKY, ADAM, MD**

Provider ID: N/A

333 CORPORATE DR STE  
260  
LADERA RANCH, CA 92694  
Effective as of 01-JAN-24

**KINBACK, KEVIN, MD**

Provider ID: N/A

333 CORPORATE DR STE  
260  
LADERA RANCH, CA 92694  
Effective as of 01-JAN-19

**KINBACK, KEVIN, MD**

Provider ID: N/A

333 CORPORATE DR STE  
260  
LADERA RANCH, CA 92694  
Effective as of 01-JAN-19

**KINBACK, KEVIN, MD**

Provider ID: N/A

333 CORPORATE DR STE  
260

LADERA RANCH, CA 92694  
Effective as of 01-JAN-19

**KINBACK, KEVIN, MD**

Provider ID: N/A  
333 CORPORATE DR STE 260  
LADERA RANCH, CA 92694  
Effective as of 01-JAN-19

**LAW, LINDSEY, MD**

Provider ID: N/A  
333 CORPORATE DR STE 260  
LADERA RANCH, CA 92694  
Effective as of 01-DEC-20

**LAW, LINDSEY, MD**

Provider ID: N/A  
333 CORPORATE DR STE 260  
LADERA RANCH, CA 92694  
Effective as of 01-DEC-20

**LAW, LINDSEY, MD**

Provider ID: N/A  
333 CORPORATE DR STE 260  
LADERA RANCH, CA 92694  
Effective as of 01-DEC-20

**LAW, LINDSEY, MD**

Provider ID: N/A  
333 CORPORATE DR STE 260  
LADERA RANCH, CA 92694  
Effective as of 01-DEC-20

**PSYCHOLOGIST**

**OKONSKI, MICHELE, PSYD**

Provider ID: N/A  
333 CORPORATE DR STE 260  
LADERA RANCH, CA 92694

Effective as of 01-JUN-19

**OKONSKI, MICHELE, PSYD**

Provider ID: N/A  
333 CORPORATE DR STE 260  
LADERA RANCH, CA 92694  
Effective as of 01-JUN-19

**OKONSKI, MICHELE, PSYD**

Provider ID: N/A  
333 CORPORATE DR STE 260  
LADERA RANCH, CA 92694  
Effective as of 01-JUN-19

**OKONSKI, MICHELE, PSYD**

Provider ID: N/A  
333 CORPORATE DR STE 260  
LADERA RANCH, CA 92694  
Effective as of 01-JUN-19

**SURGERY GENERAL**

**QURESHI, ALI, MD**

Provider ID: N/A  
800 CORPORATE DR STE 280  
LADERA RANCH, CA 92694  
Effective as of 01-FEB-24

**QURESHI, ALI, MD**

Provider ID: N/A  
800 CORPORATE DR STE 280  
LADERA RANCH, CA 92694  
Effective as of 01-FEB-24

**SURGERY PLASTIC**

**DOEZIE, ALLEN, MD†**

Provider ID: N/A  
777 CORPORATE DR STE 110  
LADERA RANCH, CA 92694

Effective as of 01-SEP-10

**DOEZIE, ALLEN, MD†**

Provider ID: N/A  
777 CORPORATE DR STE 110  
LADERA RANCH, CA 92694  
Effective as of 01-SEP-10

**CERTIFIED NURSE  
PRACTITIONER**

**BINAVI, HOWNAZ, NP†**

Provider ID: N/A  
30201 GOLDEN LANTERN STE B  
LAGUNA BEACH, CA 92677  
Effective as of 01-JUL-21

**DERMATOLOGY**

**AWADALLA, FARAH, MD†**

Provider ID: N/A  
31852 COAST HWY STE 300  
LAGUNA BEACH, CA 92651  
Effective as of 01-MAR-23

**AWADALLA, FARAH, MD†**

Provider ID: N/A  
31852 COAST HWY STE 300  
LAGUNA BEACH, CA 92651  
Effective as of 01-MAR-23

**AWADALLA, FARAH, MD†**

Provider ID: N/A  
31852 COAST HWY STE 300  
LAGUNA BEACH, CA 92651  
Effective as of 01-MAR-23

**FAMILY PRACTICE**

**SANGUEDOLCE, JOHN, MD†**

Provider ID: N/A  
333 THALIA ST  
LAGUNA BEACH, CA 92651  
Effective as of 01-FEB-21



**HEMATOLOGY /  
ONCOLOGY**

**VU, COLLIN, MD†**

Provider ID: N/A

☒ 24411 HEALTH CENTER DR  
STE 320  
LAGUNA BEACH, CA 92653  
Effective as of 01-JAN-18

**INFECTIOUS DISEASE**

**HAMIDI ASL, KAMRAN, MD**

Provider ID: N/A

☒ 31852 COAST HWY STE 302  
LAGUNA BEACH, CA 92651  
Effective as of 01-JAN-18

**OPHTHALMOLOGY**

**HENRICK, ANDREW, MD**

Provider ID: N/A

☒ 31852 COAST HWY STE 101  
LAGUNA BEACH, CA 92651  
Effective as of 01-OCT-23

**HENRICK, ANDREW, MD**

Provider ID: N/A

☒ 31852 COAST HWY  
LAGUNA BEACH, CA 92651  
Effective as of 01-JAN-23

**PRENDIVILLE, PAUL, MD**

Provider ID: N/A

☒ 31852 COAST HWY STE 101  
LAGUNA BEACH, CA 92651  
Effective as of 01-JAN-23

**PRENDIVILLE, PAUL, MD**

Provider ID: N/A

☒ 31852 COAST HWY STE 101  
LAGUNA BEACH, CA 92651  
Effective as of 01-OCT-23

**SPANGGORD, HOLLY, MD†**

Provider ID: N/A

☒ 31852 COAST HWY STE 101  
LAGUNA BEACH, CA 92651  
Effective as of 01-OCT-23

**SPANGGORD, HOLLY, MD†**

Provider ID: N/A

☒ 31852 COAST HWY STE 101  
LAGUNA BEACH, CA 92651  
Effective as of 01-JAN-19

**PEDIATRIC CRITICAL  
CARE MEDICINE**

**REDA, ZACHARIA, MD†**

Provider ID: N/A

☒ 31862 COAST HWY STE 302  
LAGUNA BEACH, CA 92651  
Effective as of 01-OCT-23

**PEDIATRIC**

**PULMONOLOGY**

**REDA, ZACHARIA, MD†**

Provider ID: N/A

☒ 31862 COAST HWY STE 203  
LAGUNA BEACH, CA 92651  
Effective as of 01-JUN-22

**REDA, ZACHARIA, MD†**

Provider ID: N/A

☒ 31862 COAST HWY STE 203  
LAGUNA BEACH, CA 92651  
Effective as of 01-JUN-22

**REDA, ZACHARIA, MD†**

Provider ID: N/A

☒ 31862 COAST HWY STE 203  
LAGUNA BEACH, CA 92651  
Effective as of 01-JUN-22

**PODIATRIST**

**YETTER, MARCUS, DPM†**

Provider ID: N/A

☒ 31852 COAST HWY STE 105  
LAGUNA BEACH, CA 92651  
Effective as of 01-JUL-19

**YETTER, MARCUS, DPM†**

Provider ID: N/A

☒ 31852 COAST HWY STE 105  
LAGUNA BEACH, CA 92651  
Effective as of 01-MAR-20

**YETTER, MARCUS, DPM†**

Provider ID: N/A

☒ 31852 COAST HWY STE 105  
LAGUNA BEACH, CA 92651  
Effective as of 01-MAR-20

**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-JAN-18

**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

**COCCIA, MICHAEL, MD**

Provider ID: N/A

31862 COAST HWY STE 201  
LAGUNA BEACH, CA 92651  
Effective as of 01-APR-12

**COCCIA, MICHAEL, MD**

Provider ID: N/A

31862 COAST HWY STE 201  
LAGUNA BEACH, CA 92651  
Effective as of 01-NOV-14

**COCCIA, MICHAEL, MD**

Provider ID: N/A

31862 COAST HWY STE 201  
LAGUNA BEACH, CA 92651  
Effective as of 01-JAN-18

**SURGERY ORTHOPEDIC**

**ABDOLLAHI, KARIM, MD**

Provider ID: N/A

31862 COAST HWY STE 400  
LAGUNA BEACH, CA 92651  
Effective as of 01-JAN-18

**ABDOLLAHI, KARIM, MD**

Provider ID: N/A

31862 COAST HWY STE 400  
LAGUNA BEACH, CA 92651  
Effective as of 01-NOV-14

**ABDOLLAHI, KARIM, MD**

Provider ID: N/A

31862 COAST HWY STE 400  
LAGUNA BEACH, CA 92651  
Effective as of 01-SEP-10

**ASHKENAZE, DAVID, MD<sup>†</sup>**

Provider ID: N/A

31862 COAST HWY STE 400  
LAGUNA BEACH, CA 92651  
Effective as of 01-JAN-18

**ASHKENAZE, DAVID, MD<sup>†</sup>**

Provider ID: N/A

31862 COAST HWY STE 400  
LAGUNA BEACH, CA 92651  
Effective as of 01-OCT-13

**ASHKENAZE, DAVID, MD<sup>†</sup>**

Provider ID: N/A

31862 COAST HWY STE 400  
LAGUNA BEACH, CA 92651  
Effective as of 01-OCT-13

**GILLMAN, MICHAEL, MD**

Provider ID: N/A

31862 COAST HWY STE 400  
LAGUNA BEACH, CA 92651  
Effective as of 01-JAN-18

**GILLMAN, MICHAEL, MD**

Provider ID: N/A

31862 COAST HWY STE 400  
LAGUNA BEACH, CA 92651  
Effective as of 01-APR-16

**GILLMAN, MICHAEL, MD**

Provider ID: N/A

31862 COAST HWY STE 400

LAGUNA BEACH, CA 92651  
Effective as of 01-SEP-10

**GILLMAN, MICHAEL, MD**

Provider ID: N/A

31862 COAST HWY STE 400  
LAGUNA BEACH, CA 92651  
Effective as of 01-NOV-14

**ALLERGY IMMUNOLOGY**

**LIAO, OTTO, MD<sup>†</sup>**

Provider ID: N/A

25401 CABOT RD STE 101  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-20

**LIAO, OTTO, MD<sup>†</sup>**

Provider ID: N/A

25401 CABOT RD STE 101  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-20

**LIAO, OTTO, MD<sup>†</sup>**

Provider ID: N/A

25401 CABOT RD STE 101  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-20

**LIAO, OTTO, MD<sup>†</sup>**

Provider ID: N/A

25401 CABOT RD STE 101  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**LIAO, OTTO, MD<sup>†</sup>**

Provider ID: N/A

25401 CABOT RD STE 101  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-21

**LIAO, OTTO, MD<sup>†</sup>**

Provider ID: N/A

25401 CABOT RD STE 101  
LAGUNA HILLS, CA 92653

Effective as of 01-AUG-17

**LIAO, OTTO, MD†**

Provider ID: N/A

☑ 25401 CABOT RD STE 101  
LAGUNA HILLS, CA 92653

Effective as of 01-FEB-22

**LIAO, OTTO, MD†**

Provider ID: N/A

☑ 25401 CABOT RD STE 101  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-17

**LIAO, OTTO, MD†**

Provider ID: N/A

☑ 25401 CABOT RD STE 101  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-20

**ANESTHESIOLOGY**

**ALIKHANI, SHAHRIAR, MD†**

Provider ID: N/A

☑ 23025 MILL CREEK DR  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-20

**BARNHILL, JOSHUA, MD**

Provider ID: N/A

☑ 23521 PASEO DE VALENCIA  
STE 204  
LAGUNA HILLS, CA 92653

Effective as of 01-FEB-24

**BARNHILL, JOSHUA, MD**

Provider ID: N/A

☑ 23521 PASEO DE VALENCIA  
STE 204  
LAGUNA HILLS, CA 92653

Effective as of 01-FEB-24

**GERAYLI, AFSHIN, MD†**

Provider ID: N/A

☑ 24953 PASEO DE

VALENCIA STE 5A  
LAGUNA HILLS, CA 92653

Effective as of 01-AUG-22

**GERAYLI, AFSHIN, MD†**

Provider ID: N/A

☑ 24953 PASEO DE  
VALENCIA STE 5A  
LAGUNA HILLS, CA 92653

Effective as of 01-AUG-22

**GERAYLI, AFSHIN, MD†**

Provider ID: N/A

☑ 24953 PASEO DE  
VALENCIA STE 5A  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-18

**HO, ALAN, MD†**

Provider ID: N/A

☑ 24953 PASEO DE  
VALENCIA STE 7A  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-14

**HO, ALAN, MD†**

Provider ID: N/A

☑ 24411 HEALTH CENTER DR  
STE 610  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-23

**ANESTHESIOLOGY PAIN  
MANAGEMENT**

**ALSHARIF, KAIS, MD†**

Provider ID: N/A

☑ 24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-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 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-OCT-23

**HARRIS, MATTHEW, MD†**

Provider ID: N/A

☑ 24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-18

**HARRIS, MATTHEW, MD†**

Provider ID: N/A

☑ 24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653

Effective as of 01-MAR-24

**HARRIS, MATTHEW, MD†**

Provider ID: N/A

☑ 24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653

Effective as of 01-MAR-24

**HARRIS, MATTHEW, MD†**

Provider ID: N/A

24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-15

**HARRIS, MATTHEW, MD†**

Provider ID: N/A

24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-21

**HARRIS, MATTHEW, MD†**

Provider ID: N/A

24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-21

**HARRIS, MATTHEW, MD†**

Provider ID: N/A

24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-21

**HO, ALAN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 610  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-22

**HO, ALAN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 610  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-22

**HO, ALAN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 610  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-22

**HO, ALAN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 610  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-22

**HO, ALAN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 610  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-22

**HO, ALAN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 610  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-22

**HO, ALAN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 610  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-22

**HO, ALAN, MD†**

Provider ID: N/A

24953 PASEO DE  
VALENCIA STE 7A  
LAGUNA HILLS, CA 92653

Effective as of 01-SEP-19

**HO, ALAN, MD†**

Provider ID: N/A

24953 PASEO DE  
VALENCIA STE 7A  
LAGUNA HILLS, CA 92653

Effective as of 01-JUN-17

**KUO, DENNIS, MD†**

Provider ID: N/A

24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653

Effective as of 01-JUL-19

**KUO, DENNIS, MD†**

Provider ID: N/A

24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653

Effective as of 01-MAY-21

**KUO, DENNIS, MD†**

Provider ID: N/A

24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653

Effective as of 01-MAY-21

**KUO, DENNIS, MD†**

Provider ID: N/A

24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653

Effective as of 01-MAY-21

**MESSIHA, ANDREW, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 204  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-22

**MOUSAVI, SHAHRYAR, MD**

Provider ID: N/A

24953 PASEO DE  
VALENCIA STE 5A  
LAGUNA HILLS, CA 92653

Effective as of 01-AUG-20

**MOUSAVI, SHAHRYAR, MD**

Provider ID: N/A

☐ 24953 PASEO DE  
VALENCIA STE 5A  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

**MOUSAVI, SHAHRYAR, MD**

Provider ID: N/A

☐ 24953 PASEO DE  
VALENCIA STE 5A  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**MOUSAVI, SHAHRYAR, MD**

Provider ID: N/A

☐ 24953 PASEO DE  
VALENCIA STE 5A  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-22

**MOUSAVI, SHAHRYAR, MD**

Provider ID: N/A

☐ 24953 PASEO DE  
VALENCIA STE 5A  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-16

**MOUSAVI, SHAHRYAR, MD**

Provider ID: N/A

☐ 24953 PASEO DE  
VALENCIA STE 5A  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-16

**MOUSAVI, SHAHRYAR, MD**

Provider ID: N/A

☐ 24953 PASEO DE  
VALENCIA STE 5A  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-16

**POURADIB, AMIR, MD†**

Provider ID: N/A

☐ 24012 CALLE DE LA PLATA  
STE 120

LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

**POURADIB, AMIR, MD†**

Provider ID: N/A

☐ 24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-21

**POURADIB, AMIR, MD†**

Provider ID: N/A

☐ 24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-18

**SHAHBAZIAN, MICHAEL, MD†**

Provider ID: N/A

☐ 24953 PASEO DE  
VALENCIA STE 5A  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-16

**SHAHBAZIAN, MICHAEL, MD†**

Provider ID: N/A

☐ 24953 PASEO DE  
VALENCIA STE 5A  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-22

**SHAHBAZIAN, MICHAEL, MD†**

Provider ID: N/A

☐ 24953 PASEO DE  
VALENCIA STE 5A  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-20

**SHAHBAZIAN, MICHAEL, MD†**

Provider ID: N/A

☐ 24953 PASEO DE  
VALENCIA STE 5A  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**SHAHBAZIAN, MICHAEL, MD†**

Provider ID: N/A

☐ 24953 PASEO DE  
VALENCIA STE 5A  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

**SHAHBAZIAN, MICHAEL, MD†**

Provider ID: N/A

☐ 24953 PASEO DE  
VALENCIA STE 5A  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

**AUDIOLOGIST**

**NIAVARANY, PIRAYEH, AuD**

Provider ID: N/A

☐ 24411 HEALTH CENTER DR  
STE 370  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-22

**NIAVARANY, PIRAYEH, AuD**

Provider ID: N/A

☐ 24411 HEALTH CENTER DR  
STE 370  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-22

**PANEK, KRISTI, AuD**

Provider ID: N/A

☐ 24411 HEALTH CENTER DR  
STE 370  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-22

**PANEK, KRISTI, AuD**

Provider ID: N/A

☐ 24411 HEALTH CENTER DR  
STE 370  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-22

**CARDIAC**

**ELECTROPHYSIOLOGY**

**DRURY, PAUL, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-24

**DRURY, PAUL, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-24

**GUJRAL, INDERPAL, MD†**

Provider ID: N/A

24953 PASEO DE  
VALENCIA STE 30A  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-23

**GUJRAL, INDERPAL, MD†**

Provider ID: N/A

24953 PASEO DE  
VALENCIA STE 30A  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-23

**CARDIOLOGY**

**ALLAM, SHAMILI, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-23

**ALLAM, SHAMILI, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-23

**ALLAM, SHAMILI, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-23

**CHEN, CHENG-HAN, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

**CHEN, CHENG-HAN, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-20

**CHEN, CHENG-HAN, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-20

**CHEN, CHENG-HAN, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-20

**DRURY, PAUL, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

**DRURY, PAUL, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

**DRURY, PAUL, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

**DRURY, PAUL, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

**DRURY, PAUL, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

**FEINER, JEFFREY, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 550  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

**FRUMIN, HOWARD, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

**GAULT, MICHAEL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 550  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-22

**GIM, RONALD, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 550  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-22

**GUJRAL, INDERPAL, MD†**

Provider ID: N/A

24953 PASEO DE  
VALENCIA STE 30A  
LAGUNA HILLS, CA 92653

Effective as of 01-MAY-11

**KONUGRES, GEORGE, DO†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-18

**LAMONT, DANIEL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 550  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-22

**LYLE, DOUGLAS, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 550  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-22

**MASTERS, ROBERT, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 550  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-22

**PARISE, CHARLES, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

**PARISE, CHARLES, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

**PARISE, CHARLES, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

**PARISE, CHARLES, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-FEB-23

**PARISE, CHARLES, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-18

**PATEL, MILAN, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-FEB-23

**PATEL, MILAN, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500

LAGUNA HILLS, CA 92653

Effective as of 01-JAN-18

**PATEL, MILAN, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-AUG-20

**PATEL, MILAN, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-AUG-20

**TURIY, YULIYA, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-MAY-21

**TURIY, YULIYA, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-MAY-21

**TURIY, YULIYA, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-MAY-21

**VAN, HO HAI, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-AUG-20

**VAN, HO HAI, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-20

**VAN, HO HAI, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-20

**VAN, HO HAI, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

**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

**WALTERS, DANIEL, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 550  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-23

**CARDIOVASCULAR  
DISEASE**

**ARD, SCOTT, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Teleservice

Effective as of 01-JAN-24

**ARD, SCOTT, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-SEP-23

**ARD, SCOTT, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-SEP-23

**ARD, SCOTT, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-SEP-23

**ARD, SCOTT, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-AUG-23

**ARD, SCOTT, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-AUG-23

**BAHADORANI, JOHN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 550  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

**CHEN, CHENG-HAN, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**CHEN, CHENG-HAN, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

**DRURY, PAUL, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

**DRURY, PAUL, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**DRURY, PAUL, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-19

**FEINER, JEFFREY, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 550  
LAGUNA HILLS, CA 92653



Effective as of 01-MAY-12

**GIM, RONALD, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 550  
LAGUNA HILLS, CA 92653

Effective as of 01-MAY-12

**GUJRAL, INDERPAL, MD†**

Provider ID: N/A

24953 PASEO DE  
VALENCIA STE 30A  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-17

**KONUGRES, GEORGE, DO†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-24

**KONUGRES, GEORGE, DO†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-24

**KONUGRES, GEORGE, DO†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

**KONUGRES, GEORGE, DO†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

**KONUGRES, GEORGE, DO†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

**KONUGRES, GEORGE, DO†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-FEB-23

**KONUGRES, GEORGE, DO†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-AUG-17

**LAMONT, DANIEL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 550  
LAGUNA HILLS, CA 92653

Effective as of 01-MAY-12

**LE, DAN, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-FEB-23

**LE, DAN, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-DEC-21

**LE, DAN, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500

LAGUNA HILLS, CA 92653

Effective as of 01-DEC-21

**LE, DAN, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

**LYLE, DOUGLAS, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 550  
LAGUNA HILLS, CA 92653

Effective as of 01-MAY-12

**PARISE, CHARLES, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-20

**PATEL, MILAN, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-19

**PATEL, MILAN, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-SEP-19

**PATEL, MILAN, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-SEP-19

**ROSANIO, SALVATORE, MD**

Provider ID: N/A

☐ 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-AUG-23

**ROSANIO, SALVATORE, MD**

Provider ID: N/A

☐ 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-SEP-23

**ROSANIO, SALVATORE, MD**

Provider ID: N/A

☐ 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-SEP-23

**ROSANIO, SALVATORE, MD**

Provider ID: N/A

☐ 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-SEP-23

**ROSANIO, SALVATORE, MD**

Provider ID: N/A

☐ 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-AUG-23

**RUGGIO, JOSEPH, MD†**

Provider ID: N/A

☐ 24022 CALLE DE LA PLATA  
STE 500

LAGUNA HILLS, CA 92653

Effective as of 01-FEB-23

**RUGGIO, JOSEPH, MD†**

Provider ID: N/A

☐ 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-JUL-21

**RUGGIO, JOSEPH, MD†**

Provider ID: N/A

☐ 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-JUL-21

**RUGGIO, JOSEPH, MD†**

Provider ID: N/A

☐ 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-JUL-21

**VAN, HO HAI, MD†**

Provider ID: N/A

☐ 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-23

**VAN, HO HAI, MD†**

Provider ID: N/A

☐ 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-SEP-22

**VAN, HO HAI, MD†**

Provider ID: N/A

☐ 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-23

**VAN, HO HAI, MD†**

Provider ID: N/A

☐ 24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-20

**ZAREMBA, MARK, MD†**

Provider ID: N/A

☐ 25401 CABOT RD STE 107  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-14

**ZAREMBA, MARK, MD†**

Provider ID: N/A

☐ 25401 CABOT RD STE 107  
LAGUNA HILLS, CA 92653

Effective as of 01-DEC-14

**ZAREMBA, MARK, MD†**

Provider ID: N/A

☐ 25401 CABOT RD STE 107  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-13

**CERTIFIED  
ACUPUNCTURIST**

**OMIDI, SHOHREH, LAC**

Provider ID: N/A

☐ 24422 AVENIDA DE LA  
CARLOTA STE 105  
LAGUNA HILLS, CA 92653

Effective as of 01-DEC-23

**OMIDI, SHOHREH, LAC**

Provider ID: N/A

☐ 24422 AVENIDA DE LA  
CARLOTA STE 105  
LAGUNA HILLS, CA 92653

Effective as of 01-DEC-23

**OMIDI, SHOHREH, LAC**

Provider ID: N/A

24422 AVENIDA DE LA CARLOTA STE 105  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-23

**SHE, WU, LAC†**

Provider ID: N/A

24953 PASEO DE VALENCIA STE 7C  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-22

**CERTIFIED NURSE  
PRACTITIONER**

**CARASQUERO, ANDREA, NP**

Provider ID: N/A

23121 PLAZA POINTE DR STE 107  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-24

**CHANG KIMES, AUDREY, NP†**

Provider ID: N/A

24422 AVENIDA DE LA CARLOTA STE 130  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-22

**CHANG KIMES, AUDREY, NP†**

Provider ID: N/A

24422 AVENIDA DE LA CARLOTA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-22

**CHANG KIMES, AUDREY, NP†**

Provider ID: N/A

24422 AVENIDA DE LA CARLOTA STE 130  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-22

**NGUYEN, MARICEL, NP**

Provider ID: N/A

23181 VERDUGO DR STE 103A  
LAGUNA HILLS, CA 92653\*  
Effective as of 01-APR-23

**NGUYEN, MARICEL, NP**

Provider ID: N/A

23181 VERDUGO DR STE 103A  
LAGUNA HILLS, CA 92653\*  
Effective as of 01-APR-23

**PARK, NURI, NP**

Provider ID: N/A

23181 VERDUGO DR STE 103A  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-15

**PARK, SE, NP**

Provider ID: N/A

23961 CALLE DE LA MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-23

**PARK, SE, NP**

Provider ID: N/A

23961 CALLE DE LA MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-23

**PARK, SE, NP**

Provider ID: N/A

23961 CALLE DE LA MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-23

**PARK, SE, NP**

Provider ID: N/A

23961 CALLE DE LA MAGDALENA STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-JUL-23

**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

**MOLINSKI, ALLISON, CRNM**

Provider ID: N/A

24411 HEALTH CENTER DR STE 620  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-24

**MOLINSKI, ALLISON, CRNM**

Provider ID: N/A

24411 HEALTH CENTER DR STE 620  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-24

**SAJADI, ALISA, CRNM**

Provider ID: N/A

24411 HEALTH CENTER DR STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-23

**CHIROPRACTOR**

**COSTALES, STEPHEN, DC**

Provider ID: N/A

24741 ALICIA PKWY STE D

LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-17

**COSTALES, STEPHEN, DC**

Provider ID: N/A

24741 ALICIA PKWY STE D  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

**LANIER, TIMOTHY, DC†**

Provider ID: N/A

23412 MOULTON PKWY  
STE 100  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

**MCHONE, PATRICIA, DC†**

Provider ID: N/A

24741 ALICIA PKWY STE D  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-19

**MCHONE, PATRICIA, DC†**

Provider ID: N/A

24741 ALICIA PKWY STE D  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

**DERMATOLOGY**

**LANDER, JEFFREY, MD†**

Provider ID: N/A

24431 CALLE DE LA LOUISA  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

**LANDER, JEFFREY, MD†**

Provider ID: N/A

24431 CALLE DE LA LOUISA  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-19

**LANDER, JEFFREY, MD†**

Provider ID: N/A

24431 CALLE DE LA LOUISA  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-23

**LANDER, JEFFREY, MD†**

Provider ID: N/A

24431 CALLE DE LA LOUISA  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**LANDER, JEFFREY, MD†**

Provider ID: N/A

24431 CALLE DE LA LOUISA  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-16

**LEE, KATHERINE, MD†**

Provider ID: N/A

24431 CALLE DE LA LOUISA  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**LEE, KATHERINE, MD†**

Provider ID: N/A

24431 CALLE DE LA LOUISA  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-14

**LEE, KATHERINE, MD†**

Provider ID: N/A

24431 CALLE DE LA LOUISA  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-14

**LEE, KATHERINE, MD†**

Provider ID: N/A

24431 CALLE DE LA LOUISA  
STE 200

LAGUNA HILLS, CA 92653  
Effective as of 01-JUN-19

**LEE, KATHERINE, MD†**

Provider ID: N/A

24431 CALLE DE LA LOUISA  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

**LEE, KATHERINE, MD**

Provider ID: N/A

24431 CALLE DE LA LOUISA  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

**EMERGENCY MEDICINE**

**BLAND, HOWARD, MD**

Provider ID: N/A

23595 MOULTON PKWY  
STE E  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-23

**GEE, KELLY, DO†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 311  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-22

**ENDOCRINOLOGY**

**METABOLISM DIABETES**

**BANDUKWALA, RAHIL, DO†**

Provider ID: N/A

23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

**BANDUKWALA, RAHIL, DO†**

Provider ID: N/A

<p>☐ 23141 MOULTON PKWY STE 102 LAGUNA HILLS, CA 92653 Effective as of 01-OCT-23</p> <p><b>BANDUKWALA, RAHIL, DO†</b> Provider ID: N/A</p> <p>☐ 23141 MOULTON PKWY STE 102 LAGUNA HILLS, CA 92653 Effective as of 01-JUN-19</p> <p><b>BANDUKWALA, RAHIL, DO†</b> Provider ID: N/A</p> <p>☐ 23141 MOULTON PKWY STE 102 LAGUNA HILLS, CA 92653 Effective as of 01-JUL-16</p> <p><b>BANDUKWALA, RAHIL, DO†</b> Provider ID: N/A</p> <p>☐ 23141 MOULTON PKWY STE 102 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-23</p> <p><b>CHAN, JESSICA, MD†</b> Provider ID: N/A</p> <p>☐ 24321 AVENIDA DE LA CARLOTA LAGUNA HILLS, CA 92653 Effective as of 01-APR-23</p> <p><b>CHAN, JESSICA, MD†</b> Provider ID: N/A</p> <p>☐ 24321 AVENIDA DE LA CARLOTA LAGUNA HILLS, CA 92653 Effective as of 01-NOV-22</p> <p><b>CHANG, KU JUEY, MD</b> Provider ID: N/A</p> <p>☐ 23141 MOULTON PKWY STE 102 LAGUNA HILLS, CA 92653</p>	<p>Effective as of 01-JUN-19</p> <p><b>CHANG, KU JUEY, MD</b> Provider ID: N/A</p> <p>☐ 23141 MOULTON PKWY STE 102 LAGUNA HILLS, CA 92653 Effective as of 01-AUG-21</p> <p><b>CHANG, KU JUEY, MD</b> Provider ID: N/A</p> <p>☐ 23141 MOULTON PKWY STE 102 LAGUNA HILLS, CA 92653 Effective as of 01-NOV-16</p> <p><b>CHANG, KU JUEY, MD</b> Provider ID: N/A</p> <p>☐ 23141 MOULTON PKWY STE 102 LAGUNA HILLS, CA 92653 Effective as of 01-OCT-23</p> <p><b>FARJOU DI, FARHAD, MD†</b> Provider ID: N/A</p> <p>☐ 23521 PASEO DE VALENCIA STE 108 LAGUNA HILLS, CA 92653 Effective as of 01-MAY-22</p> <p><b>FARJOU DI, FARHAD, MD†</b> Provider ID: N/A</p> <p>☐ 23521 PASEO DE VALENCIA STE 108 LAGUNA HILLS, CA 92653 Effective as of 01-MAY-22</p> <p><b>FARJOU DI, FARHAD, MD†</b> Provider ID: N/A</p> <p>☐ 23521 PASEO DE VALENCIA STE 108 LAGUNA HILLS, CA 92653 Effective as of 01-MAY-22</p> <p><b>FARJOU DI, FARHAD, MD†</b> Provider ID: N/A</p>	<p>Provider ID: N/A</p> <p>☐ 23521 PASEO DE VALENCIA STE 106 LAGUNA HILLS, CA 92653 Effective as of 01-JUN-22</p> <p><b>FARJOU DI, FARHAD, MD†</b> Provider ID: N/A</p> <p>☐ 23521 PASEO DE VALENCIA STE 106 LAGUNA HILLS, CA 92653 Effective as of 01-JUN-22</p> <p><b>KRISHNAN, PRIYANKA, MD</b> Provider ID: N/A</p> <p>☐ 23141 MOULTON PKWY STE 102 LAGUNA HILLS, CA 92653 Effective as of 01-JUN-19</p> <p><b>KRISHNAN, PRIYANKA, MD</b> Provider ID: N/A</p> <p>☐ 23141 MOULTON PKWY STE 102 LAGUNA HILLS, CA 92653 Teleservice Effective as of 01-JUN-19</p> <p><b>KRISHNAN, PRIYANKA, MD</b> Provider ID: N/A</p> <p>☐ 23141 MOULTON PKWY STE 102 LAGUNA HILLS, CA 92653 Teleservice Effective as of 01-JUL-16</p> <p><b>KRISHNAN, PRIYANKA, MD</b> Provider ID: N/A</p> <p>☐ 23141 MOULTON PKWY STE 102 LAGUNA HILLS, CA 92653 Teleservice Effective as of 01-OCT-22</p> <p><b>KRISHNAN, PRIYANKA, MD</b> Provider ID: N/A</p> <p>☐ 23141 MOULTON PKWY STE 102 LAGUNA HILLS, CA 92653 Teleservice Effective as of 01-AUG-21</p>
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**KRISHNAN, PRIYANKA, MD**

Provider ID: N/A

23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-APR-18

**KRISHNAN, PRIYANKA, MD**

Provider ID: N/A

23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-FEB-16

**KRISHNAN, PRIYANKA, MD**

Provider ID: N/A

23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-OCT-23

**MARKMAN, LISA, MD**

Provider ID: N/A

23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-23

**MARKMAN, LISA, MD**

Provider ID: N/A

23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653

Effective as of 01-MAR-23

**MARKMAN, LISA, MD**

Provider ID: N/A

23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653

Effective as of 01-MAR-23

**MARKMAN, LISA, MD**

Provider ID: N/A

23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653

Effective as of 01-MAR-23

**MARKMAN, LISA, MD**

Provider ID: N/A

23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653

Effective as of 01-MAR-23

**MARKMAN, LISA, MD**

Provider ID: N/A

23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653

Effective as of 01-MAR-23

**MARKMAN, LISA, MD**

Provider ID: N/A

23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

**MEHTA, SHILPA, MD†**

Provider ID: N/A

23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-NOV-19

**MEHTA, SHILPA, MD†**

Provider ID: N/A

23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-NOV-19

**MEHTA, SHILPA, MD†**

Provider ID: N/A

23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-NOV-19

**MEHTA, SHILPA, MD†**

Provider ID: N/A

23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-NOV-19

**MEHTA, SHILPA, MD†**

Provider ID: N/A

23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-JAN-23

**MEHTA, SHILPA, MD†**

Provider ID: N/A

23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-JUN-19

**MEHTA, SHILPA, MD†**

Provider ID: N/A

23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-JUN-19

**MEHTA, SHILPA, MD†**

Provider ID: N/A

23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653

Teleservice  
Effective as of 01-OCT-22

**MEHTA, SHILPA, MD†**

Provider ID: N/A  
23141 MOULTON PKWY STE 102  
LAGUNA HILLS, CA 92653

Teleservice  
Effective as of 01-OCT-23

**POURBABAK, SAM, MD**

Provider ID: N/A  
23141 MOULTON PKWY STE 102  
LAGUNA HILLS, CA 92653

Teleservice  
Effective as of 01-OCT-23

**TRAN, NEIL, MD**

Provider ID: N/A  
24321 AVENIDA DE LA CARLOTA  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

**ENDOCRINOLOGY**

**REPRODUCTIVE**

**FREDERICK, JANE, MD†**

Provider ID: N/A  
23961 CALLE DE LA MAGDALENA STE 503  
LAGUNA HILLS, CA 92653\*  
Effective as of 01-JUN-19

**FREDERICK, JANE, MD†**

Provider ID: N/A  
23961 CALLE DE LA MAGDALENA STE 541  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-13

**FREDERICK, JANE, MD†**

Provider ID: N/A  
23961 CALLE DE LA MAGDALENA STE 541  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-13

**FAMILY PRACTICE**

**LEISH, BRIAN, MD**

Provider ID: N/A  
24411 HEALTH CENTER DR STE 460  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

**RIZNIS, TENGIS, MD†**

Provider ID: N/A  
24451 HEALTH CENTER DR STE 620  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

**FAMILY PRACTICE**

**GERIATRIC MEDICINE**

**PATEL, NEHAL, MD†**

Provider ID: N/A  
23141 VERDUGO DR STE 201  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-20

**PATEL, NEHAL, MD†**

Provider ID: N/A  
23141 VERDUGO DR STE 201  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-20

**FEMALE PELVIC MED AND RECONSTRUCTIVE SURG**

**MWESIGWA, PATRICIA, MD†**

Provider ID: N/A  
23961 CALLE DE LA MAGDALENA STE 500

LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-22

**SHOURESHI, POONE, MD**

Provider ID: N/A  
23961 CALLE DE LA MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-23

**SHOURESHI, POONE, MD**

Provider ID: N/A  
23961 CALLE DE LA MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-23

**GASTROENTEROLOGY**

**JALALI, FARID, MD†**

Provider ID: N/A  
24221 CALLE DE LA LOUISA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-19

**JALALI, FARID, MD†**

Provider ID: N/A  
24221 CALLE DE LA LOUISA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-19

**JALALI, FARID, MD†**

Provider ID: N/A  
24221 CALLE DE LA LOUISA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-19

**NGO, CATHERINE, MD**

Provider ID: N/A  
26671 ALISO CREEK RD STE 301  
LAGUNA HILLS, CA 92656

Effective as of 01-DEC-22

**NGO, CATHERINE, MD**

Provider ID: N/A

26671 ALISO CREEK RD STE 301  
LAGUNA HILLS, CA 92656

Effective as of 01-DEC-22

**SHAH, KETAN, MD**

Provider ID: N/A

24221 CALLE DE LA LOUISA STE 300  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-16

**SHAH, KETAN, MD**

Provider ID: N/A

24221 CALLE DE LA LOUISA STE 300  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-16

**SHAH, KETAN, MD**

Provider ID: N/A

24221 CALLE DE LA LOUISA STE 300  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-16

**SHAH, KETAN, MD**

Provider ID: N/A

24221 CALLE DE LA LOUISA STE 300  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-22

**SY, THEODORE, MD†**

Provider ID: N/A

26538 MOULTON PKWY STE 38E  
LAGUNA HILLS, CA 92653

Effective as of 01-MAR-21

**SY, THEODORE, MD†**

Provider ID: N/A

26538 MOULTON PKWY STE 38E  
LAGUNA HILLS, CA 92653

Effective as of 01-MAR-21

**SY, THEODORE, MD†**

Provider ID: N/A

26538 MOULTON PKWY STE 38E  
LAGUNA HILLS, CA 92653

Effective as of 01-MAR-21

**SY, THEODORE, MD†**

Provider ID: N/A

26538 MOULTON PKWY STE 38E  
LAGUNA HILLS, CA 92653

Effective as of 01-AUG-18

**SY, THEODORE, MD†**

Provider ID: N/A

26538 MOULTON PKWY STE 38E  
LAGUNA HILLS, CA 92653

Effective as of 01-AUG-18

**GENERAL PRACTICE**

**SHAW, BRIAN, DO†**

Provider ID: N/A

23265 S POINTE DR STE 100  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-15

**HEMATOLOGY /  
ONCOLOGY**

**CHENG, HOWARD, MD†**

Provider ID: N/A

24953 PASEO DE VALENCIA STE 25B  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-14

**CHENG, HOWARD, MD†**

Provider ID: N/A

24953 PASEO DE VALENCIA STE 25B  
LAGUNA HILLS, CA 92653

Effective as of 01-MAR-08

**CHENG, HOWARD, MD†**

Provider ID: N/A

24953 PASEO DE VALENCIA STE 25B  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-11

**HASSAN, SARAH, MD**

Provider ID: N/A

24411 HEALTH CENTER DR STE 320  
LAGUNA HILLS, CA 92653

Effective as of 01-FEB-21

**MALEKIRAD, JACQUELINE,  
MD†**

Provider ID: N/A

24411 HEALTH CENTER DR STE 320  
LAGUNA HILLS, CA 92653

Effective as of 01-MAY-22

**MALEKIRAD, JACQUELINE,  
MD†**

Provider ID: N/A

24411 HEALTH CENTER DR STE 320  
LAGUNA HILLS, CA 92653

Effective as of 01-MAY-22

**MALEKIRAD, JACQUELINE,  
MD†**

Provider ID: N/A

24411 HEALTH CENTER DR STE 320  
LAGUNA HILLS, CA 92653

Effective as of 01-MAY-22



**MULTANI, GURPREET, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 320  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-21

**POW-ANPONGKUL, PETE, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 420  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

**POW-ANPONGKUL, PETE, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 420  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

**POW-ANPONGKUL, PETE, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 420  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUN-22

**POW-ANPONGKUL, PETE, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 420  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUN-22

**POW-ANPONGKUL, PETE, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 501  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-22

**RAO, AMOL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 320  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-21

**SALIMI-TARI, PEYMAN, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 501  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-22

**SU, DERRICK, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 501  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-22

**VU, COLLIN, MD†**

Provider ID: N/A

25431 CABOT RD STE 207  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

**VU, COLLIN, MD†**

Provider ID: N/A

25431 CABOT RD STE 207  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

**VU, COLLIN, MD†**

Provider ID: N/A

25431 CABOT RD STE 207  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

**VU, COLLIN, MD†**

Provider ID: N/A

25431 CABOT RD STE 207  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-22

**VU, COLLIN, MD†**

Provider ID: N/A

25431 CABOT RD STE 207  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-22

**VU, COLLIN, MD†**

Provider ID: N/A

25431 CABOT RD STE 207  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-22

**HOSPITALIST MD/DO**

**ABCEDE, GAIL, MD†**

Provider ID: N/A

24953 PASEO DE  
VALENCIA STE 7C  
LAGUNA HILLS, CA 92653  
Teleservice  
Effective as of 01-SEP-22

**INFECTIOUS DISEASE**

**KOPACZ, JOANNA, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUN-23

**KOPACZ, JOANNA, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUN-23

**KOPACZ, JOANNA, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUN-23

**KOPACZ, JOANNA, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUN-23

**KOPACZ, JOANNA, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUN-23

**KOPACZ, JOANNA, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-23

**KOPACZ, JOANNA, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-23

**KOPACZ, JOANNA, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-23

**WHITE, ALAN, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 460  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

**INTERNAL MEDICINE**

**BAE, CHAY, DO†**

Provider ID: N/A

26538 MOULTON PKWY

STE 38E  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-22

**BAE, CHAY, DO†**

Provider ID: N/A

26538 MOULTON PKWY  
STE 38E  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-22

**BAE, CHAY, DO†**

Provider ID: N/A

26538 MOULTON PKWY  
STE 38E  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-22

**BAE, CHAY, DO†**

Provider ID: N/A

26538 MOULTON PKWY  
STE 38E  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-22

**BAE, CHAY, DO†**

Provider ID: N/A

26538 MOULTON PKWY  
STE 38E  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-22

**KOOKOOTSEDES, GAYLE, MD**

Provider ID: N/A

25411 CABOT RD STE 109  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-24

**KOOKOOTSEDES, GAYLE, MD**

Provider ID: N/A

25411 CABOT RD STE 109  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-24

**KOOKOOTSEDES, GAYLE, MD**

Provider ID: N/A

25411 CABOT RD STE 109  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-24

**KOOKOOTSEDES, GAYLE, MD**

Provider ID: N/A

25411 CABOT RD STE 109  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-24

**KOOKOOTSEDES, GAYLE, MD**

Provider ID: N/A

25411 CABOT RD STE 109  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-24

**LO, ALAN, MD**

Provider ID: N/A

25401 CABOT RD STE 101  
LAGUNA HILLS, CA 92653\*  
Effective as of 01-JAN-18

**NGUYEN, AN, DO†**

Provider ID: N/A

23181 VERDUGO DR STE  
103A  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-23

**POURBABAK, SAM, MD**

Provider ID: N/A

23141 MOULTON PKWY STE  
102  
LAGUNA HILLS, CA 92653  
Teleservice  
Effective as of 01-JAN-23

**SOONG, YEN-HUI, MD†**

Provider ID: N/A

23141 MOULTON PKWY STE  
108  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-22

**SOONG, YEN-HUI, MD†**

Provider ID: N/A

23141 MOULTON PKWY STE 108  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-22

**INTERNAL MEDICINE  
CRITICAL CARE MEDICINE**

**KADIFA, FADY, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR STE 560  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-23

**VOVAN, THOMAS, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR STE 560  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-23

**INTERVENTIONAL  
CARDIOLOGY**

**CHEN, CHENG-HAN, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-20

**KARROWNI, WASSEF, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-SEP-23

**WALTERS, DANIEL, MD**

Provider ID: N/A

24411 HEALTH CENTER DR

STE 550

LAGUNA HILLS, CA 92653

Effective as of 01-NOV-23

**WALTERS, DANIEL, MD**

Provider ID: N/A

24411 HEALTH CENTER DR STE 550  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-23

**WALTERS, DANIEL, MD**

Provider ID: N/A

24411 HEALTH CENTER DR STE 550  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-23

**WALTERS, DANIEL, MD**

Provider ID: N/A

24411 HEALTH CENTER DR STE 550  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-23

**LICENSED CLINICAL  
SOCIAL WORKER**

**DOWNS, SAIGE, LCSW**

Provider ID: N/A

23461 S POINTE DR STE 240  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-22

**DOWNS, SAIGE, LCSW**

Provider ID: N/A

23461 S POINTE DR STE 240  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-22

**MACIEL, MARLA, LCSW**

Provider ID: N/A

23121 PLAZA POINTE DR STE 107  
LAGUNA HILLS, CA 92653

Effective as of 01-MAR-24

**ZARGARBASHI, STEFANIE,  
LCSW†**

Provider ID: N/A

24321 AVENIDA DE LA CARLOTA  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

**MARRIAGE FAMILY  
THERAPIST**

**MOORE, CANDACE, MFT**

Provider ID: N/A

23461 S POINTE DR  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-22

**MOORE, CANDACE, MFT**

Provider ID: N/A

23461 S POINTE DR  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-22

**MATERNAL AND FETAL  
MEDICINE**

**BUSH, MELISSA, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR STE 260  
LAGUNA HILLS, CA 92653

Effective as of 01-FEB-23

**BUSH, MELISSA, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR STE 300  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-11

**BUSH, MELISSA, MD†**

Provider ID: N/A

<p>☒ 24411 HEALTH CENTER DR STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-AUG-20</p> <p><b>BUSH, MELISSA, MD†</b> Provider ID: N/A</p> <p>☒ 24411 HEALTH CENTER DR STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-OCT-23</p> <p><b>BUSH, MELISSA, MD†</b> Provider ID: N/A</p> <p>☒ 24411 HEALTH CENTER DR STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-OCT-22</p> <p><b>BUSH, MELISSA, MD†</b> Provider ID: N/A</p> <p>☒ 24411 HEALTH CENTER DR STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-NOV-11</p> <p><b>BUSH, MELISSA, MD†</b> Provider ID: N/A</p> <p>☒ 24411 HEALTH CENTER DR STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-OCT-23</p> <p><b>BUSH, MELISSA, MD†</b> Provider ID: N/A</p> <p>☒ 24411 HEALTH CENTER DR STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-SEP-16</p> <p><b>BUSH, MELISSA, MD†</b> Provider ID: N/A</p> <p>☒ 24411 HEALTH CENTER DR STE 300 LAGUNA HILLS, CA 92653</p>	<p>Effective as of 01-SEP-16</p> <p><b>BUSH, MELISSA, MD†</b> Provider ID: N/A</p> <p>☒ 24411 HEALTH CENTER DR STE 260 LAGUNA HILLS, CA 92653 Effective as of 01-SEP-19</p> <p><b>BUSH, MELISSA, MD†</b> Provider ID: N/A</p> <p>☒ 24411 HEALTH CENTER DR STE 260 LAGUNA HILLS, CA 92653 Effective as of 01-FEB-23</p> <p><b>BUSH, MELISSA, MD†</b> Provider ID: N/A</p> <p>☒ 24411 HEALTH CENTER DR STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-20</p> <p><b>BUSH, MELISSA, MD†</b> Provider ID: N/A</p> <p>☒ 24411 HEALTH CENTER DR STE 260 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-23</p> <p><b>BUSH, MELISSA, MD†</b> Provider ID: N/A</p> <p>☒ 24411 HEALTH CENTER DR STE 260 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-23</p> <p><b>BUSH, MELISSA, MD†</b> Provider ID: N/A</p> <p>☒ 24411 HEALTH CENTER DR STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-JUL-04</p> <p><b>CHAU, CINDY, MD†</b></p>	<p>Provider ID: N/A</p> <p>☒ 24411 HEALTH CENTER DR STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-JUN-19</p> <p><b>CHAU, CINDY, MD†</b> Provider ID: N/A</p> <p>☒ 24411 HEALTH CENTER DR STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-23</p> <p><b>CHAU, CINDY, MD†</b> Provider ID: N/A</p> <p>☒ 24411 HEALTH CENTER DR STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-23</p> <p><b>CHAU, CINDY, MD†</b> Provider ID: N/A</p> <p>☒ 24411 HEALTH CENTER DR STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-FEB-23</p> <p><b>CHAU, CINDY, MD†</b> Provider ID: N/A</p> <p>☒ 24411 HEALTH CENTER DR STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-FEB-23</p> <p><b>CHAU, CINDY, MD†</b> Provider ID: N/A</p> <p>☒ 24411 HEALTH CENTER DR STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-SEP-19</p> <p><b>DAY, ROBERT, MD†</b> Provider ID: N/A</p> <p>☒ 24411 HEALTH CENTER DR STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-MAY-22</p> <p><b>KFIR, MENASHE, MD†</b> Provider ID: N/A</p> <p>☒ 24411 HEALTH CENTER DR STE 300</p>
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LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

**KFIR, MENASHE, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 300

LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

**KFIR, MENASHE, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 300

LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

**KFIR, MENASHE, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 300

LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

**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-JAN-23

**MILLS, MARLIN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 540

LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

**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 300

LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-23

**SHRIVASTAVA, VINEET, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 300

LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

**NEONATAL / PERINATAL  
MEDICINE**

**BUSH, MELISSA, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 300

LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

**MASAKI, DAMON, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 300

LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-19

**NEPHROLOGY**

**HAFTBARADARAN**

**MOHAMMADI, AFSANEH, MD**

Provider ID: N/A

25411 CABOT RD STE 105  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-23

**HAFTBARADARAN**

**MOHAMMADI, AFSANEH, MD**

Provider ID: N/A

25411 CABOT RD STE 105  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-23

**JAMES, JOJI, MD**

Provider ID: N/A

23141 MOULTON PKWY STE  
102

LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-23

**MANSOURY, HADI, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 620

LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

**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

**LOC, KIET, MD†**

Provider ID: N/A

24012 CALLE DE LA PLATA  
STE 150  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

**LOC, KIET, MD†**

Provider ID: N/A

24012 CALLE DE LA PLATA  
STE 150  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-17

**LOC, KIET, MD†**

Provider ID: N/A

24012 CALLE DE LA PLATA  
STE 150  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

**MAASUMI, KASRA, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 610  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-21

**MAASUMI, KASRA, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 610  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-21

**MAASUMI, KASRA, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 610  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-21

**MAASUMI, KASRA, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 610  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-21

**MAASUMI, KASRA, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 610  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-21

**MAASUMI, KASRA, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 610  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-21

**RAPOPORT, ZHANNA, MD**

Provider ID: N/A

24953 PASEO DE  
VALENCIA STE 8A  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUN-19

**RAPOPORT, ZHANNA, MD**

Provider ID: N/A

24953 PASEO DE  
VALENCIA STE 8A  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-19

**RAPOPORT, ZHANNA, MD**

Provider ID: N/A

24953 PASEO DE  
VALENCIA STE 8A  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-19

**RAPOPORT, ZHANNA, MD**

Provider ID: N/A

24953 PASEO DE  
VALENCIA STE 8A  
LAGUNA HILLS, CA 92653

Effective as of 01-SEP-19

**RAPOPORT, ZHANNA, MD**

Provider ID: N/A

24953 PASEO DE  
VALENCIA STE 8A  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-20

**SHEN, MICHAEL, MD**

Provider ID: N/A

24012 CALLE DE LA PLATA  
STE 150  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

**SHEN, MICHAEL, MD**

Provider ID: N/A

24012 CALLE DE LA PLATA  
STE 150  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-16

**SHEN, MICHAEL, MD**

Provider ID: N/A

24012 CALLE DE LA PLATA  
STE 150  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-16

**SHEN, MICHAEL, MD**

Provider ID: N/A

24012 CALLE DE LA PLATA  
STE 150  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-16

**OBSTETRICS /  
GYNECOLOGY**

**AL-AZAWI, HIND, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653

Effective as of 01-MAY-23

**AL-AZAWI, HIND, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653

Effective as of 01-MAY-23

**CHUNG, LINDA, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-20

**CHUNG, LINDA, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-21

**COUGH, HEIDI, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-21

**COUGH, HEIDI, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 200  
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-20

**DAVIS, STEPHANIE, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653

Effective as of 01-FEB-23

**DAVIS, STEPHANIE, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653

Effective as of 01-FEB-23

**DAY, ROBERT, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 300  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-23

**DEJBAKHS, SHEILA, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653

Effective as of 01-JUN-19

**EDMUNDSON, MORIAH, DO†**

Provider ID: N/A

24321 AVENIDA DE LA  
CARLOTA  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-22

**FREDERICK, JANE, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 503  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-21

**FREDERICK, JANE, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 503

LAGUNA HILLS, CA 92653

Effective as of 01-JAN-21

**JOHNSON, SUSAN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-18

**KONG, GRACE, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-18

**KONG, GRACE, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-21

**KONG, GRACE, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-20

**KRYCHMAN, MICHAEL, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 620  
LAGUNA HILLS, CA 92653

Effective as of 01-FEB-24

**KRYCHMAN, MICHAEL, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 620  
LAGUNA HILLS, CA 92653

Effective as of 01-MAR-24

**KRYCHMAN, MICHAEL, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 620  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-24

**KRYCHMAN, MICHAEL, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 620  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-24

**KRYCHMAN, MICHAEL, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 620  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-24

**LAM, KIM, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-21

**LAM, KIM, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

**LEE, KATHERINE, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

**LEE, KATHERINE, MD**

Provider ID: N/A

24411 HEALTH CENTER DR

STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-21

**LO, PATRICIA, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-21

**LOPEZ, RACHAEL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 640  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-11

**LOPEZ, RACHAEL, 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-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-MAY-12

**MASAKI, DAMON, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-19

**MASAKI, DAMON, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-19

**MASAKI, DAMON, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-22

**MASAKI, DAMON, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-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-JAN-18

**MENDELSON, SUSAN, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 200



LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-23

**MILLER, JAMIE, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 200

LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-23

**O TOOLE, MARY, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 200

LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

**O TOOLE, MARY, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 200

LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-21

**PATEL, MITA, 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 200

LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-23

**PETERS, AMY, DO†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 640

LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

**PRIESTLEY, ANGELIKA, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 200

LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

**STERNFELD, DANIEL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 640

LAGUNA HILLS, CA 92653  
Effective as of 01-APR-11

**STERNFELD, DANIEL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 640

LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-12

**STERNFELD, DANIEL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 640

LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

**STERNFELD, DANIEL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 640

LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-20

**TANAMAI, VAYA, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 640

LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-19

**TANAMAI, VAYA, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR

STE 640

LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-20

**TANAMAI, VAYA, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 640

LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-21

**TANAMAI, VAYA, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 640

LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-21

**TANAMAI, VAYA, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 640

LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-21

**TANAMAI, VAYA, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 640

LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-21

**TANAMAI, VAYA, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 640

LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-21

**VICENS-VILLAFANA, JOSE, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 200

LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-23

**VICENS-VILLAFANA, JOSE, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-23

**WINTER, MARC, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-21

**YU, MIAO, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 640  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-21

**YU, MIAO, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 640  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-21

**YU, MIAO, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 640  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-20

**ONCOLOGY MEDICAL**

**VU, COLLIN, MD†**

Provider ID: N/A

25431 CABOT RD STE 207  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

**OPHTHALMOLOGY**

**AHMAD, ASHRAF, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**AHMAD, ASHRAF, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-22

**AHMAD, ASHRAF, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-23

**AHMAD, ASHRAF, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-23

**BANUELOS, LYDIA, MD**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 309  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

**BANUELOS, LYDIA, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-22

**BROOKMAN, MYLES, MD**

Provider ID: N/A

23521 PASEO DE VALENCIA

STE 305  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-23

**BROOKMAN, MYLES, MD**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-23

**CHEN, SANFORD, MD†**

Provider ID: N/A

23521 PASEO VALENCIA  
309  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-13

**CHOI, DAVID, MD**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-23

**CHOI, DAVID, MD**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-23

**CHOI, DAVID, MD**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-23

**DHOOT, SONIA, MD†**

Provider ID: N/A

24401 CALLE DE LA LOUISA  
STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-19

**DHOOT, SONIA, MD†**

Provider ID: N/A

24401 CALLE DE LA LOUISA  
STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-19

**DHOOT, SONIA, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-22

**DHOOT, SONIA, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**EIFRIG, CHARLES WILLIAM,  
MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 207  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**EIFRIG, CHARLES WILLIAM,  
MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 207  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-22

**EIFRIG, CHARLES WILLIAM,  
MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-18

**EIFRIG, CHARLES WILLIAM,  
MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-18

**EIFRIG, CHARLES WILLIAM,  
MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 207  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-20

**EIFRIG, CHARLES WILLIAM,  
MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 207  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-20

**GUJRAL, SATVINDER, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-23

**GUJRAL, SATVINDER, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-22

**GUJRAL, SATVINDER, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**GUJRAL, SATVINDER, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-23

**GUPTA, MRINALI, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 207  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-20

**GUPTA, MRINALI, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 207  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-20

**GUPTA, MRINALI, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 207  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-20

**GUPTA, MRINALI, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 207  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-20

**GUPTA, MRINALI, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 207  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-20

**GUPTA, MRINALI, MD†**

Provider ID: N/A

<p>☞ 23521 PASEO DE VALENCIA STE 207 LAGUNA HILLS, CA 92653 Effective as of 01-NOV-20</p> <p><b>GUPTA, MRINALI, MD†</b> Provider ID: N/A</p> <p>☞ 23521 PASEO DE VALENCIA STE 207 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-22</p> <p><b>GUPTA, MRINALI, MD†</b> Provider ID: N/A</p> <p>☞ 23521 PASEO DE VALENCIA STE 207 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-22</p> <p><b>GWYNN, DAVID, MD</b> Provider ID: N/A</p> <p>☞ 23521 PASEO DE VALENCIA STE 305 LAGUNA HILLS, CA 92653 Effective as of 01-MAR-23</p> <p><b>HENRICK, ANDREW, MD</b> Provider ID: N/A</p> <p>☞ 24022 CALLE DE LA PLATA STE 305 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-23</p> <p><b>HENRICK, ANDREW, MD</b> Provider ID: N/A</p> <p>☞ 24022 CALLE DE LA PLATA STE 305 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-18</p> <p><b>HENRICK, ANDREW, MD</b> Provider ID: N/A</p> <p>☞ 24022 CALLE DE LA PLATA STE 305 LAGUNA HILLS, CA 92653 Effective as of 01-APR-23</p> <p><b>HWANG, JOHN, MD†</b></p>	<p>Effective as of 01-FEB-14</p> <p><b>HENRICK, ANDREW, MD</b> Provider ID: N/A</p> <p>☞ 24022 CALLE DE LA PLATA STE 305 LAGUNA HILLS, CA 92653 Effective as of 01-FEB-14</p> <p><b>HENRICK, ANDREW, MD</b> Provider ID: N/A</p> <p>☞ 24022 CALLE DE LA PLATA STE 305 LAGUNA HILLS, CA 92653 Effective as of 01-OCT-23</p> <p><b>HOVANESIAN, JOHN, MD</b> Provider ID: N/A</p> <p>☞ 23961 CALLE DE LA MAGDALENA STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-OCT-23</p> <p><b>HOVANESIAN, JOHN, MD</b> Provider ID: N/A</p> <p>☞ 23961 CALLE DE LA MAGDALENA STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-APR-23</p> <p><b>HOVANESIAN, JOHN, MD</b> Provider ID: N/A</p> <p>☞ 23961 CALLE DE LA MAGDALENA STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-23</p> <p><b>HOVANESIAN, JOHN, MD</b> Provider ID: N/A</p> <p>☞ 23961 CALLE DE LA MAGDALENA STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-APR-23</p> <p><b>HWANG, JOHN, MD†</b></p>	<p>Provider ID: N/A</p> <p>☞ 23521 PASEO DE VALENCIA STE 207 LAGUNA HILLS, CA 92653 Effective as of 01-JUL-18</p> <p><b>HWANG, JOHN, MD†</b> Provider ID: N/A</p> <p>☞ 23521 PASEO DE VALENCIA STE 207 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-18</p> <p><b>HWANG, JOHN, MD†</b> Provider ID: N/A</p> <p>☞ 23521 PASEO DE VALENCIA STE 207 LAGUNA HILLS, CA 92653 Effective as of 01-OCT-20</p> <p><b>HWANG, JOHN, MD†</b> Provider ID: N/A</p> <p>☞ 23521 PASEO DE VALENCIA STE 207 LAGUNA HILLS, CA 92653 Effective as of 01-OCT-23</p> <p><b>HWANG, JOHN, MD†</b> Provider ID: N/A</p> <p>☞ 23521 PASEO DE VALENCIA STE 207 LAGUNA HILLS, CA 92653 Effective as of 01-SEP-16</p> <p><b>JACOBS, JEFFREY, MD†</b> Provider ID: N/A</p> <p>☞ 23961 CALLE DE LA MAGDALENA STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-OCT-23</p> <p><b>JACOBS, JEFFREY, MD†</b> Provider ID: N/A</p> <p>☞ 23961 CALLE DE LA MAGDALENA STE 300</p>
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LAGUNA HILLS, CA 92653  
Effective as of 01-APR-23

**JACOBS, JEFFREY, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-22

**JACOBS, JEFFREY, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-23

**JOSON, PETER, MD**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 309  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-22

**JOSON, PETER, MD**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 306  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-23

**JOSON, PETER, MD**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 309  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-17

**KELLER, CHARLES, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**KELLER, CHARLES, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-22

**KERSTEN, DIANA, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-23

**KERSTEN, DIANA, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**KERSTEN, DIANA, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

**KERSTEN, DIANA, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-23

**KHAN, SAMIRA, MD**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-24

**KIM, JANET, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA

STE 305  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

**KIM, JANET, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

**KIM, JANET, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

**KIM, ESTHER, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 745  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-22

**KIM, EDWARD, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-22

**KIM, BRIAN, MD†**

Provider ID: N/A

24401 CALLE DE LA LOUISA  
STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-14

**KIM, BRIAN, MD†**

Provider ID: N/A

24401 CALLE DE LA LOUISA  
STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-14

**KIM, BRIAN, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-23

**KIM, BRIAN, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-22

**KIM, JANET, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

**KIM, JANET, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

**KIM, JANET, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

**KIM, EDWARD, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**KIM, BRIAN, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**KIM, ESTHER, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 745  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**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-JUN-21

**LOGAN, DWAYNE, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653  
Teleservice  
Effective as of 01-JAN-18

**LOGAN, DWAYNE, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-13

**LOGAN, DWAYNE, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-13

**LOGAN, DWAYNE, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653  
Teleservice  
Effective as of 01-SEP-22

**LOGAN, DWAYNE, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653  
Teleservice  
Effective as of 01-SEP-22

**LOGAN, DWAYNE, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653  
Teleservice  
Effective as of 01-SEP-22

**LOGAN, DWAYNE, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-SEP-22

**MCGUIRE, DESMOND, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 207  
LAGUNA HILLS, CA 92653

Effective as of 01-DEC-20

**NOGUCHI, JONATHAN, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-23

**PATEL, ALPA, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 305  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-23

**PATEL, ALPA, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 305  
LAGUNA HILLS, CA 92653

Effective as of 01-FEB-22

**PERRY, ANGELA, MD**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-23

**PERRY, ANGELA, MD**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305

LAGUNA HILLS, CA 92653

Effective as of 01-SEP-23

**PERRY, ANGELA, MD**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653

Effective as of 01-SEP-23

**PRENDIVILLE, PAUL, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-23

**PRENDIVILLE, PAUL, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-18

**PRENDIVILLE, PAUL, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

**PRENDIVILLE, PAUL, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
LAGUNA HILLS, CA 92653

Effective as of 01-JUL-14

**PRENDIVILLE, PAUL, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
LAGUNA HILLS, CA 92653

Effective as of 01-JUL-14

**RATHOD, RAJIV, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 475  
LAGUNA HILLS, CA 92653

Effective as of 01-FEB-16

**RATHOD, RAJIV, MD†**

Provider ID: N/A

23521 PASEO VALENCIA  
309  
LAGUNA HILLS, CA 92653

Effective as of 01-FEB-15

**RATHOD, RAJIV, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 475  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-23

**RATHOD, RAJIV, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 475  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-22

**RATHOD, RAJIV, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 475  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-22

**RATHOD, RAJIV, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 475  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-22

**RATHOD, RAJIV, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 475  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-22

**RATHOD, RAJIV, MD†**

Provider ID: N/A  
 24022 CALLE DE LA PLATA  
 STE 475  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-APR-22

**ROUHANI, BEHNAZ, MD**

Provider ID: N/A  
 23961 CALLE DE LA  
 MAGDALENA STE 300  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-OCT-23

**ROUHANI, BEHNAZ, MD**

Provider ID: N/A  
 23961 CALLE DE LA  
 MAGDALENA STE 300  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-SEP-22

**ROUHANI, BEHNAZ, MD**

Provider ID: N/A  
 24401 CALLE DE LA LOUISA  
 STE 300  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-SEP-19

**ROUHANI, BEHNAZ, MD**

Provider ID: N/A  
 24401 CALLE DE LA LOUISA  
 STE 300  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-SEP-19

**ROUHANI, BEHNAZ, MD**

Provider ID: N/A  
 23961 CALLE DE LA  
 MAGDALENA STE 300  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-APR-23

**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

**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-MAR-20

**SALIB, GEORGE, MD†**

Provider ID: N/A  
 24422 AVENIDA DE LA  
 CARLOTA STE 110  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-SEP-18

**SPANGGORD, HOLLY, MD†**

Provider ID: N/A  
 24022 CALLE DE LA PLATA  
 STE 305  
 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-NOV-14

**SPANGGORD, HOLLY, MD†**

Provider ID: N/A  
 24022 CALLE DE LA PLATA  
 STE 305  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-DEC-14

**SPANGGORD, HOLLY, MD†**

Provider ID: N/A  
 24022 CALLE DE LA PLATA  
 STE 305  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-JAN-18

**SPANGGORD, HOLLY, MD†**

Provider ID: N/A  
 24022 CALLE DE LA PLATA  
 STE 305  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-JAN-19

**TAYANI, RAMIN, MD**

Provider ID: N/A  
 23521 PASEO DE VALENCIA  
 STE 305  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-MAR-23

**TEYMOORIAN, SAVAK, MD†**

Provider ID: N/A  
 24401 CALLE DE LA LOUISA  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-NOV-14

**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-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-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

23961 CALLE DE LA  
MAGDALENA STE 300  
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-DEC-23

**TOMPKINS, BRETT, DO**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653

Effective as of 01-DEC-23

**TOMPKINS, BRETT, DO**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-24

**WANG, YE, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-23

**WANG, YE, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653

Effective as of 01-SEP-22

**WANG, YE, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-23

**WANG, YE, MD†**

Provider ID: N/A

24401 CALLE DE LA LOUISA  
STE 300  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-19

**WANG, YE, MD†**

Provider ID: N/A

24401 CALLE DE LA LOUISA  
STE 300  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-19

**WILLIAMS, MARK, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 475

LAGUNA HILLS, CA 92653

Effective as of 01-DEC-23

**WILLIAMS, MARK, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 475  
LAGUNA HILLS, CA 92653

Effective as of 01-DEC-23

**WILLIAMS, MARK, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 475  
LAGUNA HILLS, CA 92653

Effective as of 01-DEC-23

**WILLIAMS, MARK, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 475  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-24

**WILLIAMS, MARK, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 475  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-24

**YOU, TIMOTHY, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 475  
LAGUNA HILLS, CA 92653

Effective as of 01-FEB-16

**YOU, TIMOTHY, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-05

**YOU, TIMOTHY, MD†**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 475

LAGUNA HILLS, CA 92653

Effective as of 01-OCT-23

**OPTOMETRIST**

**CHOI-SIRITARATIWAT,  
ISABELL, OD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300

LAGUNA HILLS, CA 92653

Effective as of 01-APR-23

**CHOI-SIRITARATIWAT,  
ISABELL, OD†**

Provider ID: N/A

24401 CALLE DE LA LOUISA  
STE 300

LAGUNA HILLS, CA 92653

Effective as of 01-JUN-19

**CHOI-SIRITARATIWAT,  
ISABELL, OD†**

Provider ID: N/A

24401 CALLE DE LA LOUISA  
STE 300

LAGUNA HILLS, CA 92653

Effective as of 01-JUN-19

**CHOI-SIRITARATIWAT,  
ISABELL, OD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300

LAGUNA HILLS, CA 92653

Effective as of 01-AUG-22

**CHOI-SIRITARATIWAT,  
ISABELL, OD†**

Provider ID: N/A

23961 CALLE DE LA

MAGDALENA STE 300  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-23

**GRATTAN, ANNE, OD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305

LAGUNA HILLS, CA 92653

Effective as of 01-JUN-22

**GRATTAN, ANNE, OD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305

LAGUNA HILLS, CA 92653

Effective as of 01-JUN-22

**GRATTAN, ANNE, OD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305

LAGUNA HILLS, CA 92653

Effective as of 01-JUN-22

**GRATTAN, ANNE, OD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305

LAGUNA HILLS, CA 92653

Effective as of 01-FEB-23

**GRATTAN, ANNE, OD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305

LAGUNA HILLS, CA 92653

Effective as of 01-FEB-23

**HUYNH, ANTHONY, OD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305

LAGUNA HILLS, CA 92653

Effective as of 01-FEB-23

**HUYNH, ANTHONY, OD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305

LAGUNA HILLS, CA 92653

Effective as of 01-FEB-23

**HUYNH, ANTHONY, OD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305

LAGUNA HILLS, CA 92653

Effective as of 01-MAY-22

**HUYNH, ANTHONY, OD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305

LAGUNA HILLS, CA 92653

Effective as of 01-MAY-22

**HUYNH, ANTHONY, OD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305

LAGUNA HILLS, CA 92653

Effective as of 01-MAY-22

**HUYNH, ANTHONY, OD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
LAGUNA HILLS, CA 92653

Effective as of 01-JUN-23

**LEI, SHARON, OD**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 325

LAGUNA HILLS, CA 92653

Effective as of 01-NOV-21

**LEIGHT, TERRA, OD†**

Provider ID: N/A

23961 CALLE DE LA

MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**LEIGHT, TERRA, OD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-22

**LEUNG, CHRISTINA, OD†**

Provider ID: N/A

25260 LA PAZ RD STE G  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-16

**MONTANA-COLLINS,  
CLAUDIA, OD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 412  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

**NG, REBECCA, OD**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-23

**PHAN, MIMI, OD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-21

**PLECHOT, ERIQ, OD**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653\*  
Effective as of 01-APR-24

**PLECHOT, ERIQ, OD**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 305  
LAGUNA HILLS, CA 92653\*  
Effective as of 01-APR-24

**SKVARNA, KAREN, OD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**SKVARNA, KAREN, OD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-22

**SKVARNA, KAREN, OD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-23

**TERADA, SEIJU, OD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-23

**TERADA, SEIJU, OD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-22

**TERADA, SEIJU, OD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 300  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**OTOLARYNGOLOGY**

**ABEDI ASL, ESRAFIL, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 430  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-23

**BALAKER, ASHLEY, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 370  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-23

**BALAKER, ASHLEY, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 370  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUN-19

**BALAKER, ASHLEY, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 370  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-19

**BALAKER, ASHLEY, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 370  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

**BALAKER, ASHLEY, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR

STE 370  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-23

**BUEN, FLOYD, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 370  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-20

**BUEN, FLOYD, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 370  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-20

**BUEN, FLOYD, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 370  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-20

**BUEN, FLOYD, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 370  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-20

**CHO, MICHAEL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 370  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

**JAKOBSEN, MICHAEL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 370  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-22

**SUN, PAUL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-14

**SUN, PAUL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-20

**SUN, JOHN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-20

**SUN, PAUL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**SUN, JOHN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**YIAN, CHRISTOPHER, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**OTOLARYNGOLOGY /  
OTOLOGY /**

**LARYNGOLOGY /  
RHINOLOGY**

**ABEDI ASL, ESRAFIL, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 430  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-14

**ABEDI ASL, ESRAFIL, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 430  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-13

**ABEDI ASL, ESRAFIL, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 430  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

**CHO, MICHAEL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 370  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

**JAKOBSEN, MICHAEL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 370  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

**MUNDI, JAGMEET, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 370  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

**SUN, PAUL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

**SUN, JOHN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

**SUN, PAUL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-17

**SUN, JOHN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-17

**SUN, PAUL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-21

**SUN, JOHN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-21

**SUN, PAUL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR

STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

**SUN, JOHN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

**SUN, JOHN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-16

**SUN, PAUL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-12

**SUN, JOHN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-12

**SUN, JOHN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-14

**SUN, PAUL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-16

**SUN, PAUL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-11

**SUN, JOHN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-11

**SUN, PAUL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-07

**SUN, JOHN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-07

**SUN, PAUL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-14

**SUN, JOHN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-14

**SUN, PAUL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-11

**SUN, JOHN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-11

**SUN, PAUL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-12

**SUN, JOHN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-12

**YIAN, CHRISTOPHER, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-12

**YIAN, CHRISTOPHER, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-11

**YIAN, CHRISTOPHER, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-14

**YIAN, CHRISTOPHER, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653

Effective as of 01-DEC-07

**YIAN, CHRISTOPHER, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-11

**YIAN, CHRISTOPHER, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653

Effective as of 01-FEB-16

**YIAN, CHRISTOPHER, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-14

**YIAN, CHRISTOPHER, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653

Effective as of 01-JUL-12

**YIAN, CHRISTOPHER, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-18

**YIAN, CHRISTOPHER, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-21

**YIAN, CHRISTOPHER, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-17

**YIAN, CHRISTOPHER, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 600  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-22

**PEDIATRIC CARDIOLOGY**

**DENNY-BROWN, SINAN, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-FEB-23

**DENNY-BROWN, SINAN, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-FEB-23

**DENNY-BROWN, SINAN, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-FEB-23

**DENNY-BROWN, SINAN, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

**DENNY-BROWN, SINAN, MD**  
Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

**DENNY-BROWN, SINAN, MD**  
Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

***PHYS MED/ REHAB PAIN  
MEDICINE***

**HANNA, ANDREW, DO**  
Provider ID: N/A

24411 HEALTH CENTER DR  
STE 610  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-23

**HANNA, ANDREW, DO**  
Provider ID: N/A

24411 HEALTH CENTER DR  
STE 610  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-23

**HANNA, ANDREW, DO**  
Provider ID: N/A

24411 HEALTH CENTER DR  
STE 610  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-23

***PHYSICAL MEDICINE /  
REHABILITATION***

**ALSHARIF, KAIS, MD†**

Provider ID: N/A

24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-21

**ALSHARIF, KAIS, MD†**

Provider ID: N/A

24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-21

**ALSHARIF, KAIS, MD†**

Provider ID: N/A

24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-21

**HILAL, TARIQ, DO†**

Provider ID: N/A

24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-21

**HILAL, TARIQ, DO†**

Provider ID: N/A

24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-21

**HILAL, TARIQ, DO†**

Provider ID: N/A

24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-21

**HILAL, TARIQ, DO†**

Provider ID: N/A

24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-20

**HILAL, TARIQ, DO†**

Provider ID: N/A

24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-20

**KUO, DENNIS, MD†**

Provider ID: N/A

24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-20

**LYNN, KENNETH, MD†**

Provider ID: N/A

24012 CALLE DE LA PLATA  
STE 460  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-19

**POURADIB, AMIR, MD†**

Provider ID: N/A

24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-21

**POURADIB, AMIR, MD†**

Provider ID: N/A

24012 CALLE DE LA PLATA  
STE 120  
LAGUNA HILLS, CA 92653  
Effective as of 01-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-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-APR-21

**PHYSICIANS ASSISTANT**

**BYNON, KRISTEN, PA**

Provider ID: N/A

☞ 24401 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653

Effective as of 01-DEC-23

**BYNON, KRISTEN, PA**

Provider ID: N/A

☞ 24401 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653

Effective as of 01-DEC-23

**BYNON, KRISTEN, PA**

Provider ID: N/A

☞ 24401 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653

Effective as of 01-DEC-23

**BYNON, KRISTEN, PA**

Provider ID: N/A

☞ 24401 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653

Effective as of 01-DEC-23

**CARDENAS, RICARDO, PA†**

Provider ID: N/A

☞ 23521 PASEO DE VALENCIA  
STE 250  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-22

**CARDENAS, RICARDO, PA†**

Provider ID: N/A

☞ 23521 PASEO DE VALENCIA  
STE 250  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-22

**DINH, Y NHA THI, PA†**

Provider ID: N/A

☞ 23181 VERDUGO DR STE  
103A  
LAGUNA HILLS, CA 92653

Effective as of 01-MAR-15

**KIM, MOSES, MD†**

Provider ID: N/A

☞ 23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-21

**KISCADEN, LAUREN, PA**

Provider ID: N/A

☞ 24411 HEALTH CENTER DR  
STE 208  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-23

**KISCADEN, LAUREN, PA**

Provider ID: N/A

☞ 24411 HEALTH CENTER DR  
STE 208  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-23

**NAGEL, IRENE, PA†**

Provider ID: N/A

☞ 24411 HEALTH CENTER DR

STE 680

LAGUNA HILLS, CA 92653

Effective as of 01-JUN-19

**OWEN, LISA, PA**

Provider ID: N/A

☞ 23181 VERDUGO DR STE  
103A  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-23

**PALMER, VIVIENNE, PA**

Provider ID: N/A

☞ 24411 HEALTH CENTER DR  
STE 680  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-24

**PALMER, VIVIENNE, PA**

Provider ID: N/A

☞ 24411 HEALTH CENTER DR  
STE 680  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-24

**PALMER, VIVIENNE, PA**

Provider ID: N/A

☞ 24411 HEALTH CENTER DR  
STE 680  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-24

**PALMER, VIVIENNE, PA**

Provider ID: N/A

☞ 24411 HEALTH CENTER DR  
STE 680  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-24

**PETERMAN, KYLIE, PA**

Provider ID: N/A

☞ 23181 VERDUGO DR STE  
103A  
LAGUNA HILLS, CA 92653\*

Effective as of 01-APR-23



**PETERMAN, KYLIE, PA**

Provider ID: N/A

23181 VERDUGO DR STE 103A  
LAGUNA HILLS, CA 92653\*

Effective as of 01-APR-23

**SOBHANIAN, SHAHAB, PA**

Provider ID: N/A

23961 CALLE DE LA MAGDALENA STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-22

**SOBHANIAN, SHAHAB, PA**

Provider ID: N/A

23961 CALLE DE LA MAGDALENA STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-22

**TOWERY, BOBBY, PA†**

Provider ID: N/A

24411 HEALTH CENTER DR STE 680  
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-18

**WANG, LILLIAN, PA†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA HILLS, CA 92637

Effective as of 01-FEB-22

**PODIATRIST**

**ARJOMANDI, NEDA, DPM†**

Provider ID: N/A

24022 CALLE DE LA PLATA STE 410  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-21

**ARJOMANDI, NEDA, DPM†**

Provider ID: N/A

24022 CALLE DE LA PLATA STE 410  
LAGUNA HILLS, CA 92653

Effective as of 01-APR-21

**GOLSHAHI, BAHAR, DPM†**

Provider ID: N/A

23141 MOULTON PKWY STE 109  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-19

**GOLSHAHI, BAHAR, DPM†**

Provider ID: N/A

23141 MOULTON PKWY STE 109  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-19

**GOLSHAHI, BAHAR, DPM†**

Provider ID: N/A

23141 MOULTON PKWY STE 109  
LAGUNA HILLS, CA 92653

Effective as of 01-JUN-20

**GOLSHAHI, BAHAR, DPM†**

Provider ID: N/A

23141 MOULTON PKWY STE 109  
LAGUNA HILLS, CA 92653

Effective as of 01-JUN-20

**LEAMING, ROBERT, DPM**

Provider ID: N/A

23141 MOULTON PKWY STE 109  
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-FEB-24

**LEAMING, ROBERT, DPM**

Provider ID: N/A

23141 MOULTON PKWY STE

109

LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-FEB-24

**MCCANN, JAN, DPM**

Provider ID: N/A

24012 CALLE DE LA PLATA STE 135  
LAGUNA HILLS, CA 92653

Effective as of 01-DEC-20

**MCCANN, JAN, DPM**

Provider ID: N/A

24012 CALLE DE LA PLATA STE 135  
LAGUNA HILLS, CA 92653

Effective as of 01-DEC-20

**NOSRATI, SAM, DPM†**

Provider ID: N/A

23141 MOULTON PKWY STE 109  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-19

**NOSRATI, SAM, DPM†**

Provider ID: N/A

23141 MOULTON PKWY STE 109  
LAGUNA HILLS, CA 92653

Effective as of 01-JUL-16

**NOSRATI, SAM, DPM†**

Provider ID: N/A

23141 MOULTON PKWY STE 109  
LAGUNA HILLS, CA 92653

Effective as of 01-JUL-16

**POLISKIE, MICHAEL, DPM†**

Provider ID: N/A

23521 PASEO DE VALENCIA STE 108  
LAGUNA HILLS, CA 92653

Effective as of 01-FEB-22

**POLISKIE, MICHAEL, DPM†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 108  
LAGUNA HILLS, CA 92653

Effective as of 01-SEP-18

**YETTER, MARCUS, DPM†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 143  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-18

**PSYCHIATRIC-MENTAL  
HEALTH NURSE  
PRACTITIONER**

**CARASQUERO, ANDREA, NP**

Provider ID: N/A

23121 PLAZA POINTE DR  
STE 107  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-24

**CARASQUERO, ANDREA, NP**

Provider ID: N/A

23121 PLAZA POINTE DR  
STE 107  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-24

**PSYCHIATRY**

**CHU, WEIMING, MD†**

Provider ID: N/A

24953 PASEO DE  
VALENCIA STE 7C  
LAGUNA HILLS, CA 92653

Effective as of 01-SEP-21

**CHU, WEIMING, MD†**

Provider ID: N/A

24953 PASEO DE  
VALENCIA STE 7C  
LAGUNA HILLS, CA 92653

Effective as of 01-SEP-21

**EAGAN, TERRY, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 424  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-21

**EAGAN, TERRY, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 424  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-21

**PULMONARY DISEASES**

**CHANG, WILLIAM, DO†**

Provider ID: N/A

23141 MOULTON PKWY STE  
108  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-22

**CHANG, WILLIAM, DO†**

Provider ID: N/A

23141 MOULTON PKWY STE  
108  
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-22

**CHANG, WILLIAM, DO†**

Provider ID: N/A

23141 MOULTON PKWY STE  
108  
LAGUNA HILLS, CA 92653

Effective as of 01-JUN-23

**CHANG, WILLIAM, DO†**

Provider ID: N/A

23141 MOULTON PKWY STE

108  
LAGUNA HILLS, CA 92653

Effective as of 01-MAR-23

**CHANG, WILLIAM, DO†**

Provider ID: N/A

23141 MOULTON PKWY STE  
108  
LAGUNA HILLS, CA 92653

Effective as of 01-JUN-23

**ESPELETA, VIDAL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-18

**ESPELETA, VIDAL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653

Effective as of 01-AUG-23

**ESPELETA, VIDAL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653

Effective as of 01-AUG-23

**ESPELETA, VIDAL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-17

**ESPELETA, VIDAL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-17

**ESPELETA, VIDAL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUN-17

**ESPELETA, VIDAL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

**ESPELETA, VIDAL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-22

**ESPELETA, VIDAL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**KADIFA, FADY, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-19

**KADIFA, FADY, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-12

**KADIFA, FADY, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

**KADIFA, FADY, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-19

**KADIFA, FADY, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-17

**KADIFA, FADY, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-11

**KADIFA, FADY, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

**KADIFA, FADY, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

**KADIFA, FADY, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

**KOHLI, SANJIVAN, MD†**

Provider ID: N/A

23141 MOULTON PKWY STE  
108  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUN-23

**KOHLI, SANJIVAN, MD†**

Provider ID: N/A

23141 MOULTON PKWY STE  
108  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-22

**KOHLI, SANJIVAN, MD†**

Provider ID: N/A

23141 MOULTON PKWY STE  
108  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-22

**SHAHINIAN, GEORGE, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 620  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-23

**SINGH, SAMARJIT, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

**SINGH, SAMARJIT, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-19

**SINGH, SAMARJIT, MD†**

Provider ID: N/A

☐ 24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-22

**SINGH, SAMARJIT, MD†**

Provider ID: N/A

☐ 24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**SOONG, YEN-HUI, MD†**

Provider ID: N/A

☐ 23141 MOULTON PKWY STE  
108  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-22

**VO, BRYAN, MD**

Provider ID: N/A

☐ 24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

**VO, BRYAN, MD**

Provider ID: N/A

☐ 24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-18

**VO, BRYAN, MD**

Provider ID: N/A

☐ 24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-18

**VO, BRYAN, MD**

Provider ID: N/A

☐ 24411 HEALTH CENTER DR  
STE 560

LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

**VO, BRYAN, MD**

Provider ID: N/A

☐ 24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

**VO, BRYAN, MD**

Provider ID: N/A

☐ 24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**VO, BRYAN, MD**

Provider ID: N/A

☐ 24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-12

**VOVAN, THOMAS, MD†**

Provider ID: N/A

☐ 24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

**VOVAN, THOMAS, MD†**

Provider ID: N/A

☐ 24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-19

**VOVAN, THOMAS, MD†**

Provider ID: N/A

☐ 24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

**VOVAN, THOMAS, MD†**

Provider ID: N/A

☐ 24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

**VOVAN, THOMAS, MD†**

Provider ID: N/A

☐ 24411 HEALTH CENTER DR  
STE 560  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

**RADIATION ONCOLOGY**

**CHAN, LINDA, MD†**

Provider ID: N/A

☐ 24302 PASEO DE  
VALENCIA  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-19

**CHAN, LINDA, MD†**

Provider ID: N/A

☐ 24302 PASEO DE  
VALENCIA  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

**CHAN, LINDA, MD†**

Provider ID: N/A

☐ 24302 PASEO DE  
VALENCIA  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

**CHAN, LINDA, MD†**

Provider ID: N/A

☐ 24302 PASEO DE  
VALENCIA  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

**CHAN, LINDA, MD†**

Provider ID: N/A

☐ 24302 PASEO DE  
VALENCIA  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

**HARSOLIA, ASIF, MD†**

Provider ID: N/A

☐ 24302 PASEO DE  
VALENCIA  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

**HARSOLIA, ASIF, MD†**

Provider ID: N/A

☐ 24302 PASEO DE  
VALENCIA  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

**HARSOLIA, ASIF, MD†**

Provider ID: N/A

☐ 24302 PASEO DE  
VALENCIA  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

**HARSOLIA, ASIF, MD†**

Provider ID: N/A

☐ 24302 PASEO DE  
VALENCIA  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-19

**KABOLIZADEH, PEYMAN, MD†**

Provider ID: N/A

☐ 24302 PASEO DE  
VALENCIA  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-21

**LEE, SHARON, MD†**

Provider ID: N/A

☐ 24302 PASEO DE  
VALENCIA

LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

**LEE, SHARON, MD†**

Provider ID: N/A

☐ 24302 PASEO DE  
VALENCIA  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

**LEE, SHARON, MD†**

Provider ID: N/A

☐ 24302 PASEO DE  
VALENCIA  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-21

**LEE, SHARON, MD†**

Provider ID: N/A

☐ 24302 PASEO DE  
VALENCIA  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-21

**LEE, SHARON, MD†**

Provider ID: N/A

☐ 24302 PASEO DE  
VALENCIA  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

**LEE, SHARON, MD†**

Provider ID: N/A

☐ 24302 PASEO DE  
VALENCIA  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

**ZHANG, ANDREW, MD**

Provider ID: N/A

☐ 24302 PASEO DE  
VALENCIA  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-24

**ZHANG, ANDREW, MD**

Provider ID: N/A

☐ 24302 PASEO DE  
VALENCIA  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-24

**ZHANG, ANDREW, MD**

Provider ID: N/A

☐ 24302 PASEO DE  
VALENCIA  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-24

**ZHANG, ANDREW, MD**

Provider ID: N/A

☐ 24302 PASEO DE  
VALENCIA  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-24

**ZHANG, ANDREW, MD**

Provider ID: N/A

☐ 24302 PASEO DE  
VALENCIA  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-24

**RHEUMATOLOGY**

**KHALEGHI DAMAVANDI, MIR  
BEHNAM, MD**

Provider ID: N/A

☐ 25411 CABOT RD STE 112  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-19

**KHALEGHI DAMAVANDI, MIR  
BEHNAM, MD**

Provider ID: N/A

☐ 25411 CABOT RD STE 112  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-18

**KHALEGHI DAMAVANDI, MIR**

**BEHNAM, MD**

Provider ID: N/A

25411 CABOT RD STE 112  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-15

**KHALEGHI DAMAVANDI, MIR  
BEHNAM, MD**

Provider ID: N/A

25411 CABOT RD STE 112  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**KHALEGHI DAMAVANDI, MIR  
BEHNAM, MD**

Provider ID: N/A

25411 CABOT RD STE 112  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-20

**KHALEGHI DAMAVANDI, MIR  
BEHNAM, MD**

Provider ID: N/A

25411 CABOT RD STE 112  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-20

**KHALEGHI DAMAVANDI, MIR  
BEHNAM, MD**

Provider ID: N/A

25411 CABOT RD STE 112  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-20

**KHALEGHI DAMAVANDI, MIR  
BEHNAM, MD**

Provider ID: N/A

25411 CABOT RD STE 112  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-17

**KHALEGHI DAMAVANDI, MIR  
BEHNAM, MD**

Provider ID: N/A

25411 CABOT RD STE 112  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-17

**KHALEGHI DAMAVANDI, MIR  
BEHNAM, MD**

Provider ID: N/A

25411 CABOT RD STE 112  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-17

**KHALEGHI DAMAVANDI, MIR  
BEHNAM, MD**

Provider ID: N/A

25411 CABOT RD STE 112  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

**KHALEGHI DAMAVANDI, MIR  
BEHNAM, MD**

Provider ID: N/A

25411 CABOT RD STE 112  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-19

**KHALEGHI DAMAVANDI, MIR  
BEHNAM, MD**

Provider ID: N/A

25411 CABOT RD STE 112  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

**KHALEGHI DAMAVANDI, MIR  
BEHNAM, MD**

Provider ID: N/A

25411 CABOT RD STE 112  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUN-21

**KOOKOOTSEDES, GAYLE, MD**

Provider ID: N/A

25411 CABOT RD STE 109  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-24

**KOOKOOTSEDES, GAYLE, MD**

Provider ID: N/A

25411 CABOT RD STE 112  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-23

**KOOKOOTSEDES, GAYLE, MD**

Provider ID: N/A

25411 CABOT RD STE 109  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-24

**SURGERY**

**CARDIOVASCULAR**

**GRIFFITH, PATRICK, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 680  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-23

**GRIFFITH, PATRICK, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 680  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-23

**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

**TENG, WANG, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-20

**TENG, WANG, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-20

**SURGERY COLON  
SURGERY**

**BRADY, MATTHEW, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-21

**BRADY, MATTHEW, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-21

**BRADY, MATTHEW, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-21

**BRADY, MATTHEW, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-21

**BRADY, MATTHEW, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-21

**SYN, GENE, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 417  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-21

**SYN, GENE, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 231  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**SURGERY GENERAL**

**ABOU ABBASS, AHMAD, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

**ASHLEY, BLAKE, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

**ASHLEY, BLAKE, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

**ASHLEY, BLAKE, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR

STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-12

**ASHLEY, BLAKE, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-14

**ASHLEY, BLAKE, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-11

**ASHLEY, BLAKE, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-19

**ASHLEY, BLAKE, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

**ASHLEY, BLAKE, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-19

**ASHLEY, BLAKE, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**BACON, LOUISE, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**BACON, LOUISE, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

**DEARING, DAVID, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350  
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-23

**DEARING, DAVID, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-19

**DEARING, DAVID, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

**DEARING, DAVID, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-19

**HOLNESS, RONALD, MD†**

Provider ID: N/A

23521 PASEO DE VALENCIA  
STE 108  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-19

**KLAUSE, ELVIRA, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 417  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-23

**KLAUSE, ELVIRA, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 417  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUN-23

**KLAUSE, ELVIRA, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 417  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUN-23

**KLAUSE, ELVIRA, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 417  
LAGUNA HILLS, CA 92653\*  
Effective as of 01-JUN-23

**KLAUSE, ELVIRA, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 417  
LAGUNA HILLS, CA 92653

Effective as of 01-JUN-23

**KLAUSE, ELVIRA, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 417  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUN-23

**KLAUSE, ELVIRA, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 417  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUN-23

**KUSHNER, KENNETH, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350  
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-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

**PHAM, ALEXANDER, MD**



Provider ID: N/A  
 23521 PASEO DE VALENCIA  
 STE 108  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-MAR-24

**RAHNEMA, CYRUS, MD**

Provider ID: N/A  
 23521 PASEO DE VALENCIA  
 STE 108  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-JAN-24

**RAHNEMA, CYRUS, MD**

Provider ID: N/A  
 23521 PASEO DE VALENCIA  
 STE 108  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-JAN-24

**RAHNEMA, CYRUS, MD**

Provider ID: N/A  
 23521 PASEO DE VALENCIA  
 STE 108  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-JAN-24

**RAHNEMA, CYRUS, MD**

Provider ID: N/A  
 23521 PASEO DE VALENCIA  
 STE 108  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-JAN-24

**ROBERTSON, ELSIE, MD**

Provider ID: N/A  
 24411 HEALTH CENTER DR  
 STE 350  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-MAR-23

**ROBERTSON, ELSIE, MD**

Provider ID: N/A  
 24411 HEALTH CENTER DR  
 STE 350

LAGUNA HILLS, CA 92653  
 Effective as of 01-OCT-23

**RONA, KAIS, MD**

Provider ID: N/A  
 11 MAREBLU STE 200  
 LAGUNA HILLS, CA 92656\*  
 Effective as of 01-FEB-23

**SHARMA, RAHUL, DO†**

Provider ID: N/A  
 24411 HEALTH CENTER DR  
 STE 350  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-NOV-19

**SHARMA, RAHUL, DO†**

Provider ID: N/A  
 24411 HEALTH CENTER DR  
 STE 350  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-NOV-19

**SHAVER, JOHN, MD†**

Provider ID: N/A  
 24411 HEALTH CENTER DR  
 STE 350  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-NOV-19

**SHAVER, JOHN, MD†**

Provider ID: N/A  
 24411 HEALTH CENTER DR  
 STE 350  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-NOV-19

**SHAVER, JOHN, MD†**

Provider ID: N/A  
 24411 HEALTH CENTER DR  
 STE 350  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-OCT-23

**SHAVER, JOHN, MD†**

Provider ID: N/A  
 24411 HEALTH CENTER DR  
 STE 350  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-SEP-22

**TENG, WANG, MD†**

Provider ID: N/A  
 24411 HEALTH CENTER DR  
 STE 350  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-JAN-18

**TUNG, SHAWNDEEP, MD**

Provider ID: N/A  
 24401 CALLE DE LA LOUISA  
 STE 102  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-JUL-21

**TUNG, SHAWNDEEP, MD**

Provider ID: N/A  
 24401 CALLE DE LA LOUISA  
 STE 102  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-JUL-21

**TUNG, SHAWNDEEP, MD**

Provider ID: N/A  
 24401 CALLE DE LA LOUISA  
 STE 102  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-JUL-21

**TUNG, SHAWNDEEP, MD**

Provider ID: N/A  
 24401 CALLE DE LA LOUISA  
 STE 102  
 LAGUNA HILLS, CA 92653  
 Effective as of 01-JUL-21

**TUNG, SHAWNDEEP, MD**

Provider ID: N/A  
 24401 CALLE DE LA LOUISA  
 STE 102

LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-21

**WALLACE, WILLIAM, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350

LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

**WALLACE, WILLIAM, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350

LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-20

**WALLACE, WILLIAM, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350

LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-20

**WALLACE, WILLIAM, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350

LAGUNA HILLS, CA 92653  
Effective as of 01-APR-11

**WALLACE, WILLIAM, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350

LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-13

**WALLACE, WILLIAM, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350

LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-16

**WALLACE, WILLIAM, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350

LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

**WALLACE, WILLIAM, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350

LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-12

**WALLACE, WILLIAM, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350

LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**WATANABE, BRIAN, MD†**

Provider ID: N/A

24953 PASCO DE  
VALENCIA  
STE 15C

LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-21

**WATANABE, BRIAN, MD†**

Provider ID: N/A

24953 PASCO DE  
VALENCIA  
STE 15C

LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-21

**WATANABE, BRIAN, MD†**

Provider ID: N/A

24953 PASCO DE  
VALENCIA  
STE 15C

LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-21

**WONG, JASON, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350

LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**WONG, JASON, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350

LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-12

**WONG, JASON, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350

LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-12

**WONG, JASON, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350

LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

**WONG, JASON, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350

LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

**WONG, JASON, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350

LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-20

**WONG, JASON, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR

STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

**WONG, JASON, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-20

**SURGERY GENERAL  
VASCULAR**

**DEARING, DAVID, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-18

**DEARING, DAVID, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-15

**DEARING, DAVID, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**DEARING, DAVID, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-19

**SHARMA, RAHUL, DO†**

Provider ID: N/A

24411 HEALTH CENTER DR

STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-19

**SHARMA, RAHUL, DO†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

**SHARMA, RAHUL, DO†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-19

**SHARMA, RAHUL, DO†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-19

**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-OCT-23

**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

**TENG, WANG, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-16

**TENG, WANG, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-16

**TENG, WANG, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-12

**TENG, WANG, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-11

**TENG, WANG, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

**WALLACE, WILLIAM, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-16

**WALLACE, WILLIAM, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 350  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

**SURGERY HAND  
ORTHOPEDIC**

**PATEL, AMAR, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA HILLS, CA 92637  
Effective as of 01-NOV-20

**PATEL, AMAR, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA HILLS, CA 92637  
Effective as of 01-NOV-20

**PATEL, AMAR, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA HILLS, CA 92637  
Effective as of 01-NOV-20

**PATEL, AMAR, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA HILLS, CA 92637  
Effective as of 01-NOV-20

**SURGERY  
NEUROLOGICAL**

**HWANG, BRIAN, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 405  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**HWANG, BRIAN, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 405  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-23

**HWANG, BRIAN, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 405  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-23

**HWANG, BRIAN, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 405  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

**HWANG, BRIAN, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 405  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**HWANG, BRIAN, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 405  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-23

**HWANG, BRIAN, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 405  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-23

**HWANG, BRIAN, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 405  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-23

**JACKSON, ROBERT, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 405  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-23

**JACKSON, ROBERT, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 405  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-23

**LIAUW, JASON, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 405  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-19

**LIAUW, JASON, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 405  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-19

**LIAUW, JASON, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 405  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-19

**LIAUW, JASON, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 405  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-19

**LIAUW, JASON, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 504  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-21

**LIAUW, JASON, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 504  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-21

**LIAUW, JASON, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 504  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-18

**MASSOUDI, FARZAD, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 405  
LAGUNA HILLS, CA 92653  
Teleservice

Effective as of 01-JAN-21

**MASSOUDI, FARZAD, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 405

LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-JAN-21

**MASSOUDI, FARZAD, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 405  
LAGUNA HILLS, CA 92653  
Teleservice

Effective as of 01-APR-22

**MASSOUDI, FARZAD, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 405  
LAGUNA HILLS, CA 92653  
Teleservice

Effective as of 01-MAY-20

**MASSOUDI, FARZAD, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 405  
LAGUNA HILLS, CA 92653  
Teleservice

Effective as of 01-MAY-20

**MASSOUDI, FARZAD, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 405  
LAGUNA HILLS, CA 92653  
Teleservice

Effective as of 01-OCT-22

***SURGERY ORTHOPEDIC***

**GREENBAUM, BRADLEY, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 415  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-24

**GREENBAUM, BRADLEY, MD**

Provider ID: N/A

24022 CALLE DE LA PLATA  
STE 415  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-24

**PATEL, AMAR, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA HILLS, CA 92637  
Effective as of 01-JUL-21

**PATEL, AMAR, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA HILLS, CA 92637  
Effective as of 01-OCT-23

**PATEL, AMAR, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA HILLS, CA 92637  
Effective as of 01-MAY-22

**PATEL, AMAR, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA HILLS, CA 92637  
Effective as of 01-NOV-22

**PATEL, AMAR, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA HILLS, CA 92637  
Effective as of 01-NOV-22

**PATEL, AMAR, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA HILLS, CA 92637  
Effective as of 01-SEP-23

**PATEL, AMAR, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA HILLS, CA 92637  
Effective as of 01-DEC-21

**PATEL, AMAR, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA HILLS, CA 92637  
Effective as of 01-JAN-22

**PATEL, AMAR, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA HILLS, CA 92637  
Effective as of 01-JAN-23

**SURGERY THORACIC**

**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-SEP-23

**GRIFFITH, PATRICK, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 680  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-23

**GRIFFITH, PATRICK, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 680  
LAGUNA HILLS, CA 92653  
Effective as of 01-SEP-23

**GRIFFITH, PATRICK, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 680  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-23

**GRIFFITH, PATRICK, MD**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 680  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-23

**HARGROVE, RACHEL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 680  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

**HARGROVE, RACHEL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 680  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

**HARGROVE, RACHEL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 680  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

**HARGROVE, RACHEL, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 680  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-23

**KANAAN, SAMER, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR

STE 630  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-17

**KANAAN, SAMER, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 630  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-17

**LAM, TUAN, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 680  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-19

**POWELL, LEDFORD, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 630  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-16

**POWELL, LEDFORD, MD†**

Provider ID: N/A

24411 HEALTH CENTER DR  
STE 630  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

**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-20

**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-NOV-16

**SURGICAL ONCOLOGY**

**BREMNER, AMY, MD†**

Provider ID: N/A

24401 CALLE DE LA LOUISA  
STE 102  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-21

**BREMNER, AMY, MD**

Provider ID: N/A

24401 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-23

**BREMNER, AMY, MD**

Provider ID: N/A

24401 HEALTH CENTER DR  
STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-23

**BREMNER, AMY, MD**

Provider ID: N/A

24401 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

**UROLOGY**

**BUI, DON, MD†**

Provider ID: N/A

25200 LA PAZ RD STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

**BUI, DON, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-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-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-JAN-23

**BUI, DON, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**CHEVINSKY, MICHAEL, MD†**

Provider ID: N/A

24953 PASEO DE  
VALENCIA STE 15B  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-21

**CHEVINSKY, MICHAEL, MD†**

Provider ID: N/A

24953 PASEO DE  
VALENCIA STE 15B  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-23

**CHEVINSKY, MICHAEL, MD†**

Provider ID: N/A

24953 PASEO DE  
VALENCIA STE 15B  
LAGUNA HILLS, CA 92653  
Effective as of 01-MAR-23

**CHEVINSKY, MICHAEL, MD†**

Provider ID: N/A

24953 PASEO DE VALENCIA STE 15B LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-21

**CHEVINSKY, MICHAEL, MD†**

Provider ID: N/A

24953 PASEO DE VALENCIA STE 15B LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-21

**CHEVINSKY, MICHAEL, MD†**

Provider ID: N/A

24953 PASEO DE VALENCIA STE 15B LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-21

**ELKHOURY, FUAD, MD†**

Provider ID: N/A

23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-22

**ELKHOURY, FUAD, MD†**

Provider ID: N/A

23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-22

**ELKHOURY, FUAD, MD†**

Provider ID: N/A

23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

**ELKHOURY, FUAD, MD†**

Provider ID: N/A

23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-21

**ELKHOURY, FUAD, MD†**

Provider ID: N/A

23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-21

**ELKHOURY, FUAD, MD†**

Provider ID: N/A

23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-21

**ELKHOURY, FUAD, MD†**

Provider ID: N/A

23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-21

**ELKHOURY, FUAD, MD†**

Provider ID: N/A

23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-21

**ELKHOURY, FUAD, MD†**

Provider ID: N/A

23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-21

**ELKHOURY, FUAD, MD†**

Provider ID: N/A

23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653

Effective as of 01-NOV-21

**ELKHOURY, FUAD, MD†**

Provider ID: N/A

23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-23

**ELKHOURY, FUAD, MD†**

Provider ID: N/A

23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**GRUENENFELDER, JENNIFER, 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-JAN-21

**HO, TAMMY, MD†**

Provider ID: N/A

23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

**HO, TAMMY, MD†**

Provider ID: N/A

23961 CALLE DE LA MAGDALENA STE 500 LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20



**HO, TAMMY, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

**HO, TAMMY, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

**HO, TAMMY, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

**HO, TAMMY, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

**HO, TAMMY, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

**HO, TAMMY, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-22

**HO, TAMMY, MD†**

Provider ID: N/A

23961 CALLE DE LA

MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

**HO, TAMMY, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-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

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-DEC-23

**KIM, MOSES, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

**KIM, MOSES, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

**KIM, MOSES, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-21

**KIM, MOSES, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

**LIAUW, JASON, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 405  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUL-19

**MEAGLIA, JAMES, MD†**

Provider ID: N/A

23961 CALLE DE LA

MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

**MEAGLIA, JAMES, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-DEC-23

**MEAGLIA, JAMES, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-21

**MEAGLIA, JAMES, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

**MEAGLIA, JAMES, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

**MEAGLIA, JAMES, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

**MEAGLIA, JAMES, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-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-OCT-23

**NAKAMURA, LEAH, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**NAKAMURA, LEAH, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-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-JAN-21

**NAKAMURA, LEAH, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-23

**NAKAMURA, LEAH, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

**PASIN, ERIK, MD**

Provider ID: N/A

24953 PASEO VALENCIA7C  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-15

**PASIN, ERIK, MD**

Provider ID: N/A

24953 PASEO VALENCIA7C  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-12

**PASIN, ERIK, MD**

Provider ID: N/A

24953 PASEO DE  
VALENCIA STE 15B  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUN-21

**PASIN, ERIK, MD**

Provider ID: N/A

24953 PASEO DE  
VALENCIA STE 15B  
LAGUNA HILLS, CA 92653  
Effective as of 01-JUN-21

**PASIN, ERIK, MD**

Provider ID: N/A

24953 PASEO DE  
VALENCIA STE 15B  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-21

**PASIN, ERIK, MD**

Provider ID: N/A

24953 PASEO DE  
VALENCIA STE 15B  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-21

**PASIN, ERIK, MD**

Provider ID: N/A

24953 PASEO DE  
VALENCIA STE 15B  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-21

**PASIN, ERIK, MD**

Provider ID: N/A

24953 PASEO DE

VALENCIA STE 15B  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-21

**SHOURESHI, POONE, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-NOV-23

**SHOURESHI, POONE, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-23

**SHOURESHI, POONE, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-23

**SHOURESHI, POONE, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-23

**SHOURESHI, POONE, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-23

**SHOURESHI, POONE, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-23

**SHOURESHI, POONE, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-23

**SHOURESHI, POONE, MD**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-AUG-23

**SINGH, KARAN, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-21

**SINGH, KARAN, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-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-FEB-20

**SINGH, KARAN, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

**SINGH, KARAN, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

**SINGH, KARAN, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

**SINGH, KARAN, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

**SINGH, KARAN, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

**SINGH, KARAN, MD†**

Provider ID: N/A

25200 LA PAZ RD STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

**SINGH, KARAN, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**SPITZ, AARON, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**SPITZ, AARON, MD†**

Provider ID: N/A

25200 LA PAZ RD STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-22

**SPITZ, AARON, MD†**

Provider ID: N/A

25200 LA PAZ RD STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-14

**SPITZ, AARON, MD†**

Provider ID: N/A

25200 LA PAZ RD STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-14

**SPITZ, AARON, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

**SPITZ, AARON, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

**SPITZ, AARON, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-FEB-20

**SPITZ, AARON, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

**SPITZ, AARON, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

**SPITZ, AARON, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

**SPITZ, AARON, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

**SPITZ, AARON, MD†**

Provider ID: N/A

25200 LA PAZ RD STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

**SPITZ, AARON, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

**SPITZ, AARON, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-21

**SPITZ, AARON, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-21

**SU, DANIEL, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-APR-23

**SU, DANIEL, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-23

**SU, DANIEL, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

**SU, DANIEL, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

**SU, DANIEL, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-FEB-20

**SU, DANIEL, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

**SU, DANIEL, MD†**

Provider ID: N/A

23961 CALLE DE LA  
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LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

**SU, DANIEL, MD†**

Provider ID: N/A

25200 LA PAZ RD STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

**SU, DANIEL, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-OCT-23

**TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

25200 LA PAZ RD STE 200  
LAGUNA HILLS, CA 92653  
Effective as of 01-JAN-18

**TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

25200 LA PAZ RD STE 200

LAGUNA HILLS, CA 92653  
Effective as of 01-MAY-17

**TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

**TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

**TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

**TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

**TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

**TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653  
Effective as of 01-FEB-20

**TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-FEB-20

**TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

**TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-MAY-21

**TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

23961 CALLE DE LA  
MAGDALENA STE 500  
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-21

**ALLERGY IMMUNOLOGY**

**DYER, MARC, MD**

Provider ID: N/A

30131 TOWN CENTER DR  
STE 120  
LAGUNA NIGUEL, CA 92677

Effective as of 01-NOV-14

**DYER, MARC, MD**

Provider ID: N/A

30131 TOWN CENTER DR  
STE 120  
LAGUNA NIGUEL, CA 92677

Effective as of 01-JAN-13

**DYER, MARC, MD**

Provider ID: N/A

30131 TOWN CENTER DR  
STE 120  
LAGUNA NIGUEL, CA 92677

Effective as of 01-JAN-18

**AUDIOLOGIST**

**ABRAMSON, MARIA, AuD†**

Provider ID: N/A

28985 GOLDEN LANTERN  
STE B105  
LAGUNA NIGUEL, CA 92677

Effective as of 01-NOV-21

**ABRAMSON, MARIA, AuD†**

Provider ID: N/A

28985 GOLDEN LANTERN  
STE B105  
LAGUNA NIGUEL, CA 92677

Effective as of 01-NOV-21

**CERTIFIED**

**ACUPUNCTURIST**

**PARK, ERIC, LAC†**

Provider ID: N/A

30101 TOWN CENTER DR  
STE 112  
LAGUNA NIGUEL, CA 92677

Effective as of 01-OCT-22

**DERMATOLOGY**

**KLEIN, LORRIE, MD†**

Provider ID: N/A

30201 GOLDEN LANTERN  
STE B  
LAGUNA NIGUEL, CA 92677

Effective as of 01-SEP-19

**KLEIN, LORRIE, MD†**

Provider ID: N/A

30201 GOLDEN LANTERN  
STE B

LAGUNA NIGUEL, CA 92677

Effective as of 01-SEP-19

**KLEIN, LORRIE, MD†**

Provider ID: N/A

30201 GOLDEN LANTERN  
STE B  
LAGUNA NIGUEL, CA 92677

Effective as of 01-OCT-23

**KLEIN, LORRIE, MD†**

Provider ID: N/A

30201 GOLDEN LANTERN  
STE B  
LAGUNA NIGUEL, CA 92677

Effective as of 01-JAN-23

**KLEIN, LORRIE, MD†**

Provider ID: N/A

30201 GOLDEN LANTERN  
STE B  
LAGUNA NIGUEL, CA 92677

Effective as of 01-JUL-21

**KLEIN, LORRIE, MD†**

Provider ID: N/A

30201 GOLDEN LANTERN  
STE B  
LAGUNA NIGUEL, CA 92677

Effective as of 01-JUL-21

**LANDER, JEFFREY, MD†**

Provider ID: N/A

30201 GOLDEN LANTERN  
STE B  
LAGUNA NIGUEL, CA 92677

Effective as of 01-OCT-23

**LANDER, JEFFREY, MD†**

Provider ID: N/A

30201 GOLDEN LANTERN  
STE B  
LAGUNA NIGUEL, CA 92677

Effective as of 01-OCT-22

**LANDER, JEFFREY, MD†**

Provider ID: N/A

30201 GOLDEN LANTERN  
STE B  
LAGUNA NIGUEL, CA 92677  
Effective as of 01-JAN-23

**NAMI, NAVID, DO†**

Provider ID: N/A

30281 GOLDEN LANTERN  
LAGUNA NIGUEL, CA 92677  
Effective as of 01-MAR-22

**ENDOCRINOLOGY**

**METABOLISM DIABETES**

**NEMATI, MARYAM, MD**

Provider ID: N/A

30281 GOLDEN LANTERN  
LAGUNA NIGUEL, CA 92677  
Effective as of 01-SEP-23

**GASTROENTEROLOGY**

**ARGUELLO, JUAN, MD**

Provider ID: N/A

30131 TOWN CENTER DR  
STE 215  
LAGUNA NIGUEL, CA 92677  
Effective as of 01-NOV-17

**ARGUELLO, JUAN, MD**

Provider ID: N/A

30131 TOWN CENTER DR  
STE 215  
LAGUNA NIGUEL, CA 92677  
Effective as of 01-NOV-17

**GENERAL PRACTICE**

**PATEL, JYOTINKUMAR, MD†**

Provider ID: N/A

30281 GOLDEN LANTERN  
LAGUNA NIGUEL, CA 92677  
Effective as of 01-SEP-22

**HEMATOLOGY /  
ONCOLOGY**

**WAGNER, EDWARD, MD**

Provider ID: N/A

25500 RANCHO NIGUEL  
RD STE 240  
LAGUNA NIGUEL, CA 92677  
Effective as of 01-NOV-21

**INTERNAL MEDICINE**

**SHAHIM, ZAHRA, MD**

Provider ID: N/A

32341 GOLDEN LANTERN  
STE D  
LAGUNA NIGUEL, CA 92677  
Effective as of 01-NOV-23

**MEDICAL ONCOLOGY**

**WAGNER, EDWARD, MD**

Provider ID: N/A

25500 RANCHO NIGUEL  
RD STE 240  
LAGUNA NIGUEL, CA 92677  
Effective as of 01-OCT-12

**NEUROLOGY CHILD**

**GARFINKLE, REBECCA, DO**

Provider ID: N/A

30131 TOWN CENTER DR  
STE 245  
LAGUNA NIGUEL, CA 92677  
Effective as of 01-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-NOV-14

**PRZEKLASA AUTH, MELISSA,  
MD†**

Provider ID: N/A

30131 TOWN CENTER DR  
STE 237  
LAGUNA NIGUEL, CA 92677  
Effective as of 01-SEP-19

**PRZEKLASA AUTH, MELISSA,  
MD†**

Provider ID: N/A

30131 TOWN CENTER DR  
STE 237  
LAGUNA NIGUEL, CA 92677  
Effective as of 01-SEP-19

**PEDIATRIC ALLERGY /**

**IMMUNOLOGY**

**DYER, MARC, MD**

Provider ID: N/A

30131 TOWN CENTER DR  
STE 120  
LAGUNA NIGUEL, CA 92677  
Effective as of 01-JAN-21

**PODIATRIST**

**COX, MATTHEW, DPM**

Provider ID: N/A

30001 TOWN CENTER DR  
STE E2  
LAGUNA NIGUEL, CA 92677  
Effective as of 01-JAN-18

**PSYCHOLOGIST**

**ENGELMAN, SUZANNE, PhD**

Provider ID: N/A

30131 TOWN CENTER DR  
STE 268  
LAGUNA NIGUEL, CA 92677  
Effective as of 01-MAR-15

**ENGELMAN, SUZANNE, PhD**

Provider ID: N/A

30131 TOWN CENTER DR  
STE 268  
LAGUNA NIGUEL, CA 92677  
Effective as of 01-MAR-15

**ENGELMAN, SUZANNE, PhD**

Provider ID: N/A

30100 CROWN VALLEY  
PKWY STE 17C  
LAGUNA NIGUEL, CA 92677  
Effective as of 01-OCT-23

**ENGELMAN, SUZANNE, PhD**

Provider ID: N/A

30100 CROWN VALLEY  
PKWY STE 17C

LAGUNA NIGUEL, CA 92677  
Effective as of 01-OCT-23

**ENGELMAN, SUZANNE, PhD**

Provider ID: N/A

30131 TOWN CENTER DR  
STE 268  
LAGUNA NIGUEL, CA 92677  
Effective as of 01-MAR-15

**ENGELMAN, SUZANNE, PhD**

Provider ID: N/A

30131 TOWN CENTER DR  
STE 268  
LAGUNA NIGUEL, CA 92677  
Effective as of 01-MAR-15

**ENGELMAN, SUZANNE, PhD**

Provider ID: N/A

30100 CROWN VALLEY  
PKWY STE 17C  
LAGUNA NIGUEL, CA 92677  
Effective as of 01-OCT-23

**ENGELMAN, SUZANNE, PhD**

Provider ID: N/A

30100 CROWN VALLEY  
PKWY STE 17C  
LAGUNA NIGUEL, CA 92677  
Effective as of 01-OCT-23

**FAMILY PRACTICE**

**SPORTS MEDICINE**

**GRAHAM, SCOTT, 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

**VENEZIANO, CHRISTOPHER, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637  
Effective as of 01-OCT-23

**PHYSICIANS ASSISTANT**

**BOW, LINDA, PA†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637  
Effective as of 01-SEP-23

**NGUYEN, TONY, PA†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637  
Effective as of 01-AUG-22

**NGUYEN, TONY, PA†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637  
Effective as of 01-AUG-22

**PODIATRIST**

**BATHAEE, FARSHAD, DPM**

Provider ID: N/A

24331 EL TORO RD STE 370  
LAGUNA WOODS, CA  
92637  
Effective as of 01-JAN-18

**BATHAEE, FARSHAD, DPM**



Provider ID: N/A

☐ 24331 EL TORO RD STE 370  
LAGUNA WOODS, CA  
92637

Effective as of 01-JAN-17

**BATHAEE, FARSHAD, DPM**

Provider ID: N/A

☐ 24331 EL TORO RD STE 370  
LAGUNA WOODS, CA  
92637

Effective as of 01-DEC-21

**ROOHIAN, ARSHIA, DPM**

Provider ID: N/A

☐ 24331 EL TORO RD STE 370  
LAGUNA WOODS, CA  
92637

Effective as of 01-DEC-21

**ROOHIAN, ARSHIA, DPM**

Provider ID: N/A

☐ 24331 EL TORO RD STE 370  
LAGUNA WOODS, CA  
92637

Effective as of 01-JUL-20

**REGISTERED PHYSICAL  
THERAPIST**

**FRESHMAN, JANELLE, PT†**

Provider ID: N/A

☐ 24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-OCT-23

**FRESHMAN, JANELLE, PT†**

Provider ID: N/A

☐ 24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-FEB-23

**PARK, JOSEPH, PT**

Provider ID: N/A

☐ 24361 EL TORO RD STE 140  
LAGUNA WOODS, CA  
92637

Effective as of 01-OCT-23

**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-OCT-23

**SURGERY HAND  
ORTHOPEDIC**

**KIM, ABRAHAM, MD†**

Provider ID: N/A

☐ 24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-MAY-22

**SURGERY ORTHOPEDIC**

**AMINIAN, ARASH, MD†**

Provider ID: N/A

☐ 24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-FEB-21

**AMINIAN, ARASH, MD†**

Provider ID: N/A

☐ 24331 EL TORO RD STE 200  
LAGUNA WOODS, CA

92637

Effective as of 01-FEB-21

**AMINIAN, ARASH, MD†**

Provider ID: N/A

☐ 24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-JAN-18

**AMINIAN, ARASH, MD†**

Provider ID: N/A

☐ 24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-DEC-14

**AMINIAN, ARASH, MD†**

Provider ID: N/A

☐ 24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-DEC-21

**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-AUG-11

**AMINIAN, ARASH, MD†**

Provider ID: N/A

☐ 24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-MAY-12

**AMINIAN, ARASH, MD†**

Provider ID: N/A

☐ 24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-NOV-14

**AMINIAN, ARASH, MD†**

Provider ID: N/A

☐ 24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-OCT-22

**AMINIAN, ARASH, MD†**

Provider ID: N/A

☐ 24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-OCT-22

**GRAHAM, SCOTT, MD†**

Provider ID: N/A

☐ 24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-MAR-22

**GRAHAM, SCOTT, MD†**

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-SEP-23

**GRAHAM, SCOTT, MD†**

Provider ID: N/A

☐ 24331 EL TORO RD STE 200

LAGUNA WOODS, CA  
92637

Effective as of 01-JAN-18

**GRAHAM, SCOTT, MD†**

Provider ID: N/A

☐ 24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-FEB-21

**GRAHAM, SCOTT, MD†**

Provider ID: N/A

☐ 24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-FEB-21

**GRAHAM, SCOTT, MD†**

Provider ID: N/A

☐ 24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-FEB-22

**GRAHAM, SCOTT, MD†**

Provider ID: N/A

☐ 24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-FEB-24

**GRAHAM, SCOTT, MD†**

Provider ID: N/A

☐ 24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-FEB-24

**GRAHAM, SCOTT, MD†**

Provider ID: N/A

☐ 24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-FEB-24

**GRAHAM, SCOTT, MD†**

Provider ID: N/A

☐ 24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-FEB-24

**GURBANI, AJAY, MD**

Provider ID: N/A

☐ 24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-SEP-23

**GURBANI, AJAY, MD**

Provider ID: N/A

☐ 24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-AUG-23

**GURBANI, AJAY, MD**

Provider ID: N/A

☐ 24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-AUG-23

**GURBANI, AJAY, MD**

Provider ID: N/A

☐ 24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-AUG-23

**JOHNSON, BRYCE, MD†**

Provider ID: N/A

☐ 24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-DEC-21

**JOHNSON, BRYCE, MD†**

Provider ID: N/A

<p>📄 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637</p> <p>Effective as of 01-SEP-23</p> <p><b>JOHNSON, BRYCE, MD†</b> Provider ID: N/A</p> <p>📄 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637</p> <p>Effective as of 01-JAN-18</p> <p><b>JOHNSON, BRYCE, MD†</b> Provider ID: N/A</p> <p>📄 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637</p> <p>Effective as of 01-FEB-21</p> <p><b>JOHNSON, BRYCE, MD†</b> Provider ID: N/A</p> <p>📄 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637</p> <p>Effective as of 01-OCT-22</p> <p><b>JOHNSON, BRYCE, MD†</b> Provider ID: N/A</p> <p>📄 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637</p> <p>Effective as of 01-MAR-21</p> <p><b>KADAKIA, NIMISH, MD†</b> Provider ID: N/A</p> <p>📄 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637</p> <p>Effective as of 01-OCT-22</p> <p><b>KADAKIA, NIMISH, MD†</b> Provider ID: N/A</p> <p>📄 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637</p> <p>Effective as of 01-JAN-24</p>	<p>Effective as of 01-SEP-23</p> <p><b>KADAKIA, NIMISH, MD†</b> Provider ID: N/A</p> <p>📄 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637</p> <p>Effective as of 01-DEC-21</p> <p><b>KIM, ABRAHAM, MD†</b> Provider ID: N/A</p> <p>📄 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637</p> <p>Effective as of 01-SEP-23</p> <p><b>KIM, ABRAHAM, MD†</b> Provider ID: N/A</p> <p>📄 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637</p> <p>Effective as of 01-AUG-18</p> <p><b>KIM, ABRAHAM, MD†</b> Provider ID: N/A</p> <p>📄 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637</p> <p>Effective as of 01-DEC-18</p> <p><b>KIM, ABRAHAM, MD†</b> Provider ID: N/A</p> <p>📄 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637</p> <p>Effective as of 01-JAN-24</p> <p><b>KIM, ABRAHAM, MD†</b> Provider ID: N/A</p> <p>📄 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637</p> <p>Effective as of 01-JAN-24</p> <p><b>KIM, ABRAHAM, MD†</b> Provider ID: N/A</p>	<p>Provider ID: N/A</p> <p>📄 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637</p> <p>Effective as of 01-JAN-24</p> <p><b>KIM, ABRAHAM, MD†</b> Provider ID: N/A</p> <p>📄 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637</p> <p>Effective as of 01-JAN-24</p> <p><b>KIM, ABRAHAM, MD†</b> Provider ID: N/A</p> <p>📄 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637</p> <p>Effective as of 01-JAN-23</p> <p><b>KIM, ABRAHAM, MD†</b> Provider ID: N/A</p> <p>📄 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637</p> <p>Effective as of 01-OCT-23</p> <p><b>KIM, ABRAHAM, MD†</b> Provider ID: N/A</p> <p>📄 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637</p> <p>Effective as of 01-JUN-23</p> <p><b>KIM, ABRAHAM, MD†</b> Provider ID: N/A</p> <p>📄 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637</p> <p>Effective as of 01-JUN-23</p> <p><b>KIM, ABRAHAM, MD†</b> Provider ID: N/A</p> <p>📄 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637</p> <p>Effective as of 01-JUN-23</p> <p><b>KIM, ABRAHAM, MD†</b> Provider ID: N/A</p> <p>📄 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637</p>
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92637  
Effective as of 01-SEP-18

**KIM, ABRAHAM, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-SEP-18

**KIM, ABRAHAM, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-SEP-20

**KIM, ABRAHAM, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-SEP-20

**MOLHO, DAVID, MD**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-JAN-24

**MOLHO, DAVID, MD**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-JAN-24

**MOLHO, DAVID, MD**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-JAN-24

**MOLHO, DAVID, MD**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-JAN-24

**MOLHO, DAVID, MD**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-DEC-23

**MOLHO, DAVID, MD**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-DEC-23

**MOLHO, DAVID, MD**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-DEC-23

**MOLHO, DAVID, MD**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-DEC-23

**MOLHO, DAVID, MD**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

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-DEC-11

**MOSKOW, LONNIE, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-APR-11

**MOSKOW, LONNIE, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-SEP-23

**MOSKOW, LONNIE, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-FEB-21

**MOSKOW, LONNIE, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-FEB-21

**MOSKOW, LONNIE, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-JAN-18

**MOSKOW, LONNIE, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-MAY-22

**MOSKOW, LONNIE, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-MAY-12

**MOSKOW, LONNIE, 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  
LAGUNA WOODS, CA  
92637

Effective as of 01-JUL-12

**TOCCI, STEPHEN, MD†**

Provider ID: N/A

24310 MOULTON PKWY  
STE O563  
LAGUNA WOODS, CA  
92637

Effective as of 01-JUL-12

**VENEZIANO, CHRISTOPHER,  
MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-OCT-11

**VENEZIANO, CHRISTOPHER,  
MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-MAR-21

**VENEZIANO, CHRISTOPHER,  
MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-MAR-21

**VENEZIANO, CHRISTOPHER,  
MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-MAR-21

**VENEZIANO, CHRISTOPHER,  
MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-MAR-21

**VENEZIANO, CHRISTOPHER,  
MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-JAN-24

**VENEZIANO, CHRISTOPHER,  
MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-JAN-24

**VENEZIANO, CHRISTOPHER,  
MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-JAN-24

**VENEZIANO, CHRISTOPHER,  
MD†**

Provider ID: N/A

24331 EL TORO RD STE 200

LAGUNA WOODS, CA  
92637

Effective as of 01-JAN-24

**VENEZIANO, CHRISTOPHER,  
MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-SEP-23

**VENEZIANO, CHRISTOPHER,  
MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-AUG-23

**VENEZIANO, CHRISTOPHER,  
MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-DEC-21

**VENEZIANO, CHRISTOPHER,  
MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-AUG-23

**WONG, JEFFREY, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-DEC-21

**WONG, JEFFREY, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-DEC-21

**WONG, JEFFREY, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-DEC-21

**WONG, JEFFREY, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-AUG-19

**YOUDERIAN, ARI, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-SEP-23

**YOUDERIAN, ARI, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-DEC-21

**YOUDERIAN, ARI, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-JAN-18

**YOUDERIAN, ARI, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-FEB-21

**YOUDERIAN, ARI, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-FEB-15

**YOUDERIAN, ARI, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-FEB-15

**YOUDERIAN, ARI, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-MAR-16

**YOUDERIAN, ARI, MD†**

Provider ID: N/A

24331 EL TORO RD STE 200  
LAGUNA WOODS, CA  
92637

Effective as of 01-MAR-16

**CARDIOLOGY**

**ATTIA, NADER, DO†**

Provider ID: N/A

31581 CANYON ESTATES  
DR  
LAKE ELSINORE, CA 92532

Effective as of 01-JAN-19

**BISWAS, MIMI, MD**

Provider ID: N/A

31581 CANYON ESTATES  
DR  
LAKE ELSINORE, CA 92532

Teleservice

Effective as of 01-NOV-23

**COX, JEREMY, 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

**PATANKAR, KAUSTUBH, MD†**

Provider ID: N/A

31581 CANYON ESTATES DR  
LAKE ELSINORE, CA 92532

Effective as of 01-JAN-19

**SANGODKAR, SANDEEP, DO†**

Provider ID: N/A

31581 CANYON ESTATES DR  
LAKE ELSINORE, CA 92532

Effective as of 01-JAN-19

**CARDIOVASCULAR  
DISEASE**

**QASQAS, SHADI, MD†**

Provider ID: N/A

31571 CANYON ESTATES DR  
STE 228  
LAKE ELSINORE, CA 92532

Effective as of 01-JAN-17

**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-MAR-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-MAY-15

**QASQAS, SHADI, MD†**

Provider ID: N/A

31571 CANYON ESTATES DR  
STE 228  
LAKE ELSINORE, CA 92532

Effective as of 01-JUN-17

**QASQAS, SHADI, MD†**

Provider ID: N/A

31571 CANYON ESTATES DR  
STE 228  
LAKE ELSINORE, CA 92532

Effective as of 01-JUL-21

**CERTIFIED NURSE  
PRACTITIONER**

**AGORRILLA, MARIA, NP**

Provider ID: N/A

31736 MISSION TRL STE G  
LAKE ELSINORE, CA 92530

Effective as of 01-OCT-23

**CERTIFIED REGISTERED  
NURSE MIDWIFE**

**ZAMORA-FLYR, MARIA, CRNM**

Provider ID: N/A

30195 FRASER DR  
LAKE ELSINORE, CA 92530

Effective as of 01-JUL-22

**CHIROPRACTOR**

**HERNANDEZ, MARCO, DC**

Provider ID: N/A

30195 FRASER DR  
LAKE ELSINORE, CA 92530

Effective as of 01-FEB-24

**HERNANDEZ, MARCO, DC**

Provider ID: N/A

30195 FRASER DR  
LAKE ELSINORE, CA 92530

Effective as of 01-FEB-24

**HERNANDEZ, MARCO, DC**

Provider ID: N/A

30195 FRASER DR  
LAKE ELSINORE, CA 92530

Effective as of 01-FEB-24

**HERNANDEZ, MARCO, DC**

Provider ID: N/A

30195 FRASER DR  
LAKE ELSINORE, CA 92530

Effective as of 01-FEB-24

**HERNANDEZ, MARCO, DC**

Provider ID: N/A

30195 FRASER DR  
LAKE ELSINORE, CA 92530

Effective as of 01-FEB-24

**JU, NATHANIEL, DC†**

Provider ID: N/A

30195 FRASER DR

LAKE ELSINORE, CA 92530  
Effective as of 01-JUL-22

**FAMILY PRACTICE**

**VIDAL, MONICA, DO†**

Provider ID: N/A

30195 FRASER DR  
LAKE ELSINORE, CA 92530  
Effective as of 01-AUG-22

**FEMALE PELVIC MED AND  
RECONSTRUCTIVE SURG**

**KAAKI, BILAL, MD†**

Provider ID: N/A

31946 MISSION TRL STE A  
LAKE ELSINORE, CA 92530  
Effective as of 01-AUG-22

**INTERNAL MEDICINE**

**ALTRIKI, MOHAMAD, MD†**

Provider ID: N/A

425 DIAMOND DR STE 102  
LAKE ELSINORE, CA 92530  
Effective as of 01-OCT-20

**ALTRIKI, MOHAMAD, MD†**

Provider ID: N/A

425 DIAMOND DR STE 102  
LAKE ELSINORE, CA 92530  
Effective as of 01-NOV-20

**ALTRIKI, MOHAMAD, MD†**

Provider ID: N/A

425 DIAMOND DR STE 102  
LAKE ELSINORE, CA 92530  
Effective as of 01-NOV-20

**MAHESHWARI, ANOOP, MD†**

Provider ID: N/A

31571 CANYON ESTATES DR  
STE 219  
LAKE ELSINORE, CA 92532

Effective as of 01-MAY-15

**YU, JERRY, MD†**

Provider ID: N/A

425 DIAMOND DR STE 102  
LAKE ELSINORE, CA 92530  
Effective as of 01-DEC-23

**YU, JERRY, MD†**

Provider ID: N/A

425 DIAMOND DR STE 102  
LAKE ELSINORE, CA 92530  
Effective as of 01-AUG-18

**YU, JERRY, MD†**

Provider ID: N/A

425 DIAMOND DR STE 102  
LAKE ELSINORE, CA 92530  
Effective as of 01-AUG-18

**YU, JERRY, MD†**

Provider ID: N/A

425 DIAMOND DR STE 102  
LAKE ELSINORE, CA 92530  
Effective as of 01-AUG-18

**INTERVENTIONAL  
CARDIOLOGY**

**PAREKH, NIRAJ, MD†**

Provider ID: N/A

31581 CANYON ESTATES  
DR  
LAKE ELSINORE, CA 92532  
Effective as of 01-JAN-19

**NEPHROLOGY**

**ALTRIKI, MOHAMAD, MD†**

Provider ID: N/A

425 DIAMOND DR STE 102  
LAKE ELSINORE, CA 92530  
Effective as of 01-JAN-20

**ALTRIKI, MOHAMAD, MD†**

Provider ID: N/A

425 DIAMOND DR STE 102  
LAKE ELSINORE, CA 92530  
Effective as of 01-FEB-20

**CHANG, DAVID, MD†**

Provider ID: N/A

425 DIAMOND DR STE 102  
LAKE ELSINORE, CA 92530  
Effective as of 01-AUG-18

**CHANG, DAVID, MD†**

Provider ID: N/A

425 DIAMOND DR STE 102  
LAKE ELSINORE, CA 92530  
Effective as of 01-AUG-18

**CHANG, DAVID, MD†**

Provider ID: N/A

425 DIAMOND DR STE 102  
LAKE ELSINORE, CA 92530  
Effective as of 01-AUG-18

**CHANG, DAVID, MD†**

Provider ID: N/A

425 DIAMOND DR STE 102  
LAKE ELSINORE, CA 92530  
Effective as of 01-DEC-23

**OBSTETRICS /  
GYNECOLOGY**

**FRANCIS, LARRY, MD†**

Provider ID: N/A

30195 FRASER DR  
LAKE ELSINORE, CA 92530  
Effective as of 01-JUL-22

**FRANCIS, LARRY, MD†**

Provider ID: N/A

30195 FRASER DR  
LAKE ELSINORE, CA 92530  
Effective as of 01-DEC-22

**FRANCIS, LARRY, MD†**



Provider ID: N/A

30195 FRASER DR  
LAKE ELSINORE, CA 92530  
Effective as of 01-DEC-22

**GOMEZ, GUILLERMO, MD†**

Provider ID: N/A

141 N MAIN ST  
LAKE ELSINORE, CA 92530  
Effective as of 01-JUL-21

**GOMEZ, GUILLERMO, MD†**

Provider ID: N/A

141 N MAIN ST  
LAKE ELSINORE, CA 92530  
Effective as of 01-JUL-21

**GOMEZ, GUILLERMO, MD†**

Provider ID: N/A

31946 MISSION TRL STE A  
LAKE ELSINORE, CA 92530\*  
Effective as of 01-APR-24

**GOMEZ, GUILLERMO, MD†**

Provider ID: N/A

31946 MISSION TRL STE A  
LAKE ELSINORE, CA 92530  
Effective as of 01-JUL-21

**GOMEZ, GUILLERMO, MD†**

Provider ID: N/A

31946 MISSION TRL STE A  
LAKE ELSINORE, CA 92530  
Effective as of 01-JUL-21

**GOMEZ, GUILLERMO, MD†**

Provider ID: N/A

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

**QADRI, FARNOOSH, MD†**

Provider ID: N/A

31946 MISSION TRL STE A  
LAKE ELSINORE, CA 92530  
Effective as of 01-DEC-22

**REY, RODOLFO, MD†**

Provider ID: N/A

31946 MISSION TRL STE A  
LAKE ELSINORE, CA 92530\*  
Effective as of 01-APR-24

**REY, RODOLFO, MD†**

Provider ID: N/A

31946 MISSION TRL STE A  
LAKE ELSINORE, CA 92530  
Effective as of 01-SEP-23

**REY, RODOLFO, MD†**

Provider ID: N/A

31946 MISSION TRL STE A  
LAKE ELSINORE, CA 92530  
Effective as of 01-NOV-22

**REY, RODOLFO, MD†**

Provider ID: N/A

141 N MAIN ST  
LAKE ELSINORE, CA 92530  
Effective as of 01-JAN-21

**REY, RODOLFO, MD†**

Provider ID: N/A

31946 MISSION TRL STE A  
LAKE ELSINORE, CA 92530\*  
Effective as of 01-APR-24

**VADAPARAMPIL, JANET, MD†**

Provider ID: N/A

31946 MISSION TRL STE A  
LAKE ELSINORE, CA 92530\*  
Effective as of 01-APR-24

**VADAPARAMPIL, JANET, MD†**

Provider ID: N/A

31946 MISSION TRL STE A  
LAKE ELSINORE, CA 92530\*  
Effective as of 01-APR-24

**VADAPARAMPIL, JANET, MD†**

Provider ID: N/A

31946 MISSION TRL STE A  
LAKE ELSINORE, CA 92530  
Effective as of 01-JAN-21

**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

141 N MAIN ST  
LAKE ELSINORE, CA 92530  
Effective as of 01-JAN-21

**OPTOMETRIST**

**GEE, JENNIFER, OD**

Provider ID: N/A

30195 FRASER DR  
LAKE ELSINORE, CA 92530  
Effective as of 01-JUL-22

**MORA, WENDY, OD**

Provider ID: N/A

30195 FRASER DR  
LAKE ELSINORE, CA 92530  
Effective as of 01-JUL-22

**RICH, RYAN, OD**

Provider ID: N/A

30195 FRASER DR  
LAKE ELSINORE, CA 92530  
Effective as of 01-JUL-22

**TAM, EMILY, OD**

Provider ID: N/A

☑ 30195 FRASER DR  
LAKE ELSINORE, CA 92530  
Effective as of 01-JUL-22

**PHYSICIANS ASSISTANT**

**FATHI, NAGHMEH, PA**

Provider ID: N/A

☑ 31581 CANYON ESTATES  
DR  
LAKE ELSINORE, CA 92532  
Effective as of 01-MAY-19

**RUIZ-FLORES, ROSE, PA**

Provider ID: N/A

☑ 425 DIAMOND DR STE 105  
LAKE ELSINORE, CA 92530  
Effective as of 01-SEP-23

**PULMONARY DISEASES**

**MAHESHWARI, ANOOP, MD†**

Provider ID: N/A

☑ 31571 CANYON ESTATES DR  
STE 219  
LAKE ELSINORE, CA 92532  
Effective as of 01-MAY-15

**MAHESHWARI, ANOOP, MD†**

Provider ID: N/A

☑ 31571 CANYON ESTATES DR  
STE 219  
LAKE ELSINORE, CA 92532  
Effective as of 01-AUG-13

**MAHESHWARI, ANOOP, MD†**

Provider ID: N/A

☑ 31571 CANYON ESTATES DR  
STE 219  
LAKE ELSINORE, CA 92532  
Effective as of 01-AUG-14

**REGISTERED PHYSICAL  
THERAPIST**

**CASTELLON, SHAWN, PT**

Provider ID: N/A

☑ 425 DIAMOND DR STE 101  
LAKE ELSINORE, CA 92530  
Effective as of 01-JUL-23

**CASTELLON, SHAWN, PT**

Provider ID: N/A

☑ 425 DIAMOND DR STE 101  
LAKE ELSINORE, CA 92530  
Effective as of 01-JUL-23

**DUPLECHAN, LAWRENCE, PT**

Provider ID: N/A

☑ 425 DIAMOND DR STE 101  
LAKE ELSINORE, CA 92530  
Effective as of 01-MAY-23

**DUPLECHAN, LAWRENCE, PT**

Provider ID: N/A

☑ 425 DIAMOND DR STE 101  
LAKE ELSINORE, CA 92530  
Effective as of 01-MAY-23

**EDDOW, JIM, PT†**

Provider ID: N/A

☑ 425 DIAMOND DR  
LAKE ELSINORE, CA 92530  
Effective as of 01-MAY-17

**EDDOW, JIM, PT†**

Provider ID: N/A

☑ 425 DIAMOND DR  
LAKE ELSINORE, CA 92530  
Effective as of 01-MAY-17

**EDDOW, JIM, PT†**

Provider ID: N/A

☑ 425 DIAMOND DR STE 101  
LAKE ELSINORE, CA 92530  
Effective as of 01-AUG-20

**STEVENS, WHITNEY, PT**

Provider ID: N/A

☑ 425 DIAMOND DR STE 101

LAKE ELSINORE, CA 92530  
Effective as of 01-MAR-23

**STEVENS, WHITNEY, PT**

Provider ID: N/A

☑ 425 DIAMOND DR STE 101  
LAKE ELSINORE, CA 92530  
Effective as of 01-MAR-23

**TSAI, CHIAHONG, PT**

Provider ID: N/A

☑ 425 DIAMOND DR STE  
101ST  
LAKE ELSINORE, CA 92530  
Effective as of 01-NOV-23

**TSAI, CHIAHONG, PT**

Provider ID: N/A

☑ 425 DIAMOND DR STE  
101ST  
LAKE ELSINORE, CA 92530  
Effective as of 01-NOV-23

**ANESTHESIOLOGY**

**BUSTOS, JERROLD, MD†**

Provider ID: N/A

☑ 24401 MUIRLANDS BLVD  
STE A  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-20

**BUSTOS, JERROLD, MD†**

Provider ID: N/A

☑ 24401 MUIRLANDS BLVD  
STE A  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-20

**ANESTHESIOLOGY PAIN  
MANAGEMENT**

**BUSTOS, JERROLD, MD†**

Provider ID: N/A

☑ 24401 MUIRLANDS BLVD

STE A  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-20

**CERTIFIED  
ACUPUNCTURIST**

**KIM, ILWHA, LAC**  
Provider ID: N/A  
23331 EL TORO RD STE 107  
LAKE FOREST, CA 92630  
Effective as of 01-AUG-23

**WEON, SUK KYENG, LAC**  
Provider ID: N/A  
23361 EL TORO RD STE 112  
LAKE FOREST, CA 92630  
Effective as of 01-FEB-22

**CERTIFIED NURSE  
PRACTITIONER**

**TRAN, STEPHANIE, NP**  
Provider ID: N/A  
26501 RANCHO PKWY S  
STE 301  
LAKE FOREST, CA 92630  
Effective as of 01-MAR-24

**TRAN, STEPHANIE, NP**  
Provider ID: N/A  
26501 RANCHO PKWY S  
STE 301  
LAKE FOREST, CA 92630  
Effective as of 01-AUG-23

**DERMATOLOGY**

**BELL, IRA, MD†**  
Provider ID: N/A  
23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-NOV-18

**BELL, IRA, MD†**  
Provider ID: N/A  
23832 ROCKFIELD BLVD  
STE 220  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-18

**BELL, IRA, MD†**  
Provider ID: N/A  
23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-18

**BELL, IRA, MD†**  
Provider ID: N/A  
23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-APR-23

**BELL, IRA, MD†**  
Provider ID: N/A  
23832 ROCKFIELD BLVD  
STE 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

**BENIK, KAREN, MD†**  
Provider ID: N/A  
23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-FEB-19

**BENIK, KAREN, MD†**  
Provider ID: N/A  
23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-21

**BENIK, KAREN, MD†**  
Provider ID: N/A  
23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-21

**BENIK, KAREN, MD†**  
Provider ID: N/A  
23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-18

**BENIK, KAREN, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-APR-23

**BENIK, KAREN, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 220  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-18

**BENIK, KAREN, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-21

**BENIK, KAREN, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-NOV-18

**BENIK, KAREN, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-21

**BENIK, KAREN, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-21

**MESHKINPOUR, AZIN, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-21

**MESHKINPOUR, AZIN, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-21

**MESHKINPOUR, AZIN, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-NOV-18

**MESHKINPOUR, AZIN, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-21

**MESHKINPOUR, AZIN, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-18

**MESHKINPOUR, AZIN, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 220  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-18

**MESHKINPOUR, AZIN, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630

Effective as of 01-JUL-21

**MESHKINPOUR, AZIN, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-21

**TANG, KIM, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-18

**TANG, KIM, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-21

**TANG, KIM, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-21

**TANG, KIM, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 210  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-18

**TANG, KIM, MD†**

Provider ID: N/A

23832 ROCKFIELD BLVD  
STE 220  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-18

**TANG, KIM, MD†**

Provider ID: N/A  
 23832 ROCKFIELD BLVD  
 STE 220  
 LAKE FOREST, CA 92630  
 Effective as of 01-DEC-18

**TANG, KIM, MD†**  
 Provider ID: N/A  
 23832 ROCKFIELD BLVD  
 STE 210  
 LAKE FOREST, CA 92630  
 Effective as of 01-DEC-18

**TANG, KIM, MD†**  
 Provider ID: N/A  
 23832 ROCKFIELD BLVD  
 STE 220  
 LAKE FOREST, CA 92630  
 Effective as of 01-DEC-18

**TANG, KIM, MD†**  
 Provider ID: N/A  
 23832 ROCKFIELD BLVD  
 STE 210  
 LAKE FOREST, CA 92630  
 Effective as of 01-JUL-21

**TANG, KIM, MD†**  
 Provider ID: N/A  
 23832 ROCKFIELD BLVD  
 STE 210  
 LAKE FOREST, CA 92630  
 Effective as of 01-JUL-21

**TANG, KIM, MD†**  
 Provider ID: N/A  
 23832 ROCKFIELD BLVD  
 STE 210  
 LAKE FOREST, CA 92630  
 Effective as of 01-NOV-18

**TANG, KIM, MD†**  
 Provider ID: N/A  
 23832 ROCKFIELD BLVD  
 STE 210

LAKE FOREST, CA 92630  
 Effective as of 01-JUL-21

**TANG, KIM, MD†**  
 Provider ID: N/A  
 23832 ROCKFIELD BLVD  
 STE 210  
 LAKE FOREST, CA 92630  
 Effective as of 01-OCT-18

**TANG, KIM, MD†**  
 Provider ID: N/A  
 23832 ROCKFIELD BLVD  
 STE 210  
 LAKE FOREST, CA 92630  
 Effective as of 01-SEP-22

**TANG, KIM, MD†**  
 Provider ID: N/A  
 23832 ROCKFIELD BLVD  
 STE 210  
 LAKE FOREST, CA 92630  
 Effective as of 01-NOV-19

***ENDOCRINOLOGY  
 METABOLISM DIABETES***

**KRISHNAN, PRIYANKA, MD**  
 Provider ID: N/A  
 23331 EL TORO RD STE 102  
 LAKE FOREST, CA 92630  
 Effective as of 01-AUG-21

**KRISHNAN, PRIYANKA, MD**  
 Provider ID: N/A  
 23331 EL TORO RD STE 102  
 LAKE FOREST, CA 92630  
 Effective as of 01-OCT-23

***GASTROENTEROLOGY***

**CHOI, DAVID, DO†**  
 Provider ID: N/A  
 26672 PORTOLA PKWY STE  
 104

LAKE FOREST, CA 92610  
 Effective as of 01-JAN-23

**CHOI, DAVID, DO†**  
 Provider ID: N/A  
 26672 PORTOLA PKWY STE  
 104  
 LAKE FOREST, CA 92610  
 Effective as of 01-JUL-22

**CHOI, DAVID, DO†**  
 Provider ID: N/A  
 26672 PORTOLA PKWY STE  
 104  
 LAKE FOREST, CA 92610  
 Effective as of 01-JUL-22

**CHOI, DAVID, DO†**  
 Provider ID: N/A  
 26672 PORTOLA PKWY STE  
 104  
 LAKE FOREST, CA 92610  
 Effective as of 01-JUL-22

**CHOI, DAVID, DO†**  
 Provider ID: N/A  
 26672 PORTOLA PKWY STE  
 104  
 LAKE FOREST, CA 92610  
 Effective as of 01-JUL-22

**CHOI, DAVID, DO†**  
 Provider ID: N/A  
 26672 PORTOLA PKWY STE  
 104  
 LAKE FOREST, CA 92610  
 Effective as of 01-JUL-22

**CHOI, DAVID, DO†**  
 Provider ID: N/A  
 26672 PORTOLA PKWY STE  
 104  
 LAKE FOREST, CA 92610  
 Effective as of 01-OCT-23

**JAMAL, MOHAMMAD, MD†**  
Provider ID: N/A  
☑ 26501 RANCHO PKWY S  
STE 103  
LAKE FOREST, CA 92630  
Effective as of 01-APR-23

**JAMAL, MOHAMMAD, MD†**  
Provider ID: N/A  
☑ 26501 RANCHO PKWY S  
STE 103  
LAKE FOREST, CA 92630  
Effective as of 01-APR-23

**JAMAL, MOHAMMAD, MD†**  
Provider ID: N/A  
☑ 26501 RANCHO PKWY S  
STE 103  
LAKE FOREST, CA 92630  
Effective as of 01-OCT-22

**JECMENICA, MLADEN, MD†**  
Provider ID: N/A  
☑ 26501 RANCHO PKWY S  
STE 103  
LAKE FOREST, CA 92630  
Effective as of 01-APR-23

**JECMENICA, MLADEN, MD†**  
Provider ID: N/A  
☑ 26501 RANCHO PKWY S  
STE 103  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-23

**JECMENICA, MLADEN, MD†**  
Provider ID: N/A  
☑ 26501 RANCHO PKWY S  
STE 103  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-23

**JECMENICA, MLADEN, MD†**  
Provider ID: N/A  
☑ 26501 RANCHO PKWY S

STE 103  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-23

**JECMENICA, MLADEN, MD†**  
Provider ID: N/A  
☑ 26501 RANCHO PKWY S  
STE 103  
LAKE FOREST, CA 92630  
Effective as of 01-JUN-22

**JECMENICA, MLADEN, MD†**  
Provider ID: N/A  
☑ 26501 RANCHO PKWY S  
STE 103  
LAKE FOREST, CA 92630  
Effective as of 01-JAN-23

**JECMENICA, MLADEN, MD†**  
Provider ID: N/A  
☑ 26501 RANCHO PKWY S  
STE 103  
LAKE FOREST, CA 92630  
Effective as of 01-JAN-23

**JECMENICA, MLADEN, MD†**  
Provider ID: N/A  
☑ 26501 RANCHO PKWY S  
STE 103  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-23

**JECMENICA, MLADEN, MD†**  
Provider ID: N/A  
☑ 26501 RANCHO PKWY S  
STE 103  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-23

**JECMENICA, MLADEN, MD†**  
Provider ID: N/A  
☑ 26501 RANCHO PKWY S  
STE 103  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-23

**SZU, ERIC, MD**  
Provider ID: N/A  
☑ 26501 RANCHO PKWY S  
STE 103  
LAKE FOREST, CA 92630  
Effective as of 01-FEB-23

**SZU, ERIC, MD**  
Provider ID: N/A  
☑ 26501 RANCHO PKWY S  
STE 103  
LAKE FOREST, CA 92630  
Effective as of 01-OCT-23

**SZU, ERIC, MD**  
Provider ID: N/A  
☑ 26501 RANCHO PKWY S  
STE 103  
LAKE FOREST, CA 92630  
Effective as of 01-OCT-23

## **GYNECOLOGY**

**WALLACE, PATRICIA, MD**  
Provider ID: N/A  
☑ 26732 CROWN VALLEY  
PKWY  
STE 381  
LAKE FOREST, CA 92691  
Effective as of 01-FEB-24

## **INTERNAL MEDICINE**

**CHEN, MAY, MD**  
Provider ID: N/A  
☑ 22621 LAKE FOREST DR STE  
D1  
LAKE FOREST, CA 92630  
Effective as of 01-APR-23

**CHEN, MAY, MD**  
Provider ID: N/A  
☑ 22621 LAKE FOREST DR STE  
D1

LAKE FOREST, CA 92630  
Effective as of 01-APR-23

### **OPHTHALMOLOGY**

#### **FAZILAT, GOLAREH, MD<sup>†</sup>**

Provider ID: N/A

☒ 23832 ROCKFIELD BLVD  
STE 150  
LAKE FOREST, CA 92630  
Effective as of 01-APR-21

#### **FAZILAT, GOLAREH, MD<sup>†</sup>**

Provider ID: N/A

☒ 23832 ROCKFIELD BLVD  
STE 150  
LAKE FOREST, CA 92630  
Effective as of 01-APR-21

#### **FAZILAT, GOLAREH, MD<sup>†</sup>**

Provider ID: N/A

☒ 23832 ROCKFIELD BLVD  
STE 150  
LAKE FOREST, CA 92630  
Effective as of 01-NOV-18

#### **FAZILAT, GOLAREH, MD<sup>†</sup>**

Provider ID: N/A

☒ 23832 ROCKFIELD BLVD  
STE 150  
LAKE FOREST, CA 92630  
Effective as of 01-JAN-21

### **OPTOMETRIST**

#### **WELLS, MARY, OD<sup>†</sup>**

Provider ID: N/A

☒ 23591 EL TORO RD STE 145  
LAKE FOREST, CA 92630  
Effective as of 01-JAN-18

#### **WELLS, MARY, OD<sup>†</sup>**

Provider ID: N/A

☒ 23591 EL TORO RD STE 145  
LAKE FOREST, CA 92630

Effective as of 01-JAN-17

### **PHYSICIANS ASSISTANT**

#### **ANASTASIU, DANIELLE, PA<sup>†</sup>**

Provider ID: N/A

☒ 24401 MUIRLANDS BLVD  
STE A  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-20

#### **ANASTASIU, DANIELLE, PA<sup>†</sup>**

Provider ID: N/A

☒ 24401 MUIRLANDS BLVD  
STE A  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-20

#### **ANASTASIU, DANIELLE, PA<sup>†</sup>**

Provider ID: N/A

☒ 24401 MUIRLANDS BLVD  
STE A  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-20

#### **DE LEON, ROBERT, PA<sup>†</sup>**

Provider ID: N/A

☒ 24401 MUIRLANDS BLVD  
STE A  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-20

#### **DE LEON, ROBERT, PA<sup>†</sup>**

Provider ID: N/A

☒ 24401 MUIRLANDS BLVD  
STE A  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-20

#### **DE LEON, ROBERT, PA<sup>†</sup>**

Provider ID: N/A

☒ 24401 MUIRLANDS BLVD  
STE A  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-20

### **PSYCHIATRY**

#### **DESILVA, GAYANI, MD<sup>†</sup>**

Provider ID: N/A

☒ 24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-AUG-23

#### **DESILVA, GAYANI, MD<sup>†</sup>**

Provider ID: N/A

☒ 24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-AUG-23

#### **DESILVA, GAYANI, MD<sup>†</sup>**

Provider ID: N/A

☒ 24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-AUG-23

#### **DESILVA, GAYANI, MD<sup>†</sup>**

Provider ID: N/A

☒ 24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-21

#### **DESILVA, GAYANI, MD<sup>†</sup>**

Provider ID: N/A

☒ 24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-OCT-23

#### **DESILVA, GAYANI, MD<sup>†</sup>**

Provider ID: N/A

☒ 24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-AUG-23

#### **DESILVA, GAYANI, MD<sup>†</sup>**

Provider ID: N/A

☐ 24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-AUG-23

**DESILVA, GAYANI, MD†**

Provider ID: N/A

☐ 24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-AUG-23

**DESILVA, GAYANI, MD†**

Provider ID: N/A

☐ 24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-21

**DESILVA, GAYANI, MD†**

Provider ID: N/A

☐ 24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-OCT-23

**JAKKULA, JAGAN, MD†**

Provider ID: N/A

☐ 24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-MAR-21

**JAKKULA, JAGAN, MD†**

Provider ID: N/A

☐ 24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-SEP-19

**JAKKULA, JAGAN, MD†**

Provider ID: N/A

☐ 24432 MUIRLANDS BLVD  
STE 131

LAKE FOREST, CA 92630  
Effective as of 01-SEP-19

**JAKKULA, JAGAN, MD†**

Provider ID: N/A

☐ 24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-SEP-19

**JAKKULA, JAGAN, MD†**

Provider ID: N/A

☐ 24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-SEP-19

**JAKKULA, JAGAN, MD†**

Provider ID: N/A

☐ 24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-MAR-21

**KANUKUNTLA, TULASI, MD†**

Provider ID: N/A

☐ 24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-NOV-21

**KANUKUNTLA, TULASI, MD†**

Provider ID: N/A

☐ 24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-OCT-23

**KANUKUNTLA, TULASI, MD†**

Provider ID: N/A

☐ 24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-21

**KANUKUNTLA, TULASI, MD†**

Provider ID: N/A

☐ 24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-21

**KANUKUNTLA, TULASI, MD†**

Provider ID: N/A

☐ 24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-21

**KANUKUNTLA, TULASI, MD†**

Provider ID: N/A

☐ 24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-OCT-23

**KANUKUNTLA, TULASI, MD†**

Provider ID: N/A

☐ 24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-21

**KANUKUNTLA, TULASI, MD†**

Provider ID: N/A

☐ 24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-NOV-21

**KANUKUNTLA, TULASI, MD†**

Provider ID: N/A

☐ 24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-21

**KANUKUNTLA, TULASI, MD†**

Provider ID: N/A

☐ 24432 MUIRLANDS BLVD



STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-DEC-21

**RAJPOOT, DEEPAK, MD†**  
Provider ID: N/A  
24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-FEB-22

**RAJPOOT, DEEPAK, MD†**  
Provider ID: N/A  
24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-FEB-22

**RAJPOOT, DEEPAK, MD†**  
Provider ID: N/A  
24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-FEB-22

**RAJPOOT, DEEPAK, MD†**  
Provider ID: N/A  
24432 MUIRLANDS BLVD  
STE 131  
LAKE FOREST, CA 92630  
Effective as of 01-FEB-22

### **PSYCHOLOGIST**

**KANG, EILEEN, PhD**  
Provider ID: N/A  
13 ORCHARD STE 103  
LAKE FOREST, CA 92630  
Effective as of 01-MAY-15

**KANG, EILEEN, PhD**  
Provider ID: N/A  
13 ORCHARD STE 103  
LAKE FOREST, CA 92630  
Effective as of 01-MAY-15

### **REGISTERED PHYSICAL THERAPIST**

**BECKER GALUSHA, JANE, PT**  
Provider ID: N/A  
22821 LAKE FOREST DR STE  
100  
LAKE FOREST, CA 92630  
Effective as of 01-MAY-20

### **SPEECH PATHOLOGIST**

**MARSDEN, CLAIRE, SP**  
Provider ID: N/A  
22672 LAMBERT ST STE 612  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-23

**MARSDEN, CLAIRE, SP**  
Provider ID: N/A  
22672 LAMBERT ST STE 612  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-23

**MARSDEN, CLAIRE, SP**  
Provider ID: N/A  
22672 LAMBERT ST STE 611  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-23

**MARSDEN, CLAIRE, SP**  
Provider ID: N/A  
22672 LAMBERT ST STE 612  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-23

**MARSDEN, CLAIRE, SP**  
Provider ID: N/A  
22672 LAMBERT ST STE 611  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-23

**MARSDEN, CLAIRE, SP**  
Provider ID: N/A

22672 LAMBERT ST STE 612  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-23

**MARSDEN, CLAIRE, SP**  
Provider ID: N/A  
22672 LAMBERT ST STE 611  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-23

**MARSDEN, CLAIRE, SP**  
Provider ID: N/A  
22672 LAMBERT ST STE 611  
LAKE FOREST, CA 92630  
Effective as of 01-JUL-23

### **UROLOGY**

**CHUANG, KAI-WEN, MD**  
Provider ID: N/A  
26691 PLAZA  
STE 130  
LAKE FOREST, CA 92691  
Effective as of 01-JAN-24

### **CHIROPRACTOR**

**CASTRO, DAVID, DC**  
Provider ID: N/A  
10039 VINE ST  
LAKESIDE, CA 92040  
Effective as of 01-JAN-23

**FULKS, ZACKARY, DC**  
Provider ID: N/A  
10039 VINE ST  
LAKESIDE, CA 92040  
Effective as of 01-MAY-23

**MANSOUR, RASHAD, DC**  
Provider ID: N/A  
10039 VINE ST  
LAKESIDE, CA 92040  
Effective as of 01-MAR-23

**MCCOWN, BARRY, DC**

Provider ID: N/A

10039 VINE ST  
LAKESIDE, CA 92040  
Effective as of 01-DEC-23

**ZECHA, RONALD, DC**

Provider ID: N/A

10039 VINE ST  
LAKESIDE, CA 92040  
Effective as of 01-JUL-22

**PSYCHIATRY**

**LIU BARBARO, DOROTHY, MD**

Provider ID: N/A

10039 VINE ST  
LAKESIDE, CA 92040  
Effective as of 01-NOV-22

**LIU BARBARO, DOROTHY, MD**

Provider ID: N/A

10039 VINE ST  
LAKESIDE, CA 92040  
Effective as of 01-JAN-24

**LIU BARBARO, DOROTHY, MD**

Provider ID: N/A

10039 VINE ST  
LAKESIDE, CA 92040  
Effective as of 01-JAN-24

**LIU BARBARO, DOROTHY, MD**

Provider ID: N/A

10039 VINE ST  
LAKESIDE, CA 92040  
Effective as of 01-NOV-22

**PSYCHOLOGIST**

**BRUNETTO, HEIDI, PSYD**

Provider ID: N/A

10039 VINE ST  
LAKESIDE, CA 92040  
Effective as of 01-JAN-24

**BRUNETTO, HEIDI, PSYD**

Provider ID: N/A

10039 VINE ST  
LAKESIDE, CA 92040  
Effective as of 01-JAN-24

**ANESTHESIOLOGY**

**GUIANG, RAINIER, MD†**

Provider ID: N/A

27990 SHERMAN RD  
MENIFEE, CA 92585  
Effective as of 01-SEP-19

**HYUN, SUZANNE, MD**

Provider ID: N/A

27990 SHERMAN RD  
MENIFEE, CA 92585  
Effective as of 01-MAR-24

**PANG, GARY, MD†**

Provider ID: N/A

27990 SHERMAN RD  
MENIFEE, CA 92585  
Effective as of 01-MAR-24

**PANG, GARY, MD†**

Provider ID: N/A

27990 SHERMAN RD  
MENIFEE, CA 92585  
Effective as of 01-SEP-19

**ANESTHESIOLOGY PAIN  
MANAGEMENT**

**CHEN, HAMILTON, MD†**

Provider ID: N/A

27990 SHERMAN RD  
MENIFEE, CA 92585  
Effective as of 01-SEP-19

**CHEN, HAMILTON, MD†**

Provider ID: N/A

27990 SHERMAN RD

MENIFEE, CA 92585  
Effective as of 01-SEP-19

**CHEN, HAMILTON, MD†**

Provider ID: N/A

27990 SHERMAN RD  
MENIFEE, CA 92585  
Effective as of 01-MAY-21

**GUIANG, RAINIER, MD†**

Provider ID: N/A

27990 SHERMAN RD  
MENIFEE, CA 92585  
Effective as of 01-MAY-21

**GUIANG, RAINIER, MD†**

Provider ID: N/A

27990 SHERMAN RD  
MENIFEE, CA 92585  
Effective as of 01-MAR-24

**PANG, GARY, MD†**

Provider ID: N/A

27990 SHERMAN RD  
MENIFEE, CA 92585  
Effective as of 01-MAY-21

**CARDIOLOGY**

**GOKHROO, RAHUL, MD†**

Provider ID: N/A

26960 CHERRY HILLS  
BLVD STE A  
MENIFEE, CA 92586  
Effective as of 01-DEC-22

**GOKHROO, RAHUL, MD†**

Provider ID: N/A

26960 CHERRY HILLS  
BLVD STE A  
MENIFEE, CA 92586  
Effective as of 01-DEC-22

**CARDIOVASCULAR  
DISEASE**

**ALFAY, WISAM, MD**

Provider ID: N/A

26960 CHERRY HILLS  
BLVD STE C  
MENIFEE, CA 92586  
Effective as of 01-MAR-22

**ALFAY, WISAM, MD**

Provider ID: N/A

26960 CHERRY HILLS  
BLVD STE C  
MENIFEE, CA 92586  
Effective as of 01-JAN-22

**CERTIFIED NURSE  
PRACTITIONER**

**LUCACI, BIANCA, NP**

Provider ID: N/A

29826 HAUN RD STE 300  
MENIFEE, CA 92586  
Effective as of 01-APR-23

**MELOT, KAREN, NP**

Provider ID: N/A

29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-DEC-20

**MELOT, KAREN, NP**

Provider ID: N/A

29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-AUG-20

**MELOT, KAREN, NP**

Provider ID: N/A

29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-AUG-20

**NGUYEN, ANDY, NP**

Provider ID: N/A

29826 HAUN RD STE 200

MENIFEE, CA 92586  
Effective as of 01-AUG-23

**NGUYEN, ANDY, NP**

Provider ID: N/A

29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-AUG-23

**NGUYEN, ANDY, NP**

Provider ID: N/A

29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-NOV-23

**PAULHUS, PATRICIA, NP†**

Provider ID: N/A

27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Effective as of 01-JUN-19

**PAULHUS, PATRICIA, NP†**

Provider ID: N/A

27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Effective as of 01-JUN-19

**PAULHUS, PATRICIA, NP†**

Provider ID: N/A

27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Effective as of 01-JUN-19

**PAULHUS, PATRICIA, NP†**

Provider ID: N/A

27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Effective as of 01-JUN-19

**PAULHUS, PATRICIA, NP†**

Provider ID: N/A

27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Effective as of 01-MAR-21

**PAULHUS, PATRICIA, NP†**

Provider ID: N/A

27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Effective as of 01-DEC-20

**SERAILE, KIRSTEN, NP**

Provider ID: N/A

29826 HAUN RD STE 204  
MENIFEE, CA 92586  
Effective as of 01-MAY-22

**SERAILE, KIRSTEN, NP**

Provider ID: N/A

29826 HAUN RD STE 204  
MENIFEE, CA 92586  
Effective as of 01-MAY-22

**VIERA, LIANA, NP†**

Provider ID: N/A

29826 HAUN RD STE 300  
MENIFEE, CA 92586  
Effective as of 01-JAN-22

**VIERA, LIANA, NP†**

Provider ID: N/A

29826 HAUN RD STE 300  
MENIFEE, CA 92586  
Effective as of 01-JAN-22

**CHIROPRACTOR**

**FARSHLER, ANTHONY, DC†**

Provider ID: N/A

26926 CHERRY HILLS  
BLVD STE B  
MENIFEE, CA 92586  
Effective as of 01-JUL-22

**MCCARTHY, CHEYENNE, DC†**

Provider ID: N/A

26926 CHERRY HILLS  
BLVD STE B  
MENIFEE, CA 92586  
Effective as of 01-JUL-22

**ROJAS, RAYMOND, DC†**

Provider ID: N/A

26926 CHERRY HILLS  
BLVD STE B  
MENIFEE, CA 92586

Effective as of 01-JUL-22

**SHERIDAN, SHANE, DC**

Provider ID: N/A

26926 CHERRY HILLS  
BLVD STE B  
MENIFEE, CA 92586

Effective as of 01-JUL-22

**DERMATOLOGY**

**JACOBS, RANDOLPH, MD**

Provider ID: N/A

28120 BRADLEY RD  
MENIFEE, CA 92586

Effective as of 01-DEC-18

**JACOBS, RANDOLPH, MD**

Provider ID: N/A

28120 BRADLEY RD  
MENIFEE, CA 92586

Effective as of 01-JAN-18

**JACOBS, RANDOLPH, MD**

Provider ID: N/A

28120 BRADLEY RD  
MENIFEE, CA 92586

Effective as of 01-JAN-18

**JACOBS, RANDOLPH, MD**

Provider ID: N/A

28120 BRADLEY RD  
MENIFEE, CA 92586

Effective as of 01-JAN-18

**MITCHELL, JESSE, MD†**

Provider ID: N/A

29798 HAUN RD STE 104  
MENIFEE, CA 92586

Effective as of 01-AUG-18

**MITCHELL, JESSE, MD†**

Provider ID: N/A

29798 HAUN RD STE 104  
MENIFEE, CA 92586

Effective as of 01-AUG-18

**MITCHELL, JESSE, MD†**

Provider ID: N/A

29798 HAUN RD STE 104  
MENIFEE, CA 92586

Effective as of 01-AUG-18

**MITCHELL, JESSE, MD†**

Provider ID: N/A

29798 HAUN RD STE 104  
MENIFEE, CA 92586

Effective as of 01-AUG-18

**MITCHELL, JESSE, MD†**

Provider ID: N/A

29798 HAUN RD STE 104  
MENIFEE, CA 92586

Effective as of 01-JUL-21

**MITCHELL, JESSE, MD†**

Provider ID: N/A

29798 HAUN RD STE 104  
MENIFEE, CA 92586

Effective as of 01-JUL-21

**ENDOCRINOLOGY  
METABOLISM DIABETES**

**HAIDER, UZMA, MD†**

Provider ID: N/A

29826 HAUN RD STE 200  
MENIFEE, CA 92586

Effective as of 01-DEC-20

**HAIDER, UZMA, MD†**

Provider ID: N/A

29826 HAUN RD STE 200  
MENIFEE, CA 92586

Effective as of 01-DEC-20

**HAIDER, UZMA, MD†**

Provider ID: N/A

29826 HAUN RD STE 200  
MENIFEE, CA 92586

Effective as of 01-NOV-23

**HAIDER, SHANZAY, MD**

Provider ID: N/A

29826 HAUN RD STE 200  
MENIFEE, CA 92586

Effective as of 01-MAR-24

**HAIDER, SHANZAY, MD**

Provider ID: N/A

29826 HAUN RD STE 200  
MENIFEE, CA 92586

Effective as of 01-MAR-24

**HAIDER, SHANZAY, MD**

Provider ID: N/A

29826 HAUN RD STE 200  
MENIFEE, CA 92586

Effective as of 01-MAR-24

**HAIDER, SHANZAY, MD**

Provider ID: N/A

29826 HAUN RD STE 200  
MENIFEE, CA 92586

Effective as of 01-MAR-24

**HAIDER, UZMA, MD†**

Provider ID: N/A

29826 HAUN RD STE 200  
MENIFEE, CA 92586

Effective as of 01-JUL-21

**FAMILY PRACTICE**

**ZURITA, DANIELA, MD†**

Provider ID: N/A

26926 CHERRY HILLS  
BLVD STE B  
MENIFEE, CA 92586

Effective as of 01-NOV-22

**GASTROENTEROLOGY**

**FLANNERY, CHRISTOPHER, MD**

Provider ID: N/A

☒ 29826 HAUN RD STE 308  
MENIFEE, CA 92586

Effective as of 01-APR-23

**FLANNERY, CHRISTOPHER, MD**

Provider ID: N/A

☒ 29826 HAUN RD STE 308  
MENIFEE, CA 92586

Effective as of 01-APR-23

**INTERNAL MEDICINE**

**JACOBS, NATALIA, MD**

Provider ID: N/A

☒ 28120 BRADLEY RD  
MENIFEE, CA 92586

Effective as of 01-MAY-23

**LAC, PETER, MD†**

Provider ID: N/A

☒ 29878 HAUN RD STE 200  
MENIFEE, CA 92586

Effective as of 01-JAN-22

**NAGASUNDER, ARABHI, DO**

Provider ID: N/A

☒ 27851 BRADLEY RD STE 125  
MENIFEE, CA 92586

Teleservice

Effective as of 01-SEP-23

**NAGASUNDER, ARABHI, DO**

Provider ID: N/A

☒ 27851 BRADLEY RD STE 125  
MENIFEE, CA 92586

Teleservice

Effective as of 01-SEP-23

**NAGASUNDER, ARABHI, DO**

Provider ID: N/A

☒ 27851 BRADLEY RD STE 125  
MENIFEE, CA 92586

Teleservice

Effective as of 01-SEP-23

**NAGASUNDER, ARABHI, DO**

Provider ID: N/A

☒ 27851 BRADLEY RD STE 125  
MENIFEE, CA 92586

Teleservice

Effective as of 01-SEP-23

**LICENSED CLINICAL  
SOCIAL WORKER**

**TABIL-GALAPON, BERNICE,  
LCSW**

Provider ID: N/A

☒ 26926 CHERRY HILLS  
BLVD STE C  
MENIFEE, CA 92586

Effective as of 01-JUL-23

**NEPHROLOGY**

**CHARLES COWAN, TRICIA,  
DO†**

Provider ID: N/A

☒ 29878 HAUN RD STE 200  
MENIFEE, CA 92586

Effective as of 01-SEP-17

**CHARLES COWAN, TRICIA,  
DO†**

Provider ID: N/A

☒ 29878 HAUN RD STE 200  
MENIFEE, CA 92586

Effective as of 01-SEP-17

**CHARLES COWAN, TRICIA,**

**DO†**

Provider ID: N/A

☒ 27851 BRADLEY RD STE 125  
MENIFEE, CA 92586

Effective as of 01-APR-23

**CHARLES COWAN, TRICIA,  
DO†**

Provider ID: N/A

☒ 27851 BRADLEY RD STE 125  
MENIFEE, CA 92586

Effective as of 01-JUN-19

**CHARLES COWAN, TRICIA,  
DO†**

Provider ID: N/A

☒ 27851 BRADLEY RD STE 125  
MENIFEE, CA 92586

Effective as of 01-JUN-19

**CHARLES COWAN, TRICIA,  
DO†**

Provider ID: N/A

☒ 27851 BRADLEY RD STE 125  
MENIFEE, CA 92586

Effective as of 01-JUN-19

**CHARLES COWAN, TRICIA,  
DO†**

Provider ID: N/A

☒ 27851 BRADLEY RD STE 125  
MENIFEE, CA 92586

Effective as of 01-JUN-19

**CHARLES COWAN, TRICIA,  
DO†**

Provider ID: N/A

☒ 27851 BRADLEY RD STE 125  
MENIFEE, CA 92586

Effective as of 01-OCT-20

**LAC, PETER, MD†**

Provider ID: N/A

☒ 27851 BRADLEY RD STE 125

MENIFEE, CA 92586  
Effective as of 01-JUN-19

**LAC, PETER, MD†**

Provider ID: N/A  
☑ 27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Effective as of 01-NOV-19

**LAC, PETER, MD†**

Provider ID: N/A  
☑ 27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Effective as of 01-JUN-19

**LAC, PETER, MD†**

Provider ID: N/A  
☑ 27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Effective as of 01-JUN-19

**LAC, PETER, MD†**

Provider ID: N/A  
☑ 27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Effective as of 01-JUN-19

**LAC, PETER, MD†**

Provider ID: N/A  
☑ 27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Effective as of 01-MAR-21

**LAC, PETER, MD†**

Provider ID: N/A  
☑ 27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Effective as of 01-DEC-23

**NAGASUNDER, ARABHI, DO**

Provider ID: N/A  
☑ 27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Teleservice  
Effective as of 01-FEB-24

**NAGASUNDER, ARABHI, DO**

Provider ID: N/A  
☑ 27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Teleservice  
Effective as of 01-OCT-23

**NAGASUNDER, ARABHI, DO**

Provider ID: N/A  
☑ 27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Teleservice  
Effective as of 01-OCT-23

**NAGASUNDER, ARABHI, DO**

Provider ID: N/A  
☑ 27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Teleservice  
Effective as of 01-NOV-23

**NATH, ASHOK, MD†**

Provider ID: N/A  
☑ 29878 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-MAR-19

**NATH, ASHOK, MD†**

Provider ID: N/A  
☑ 27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Effective as of 01-JUN-19

**NATH, ASHOK, MD†**

Provider ID: N/A  
☑ 27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Effective as of 01-JUN-19

**YAN, ERIC, MD†**

Provider ID: N/A  
☑ 27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Teleservice

Effective as of 01-JUN-19

**YAN, ERIC, MD†**

Provider ID: N/A  
☑ 27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Teleservice  
Effective as of 01-JUN-19

**YAN, ERIC, MD†**

Provider ID: N/A  
☑ 27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Teleservice  
Effective as of 01-JUN-19

**YAN, ERIC, MD†**

Provider ID: N/A  
☑ 27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Teleservice  
Effective as of 01-JUN-19

**YAN, ERIC, MD†**

Provider ID: N/A  
☑ 27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Teleservice  
Effective as of 01-JUL-23

**YAN, ERIC, MD†**

Provider ID: N/A  
☑ 27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Teleservice  
Effective as of 01-JUN-19

**YAN, ERIC, MD†**

Provider ID: N/A  
☑ 27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Teleservice  
Effective as of 01-MAY-20

**YOUSSEF, AMR, DO<sup>+</sup>**

Provider ID: N/A

27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Effective as of 01-SEP-22

**YOUSSEF, AMR, DO<sup>+</sup>**

Provider ID: N/A

27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Effective as of 01-SEP-22

**YOUSSEF, AMR, DO<sup>+</sup>**

Provider ID: N/A

27851 BRADLEY RD STE 125  
MENIFEE, CA 92586  
Effective as of 01-JUN-22

**NEUROLOGY**

**TALANKI, VARUN, MD**

Provider ID: N/A

29826 HAUN RD STE 209  
MENIFEE, CA 92586  
Effective as of 01-DEC-22

**OBSTETRICS /  
GYNECOLOGY**

**HOM, KATHERINE, MD<sup>+</sup>**

Provider ID: N/A

29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-JUL-23

**NIHIRA, MIKIO, MD<sup>+</sup>**

Provider ID: N/A

29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-SEP-20

**NIHIRA, MIKIO, MD<sup>+</sup>**

Provider ID: N/A

29826 HAUN RD STE 200

MENIFEE, CA 92586  
Effective as of 01-SEP-20

**NIHIRA, MIKIO, MD<sup>+</sup>**

Provider ID: N/A

29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-SEP-20

**NIHIRA, MIKIO, MD<sup>+</sup>**

Provider ID: N/A

29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-JUL-23

**RIZVI, SYED, MD<sup>+</sup>**

Provider ID: N/A

27174 NEWPORT RD STE 2  
MENIFEE, CA 92584  
Effective as of 01-MAR-22

**URSO, MARY JO, DO<sup>+</sup>**

Provider ID: N/A

29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-JUL-23

**URSO, MARY JO, DO<sup>+</sup>**

Provider ID: N/A

29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-AUG-20

**URSO, MARY JO, DO<sup>+</sup>**

Provider ID: N/A

29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-AUG-20

**URSO, MARY JO, DO<sup>+</sup>**

Provider ID: N/A

29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-AUG-21

**OCCUPATIONAL  
THERAPIST**

**STOTLER, APRIL, OT**

Provider ID: N/A

30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-JAN-24

**STOTLER, APRIL, OT**

Provider ID: N/A

30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-JAN-24

**ZECHA, RICHARD, OT<sup>+</sup>**

Provider ID: N/A

30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-JAN-21

**ZECHA, RICHARD, OT<sup>+</sup>**

Provider ID: N/A

30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-JAN-21

**OPHTHALMOLOGY**

**CHANG, TOM, MD<sup>+</sup>**

Provider ID: N/A

29950 HAUN RD STE 202  
MENIFEE, CA 92586  
Effective as of 01-JUL-23

**CHAWLA, ANUJ, MD<sup>+</sup>**

Provider ID: N/A

29950 HAUN RD STE 202  
MENIFEE, CA 92586  
Effective as of 01-JUL-23

**CHAWLA, ANUJ, MD<sup>+</sup>**

Provider ID: N/A

29950 HAUN RD STE 202

MENIFEE, CA 92586  
Effective as of 01-JUN-16

**CHOW, JASON, MD†**

Provider ID: N/A

27168 NEWPORT RD STE 4  
MENIFEE, CA 92584  
Effective as of 01-JUL-23

**CULOTTA, ANTHONY, MD†**

Provider ID: N/A

29950 HAUN RD STE 202  
MENIFEE, CA 92586  
Teleservice  
Effective as of 01-JUL-23

**CULOTTA, ANTHONY, MD†**

Provider ID: N/A

29950 HAUN RD STE 202  
MENIFEE, CA 92586  
Teleservice  
Effective as of 01-NOV-20

**DAVIS, MICHAEL, MD†**

Provider ID: N/A

29950 HAUN RD STE 202  
MENIFEE, CA 92586  
Teleservice  
Effective as of 01-JUL-23

**GOLLOGLY, HEIDRUN, MD†**

Provider ID: N/A

29950 HAUN RD STE 202  
MENIFEE, CA 92586  
Effective as of 01-OCT-17

**LAZZARINI, THOMAS, MD**

Provider ID: N/A

29798 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-FEB-24

**LAZZARINI, THOMAS, MD**

Provider ID: N/A

29798 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-FEB-24

**LAZZARINI, THOMAS, MD**

Provider ID: N/A

29798 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-FEB-24

**LAZZARINI, THOMAS, MD**

Provider ID: N/A

29798 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-FEB-24

**LEE, JOHN, MD†**

Provider ID: N/A

29826 HAUN RD STE 100  
MENIFEE, CA 92586  
Effective as of 01-JUL-23

**LIN, THEODORE, MD†**

Provider ID: N/A

29798 HAUN RD STE 200  
MENIFEE, CA 92586\*  
Effective as of 01-APR-24

**LIN, THEODORE, MD†**

Provider ID: N/A

29798 HAUN RD STE 200  
MENIFEE, CA 92586\*  
Effective as of 01-APR-24

**LIN, THEODORE, MD†**

Provider ID: N/A

29798 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-SEP-17

**LOBUE, THOMAS, MD**

Provider ID: N/A

29950 HAUN RD STE 206  
MENIFEE, CA 92586  
Effective as of 01-APR-14

**SAMUEL, MICHAEL, MD†**

Provider ID: N/A

29950 HAUN RD STE 202  
MENIFEE, CA 92586  
Teleservice  
Effective as of 01-JUL-23

**SHELTON, RAYMOND, MD**

Provider ID: N/A

29826 HAUN RD STE 100  
MENIFEE, CA 92586  
Effective as of 01-MAY-23

**ZHOU, SIWEI, MD†**

Provider ID: N/A

27168 NEWPORT RD STE 4  
MENIFEE, CA 92584  
Effective as of 01-JUL-23

**OPHTHALMOLOGY /  
OTOLOGY /  
LARYNGOLOGY /  
RHINOLOGY**

**ISSA, REDA, MD†**

Provider ID: N/A

29798 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-DEC-21

**OPTOMETRIST**

**ARCHIBALD, JOHN, OD†**

Provider ID: N/A

27168 NEWPORT RD STE 4  
MENIFEE, CA 92584  
Effective as of 01-JUL-23

**ARCHIBALD, JOHN, OD†**

Provider ID: N/A

27168 NEWPORT RD STE 4  
MENIFEE, CA 92584  
Effective as of 01-DEC-23



**BARR, AUSTIN, OD**

Provider ID: N/A

29826 HAUN RD STE 100  
MENIFEE, CA 92586  
Effective as of 01-NOV-22

**BARR, AUSTIN, OD**

Provider ID: N/A

29826 HAUN RD STE 100  
MENIFEE, CA 92586  
Effective as of 01-NOV-22

**BARR, AUSTIN, OD**

Provider ID: N/A

29826 HAUN RD STE 100  
MENIFEE, CA 92586  
Effective as of 01-NOV-22

**BARR, AUSTIN, OD**

Provider ID: N/A

29826 HAUN RD STE 100  
MENIFEE, CA 92586  
Effective as of 01-MAR-23

**FENNEMA, ERIC, OD†**

Provider ID: N/A

27168 NEWPORT RD STE 4  
MENIFEE, CA 92584  
Effective as of 01-FEB-22

**FENNEMA, ERIC, OD†**

Provider ID: N/A

27168 NEWPORT RD STE 4  
MENIFEE, CA 92584  
Effective as of 01-SEP-22

**HAMOUIE, JUDY, OD†**

Provider ID: N/A

29950 HAUN RD STE 202  
MENIFEE, CA 92586  
Effective as of 01-NOV-22

**HAMOUIE, JUDY, OD†**

Provider ID: N/A

29950 HAUN RD STE 202  
MENIFEE, CA 92586  
Effective as of 01-NOV-22

**HAMOUIE, JUDY, OD†**

Provider ID: N/A

29950 HAUN RD STE 202  
MENIFEE, CA 92586  
Effective as of 01-NOV-22

**HAMOUIE, JUDY, OD†**

Provider ID: N/A

29950 HAUN RD STE 202  
MENIFEE, CA 92586  
Effective as of 01-NOV-21

**HAMOUIE, JUDY, OD†**

Provider ID: N/A

29950 HAUN RD STE 202  
MENIFEE, CA 92586  
Effective as of 01-NOV-22

**HAMOUIE, JUDY, OD†**

Provider ID: N/A

29950 HAUN RD STE 202  
MENIFEE, CA 92586  
Effective as of 01-JUL-23

**MCINTYRE, DEBRA, OD†**

Provider ID: N/A

29826 HAUN RD STE 100  
MENIFEE, CA 92586  
Effective as of 01-DEC-17

**MCINTYRE, DEBRA, OD†**

Provider ID: N/A

29826 HAUN RD STE 100  
MENIFEE, CA 92586  
Effective as of 01-DEC-17

**MCINTYRE, DEBRA, OD†**

Provider ID: N/A

29826 HAUN RD STE 100  
MENIFEE, CA 92586  
Effective as of 01-DEC-17

**MILLER, RYAN, OD**

Provider ID: N/A

29950 HAUN RD STE 206  
MENIFEE, CA 92586  
Effective as of 01-APR-14

**TO, BRITTANY, OD**

Provider ID: N/A

29826 HAUN RD STE 100  
MENIFEE, CA 92586  
Effective as of 01-JUL-23

**ULIBARRI, MATTHEW, OD†**

Provider ID: N/A

29826 HAUN RD STE 100  
MENIFEE, CA 92586  
Effective as of 01-JUL-23

**ULIBARRI, MATTHEW, OD†**

Provider ID: N/A

29826 HAUN RD STE 100  
MENIFEE, CA 92586  
Effective as of 01-AUG-15

**ULIBARRI, MATTHEW, OD†**

Provider ID: N/A

29826 HAUN RD STE 100  
MENIFEE, CA 92586  
Effective as of 01-AUG-15

**ULIBARRI, MATTHEW, OD†**

Provider ID: N/A

29826 HAUN RD STE 100  
MENIFEE, CA 92586  
Effective as of 01-AUG-15

**ULIBARRI, MATTHEW, OD†**

Provider ID: N/A

29826 HAUN RD STE 100  
MENIFEE, CA 92586  
Effective as of 01-JAN-22

**PHYSICAL MEDICINE /  
REHABILITATION**

**CHEN, HAMILTON, MD†**

Provider ID: N/A

27990 SHERMAN RD  
MENIFEE, CA 92585  
Effective as of 01-MAR-24

**PHYSICIANS ASSISTANT**

**BUSTAMANTE, ANGEL, PA†**

Provider ID: N/A

29798 HAUN RD STE 301  
MENIFEE, CA 92586  
Effective as of 01-MAR-21

**BUSTAMANTE, ANGEL, PA†**

Provider ID: N/A

29798 HAUN RD STE 301  
MENIFEE, CA 92586  
Effective as of 01-AUG-20

**HUNSAKER, NALANI, PA†**

Provider ID: N/A

29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-DEC-20

**HUNSAKER, NALANI, PA†**

Provider ID: N/A

29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-DEC-20

**HUNSAKER, NALANI, PA†**

Provider ID: N/A

29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-NOV-23

**LOPEZ, MARIA, PA†**

Provider ID: N/A

26926 CHERRY HILLS  
BLVD STE B  
MENIFEE, CA 92586  
Effective as of 01-AUG-21

**PSYCHIATRY**

**ANDERSEN, CLAIRE, MD**

Provider ID: N/A

26926 CHERRY HILLS  
BLVD STE B  
MENIFEE, CA 92586  
Effective as of 01-DEC-20

**ANDERSEN, CLAIRE, MD**

Provider ID: N/A

26926 CHERRY HILLS  
BLVD STE B  
MENIFEE, CA 92586  
Effective as of 01-DEC-20

**PERSAUD, PRIA, MD**

Provider ID: N/A

26926 CHERRY HILLS  
BLVD STE B  
MENIFEE, CA 92586  
Effective as of 01-AUG-20

**PERSAUD, PRIA, MD**

Provider ID: N/A

26926 CHERRY HILLS  
BLVD STE B  
MENIFEE, CA 92586  
Effective as of 01-AUG-20

**PERSAUD, PRIA, MD**

Provider ID: N/A

26926 CHERRY HILLS  
BLVD STE B  
MENIFEE, CA 92586  
Effective as of 01-AUG-20

**PERSAUD, PRIA, MD**

Provider ID: N/A

26926 CHERRY HILLS  
BLVD STE B  
MENIFEE, CA 92586  
Effective as of 01-AUG-20

**PSYCHIATRY CHILD**

**ANDERSEN, CLAIRE, MD**

Provider ID: N/A

26926 CHERRY HILLS  
BLVD STE B  
MENIFEE, CA 92586  
Effective as of 01-DEC-20

**ANDERSEN, CLAIRE, MD**

Provider ID: N/A

26926 CHERRY HILLS  
BLVD STE B  
MENIFEE, CA 92586  
Effective as of 01-DEC-20

**REGISTERED PHYSICAL  
THERAPIST**

**ALEXANDER, AUSTIN, PT**

Provider ID: N/A

29798 HAUN RD STE 201  
MENIFEE, CA 92586  
Effective as of 01-DEC-20

**ALEXANDER, AUSTIN, PT**

Provider ID: N/A

29798 HAUN RD STE 201  
MENIFEE, CA 92586  
Effective as of 01-DEC-20

**ALEXANDER, AUSTIN, PT**

Provider ID: N/A

30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-DEC-20

**ALEXANDER, AUSTIN, PT**

Provider ID: N/A

30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-DEC-20

**ATKINS, AARON, PT**

Provider ID: N/A

30141 ANTELOPE RD STE A

MENIFEE, CA 92584  
Effective as of 01-JUL-23

**ATKINS, AARON, PT**

Provider ID: N/A

30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-JUL-23

**BARI, MONICA, PT**

Provider ID: N/A

30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-DEC-23

**BARI, MONICA, PT**

Provider ID: N/A

30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-DEC-23

**COBURN, PIERRE, PT**

Provider ID: N/A

30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-JAN-24

**COBURN, PIERRE, PT**

Provider ID: N/A

30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-JAN-24

**FOX, DELANIE, PT**

Provider ID: N/A

30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-OCT-23

**FOX, DELANIE, PT**

Provider ID: N/A

30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-OCT-23

**GARCIA, JASON, PT†**

Provider ID: N/A

29798 HAUN RD STE 201  
MENIFEE, CA 92586  
Effective as of 01-JAN-23

**GARCIA, JASON, PT†**

Provider ID: N/A

29798 HAUN RD STE 201  
MENIFEE, CA 92586  
Effective as of 01-JAN-23

**HARMAN, JACY, PT†**

Provider ID: N/A

29798 HAUN RD STE 201  
MENIFEE, CA 92586  
Effective as of 01-JAN-22

**HARMAN, JACY, PT†**

Provider ID: N/A

29798 HAUN RD STE 201  
MENIFEE, CA 92586  
Effective as of 01-JAN-22

**HARMAN, JACY, PT†**

Provider ID: N/A

30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-JAN-22

**HARMAN, JACY, PT†**

Provider ID: N/A

30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-JAN-22

**HIGGINS, DAWN, PT†**

Provider ID: N/A

29798 HAUN RD STE 201  
MENIFEE, CA 92586  
Effective as of 01-JUL-22

**HIGGINS, DAWN, PT†**

Provider ID: N/A

29798 HAUN RD STE 201

MENIFEE, CA 92586  
Effective as of 01-JUL-22

**KARODY, ATULA, PT**

Provider ID: N/A

30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-FEB-24

**KARODY, ATULA, PT**

Provider ID: N/A

30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-FEB-24

**KARODY, ATULA, PT**

Provider ID: N/A

29798 HAUN RD STE 201  
MENIFEE, CA 92586  
Effective as of 01-FEB-24

**KARODY, ATULA, PT**

Provider ID: N/A

29798 HAUN RD STE 201  
MENIFEE, CA 92586  
Effective as of 01-FEB-24

**KESEL, KELSEY, PT**

Provider ID: N/A

29798 HAUN RD STE 201  
MENIFEE, CA 92586  
Effective as of 01-MAR-24

**KESEL, KELSEY, PT**

Provider ID: N/A

30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-MAR-24

**KESEL, KELSEY, PT**

Provider ID: N/A

30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-MAR-24

**KESEL, KELSEY, PT**

Provider ID: N/A

☐ 29798 HAUN RD STE 201  
MENIFEE, CA 92586  
Effective as of 01-MAR-24

**PATEL, BINOY, PT†**

Provider ID: N/A

☐ 29798 HAUN RD STE 201  
MENIFEE, CA 92586  
Effective as of 01-SEP-17

**PATEL, BINOY, PT†**

Provider ID: N/A

☐ 29798 HAUN RD STE 201  
MENIFEE, CA 92586  
Effective as of 01-SEP-17

**REED, SAVONNA, PT†**

Provider ID: N/A

☐ 29798 HAUN RD STE 201  
MENIFEE, CA 92586  
Effective as of 01-JAN-21

**REED, SAVONNA, PT†**

Provider ID: N/A

☐ 29798 HAUN RD STE 201  
MENIFEE, CA 92586  
Effective as of 01-JAN-21

**REED, SAVONNA, PT†**

Provider ID: N/A

☐ 30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-JAN-21

**REED, SAVONNA, PT†**

Provider ID: N/A

☐ 30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-JAN-21

**SABIN, SCOTT, PT†**

Provider ID: N/A

☐ 30141 ANTELOPE RD STE A

MENIFEE, CA 92584  
Effective as of 01-FEB-19

**SABIN, SCOTT, PT†**

Provider ID: N/A

☐ 30141 ANTELOPE RD STE A  
MENIFEE, CA 92584  
Effective as of 01-FEB-19

**SABIN, SCOTT, PT†**

Provider ID: N/A

☐ 29798 HAUN RD STE 201  
MENIFEE, CA 92586  
Effective as of 01-FEB-19

**SABIN, SCOTT, PT†**

Provider ID: N/A

☐ 29798 HAUN RD STE 201  
MENIFEE, CA 92586  
Effective as of 01-FEB-19

**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

**SANCHEZ, EMILY, PT**

Provider ID: N/A

☐ 29798 HAUN RD STE 201  
MENIFEE, CA 92586  
Effective as of 01-JUN-23

**SANCHEZ, EMILY, PT**

Provider ID: N/A

☐ 29798 HAUN RD STE 201  
MENIFEE, CA 92586  
Effective as of 01-JUN-23

**RHEUMATOLOGY**

**BRAVO, ARLENE, MD†**

Provider ID: N/A

☐ 29798 HAUN RD  
MENIFEE, CA 92586  
Effective as of 01-APR-21

**COLBURN, KEITH, MD†**

Provider ID: N/A

☐ 29798 HAUN RD STE 301  
MENIFEE, CA 92586  
Effective as of 01-MAR-21

**MEHTA, CHANDRAKANT, MD†**

Provider ID: N/A

☐ 29798 HAUN RD STE 301  
MENIFEE, CA 92586  
Effective as of 01-OCT-09

**MEHTA, CHANDRAKANT, MD†**

Provider ID: N/A

☐ 29798 HAUN RD STE 301  
MENIFEE, CA 92586  
Effective as of 01-SEP-18

**MEHTA, AMAL, MD†**

Provider ID: N/A

☐ 29798 HAUN RD STE 301  
MENIFEE, CA 92586  
Effective as of 01-SEP-18

**MEHTA, AMAL, MD†**

Provider ID: N/A

☐ 29798 HAUN RD STE 301  
MENIFEE, CA 92586  
Effective as of 01-MAR-21

**MEHTA, AMAL, MD†**

Provider ID: N/A

☐ 29798 HAUN RD STE 301  
MENIFEE, CA 92586  
Effective as of 01-JUL-23

**MEHTA, CHANDRAKANT, MD†**

Provider ID: N/A

29798 HAUN RD STE 301  
MENIFEE, CA 92586  
Effective as of 01-MAR-21

**RAMASWAMY,  
DHARMARAJAN, MD†**

Provider ID: N/A

29798 HAUN RD STE 301  
MENIFEE, CA 92586  
Effective as of 01-MAR-21

**RAMASWAMY,  
DHARMARAJAN, MD†**

Provider ID: N/A

29798 HAUN RD STE 301  
MENIFEE, CA 92586  
Effective as of 01-MAY-21

**TRIVEDI, JANKI, MD†**

Provider ID: N/A

29798 HAUN RD STE 301  
MENIFEE, CA 92586  
Effective as of 01-AUG-20

**TRIVEDI, JANKI, MD†**

Provider ID: N/A

29798 HAUN RD STE 301  
MENIFEE, CA 92586  
Effective as of 01-SEP-18

**TRIVEDI, JANKI, MD†**

Provider ID: N/A

29798 HAUN RD STE 301  
MENIFEE, CA 92586  
Effective as of 01-MAR-21

***SURGERY GENERAL***

**IGWE, DANIEL, MD†**

Provider ID: N/A

29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-NOV-18

**IGWE, DANIEL, MD†**

Provider ID: N/A

29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-NOV-18

**IGWE, DANIEL, MD†**

Provider ID: N/A

29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-NOV-18

***SURGERY ORTHOPEDIC***

**CHAUDHURI, KALI, MD†**

Provider ID: N/A

29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-AUG-21

**CHAUDHURI, KALI, MD†**

Provider ID: N/A

29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-AUG-21

**CHAUDHURI, KALI, MD†**

Provider ID: N/A

29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-AUG-21

**DAVENPORT, STEPHEN, MD**

Provider ID: N/A

29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-JUL-23

**GANDE, ABHIRAM, MD†**

Provider ID: N/A

29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-JUL-23

**GANDE, ABHIRAM, MD†**

Provider ID: N/A

29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-SEP-22

**GANDE, ABHIRAM, MD†**

Provider ID: N/A

29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-SEP-22

**GANDE, ABHIRAM, MD†**

Provider ID: N/A

29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-SEP-22

**PANSE, MILIND, MD†**

Provider ID: N/A

29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-NOV-18

**PANSE, MILIND, MD†**

Provider ID: N/A

29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-NOV-18

**PANSE, MILIND, MD†**

Provider ID: N/A

29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-NOV-18

***UROLOGY***

**CRISELL, MONISHA, MD†**

Provider ID: N/A

29798 HAUN RD STE 104  
MENIFEE, CA 92586\*  
Effective as of 01-JUL-23

**LARSON, BENJAMIN, MD†**

Provider ID: N/A

29798 HAUN RD STE 104  
MENIFEE, CA 92586  
Effective as of 01-JUN-17

**LARSON, BENJAMIN, MD†**

Provider ID: N/A

29798 HAUN RD STE 104  
MENIFEE, CA 92586  
Effective as of 01-JUN-17

**LUTTGE, SCOTT, MD**

Provider ID: N/A

29826 HAUN RD STE 209  
MENIFEE, CA 92586  
Effective as of 01-MAY-23

**NIHIRA, MIKIO, MD†**

Provider ID: N/A

29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-OCT-21

**NIHIRA, MIKIO, MD†**

Provider ID: N/A

29826 HAUN RD STE 200  
MENIFEE, CA 92586  
Effective as of 01-OCT-21

**ALLERGY IMMUNOLOGY**

**BASEN, TYLER, MD†**

Provider ID: N/A

26691 PLAZA STE 170  
MISSION VIEJO, CA 92691

Teleservice

Effective as of 01-DEC-20

**BASEN, TYLER, MD†**

Provider ID: N/A

26691 PLAZA STE 170  
MISSION VIEJO, CA 92691

Teleservice

Effective as of 01-DEC-20

**BASEN, TYLER, MD†**

Provider ID: N/A

26691 PLAZA STE 170  
MISSION VIEJO, CA 92691

Teleservice

Effective as of 01-SEP-22

**BASEN, TYLER, MD†**

Provider ID: N/A

26691 PLAZA STE 170  
MISSION VIEJO, CA 92691

Teleservice

Effective as of 01-SEP-22

**CARR, WARNER, MD**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691

Effective as of 01-SEP-10

**CARR, WARNER, MD**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691

Effective as of 01-JUN-08

**CARR, WARNER, MD**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691

Effective as of 01-JAN-18

**CARR, WARNER, MD**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691

Effective as of 01-MAR-21

**CARR, WARNER, MD**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 244

MISSION VIEJO, CA 92691  
Effective as of 01-MAR-21

**CARR, WARNER, MD**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-13

**CARR, WARNER, MD**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-13

**LEE-KIM, CHRISTINE, DO†**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

**LEE-KIM, CHRISTINE, DO†**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-22

**LEE-KIM, CHRISTINE, DO†**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-22

**LEE-KIM, CHRISTINE, DO†**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-22

**LEE-KIM, CHRISTINE, DO<sup>†</sup>**

Provider ID: N/A

☒ 27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-22

**LEE-KIM, CHRISTINE, DO<sup>†</sup>**

Provider ID: N/A

☒ 27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-22

**LEE-KIM, CHRISTINE, DO<sup>†</sup>**

Provider ID: N/A

☒ 27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

**LEE-KIM, CHRISTINE, DO<sup>†</sup>**

Provider ID: N/A

☒ 27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-21

**MEHTA, VINAY, MD**

Provider ID: N/A

☒ 27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-23

**MEHTA, VINAY, MD**

Provider ID: N/A

☒ 27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-23

**MEHTA, VINAY, MD**

Provider ID: N/A

☒ 27800 MEDICAL CENTER

RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-23

**MEHTA, VINAY, MD**

Provider ID: N/A

☒ 27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-23

**MEHTA, VINAY, MD**

Provider ID: N/A

☒ 27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-23

**MEHTA, VINAY, MD**

Provider ID: N/A

☒ 27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-23

**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<sup>†</sup>**

Provider ID: N/A

☒ 26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-17

**VENKAT, GEETA, MD<sup>†</sup>**

Provider ID: N/A

☒ 26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-17

**ANESTHESIOLOGY**

**GERAYLI, AFSHIN, MD<sup>†</sup>**

Provider ID: N/A

☒ 25982 PALA STE 280  
MISSION VIEJO, CA 92691  
Teleservice  
Effective as of 01-AUG-22

**GERAYLI, AFSHIN, MD<sup>†</sup>**

Provider ID: N/A

☒ 25982 PALA STE 280  
MISSION VIEJO, CA 92691  
Teleservice  
Effective as of 01-AUG-22

**ANESTHESIOLOGY PAIN  
MANAGEMENT**

**BESHAI, ALFRED, MD**

Provider ID: N/A

☒ 26691 PLAZA STE 170  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-16

**GERAYLI, AFSHIN, MD<sup>†</sup>**

Provider ID: N/A

☒ 25982 PALA STE 280  
MISSION VIEJO, CA 92691  
Teleservice  
Effective as of 01-OCT-08

**GERAYLI, AFSHIN, MD<sup>†</sup>**

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

**SHAHBAZIAN, MICHAEL, MD†**

Provider ID: N/A

25982 PALA STE 280  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-22

**SHAHBAZIAN, MICHAEL, MD†**

Provider ID: N/A

25982 PALA STE 280  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-18

**AUDIOLOGIST**

**NIAVARANY, PIRAYEH, AuD**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-22

**NIAVARANY, PIRAYEH, AuD**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200

MISSION VIEJO, CA 92691  
Effective as of 01-NOV-22

**PANEK, KRISTI, AuD**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-22

**PANEK, KRISTI, AuD**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-22

**CARDIAC**

**ELECTROPHYSIOLOGY**

**DESAI, ASEEM, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-10

**HUNG, LYNNE, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-12

**TIONGSON, JAY, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 103  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-13

**TIONGSON, JAY, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 103

MISSION VIEJO, CA 92691  
Effective as of 01-OCT-13

**CARDIOLOGY**

**HUNG, LYNNE, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-12

**KOPLIK, SHERI, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-16

**KOPLIK, SHERI, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-16

**LOUSSARARIAN, ARTHUR,  
MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-11

**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-MAY-12

**SUK, DAVID, MD**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-23

**SUK, DAVID, MD**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-23

**CARDIOVASCULAR  
DISEASE**

**ALOMARI, IHAB, MD**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-23

**ALOMARI, IHAB, MD**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-23

**CUA, BENNETT, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-18

**CUA, BENNETT, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-18

**DESAI, ASEEM, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-05

**EUBANY, JACQUELINE, MD†**

Provider ID: N/A

27525 PUERTA REAL STE  
300  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-20

**EUBANY, JACQUELINE, MD†**

Provider ID: N/A

27525 PUERTA REAL STE  
300  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-20

**HEPNER, ABSALOM, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-12

**HEPNER, ABSALOM, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-14

**KULICK, DANIEL, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691

Effective as of 01-OCT-99

**KULICK, DANIEL, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-12

**KULICK, DANIEL, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-12

**KULICK, DANIEL, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-15

**LOUSSARARIAN, ARTHUR,  
MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-12

**LOUSSARARIAN, ARTHUR,  
MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-99

**LOUSSARARIAN, ARTHUR,  
MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 161  
MISSION VIEJO, CA 92691

Effective as of 01-NOV-12

**REDIKER, DONALD, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691

Effective as of 01-OCT-99

**REDIKER, DONALD, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 161  
MISSION VIEJO, CA 92691

Effective as of 01-SEP-10

**REDIKER, DONALD, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691

Effective as of 01-MAY-12

**REDIKER, DONALD, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691

Effective as of 01-OCT-12

**CERTIFIED NURSE  
PRACTITIONER**

**CARR, CHERYL, NP**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691

Effective as of 01-APR-23

**CARR, CHERYL, NP**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691

Effective as of 01-APR-23

**CARR, CHERYL, NP**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691

Effective as of 01-APR-23

**CARR, CHERYL, NP**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691

Effective as of 01-MAY-23

**CARR, CHERYL, NP**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 244  
MISSION VIEJO, CA 92691

Effective as of 01-MAY-23

**CHAN, JUDY, NPF**

Provider ID: N/A

30492 GATEWAY PL  
STE 200  
MISSION VIEJO, CA 92694

Effective as of 01-JAN-24

**CHAN, JUDY, NPF**

Provider ID: N/A

30492 GATEWAY PL  
STE 200  
MISSION VIEJO, CA 92694

Effective as of 01-JAN-24

**CHAN, JUDY, NPF**

Provider ID: N/A

30492 GATEWAY PL  
STE 200  
MISSION VIEJO, CA 92694

Effective as of 01-JAN-24

**CHAN, JUDY, NPF**

Provider ID: N/A

30492 GATEWAY PL STE  
110  
MISSION VIEJO, CA 92694

Effective as of 01-APR-23

**CHAN, JUDY, NPF**

Provider ID: N/A

30492 GATEWAY PL STE  
110  
MISSION VIEJO, CA 92694

Effective as of 01-APR-23

**CHAN, JUDY, NPF**

Provider ID: N/A

30492 GATEWAY PL STE  
110  
MISSION VIEJO, CA 92694

Effective as of 01-APR-23

**DAVID, MARY LOU, NP†**

Provider ID: N/A

23512 MADERO  
MISSION VIEJO, CA 92691

Effective as of 01-AUG-21

**PARK, SE, NP**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691

Effective as of 01-JUL-23

**PARK, SE, NP**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691

Effective as of 01-JUL-23

**PARK, SE, NP**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691

Effective as of 01-JUL-23

**PARK, SE, NP**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-23

**PARK, SE, NP**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-23

**PASICOLAN, MARI, NP**

Provider ID: N/A

26012 MARGUERITE PKWY  
STE H  
MISSION VIEJO, CA 92692  
Effective as of 01-DEC-22

**PASICOLAN, MARI, NP**

Provider ID: N/A

26012 MARGUERITE PKWY  
STE H  
MISSION VIEJO, CA 92692  
Effective as of 01-DEC-22

**PASICOLAN, MARI, NP**

Provider ID: N/A

26012 MARGUERITE PKWY  
STE H  
MISSION VIEJO, CA 92692  
Effective as of 01-DEC-22

**PASICOLAN, MARI, NP**

Provider ID: N/A

30897 GATEWAY PL STE F  
MISSION VIEJO, CA 92694  
Effective as of 01-DEC-22

**PASICOLAN, MARI, NP**

Provider ID: N/A

30897 GATEWAY PL STE F  
MISSION VIEJO, CA 92694  
Effective as of 01-DEC-22

**PASICOLAN, MARI, NP**

Provider ID: N/A

30897 GATEWAY PL STE F  
MISSION VIEJO, CA 92694  
Effective as of 01-DEC-22

**TORIOLA, ABIODUN, NP**

Provider ID: N/A

30240 RANCHO VIEJO  
SUITE E  
MISSION VIEJO, CA 92675  
Effective as of 01-JUL-23

**CLINICAL**

**NEUROPSYCHOLOGIST**

**HAMILTON, JOANNE, PhD**

Provider ID: N/A

26440 LA ALAMEDA STE  
220  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-18

**HAMILTON, JOANNE, PhD**

Provider ID: N/A

26440 LA ALAMEDA STE  
220  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-18

**HOCHBERGER, WILLIAM, PhD**

Provider ID: N/A

26440 LA ALAMEDA STE  
220  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-21

**HOCHBERGER, WILLIAM, PhD**

Provider ID: N/A

26440 LA ALAMEDA STE  
220  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-21

**DERMATOLOGY**

**BISUNA, BLANCA, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 170  
MISSION VIEJO, CA 92691\*  
Effective as of 01-MAR-16

**DICESARE, DANIEL, MD**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-19

**DICESARE, DANIEL, MD**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-19

**LEVIN, JACQUELINE, DO†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 220  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-15

**LONGBERG, AUSTIN, DO†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 435  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-20

**LONGBERG, AUSTIN, DO†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 435  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-20

**NGUYEN, TUYET, MD**

Provider ID: N/A

26800 CROWN VALLEY

PKWY STE 435  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-23

**NGUYEN, TUYET, MD**

Provider ID: N/A  
26800 CROWN VALLEY  
PKWY STE 435  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-23

**ZHAN, FRANK, MD†**

Provider ID: N/A  
26691 PLAZA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-18

**ZHAN, FRANK, MD†**

Provider ID: N/A  
26691 PLAZA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

**ZHAN, FRANK, MD†**

Provider ID: N/A  
26691 PLAZA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

**EMERGENCY MEDICINE**

**ELPEDES, BERNARD, DO†**

Provider ID: N/A  
23962 ALICIA PKWY STE 11  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-24

**ENDOCRINOLOGY  
METABOLISM DIABETES**

**BARRERA, JOSEPH, MD†**

Provider ID: N/A  
26800 CROWN VALLEY  
PKWY STE 230  
MISSION VIEJO, CA 92691\*

Effective as of 01-NOV-12

**BARRERA, JOSEPH, MD†**

Provider ID: N/A  
26800 CROWN VALLEY  
PKWY STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-02

**BUI, AMY-VAN, MD†**

Provider ID: N/A  
26800 CROWN VALLEY  
PKWY STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

**BUI, AMY-VAN, MD†**

Provider ID: N/A  
26800 CROWN VALLEY  
PKWY STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-15

**CHAN, JESSICA, MD†**

Provider ID: N/A  
26800 CROWN VALLEY  
PKWY STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-22

**CHAN, JESSICA, MD†**

Provider ID: N/A  
26800 CROWN VALLEY  
PKWY STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

**DAO, LISA, MD**

Provider ID: N/A  
26800 CROWN VALLEY  
PKWY STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-23

**FRANKWICH, KAREN, MD†**

Provider ID: N/A  
26800 CROWN VALLEY  
PKWY STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-14

**FRANKWICH, KAREN, MD†**

Provider ID: N/A  
26800 CROWN VALLEY  
PKWY STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-14

**HOSSEINI, ALIREZA, MD†**

Provider ID: N/A  
25982 PALA STE 140  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-22

**HOSSEINI, ALIREZA, MD†**

Provider ID: N/A  
25982 PALA STE 140  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-22

**HOSSEINI, ALIREZA, MD†**

Provider ID: N/A  
25982 PALA STE 140  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-22

**HOSSEINI, ALIREZA, MD†**

Provider ID: N/A  
25982 PALA STE 140  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-22

**HOSSEINI, ALIREZA, MD†**

Provider ID: N/A  
25982 PALA STE 140  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-21

**HOSSEINI, ALIREZA, MD†**

Provider ID: N/A

25982 PALA STE 140  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-21

**HOSSEINI, ALIREZA, MD<sup>†</sup>**

Provider ID: N/A

25982 PALA STE 140  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-21

**HOSSEINI, ALIREZA, MD<sup>†</sup>**

Provider ID: N/A

25982 PALA STE 140  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-21

**MULFORD, MIM, MD<sup>†</sup>**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-12

**MULFORD, MIM, MD<sup>†</sup>**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-99

**MULFORD, MIM, MD<sup>†</sup>**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 161  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-12

**TRAN, NEIL, MD<sup>†</sup>**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 161  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-12

**TRAN, NEIL, MD<sup>†</sup>**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-07

**TRAN, NEIL, MD<sup>†</sup>**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-10

**TRUONG, MICHAEL, MD<sup>†</sup>**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-10

**TRUONG, MICHAEL, MD<sup>†</sup>**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-99

**FAMILY PRACTICE  
SPORTS MEDICINE**

**CUENCA, ARNOLD, DO<sup>†</sup>**

Provider ID: N/A

23512 MADERO  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-21

**CUENCA, ARNOLD, DO<sup>†</sup>**

Provider ID: N/A

23512 MADERO  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-21

**CUENCA, ARNOLD, DO<sup>†</sup>**

Provider ID: N/A

23512 MADERO

MISSION VIEJO, CA 92691  
Effective as of 01-SEP-21

**MARANDOLA, MICHAEL, MD**

Provider ID: N/A

26401 CROWN VALLEY  
PKWY STE 101  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-12

**MARANDOLA, MICHAEL, MD**

Provider ID: N/A

26401 CROWN VALLEY  
PKWY STE 101  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-12

**GASTROENTEROLOGY**

**BAE, WANJUN, MD<sup>†</sup>**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 310  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-21

**BAE, WANJUN, MD<sup>†</sup>**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 310  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-21

**BLOCK, EDWARD, MD<sup>†</sup>**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 310  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-21

**BLOCK, EDWARD, MD<sup>†</sup>**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 310  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-21

**CHANG, ELMER, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 310  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-21

**CHANG, ELMER, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 310  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-21

**CHAURASIA, OM, MD**

Provider ID: N/A

26421 CROWN VALLEY  
PKWY STE 140A  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-10

**CHAURASIA, OM, MD**

Provider ID: N/A

26421 CROWN VALLEY  
PKWY STE 140A  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-22

**CHAURASIA, OM, MD**

Provider ID: N/A

26421 CROWN VALLEY  
PKWY STE 140A  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-17

**CHAURASIA, OM, MD**

Provider ID: N/A

26421 CROWN VALLEY  
PKWY STE 140A  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-14

**CHAURASIA, OM, MD**

Provider ID: N/A

26421 CROWN VALLEY  
PKWY STE 140A  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-99

**CHAURASIA, OM, MD**

Provider ID: N/A

26421 CROWN VALLEY  
PKWY STE 140A  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-12

**CHAURASIA, OM, MD**

Provider ID: N/A

26421 CROWN VALLEY  
PKWY STE 140A  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-11

**CHU, ERIC, MD†**

Provider ID: N/A

27871 MEDICAL CENTER RD  
STE 240  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-14

**CHU, ERIC, MD†**

Provider ID: N/A

27871 MEDICAL CENTER RD  
STE 240  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-14

**CHU, ERIC, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 310

MISSION VIEJO, CA 92691  
Effective as of 01-APR-21

**CHU, ERIC, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 310  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-21

**KIM, DANIEL, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 310  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-22

**KIM, DANIEL, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 310  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-22

**NGUYEN, DOUGLAS, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 310  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-22

**NGUYEN, DOUGLAS, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 310  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-22

**RAHMAN, HABIB, MD**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 475  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-12

**RAHMAN, HABIB, MD**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 475  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-11

**RAHMAN, HABIB, MD**

Provider ID: N/A

26691 PLAZA STE 150  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-23

**RODRIGUES, DANIALD, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 310  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-21

**RODRIGUES, DANIALD, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 310  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-21

**ZABIHI, RAMIN, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 308  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-14

**ZABIHI, RAMIN, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 308

MISSION VIEJO, CA 92691  
Effective as of 01-JAN-12

**ZABIHI, RAMIN, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 308  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-18

**ZABIHI, RAMIN, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 308  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-22

**ZABIHI, RAMIN, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 308  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-10

**GYNECOLOGY**

**KANALY, KIM, MD**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 327  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-12

**KANALY, KIM, MD**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 327  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-11

**WALLACE, PATRICIA, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 327  
MISSION VIEJO, CA 92691

Effective as of 01-DEC-08

**WALLACE, PATRICIA, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 327  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-11

**WALLACE, PATRICIA, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 327  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-12

**HEMATOLOGY /  
ONCOLOGY**

**BENDER, RICHARD, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 271  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-22

**BENDER, RICHARD, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 271  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-22

**HU, JOHN, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 460  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-20

**HU, JOHN, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD

STE 460  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-20

**HUANG, DANIEL, MD†**

Provider ID: N/A  
26732 CROWN VALLEY  
PKWY STE 271  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-21

**HUANG, DANIEL, MD†**

Provider ID: N/A  
26732 CROWN VALLEY  
PKWY STE 271  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-21

**HUANG, DANIEL, MD†**

Provider ID: N/A  
26732 CROWN VALLEY  
PKWY STE 271  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-21

**LAZO, NELLY, MD†**

Provider ID: N/A  
26732 CROWN VALLEY  
PKWY STE 271  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-23

**LAZO, NELLY, MD†**

Provider ID: N/A  
26732 CROWN VALLEY  
PKWY STE 271  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-23

**LAZO, NELLY, MD†**

Provider ID: N/A  
26732 CROWN VALLEY  
PKWY STE 271  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-18

**LAZO, NELLY, MD†**

Provider ID: N/A  
26732 CROWN VALLEY  
PKWY STE 271  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-18

**LAZO, NELLY, MD†**

Provider ID: N/A  
26732 CROWN VALLEY  
PKWY STE 271  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-21

**LI, MING, MD†**

Provider ID: N/A  
27799 MEDICAL CENTER  
RD  
STE 460  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-20

**LI, MING, MD†**

Provider ID: N/A  
27799 MEDICAL CENTER  
RD  
STE 460  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-20

**INFECTIOUS DISEASE**

**REDDY, JAGADEESH, MD**

Provider ID: N/A  
26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-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

**WAYNE, EDGAR, MD†**

Provider ID: N/A  
26800 CROWN VALLEY  
PKWY STE 275  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-21

**WAYNE, EDGAR, MD†**

Provider ID: N/A  
26800 CROWN VALLEY  
PKWY STE 275  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-21

**INTERNAL MEDICINE**

**AZAD, HABIB, MD†**

Provider ID: N/A  
27800 MEDICAL CENTER  
RD STE 220  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-12

**CASTRO RUEDA, HERNAN, MD†**

Provider ID: N/A  
26732 CROWN VALLEY  
PKWY STE 151  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-17

**CHEN, MAY, MD†**

Provider ID: N/A  
26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691



Effective as of 01-APR-23

**CHEN, MAY, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691

Effective as of 01-APR-23

**GEE, JOEY, DO†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 385  
MISSION VIEJO, CA 92691

Effective as of 01-DEC-16

**GOLDBERG, ROBERT, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 205  
MISSION VIEJO, CA 92691

Effective as of 01-NOV-12

**JIANG, FEN, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 460  
MISSION VIEJO, CA 92691

Effective as of 01-SEP-22

**JIANG, FEN, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 460  
MISSION VIEJO, CA 92691

Effective as of 01-SEP-22

**KOVACS, DAVID, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 151  
MISSION VIEJO, CA 92691

Effective as of 01-APR-16

**MIEL, RUFINA, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 271  
MISSION VIEJO, CA 92691

Effective as of 01-APR-19

**MIEL, RUFINA, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 271  
MISSION VIEJO, CA 92691

Effective as of 01-APR-19

**QURESHI, TAUSEEF, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 205  
MISSION VIEJO, CA 92691

Effective as of 01-JUL-15

**SCHIFFMAN, GEORGE, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 161  
MISSION VIEJO, CA 92691

Effective as of 01-MAY-17

**INTERNAL MEDICINE  
CRITICAL CARE MEDICINE**

**SCHIFFMAN, GEORGE, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 205  
MISSION VIEJO, CA 92691

Effective as of 01-MAY-17

**INTERNAL MEDICINE  
SPORTS MEDICINE**

**DAVIS, KELLY, MD†**

Provider ID: N/A

25982 PALA STE 230

MISSION VIEJO, CA 92691

Effective as of 01-OCT-18

**INTERVENTIONAL  
CARDIOLOGY**

**DANON, SAAR, MD†**

Provider ID: N/A

30492 GATEWAY PL STE  
110  
MISSION VIEJO, CA 92694

Effective as of 01-AUG-20

**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

**MARRIAGE FAMILY  
THERAPIST**

**ORTIZ, TINA, MFT†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 325  
MISSION VIEJO, CA 92691

Effective as of 01-SEP-22

**ORTIZ, TINA, MFT†**

Provider ID: N/A  
 26800 CROWN VALLEY  
 PKWY STE 325  
 MISSION VIEJO, CA 92691  
 Effective as of 01-SEP-22

### **MEDICAL ONCOLOGY**

**BENDER, RICHARD, MD†**  
 Provider ID: N/A  
 26732 CROWN VALLEY  
 PKWY STE 271  
 MISSION VIEJO, CA 92691  
 Effective as of 01-OCT-23

**BENDER, RICHARD, MD†**  
 Provider ID: N/A  
 26732 CROWN VALLEY  
 PKWY STE 271  
 MISSION VIEJO, CA 92691  
 Effective as of 01-JAN-23

### **NEPHROLOGY**

**ALLAMEHZADEH, REZA, MD†**  
 Provider ID: N/A  
 25982 PALA  
 MISSION VIEJO, CA 92691  
 Effective as of 01-AUG-16

**ALLAMEHZADEH, REZA, MD†**  
 Provider ID: N/A  
 25982 PALA  
 MISSION VIEJO, CA 92691  
 Effective as of 01-AUG-16

**ALLAMEHZADEH, REZA, MD†**  
 Provider ID: N/A  
 25982 PALA STE 170  
 MISSION VIEJO, CA 92691  
 Effective as of 01-AUG-22

**ALLAMEHZADEH, REZA, MD†**  
 Provider ID: N/A  
 25982 PALA STE 170

MISSION VIEJO, CA 92691  
 Effective as of 01-AUG-22

**ALLAMEHZADEH, REZA, MD†**  
 Provider ID: N/A  
 25982 PALA STE 170  
 MISSION VIEJO, CA 92691  
 Effective as of 01-AUG-22

**ALLAMEHZADEH, REZA, MD†**  
 Provider ID: N/A  
 25982 PALA STE 170  
 MISSION VIEJO, CA 92691  
 Effective as of 01-AUG-22

**ALLAMEHZADEH, REZA, MD†**  
 Provider ID: N/A  
 25982 PALA STE 170  
 MISSION VIEJO, CA 92691  
 Effective as of 01-AUG-22

**ALLAMEHZADEH, REZA, MD†**  
 Provider ID: N/A  
 25982 PALA STE 170  
 MISSION VIEJO, CA 92691\*  
 Effective as of 01-JAN-18

**AZAD, HABIB, MD†**  
 Provider ID: N/A  
 26800 CROWN VALLEY  
 PKWY STE 250  
 MISSION VIEJO, CA 92691  
 Effective as of 01-JAN-15

**AZAD, HABIB, MD†**  
 Provider ID: N/A  
 26800 CROWN VALLEY  
 PKWY STE 250  
 MISSION VIEJO, CA 92691  
 Effective as of 01-DEC-14

**AZAD, HABIB, MD†**  
 Provider ID: N/A  
 26800 CROWN VALLEY  
 PKWY STE 250

MISSION VIEJO, CA 92691  
 Effective as of 01-JAN-15

**CHEN, MAY, MD†**  
 Provider ID: N/A  
 26800 CROWN VALLEY  
 PKWY STE 250  
 MISSION VIEJO, CA 92691  
 Effective as of 01-JAN-15

**CHEN, MAY, MD†**  
 Provider ID: N/A  
 26800 CROWN VALLEY  
 PKWY STE 250  
 MISSION VIEJO, CA 92691  
 Effective as of 01-JAN-15

**NAWAR, MAGDY, MD†**  
 Provider ID: N/A  
 26800 CROWN VALLEY  
 PKWY STE 485  
 MISSION VIEJO, CA 92691  
 Effective as of 01-JAN-18

**NAWAR, MAGDY, MD†**  
 Provider ID: N/A  
 26800 CROWN VALLEY  
 PKWY STE 485  
 MISSION VIEJO, CA 92691  
 Effective as of 01-NOV-14

**NAWAR, MAGDY, MD†**  
 Provider ID: N/A  
 26800 CROWN VALLEY  
 PKWY STE 485  
 MISSION VIEJO, CA 92691  
 Effective as of 01-MAR-99

**RAVIKUMAR, ASHA, MD†**  
 Provider ID: N/A  
 27871 MEDICAL CENTER RD  
 STE 250  
 MISSION VIEJO, CA 92691  
 Effective as of 01-JAN-14

**TEACHER, THEODORE, MD†**

Provider ID: N/A

26691 PLAZA STE 235  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

**TEACHER, THEODORE, MD†**

Provider ID: N/A

26691 PLAZA STE 235  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

**TRAN, STEVE, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-15

**TRAN, STEVE, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-23

**TRAN, STEVE, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-23

**TRAN, STEVE, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-15

**NEUROLOGY**

**DORRIZ, PARSHAW, MD†**

Provider ID: N/A

26800 CROWN VALLEY

PKWY STE 385  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-18

**DORRIZ, PARSHAW, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 385  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-18

**FAHIMI, GOLSHAN, MD**

Provider ID: N/A

26991 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-22

**FAHIMI, GOLSHAN, MD**

Provider ID: N/A

26991 CROWN VALLEY  
PKWY STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-22

**GEE, JOEY, DO†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 385  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-16

**GEE, JOEY, DO†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 385  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-16

**GEE, JOEY, DO†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 385  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-16

**KESARI, SANTOSH, MD**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 110  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-24

**LOPEZ VIZCARRA, MARCO, MD**

Provider ID: N/A

26991 CROWN VALLEY  
PKWY STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-23

**NIK, ANDREW, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 385  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-16

**NIK, ANDREW, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 385  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-16

**RAHIM, BASIT, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 385  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-19

**RAHIM, BASIT, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 385  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-19

**SALEHI, HAMID, MD†**

Provider ID: N/A  
 26691 PLAZA STE 235  
 MISSION VIEJO, CA 92691  
 Effective as of 01-AUG-11

**SALEHI, HAMID, MD†**  
 Provider ID: N/A  
 26691 PLAZA STE 235  
 MISSION VIEJO, CA 92691  
 Effective as of 01-DEC-14

**SALEHI, HAMID, MD†**  
 Provider ID: N/A  
 26691 PLAZA STE 235  
 MISSION VIEJO, CA 92691  
 Effective as of 01-DEC-20

**SALEHI, HAMID, MD†**  
 Provider ID: N/A  
 26691 PLAZA STE 235  
 MISSION VIEJO, CA 92691  
 Effective as of 01-JAN-18

**SALEHI, HAMID, MD†**  
 Provider ID: N/A  
 26691 PLAZA STE 235  
 MISSION VIEJO, CA 92691  
 Effective as of 01-NOV-14

**SPOKOYNY, ELEONORA, MD†**  
 Provider ID: N/A  
 25982 PALA STE 150  
 MISSION VIEJO, CA 92691  
 Effective as of 01-SEP-10

**SPOKOYNY, ELEONORA, MD†**  
 Provider ID: N/A  
 25982 PALA STE 150  
 MISSION VIEJO, CA 92691  
 Effective as of 01-JUN-18

**SPOKOYNY, ELEONORA, MD†**  
 Provider ID: N/A  
 25982 PALA STE 150  
 MISSION VIEJO, CA 92691

Effective as of 01-JUN-18  
**SPOKOYNY, ELEONORA, MD†**  
 Provider ID: N/A

25982 PALA STE 150  
 MISSION VIEJO, CA 92691  
 Effective as of 01-DEC-08

**SPOKOYNY, ELEONORA, MD†**  
 Provider ID: N/A  
 25982 PALA STE 150  
 MISSION VIEJO, CA 92691  
 Effective as of 01-JAN-14

**TEACHER, THEODORE, MD†**  
 Provider ID: N/A  
 26691 PLAZA STE 235  
 MISSION VIEJO, CA 92691  
 Effective as of 01-JAN-15

**TEACHER, THEODORE, MD†**  
 Provider ID: N/A  
 26691 PLAZA STE 235  
 MISSION VIEJO, CA 92691  
 Effective as of 01-JAN-15

**VORA, RONAK, DO†**  
 Provider ID: N/A  
 26800 CROWN VALLEY  
 PKWY STE 385  
 MISSION VIEJO, CA 92691  
 Effective as of 01-APR-23

**VORA, RONAK, DO†**  
 Provider ID: N/A  
 26800 CROWN VALLEY  
 PKWY STE 385  
 MISSION VIEJO, CA 92691  
 Effective as of 01-SEP-18

**NEUROLOGY CHILD**

**ELBALALESY, NASER, MD†**  
 Provider ID: N/A  
 26800 CROWN VALLEY

PKWY STE 460  
 MISSION VIEJO, CA 92691  
 Effective as of 01-MAR-19

**ELBALALESY, NASER, MD†**  
 Provider ID: N/A  
 26800 CROWN VALLEY  
 PKWY STE 510  
 MISSION VIEJO, CA 92691  
 Effective as of 01-MAR-19

**ELBALALESY, NASER, MD†**  
 Provider ID: N/A  
 26800 CROWN VALLEY  
 PKWY STE 510  
 MISSION VIEJO, CA 92691  
 Effective as of 01-MAR-19

**ELBALALESY, NASER, MD†**  
 Provider ID: N/A  
 26800 CROWN VALLEY  
 PKWY STE 460  
 MISSION VIEJO, CA 92691  
 Effective as of 01-SEP-18

**ELBALALESY, NASER, MD†**  
 Provider ID: N/A  
 26800 CROWN VALLEY  
 PKWY STE 510  
 MISSION VIEJO, CA 92691  
 Effective as of 01-MAR-19

**ELBALALESY, NASER, MD†**  
 Provider ID: N/A  
 26800 CROWN VALLEY  
 PKWY STE 510  
 MISSION VIEJO, CA 92691  
 Effective as of 01-MAR-19

**ELBALALESY, NASER, MD†**  
 Provider ID: N/A  
 26800 CROWN VALLEY  
 PKWY STE 510  
 MISSION VIEJO, CA 92691  
 Effective as of 01-MAR-19

**ELBALALESY, NASER, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 460  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-19

**ELBALALESY, NASER, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 510  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-20

**ELBALALESY, NASER, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 460  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-16

**ELBALALESY, NASER, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 460  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-16

**ELBALALESY, NASER, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 460  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-16

**ELBALALESY, NASER, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 460  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-16

**ELBALALESY, NASER, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 460  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-16

**ELBALALESY, NASER, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 510  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-19

**ELBALALESY, NASER, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 460  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-19

**OBSTETRICS /  
GYNECOLOGY**

**ABRAVESH, SOODABEH, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 310  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-18

**BAGINSKI, LEON, MD†**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 310  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-20

**BAGINSKI, LEON, MD†**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 310  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-20

**BAGINSKI, LEON, MD†**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 310  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-20

**BAILEY, THOMAS, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 525  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-14

**BAILEY, THOMAS, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 525  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-99

**BENZL, JERRY, MD†**

Provider ID: N/A

26902 OSO PKWY STE 180  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-03

**BENZL, JERRY, MD†**

Provider ID: N/A

26902 OSO PKWY STE 180  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-10

**BENZL, JERRY, MD†**

Provider ID: N/A

26902 OSO PKWY STE 180  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-11

**BENZL, JERRY, MD†**

Provider ID: N/A

26902 OSO PKWY STE 180  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-12

**CVAR, KATHRYN, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 525  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-18

**CVAR, KATHRYN, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 443  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-10

**CVAR, KATHRYN, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 525  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-99

**EDMUNDSON, MORIAH, DO†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 525  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-21

**EDMUNDSON, MORIAH, DO†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 525  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-21

**FARAZ ESLAMI, PARASTOO, MD†**

Provider ID: N/A

30492 GATEWAY PL STE  
110  
MISSION VIEJO, CA 92694  
Effective as of 01-JUL-20

**FARAZ ESLAMI, PARASTOO, MD†**

Provider ID: N/A

30492 GATEWAY PL STE

110  
MISSION VIEJO, CA 92694  
Effective as of 01-JUL-20

**FARAZ ESLAMI, PARASTOO, MD**

Provider ID: N/A

30492 GATEWAY PL  
STE 200  
MISSION VIEJO, CA 92694  
Effective as of 01-JAN-24

**FARAZ ESLAMI, PARASTOO, MD**

Provider ID: N/A

30492 GATEWAY PL  
STE 200  
MISSION VIEJO, CA 92694  
Effective as of 01-JAN-24

**FARAZ ESLAMI, PARASTOO, MD**

Provider ID: N/A

30492 GATEWAY PL  
STE 200  
MISSION VIEJO, CA 92694  
Effective as of 01-FEB-24

**FARAZ ESLAMI, PARASTOO, MD**

Provider ID: N/A

30492 GATEWAY PL  
STE 200  
MISSION VIEJO, CA 92694  
Effective as of 01-FEB-24

**GRANESE, MARSHA, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 545  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-18

**GRANESE, MARSHA, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 545  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-18

**KANALY, KIM, MD**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 381  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-24

**KANALY, KIM, MD**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 381  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-24

**LEAVITT, JAMIE, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 525  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-18

**LEAVITT, JAMIE, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 525  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-18

**MELKONIAN, VIKEN, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-19

**MELKONIAN, VIKEN, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 440  
MISSION VIEJO, CA 92691

Effective as of 01-SEP-19

**MELKONIAN, VIKEN, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 440  
MISSION VIEJO, CA 92691

Effective as of 01-SEP-19

**MILLER, KURT, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 525  
MISSION VIEJO, CA 92691

Effective as of 01-MAR-99

**MILLER, KURT, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 525  
MISSION VIEJO, CA 92691

Effective as of 01-JAN-18

**POLLOCK, KATHLEEN, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691

Effective as of 01-SEP-10

**POLLOCK, KATHLEEN, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691

Effective as of 01-JUN-05

**RAMIREZ, SARA, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 545  
MISSION VIEJO, CA 92691

Effective as of 01-JAN-18

**RAMIREZ, SARA, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 545  
MISSION VIEJO, CA 92691

Effective as of 01-JAN-18

**SALCIDO, CRAIG, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 525  
MISSION VIEJO, CA 92691

Effective as of 01-DEC-07

**SALCIDO, CRAIG, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 525  
MISSION VIEJO, CA 92691

Effective as of 01-NOV-14

**STADLER, EDWARD, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 525  
MISSION VIEJO, CA 92691

Effective as of 01-MAR-99

**STADLER, EDWARD, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 525  
MISSION VIEJO, CA 92691

Effective as of 01-JAN-18

**TRAN, TIFFANY, MD**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 144  
MISSION VIEJO, CA 92691

Effective as of 01-MAR-23

**TRAN, TIFFANY, MD**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 144

MISSION VIEJO, CA 92691

Effective as of 01-MAR-23

**TRAN, BRYAN, MD**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 144  
MISSION VIEJO, CA 92691

Effective as of 01-SEP-22

**OPHTHALMOLOGY**

**AHMED, SARAH, MD†**

Provider ID: N/A

26701 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691

Effective as of 01-OCT-21

**AHMED, SARAH, MD†**

Provider ID: N/A

26701 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691

Effective as of 01-OCT-21

**AHMED, SARAH, MD†**

Provider ID: N/A

26701 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691

Effective as of 01-NOV-21

**AHMED, SARAH, MD†**

Provider ID: N/A

26701 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691

Effective as of 01-NOV-21

**AHMED, SARAH, MD†**

Provider ID: N/A

26701 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691

Effective as of 01-NOV-21

**AHMED, SARAH, MD†**

Provider ID: N/A

26701 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691

Effective as of 01-MAR-23

**AHMED, SARAH, MD†**

Provider ID: N/A

26701 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691

Effective as of 01-MAR-23

**AMRA, NOOR, MD†**

Provider ID: N/A

26701 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691

Effective as of 01-MAY-22

**AMRA, NOOR, MD†**

Provider ID: N/A

26701 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691

Effective as of 01-MAY-22

**AMRA, NOOR, MD†**

Provider ID: N/A

26701 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691

Effective as of 01-JAN-23

**AMRA, NOOR, MD†**

Provider ID: N/A

26701 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691

Effective as of 01-DEC-22

**AMRA, NOOR, MD†**

Provider ID: N/A

26701 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691

Effective as of 01-DEC-22

**BANUELOS, LYDIA, MD†**

Provider ID: N/A

26691 PLAZA STE 250  
MISSION VIEJO, CA 92691

Effective as of 01-DEC-22

**BANUELOS, LYDIA, MD†**

Provider ID: N/A

26691 PLAZA STE 250  
MISSION VIEJO, CA 92691

Effective as of 01-FEB-23

**CUNNINGHAM-AHUMADA,  
ROSE, DO†**

Provider ID: N/A

27871 MEDICAL CENTER RD  
STE 120  
MISSION VIEJO, CA 92691

Effective as of 01-JAN-18

**CUNNINGHAM-AHUMADA,  
ROSE, DO†**

Provider ID: N/A

27871 MEDICAL CENTER RD  
STE 120  
MISSION VIEJO, CA 92691

Effective as of 01-DEC-14

**CUNNINGHAM-AHUMADA,  
ROSE, DO†**

Provider ID: N/A

27871 MEDICAL CENTER RD  
STE 120  
MISSION VIEJO, CA 92691

Effective as of 01-DEC-11

**CUNNINGHAM-AHUMADA,  
ROSE, DO†**

Provider ID: N/A

27871 MEDICAL CENTER RD  
STE 120  
MISSION VIEJO, CA 92691

Effective as of 01-AUG-19

**CUNNINGHAM-AHUMADA,  
ROSE, DO†**

Provider ID: N/A

27871 MEDICAL CENTER RD  
STE 120  
MISSION VIEJO, CA 92691

Effective as of 01-MAY-22

**CUNNINGHAM-AHUMADA,  
ROSE, DO†**

Provider ID: N/A

27871 MEDICAL CENTER RD  
STE 120  
MISSION VIEJO, CA 92691

Effective as of 01-NOV-14

**CUNNINGHAM-AHUMADA,  
ROSE, DO†**

Provider ID: N/A

27871 MEDICAL CENTER RD  
STE 120  
MISSION VIEJO, CA 92691

Effective as of 01-MAY-22

**CUNNINGHAM-AHUMADA,  
ROSE, DO†**

Provider ID: N/A

27871 MEDICAL CENTER RD  
STE 120  
MISSION VIEJO, CA 92691

Effective as of 01-JUN-16

**GHOSHEH, FARIS, MD**

Provider ID: N/A

26701 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691

Effective as of 01-MAY-12



**GHOSHEH, FARIS, MD**

Provider ID: N/A

26701 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-14

**GHOSHEH, FARIS, MD**

Provider ID: N/A

26701 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-08

**GHOSHEH, FARIS, MD**

Provider ID: N/A

26701 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-22

**GHOSHEH, FARIS, MD**

Provider ID: N/A

26701 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-11

**JOSON, PETER, MD**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 220  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-17

**JOSON, PETER, MD**

Provider ID: N/A

26691 PLAZA STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-23

**JOSON, PETER, MD**

Provider ID: N/A

26691 PLAZA STE 250  
MISSION VIEJO, CA 92691

Effective as of 01-MAY-23

**JOSON, PETER, MD**

Provider ID: N/A

26691 PLAZA STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-23

**JOSON, PETER, MD**

Provider ID: N/A

26691 PLAZA STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-23

**KRAD, OMAR, MD†**

Provider ID: N/A

27871 MEDICAL CENTER RD  
STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-22

**KRAD, OMAR, MD†**

Provider ID: N/A

27871 MEDICAL CENTER RD  
STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-22

**KRAD, OMAR, MD†**

Provider ID: N/A

27871 MEDICAL CENTER RD  
STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-14

**KRAD, OMAR, MD†**

Provider ID: N/A

27871 MEDICAL CENTER RD  
STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-23

**KRAD, OMAR, MD†**

Provider ID: N/A

27871 MEDICAL CENTER RD

STE 120

MISSION VIEJO, CA 92691

Effective as of 01-MAR-12

**KRAD, OMAR, MD†**

Provider ID: N/A

27871 MEDICAL CENTER RD  
STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-18

**KRAD, OMAR, MD†**

Provider ID: N/A

27871 MEDICAL CENTER RD  
STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-19

**KRAD, OMAR, MD†**

Provider ID: N/A

27871 MEDICAL CENTER RD  
STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-14

**SALEHI-HAD, HANI, MD**

Provider ID: N/A

27871 MEDICAL CENTER RD  
STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-23

**SALEHI-HAD, HANI, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 220  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-21

**SALEHI-HAD, HANI, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 220  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-21

**SALEHI-HAD, HANI, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 220  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-21

**TAI, AUDREY, DO†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-22

**TAI, AUDREY, DO†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-22

**TAYANI, RAMIN, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-12

**TAYANI, RAMIN, MD**

Provider ID: N/A

26691 PLAZA STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-23

**TAYANI, RAMIN, MD**

Provider ID: N/A

26691 PLAZA STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-23

**TAYANI, RAMIN, MD**

Provider ID: N/A

26691 PLAZA STE 250  
MISSION VIEJO, CA 92691

Effective as of 01-MAR-23

**TAYANI, RAMIN, MD**

Provider ID: N/A

26691 PLAZA STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

**OPTOMETRIST**

**ANSARI, SHORA, OD**

Provider ID: N/A

27871 MEDICAL CENTER RD  
STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

**HWANG, DONNA, OD**

Provider ID: N/A

26701 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-11

**KHAN, CEMONE, OD**

Provider ID: N/A

27871 MEDICAL CENTER RD  
STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-23

**NG, REBECCA, OD**

Provider ID: N/A

26691 PLAZA STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-23

**NG, REBECCA, OD**

Provider ID: N/A

26691 PLAZA STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-23

**SAKO, AARON, OD**

Provider ID: N/A

27724 SANTA MARGARITA  
PKWY  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-18

**WONG, RANDALL, OD**

Provider ID: N/A

26701 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-04

**WONG, RANDALL, OD**

Provider ID: N/A

26701 CROWN VALLEY  
PKWY  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-10

**OTOLARYNGOLOGY**

**FEINBERG, STEVEN, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-21

**HEINRICH, JAMES, MD**

Provider ID: N/A

26730 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-22

**JAKOBSEN, MICHAEL, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-22

**LUU, QUANG, MD†**

Provider ID: N/A

26726 CROWN VALLEY

PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-18

**LUU, QUANG, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-18

**LUU, QUANG, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-18

**LUU, QUANG, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-22

**OTOLARYNGOLOGY /  
OTOLOGY /  
LARYNGOLOGY /  
RHINOLOGY**

**BREDENKAMP, JAMES, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-18

**BREDENKAMP, JAMES, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-16

**BREDENKAMP, JAMES, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-22

**BREDENKAMP, JAMES, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-14

**BREDENKAMP, JAMES, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-99

**CHO, MICHAEL, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-10

**CHO, MICHAEL, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-22

**CHO, MICHAEL, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-08

**CHO, MICHAEL, MD†**

Provider ID: N/A

26726 CROWN VALLEY

PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-18

**CROCKETT, DENNIS, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-18

**CROCKETT, DENNIS, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-08

**CROCKETT, DENNIS, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-11

**CROCKETT, DENNIS, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-22

**CROCKETT, DENNIS, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-14

**CROCKETT, DENNIS, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-12

**HEINRICH, JAMES, MD**

Provider ID: N/A

26730 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-12

**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-SEP-10

**HEINRICH, JAMES, MD**

Provider ID: N/A

26730 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-11

**JAKOBSEN, MICHAEL, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-12

**JAKOBSEN, MICHAEL, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-22

**JAKOBSEN, MICHAEL, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-10

**JAKOBSEN, MICHAEL, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-11

**JAKOBSEN, MICHAEL, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-04

**MUNDI, JAGMEET, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-18

**MUNDI, JAGMEET, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-13

**MUNDI, JAGMEET, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-13

**MUNDI, JAGMEET, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691

Effective as of 01-OCT-14

**MUNDI, JAGMEET, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-14

**MUNDI, JAGMEET, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-22

**THOMPSON, CHRISTOPHER, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-22

**THOMPSON, CHRISTOPHER, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-16

**THOMPSON, CHRISTOPHER, MD†**

Provider ID: N/A

26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-16

**THOMPSON, CHRISTOPHER, MD†**

Provider ID: N/A

26726 CROWN VALLEY

PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-16

**THOMPSON, CHRISTOPHER, MD†**

Provider ID: N/A  
26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-18

**PEDIATRIC CARDIOLOGY**

**CHUN, DAVID, MD†**

Provider ID: N/A  
26691 PLAZA STE 210  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-15

**CHUN, DAVID, MD†**

Provider ID: N/A  
26691 PLAZA STE 210  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-15

**ELLINI, AHMAD, MD†**

Provider ID: N/A  
26691 PLAZA STE 120A  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-18

**GANDY, JODIE, MD**

Provider ID: N/A  
26691 PLAZA STE 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 210  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-21

**GANDY, JODIE, MD†**

Provider ID: N/A  
26691 PLAZA STE 210  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-21

**GANDY, JODIE, MD**

Provider ID: N/A  
26691 PLAZA STE 160  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

**GANDY, JODIE, MD**

Provider ID: N/A  
26691 PLAZA STE 160  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

**GANDY, JODIE, MD†**

Provider ID: N/A  
26691 PLAZA STE 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-SEP-15

**GANDY, JODIE, MD†**

Provider ID: N/A  
26691 PLAZA STE 210  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-14

**MUHONEN, LINDA, MD**

Provider ID: N/A  
26691 PLAZA STE 130  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-23

**RAHIMI, MOHAMMAD, MD†**

Provider ID: N/A  
30492 GATEWAY PL STE  
110  
MISSION VIEJO, CA 92694  
Effective as of 01-JAN-21

**RAHIMI, MOHAMMAD, MD†**

Provider ID: N/A  
30492 GATEWAY PL STE  
110  
MISSION VIEJO, CA 92694  
Effective as of 01-JAN-21

**RAHIMI, MOHAMMAD, MD†**

Provider ID: N/A  
30492 GATEWAY PL STE  
110  
MISSION VIEJO, CA 92694  
Effective as of 01-DEC-20

**RAHIMI, MOHAMMAD, MD†**

Provider ID: N/A  
30492 GATEWAY PL STE  
110  
MISSION VIEJO, CA 92694  
Effective as of 01-JAN-21

**RAHIMI, MOHAMMAD, MD†**

Provider ID: N/A  
30492 GATEWAY PL STE

110  
MISSION VIEJO, CA 92694  
Effective as of 01-DEC-20

**RAHIMI, MOHAMMAD, MD†**

Provider ID: N/A

30492 GATEWAY PL STE  
110  
MISSION VIEJO, CA 92694  
Effective as of 01-JAN-21

**RAHIMI, MOHAMMAD, MD†**

Provider ID: N/A

30492 GATEWAY PL STE  
110  
MISSION VIEJO, CA 92694  
Effective as of 01-DEC-20

**WEINER, KEITH, MD†**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 264  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-14

**WEINER, KEITH, MD†**

Provider ID: N/A

26691 PLAZA STE 210  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-14

**WEINER, KEITH, MD†**

Provider ID: N/A

26691 PLAZA STE 210  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-21

**WEINER, KEITH, MD**

Provider ID: N/A

26691 PLAZA STE 160  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

**WEINER, KEITH, MD**

Provider ID: N/A

26691 PLAZA STE 160  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

**WEINER, KEITH, MD**

Provider ID: N/A

26691 PLAZA STE 160  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

**WEINER, KEITH, MD**

Provider ID: N/A

26691 PLAZA STE 160  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

**PEDIATRIC INFECTIOUS  
DISEASES**

**ARRIETA, ANTONIO, MD†**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 138 BLDG 2  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-17

**ARRIETA, ANTONIO, MD†**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 138 BLDG 2  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-17

**ARRIETA, ANTONIO, MD†**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 138 BLDG 2  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-19

**PEDIATRIC NEPHROLOGY**

**ZAMAN, RUMINA, MD**

Provider ID: N/A

26691 PLAZA STE 130

MISSION VIEJO, CA 92691  
Effective as of 01-JAN-23

**PEDIATRIC ORTHOPEDICS**

**AMINIAN, AFSHIN, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-16

**AMINIAN, AFSHIN, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-05

**AMINIAN, AFSHIN, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-14

**AMINIAN, AFSHIN, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-12

**DAVIS, KELLY, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-18

**DOBYNS, JEFFREY, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-15

**DOBYNS, JEFFREY, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691

Effective as of 01-SEP-15

**DOBYNS, JEFFREY, 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-MAR-10

**MISAGHI, AMIRHOSSEIN, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691

Effective as of 01-JAN-20

**ROSENFELD, SAMUEL, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691

Effective as of 01-JUL-05

**SCHLECHTER, JOHN, DO†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691

Effective as of 01-FEB-09

**WEINERT, CARL, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691

Effective as of 01-JUL-05

***PEDIATRIC SPORTS  
MEDICINE***

**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-APR-18

**DAVIS, KELLY, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691

Effective as of 01-OCT-18

**DAVIS, KELLY, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691

Effective as of 01-OCT-18

**DAVIS, KELLY, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691

Effective as of 01-SEP-19

**DAVIS, KELLY, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691

Effective as of 01-APR-18

***PEDIATRIC SURGERY  
ORTHOPEDIC***

**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-JUL-23

**CAO, LISA, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691

Effective as of 01-OCT-22

**MCMICHAEL, JESSICA, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691

Effective as of 01-OCT-20

***PEDIATRICS***

**CHAMBERLIN, JOSHUA, MD†**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 110  
MISSION VIEJO, CA 92691

Effective as of 01-FEB-21

***PHYS MED/ REHAB PAIN  
MEDICINE***

**DEDES, HOWARD, MD**

Provider ID: N/A

26137 LA PAZ RD STE 140  
MISSION VIEJO, CA 92691

Effective as of 01-APR-23

**DEDES, HOWARD, MD**

Provider ID: N/A

26137 LA PAZ RD STE 140  
MISSION VIEJO, CA 92691

Effective as of 01-APR-23

**DEDES, HOWARD, MD**

Provider ID: N/A

26137 LA PAZ RD STE 140  
MISSION VIEJO, CA 92691

Effective as of 01-APR-23

**DEDES, HOWARD, MD**

Provider ID: N/A

26137 LA PAZ RD STE 140  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

**DEDES, HOWARD, MD**

Provider ID: N/A

26137 LA PAZ RD STE 140  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

**DEDES, HOWARD, MD**

Provider ID: N/A

26137 LA PAZ RD STE 140  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

**DEDES, HOWARD, MD**

Provider ID: N/A

26137 LA PAZ RD STE 140  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

**PHYSICAL MEDICINE /  
REHABILITATION**

**CUSHING, JAMES, MD**

Provider ID: N/A

27700 MEDICAL CENTER  
RD  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-11

**CUSHING, JAMES, MD**

Provider ID: N/A

27700 MEDICAL CENTER  
RD  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-10

**CUSHING, JAMES, MD**

Provider ID: N/A

27700 MEDICAL CENTER  
RD  
MISSION VIEJO, CA 92691

Effective as of 01-MAR-99

**FADAVI, HAMID, DO**

Provider ID: N/A

26932 OSO PKWY STE 275  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-14

**FADAVI, HAMID, DO**

Provider ID: N/A

26932 OSO PKWY STE 275  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-21

**FADAVI, HAMID, DO**

Provider ID: N/A

26932 OSO PKWY STE 275  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-21

**FADAVI, HAMID, DO**

Provider ID: N/A

26932 OSO PKWY STE 275  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-14

**FADAVI, HAMID, DO**

Provider ID: N/A

26932 OSO PKWY STE 275  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-21

**FADAVI, HAMID, DO**

Provider ID: N/A

26932 OSO PKWY STE 275  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-21

**HANJAN, TIVA, MD†**

Provider ID: N/A

26401 CROWN VALLEY  
PKWY STE 101  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-18

**KIM, BONNIE, MD†**

Provider ID: N/A

26302 LA PAZ RD STE 106  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-21

**KIM, BONNIE, MD†**

Provider ID: N/A

26302 LA PAZ RD STE 106  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-21

**KIM, BONNIE, MD†**

Provider ID: N/A

26302 LA PAZ RD STE 106  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-21

**KING, FRANK, MD**

Provider ID: N/A

26932 OSO PKWY STE 275  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-16

**KING, FRANK, MD**

Provider ID: N/A

26932 OSO PKWY STE 275  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

**RANJBARAN, ZIBA, MD†**

Provider ID: N/A

23512 MADERO  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-12

**RANJBARAN, ZIBA, MD†**

Provider ID: N/A

23512 MADERO  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-11

**WASHBURN, NEAL, DO**

Provider ID: N/A

26401 CROWN VALLEY



PKWY STE 101  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-24

**WASHBURN, NEAL, DO**

Provider ID: N/A  
26401 CROWN VALLEY  
PKWY STE 101  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-24

**PHYSICIANS ASSISTANT**

**KENNEDY, KATHRYN, PA**

Provider ID: N/A  
26800 CROWN VALLEY  
PKWY STE 205  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-22

**KISCADEN, LAUREN, PA**

Provider ID: N/A  
26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-23

**KISCADEN, LAUREN, PA**

Provider ID: N/A  
26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-23

**KISCADEN, LAUREN, PA**

Provider ID: N/A  
26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-23

**KISCADEN, LAUREN, PA**

Provider ID: N/A  
26726 CROWN VALLEY  
PKWY STE 200

MISSION VIEJO, CA 92691  
Effective as of 01-DEC-23

**KISCADEN, LAUREN, PA**

Provider ID: N/A  
26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-23

**KISCADEN, LAUREN, PA**

Provider ID: N/A  
26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

**KISCADEN, LAUREN, PA**

Provider ID: N/A  
26726 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

**KISCADEN, LAUREN, PA†**

Provider ID: N/A  
26051 ACERO STE 100  
MISSION VIEJO, CA 92691\*  
Effective as of 01-FEB-22

**KISCADEN, LAUREN, PA†**

Provider ID: N/A  
26051 ACERO STE 100  
MISSION VIEJO, CA 92691\*  
Effective as of 01-FEB-22

**NOJAN, JOSEPH, PA**

Provider ID: N/A  
26024 ACERO  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

**NOJAN, JOSEPH, PA**

Provider ID: N/A  
26024 ACERO

MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

**NOJAN, JOSEPH, PA**

Provider ID: N/A  
26024 ACERO  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-23

**PARK, SUNG, PA**

Provider ID: N/A  
26024 ACERO  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-23

**PARK, SUNG, PA**

Provider ID: N/A  
26024 ACERO  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-23

**SOBHANIAN, SHAHAB, PA**

Provider ID: N/A  
26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-22

**SOBHANIAN, SHAHAB, PA**

Provider ID: N/A  
26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-22

**TERRERI, NATALIE, PA**

Provider ID: N/A  
26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-23

**PODIATRIST**

**DAL PORTO-KUJANPAA,**

**STEPHANIE, DPM**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 317  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-23

**DAL PORTO-KUJANPAA,  
STEPHANIE, DPM**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 317  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-23

**DAL PORTO-KUJANPAA,  
STEPHANIE, DPM**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 317  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-23

**GOLSHAHI, BAHAR, DPM†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 420  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-20

**GOLSHAHI, BAHAR, DPM†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 420  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-20

**GOLSHAHI, BAHAR, DPM**

Provider ID: N/A

26691 PLAZA STE 201  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-23

**GOLSHAHI, BAHAR, DPM**

Provider ID: N/A

26691 PLAZA STE 201  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-23

**HAIDER, SANDRA, DPM**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 317  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-24

**HAIDER, SANDRA, DPM**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 317  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-24

**HAIDER, SANDRA, DPM**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 317  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-24

**HEHE, KYLE, DPM**

Provider ID: N/A

26691 PLAZA STE 201  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-23

**HEHE, KYLE, DPM**

Provider ID: N/A

26691 PLAZA STE 201  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-23

**MCCANN, JAN, DPM**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 485  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-19

**MCGRATH, BENJAMIN, DPM**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 317  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-23

**MCGRATH, BENJAMIN, DPM**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 317  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-23

**MCGRATH, BENJAMIN, DPM**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 317  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-23

**MCGRATH, BENJAMIN, DPM**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 317  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-23

**MCGRATH, BENJAMIN, DPM**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 317  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-23

**MCGRATH, BENJAMIN, DPM**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 317  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-23

**MCGRATH, BENJAMIN, DPM**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 317

MISSION VIEJO, CA 92691  
Effective as of 01-SEP-23

**MCGRATH, BENJAMIN, DPM**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 317  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-23

**NGUYEN, HAN, DPM†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 317  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-20

**NGUYEN, HAN, DPM†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 317  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-20

**NGUYEN, HAN, DPM†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 317  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-20

**NOSRATI, SAM, DPM†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 420  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-19

**NOSRATI, SAM, DPM†**

Provider ID: N/A

26691 PLAZA STE 201  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-21

**NOSRATI, SAM, DPM†**

Provider ID: N/A

26691 PLAZA STE 201  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-21

**PENERA, KEITH, DPM†**

Provider ID: N/A

26991 CROWN VALLEY  
PKWY STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-21

**RAMBACHER, THOMAS, DPM†**

Provider ID: N/A

26302 LA PAZ RD STE 101  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-22

**RAMBACHER, THOMAS, DPM†**

Provider ID: N/A

26302 LA PAZ RD STE 101  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-22

**RAMBACHER, THOMAS, DPM†**

Provider ID: N/A

26302 LA PAZ RD STE 101  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-19

**RAMBACHER, THOMAS, DPM†**

Provider ID: N/A

26302 LA PAZ RD STE 101  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-19

**SCHMALHAUS, MONTE, DPM**

Provider ID: N/A

26691 PLAZA STE 201  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-24

**SCHMALHAUS, MONTE, DPM**

Provider ID: N/A

26691 PLAZA STE 201

MISSION VIEJO, CA 92691  
Effective as of 01-FEB-24

**SPENCER, ROBERT, DPM†**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 110  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-16

**PSYCHIATRY**

**ANOSHIVANI, ARDE, MD†**

Provider ID: N/A

26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-22

**ANOSHIVANI, ARDE, MD†**

Provider ID: N/A

26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-22

**BENESCH, ERIN, DO†**

Provider ID: N/A

26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-22

**BENESCH, ERIN, DO†**

Provider ID: N/A

26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-22

**DENNIS, TSHEKEDI, MD†**

Provider ID: N/A

26024 ACERO  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-22


**DENNIS, TSHEKEDI, MD†**

Provider ID: N/A


26024 ACERO

MISSION VIEJO, CA 92691  
Effective as of 01-AUG-22


**SHREIBA, MOHAMMED, MD†**

Provider ID: N/A  
 26024 ACERO  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-22


**SHREIBA, MOHAMMED, MD†**

Provider ID: N/A  
 26024 ACERO  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-22

**SHREIBA, MOHAMMED, MD†**


Provider ID: N/A  
 26024 ACERO  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-22

**SHREIBA, MOHAMMED, MD†**


Provider ID: N/A  
 26024 ACERO  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-22

**PSYCHOLOGIST**


**FRANCIS, CATHERINE, PSYD**

Provider ID: N/A  
 26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-21

**FRANCIS, CATHERINE, PSYD**


Provider ID: N/A  
 26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-22

**FRANCIS, CATHERINE, PSYD**


Provider ID: N/A  
 26051 ACERO STE 100  
MISSION VIEJO, CA 92691

Effective as of 01-JUN-22


**FRANCIS, CATHERINE, PSYD**

Provider ID: N/A  
 26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-22


**FRANCIS, CATHERINE, PSYD**

Provider ID: N/A  
 26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-21


**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  
 26440 LA ALAMEDA STE  
220  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-18


**HAMILTON, JOANNE, PhD**

Provider ID: N/A  
 26440 LA ALAMEDA STE  
220  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-18

**HAMILTON, JOANNE, PhD**


Provider ID: N/A  
 26440 LA ALAMEDA STE  
220  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-18

**HAMILTON, JOANNE, PhD**


Provider ID: N/A  
 26440 LA ALAMEDA STE  
220

MISSION VIEJO, CA 92691  
Effective as of 01-NOV-18


**HANDLEY, KAREN, PhD**

Provider ID: N/A  
 26441 CROWN VALLEY  
PKWY STE 101  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-19


**HANDLEY, KAREN, PhD**

Provider ID: N/A  
 26441 CROWN VALLEY  
PKWY STE 101  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-19


**HANDLEY, KAREN, PhD**

Provider ID: N/A  
 26441 CROWN VALLEY  
PKWY STE 101  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-19


**HANDLEY, KAREN, PhD**

Provider ID: N/A  
 26441 CROWN VALLEY  
PKWY STE 101  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-19

**KIENZLE, HELEN, PhD†**

Provider ID: N/A  
 26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-22

**KIENZLE, HELEN, PhD†**

Provider ID: N/A  
 26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-22

**KUECHLE, RALPH, PhD**

Provider ID: N/A

26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-22

**KUECHLE, RALPH, PhD**

Provider ID: N/A

26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-22

**KUECHLE, RALPH, PhD**

Provider ID: N/A

26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-22

**KUECHLE, RALPH, PhD**

Provider ID: N/A

26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-22

**MARCUS, DEKE, PhD**

Provider ID: N/A

27201 PUERTA REAL STE  
300  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-20

**MARCUS, DEKE, PhD**

Provider ID: N/A

27201 PUERTA REAL STE  
300  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-20

**MELE, ANTHONY, PSYD†**

Provider ID: N/A

26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-22

**MELE, ANTHONY, PSYD†**

Provider ID: N/A

26051 ACERO STE 100

MISSION VIEJO, CA 92691  
Effective as of 01-JUN-22

**MELE, ANTHONY, PSYD†**

Provider ID: N/A

26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-21

**MELE, ANTHONY, PSYD†**

Provider ID: N/A

26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-21

**MELE, ANTHONY, PSYD†**

Provider ID: N/A

26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-22

**MELE, ANTHONY, PSYD†**

Provider ID: N/A

26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-22

**MONTEL, SEBASTIEN, PhD†**

Provider ID: N/A

27201 PUERTA REAL STE  
300  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-20

**MONTEL, SEBASTIEN, PhD†**

Provider ID: N/A

27201 PUERTA REAL STE  
300  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-20

**MONTEL, SEBASTIEN, PhD†**

Provider ID: N/A

27201 PUERTA REAL STE  
300

MISSION VIEJO, CA 92691  
Effective as of 01-AUG-20

**MONTEL, SEBASTIEN, PhD†**

Provider ID: N/A

27201 PUERTA REAL STE  
300  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-20

**REZNICK, HARRELL, PSYD†**

Provider ID: N/A

26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-22

**REZNICK, HARRELL, PSYD†**

Provider ID: N/A

26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-22

**REZNICK, HARRELL, PSYD†**

Provider ID: N/A

26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-22

**REZNICK, HARRELL, PSYD†**

Provider ID: N/A

26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-22

**SEIDER, TALIA, PhD**

Provider ID: N/A

26440 LA ALAMEDA STE  
220  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-21

**SEIDER, TALIA, PhD**

Provider ID: N/A

26440 LA ALAMEDA STE  
220

MISSION VIEJO, CA 92691  
Effective as of 01-JUL-21

**SEIDER, TALIA, PhD**

Provider ID: N/A

26440 LA ALAMEDA STE  
220  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-21

**SEIDER, TALIA, PhD**

Provider ID: N/A

26440 LA ALAMEDA STE  
220  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-21

**ZAYAT, DINA, PSYD**

Provider ID: N/A

26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-22

**ZAYAT, DINA, PSYD**

Provider ID: N/A

26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-22

**ZAYAT, DINA, PSYD**

Provider ID: N/A

26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-22

**ZAYAT, DINA, PSYD**

Provider ID: N/A

26051 ACERO STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-22

**PULMONARY DISEASES**

**GOLDBERG, ROBERT, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 205  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-14

**GOMEZ, GABRIEL, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 205  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-18

**GOMEZ, GABRIEL, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 205  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-18

**QURESHI, TAUSEEF, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 205  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-15

**SCHIFFMAN, GEORGE, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 205  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-12

**SCHIFFMAN, GEORGE, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 205  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-11

**SCHIFFMAN, GEORGE, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 205  
MISSION VIEJO, CA 92691

Effective as of 01-OCT-99

**TAMMELIN, BRUCE, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-08

**TAMMELIN, BRUCE, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 250  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-12

**TAMMELIN, BRUCE, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 161  
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  
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-APR-20

**CHOU, WILLIAM, MD†**

Provider ID: N/A  
27800 MEDICAL CENTER  
RD STE 160  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-19

**DOGGETT, STEPHEN, MD†**

Provider ID: N/A  
27700 MEDICAL CENTER  
RD  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-21

**FENG, CHU-PEI, MD†**

Provider ID: N/A  
27700 MEDICAL CENTER  
RD STE 2  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-17

**FENG, CHU-PEI, MD†**

Provider ID: N/A  
27700 MEDICAL CENTER  
RD STE 2

MISSION VIEJO, CA 92691  
Effective as of 01-SEP-19

**FENG, CHU-PEI, MD†**

Provider ID: N/A  
27700 MEDICAL CENTER  
RD STE 2  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-17

**FENG, CHU-PEI, MD†**

Provider ID: N/A  
27700 MEDICAL CENTER  
RD STE 2  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-17

**LEE, SHARON, MD†**

Provider ID: N/A  
27700 MEDICAL CENTER  
RD  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-19

**LIU, GENE FU, MD†**

Provider ID: N/A  
27799 MEDICAL CENTER  
RD  
STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-21

**LIU, GENE FU, MD†**

Provider ID: N/A  
27799 MEDICAL CENTER  
RD  
STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-21

**LIU, GENE FU, MD†**

Provider ID: N/A  
27799 MEDICAL CENTER  
RD  
STE 120

MISSION VIEJO, CA 92691  
Effective as of 01-JAN-21

**LIU, GENE FU, MD†**

Provider ID: N/A  
27799 MEDICAL CENTER  
RD  
STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-21

**YOUNG, CAROLYN, MD†**

Provider ID: N/A  
27799 MEDICAL CENTER  
RD  
STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-23

**YOUNG, CAROLYN, MD†**

Provider ID: N/A  
27800 MEDICAL CENTER  
RD STE 160  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-19

**RHEUMATOLOGY**

**CASTRO RUEDA, HERNAN, MD†**

Provider ID: N/A  
26732 CROWN VALLEY  
PKWY STE 151  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-17

**DRIVER, CATHERINE, MD**

Provider ID: N/A  
26732 CROWN VALLEY  
PKWY STE 151  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-23

**DRIVER, CATHERINE, MD**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 151  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-23

**FARSHAMI, FATEMEH, MD**

Provider ID: N/A

26991 CROWN VALLEY  
PKWY STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-23

**KOVACS, DAVID, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 151  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-16

**PHILIPOSE, JAYA, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 151  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-16

**PHILIPOSE, JAYA, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 151  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-16

**SINGH, SIMRANJIT, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 151  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-19

**SINGH, SIMRANJIT, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 151  
MISSION VIEJO, CA 92691

Effective as of 01-SEP-19

**SURGERY**

**CARDIOVASCULAR**

**FOWLER, AARON, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-20

**FOWLER, AARON, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-20

**FOWLER, AARON, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-20

**FOWLER, AARON, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-20

**FOWLER, AARON, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-20

**FOWLER, AARON, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691

Effective as of 01-OCT-20

**SAFFARZADEH, AREO, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-21

**SAFFARZADEH, AREO, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-21

**TANG, TAYLOR, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 461  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-19

**TANG, TAYLOR, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 461  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-19

**THIBAUT, WILLIAM, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-21

**THIBAUT, WILLIAM, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-19

**THIBAUT, WILLIAM, MD†**



Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-19

**THIBAUT, WILLIAM, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-21

**THIBAUT, WILLIAM, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-19

**THIBAUT, WILLIAM, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-19

**WON, EUGENE, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

**WON, EUGENE, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

**WON, EUGENE, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 226

MISSION VIEJO, CA 92691  
Effective as of 01-OCT-22

**WON, EUGENE, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-22

**SURGERY COLON  
SURGERY**

**BRADY, MATTHEW, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 351  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-23

**BRADY, MATTHEW, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-21

**BRADY, MATTHEW, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 351  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-21

**BRADY, MATTHEW, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 351  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-21

**BRADY, MATTHEW, MD†**

Provider ID: N/A

26732 CROWN VALLEY

PKWY STE 351  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-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-OCT-23

**SURGERY CRITICAL CARE**

**YU, PETER, MD**

Provider ID: N/A

26691 PLAZA STE 130  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-23

**SURGERY GENERAL**

**ABOU ABBASS, AHMAD, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 351  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-18

**ABOU ABBASS, AHMAD, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 351  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-18

**ABOU ABBASS, AHMAD, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-22

**ABOU ABBASS, AHMAD, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-23

**ABOU ABBASS, AHMAD, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-21

**ABOU ABBASS, AHMAD, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-21

**ABOU ABBASS, AHMAD, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-21

**ABOU ABBASS, AHMAD, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-21

**ABOU ABBASS, AHMAD, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-21

**ANDERSON, MARLA, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-21

**ANDERSON, MARLA, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-21

**ANDERSON, MARLA, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD

STE 440

MISSION VIEJO, CA 92691  
Effective as of 01-JUN-21

**ANDERSON, MARLA, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-23

**ANDERSON, MARLA, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-22

**ANDERSON, MARLA, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 351  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-19

**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

**BACON, LOUISE, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 351

MISSION VIEJO, CA 92691  
Effective as of 01-JAN-18

**BACON, LOUISE, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-23

**BACON, LOUISE, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-21

**BACON, LOUISE, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-23

**BACON, LOUISE, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-21

**BACON, LOUISE, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-21

**BACON, LOUISE, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-21

**BRADY, MATTHEW, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-21

**BRADY, MATTHEW, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-22

**BRADY, MATTHEW, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 351  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-21

**KUSHNER, KENNETH, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-23

**KUSHNER, KENNETH, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 351  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-18

**KUSHNER, KENNETH, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-21

**KUSHNER, KENNETH, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-21

**KUSHNER, KENNETH, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-23

**KUSHNER, KENNETH, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-21

**KUSHNER, KENNETH, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-21

**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-SEP-22

**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-OCT-23

**SHAVER, JOHN, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440

MISSION VIEJO, CA 92691  
Effective as of 01-JUN-21

**SHAVER, JOHN, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-21

**SHAVER, JOHN, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-21

**SHAVER, JOHN, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-21

**SHAVER, JOHN, MD†**

Provider ID: N/A

27799 MEDICAL CENTER  
RD  
STE 440  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-21

**SHAVER, JOHN, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 351  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-18

**SURGERY  
NEUROLOGICAL**

**KIM, KEUN YOUNG, MD**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-15

**KIM, KEUN YOUNG, MD**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-15

**KIM, KEUN YOUNG, MD**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-15

**KIM, KEUN YOUNG, MD**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-15

**LIAUW, JASON, MD**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 561  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-16

**MAGGE, SURESH, MD**

Provider ID: N/A

26691 PLAZA STE 130  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-23

**MEHTA, VIVEK, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541

MISSION VIEJO, CA 92691  
Effective as of 01-AUG-21

**MEHTA, VIVEK, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-21

**MEHTA, VIVEK, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-21

**MEHTA, VIVEK, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-21

**MEHTA, VIVEK, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-21

**MUHONEN, MICHAEL, MD**

Provider ID: N/A

26691 PLAZA STE 130  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-23

**NWAGWU, CHIEDOZIE, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-23

**NWAGWU, CHIEDOZIE, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-23

**NWAGWU, CHIEDOZIE, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-23

**RAO, VIKAS, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-19

**RAO, VIKAS, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-22

**RAO, VIKAS, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-22

**RAO, VIKAS, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-22

**RAO, VIKAS, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541

MISSION VIEJO, CA 92691  
Effective as of 01-JUL-22

**RAO, VIKAS, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-16

**RAO, VIKAS, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-16

**TAGHVA, ALEXANDER, MD**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-15

**TAGHVA, ALEXANDER, MD**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-15

**TSIMPAS, ASTERIOS, MD**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-23

**TSIMPAS, ASTERIOS, MD**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-23

**TSIMPAS, ASTERIOS, MD**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-21

**TSIMPAS, ASTERIOS, MD**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-21

**TSIMPAS, ASTERIOS, MD**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-21

**TSIMPAS, ASTERIOS, MD**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-21

**TSIMPAS, ASTERIOS, MD**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-21

**TSIMPAS, ASTERIOS, MD**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-21

**TSIMPAS, ASTERIOS, MD**

Provider ID: N/A

26732 CROWN VALLEY

PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-21

**TSIMPAS, ASTERIOS, MD**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 541  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-21

**SURGERY ORTHOPEDIC**

**AMINIAN, AFSHIN, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-17

**AMINIAN, AFSHIN, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-21

**AMINIAN, AFSHIN, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-16

**AMINIAN, AFSHIN, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-16

**AMINIAN, AFSHIN, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-16

**AMINIAN, AFSHIN, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-16

**AMINIAN, AFSHIN, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-16

**AMINIAN, AFSHIN, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-07

**BURDI, MICHAEL, MD**

Provider ID: N/A

26401 CROWN VALLEY  
PKWY STE 101  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-14

**BURDI, MICHAEL, MD**

Provider ID: N/A

26401 CROWN VALLEY  
PKWY STE 101  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-12

**CHEN, JAMES, MD†**

Provider ID: N/A

26401 CROWN VALLEY  
PKWY STE 101  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-22

**CHEN, JAMES, MD†**

Provider ID: N/A

26401 CROWN VALLEY  
PKWY STE 101  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-22

**CLAVERIA, RICHARD, MD**

Provider ID: N/A

26921 CROWN VALLEY  
PKWY STE 201  
MISSION VIEJO, CA 92691

Effective as of 01-MAR-20

**CLAVERIA, RICHARD, MD**

Provider ID: N/A

26921 CROWN VALLEY  
PKWY STE 201  
MISSION VIEJO, CA 92691

Effective as of 01-MAR-20

**DOBYNS, JEFFREY, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691

Effective as of 01-SEP-15

**DUGGAN, DANIEL, DO†**

Provider ID: N/A

27725 SANTA MARGARITA  
PKWY STE 100  
MISSION VIEJO, CA 92691

Effective as of 01-OCT-23

**DUGGAN, DANIEL, DO†**

Provider ID: N/A

27725 SANTA MARGARITA  
PKWY STE 100  
MISSION VIEJO, CA 92691

Effective as of 01-NOV-20

**DUGGAN, DANIEL, DO†**

Provider ID: N/A

27725 SANTA MARGARITA  
PKWY STE 100  
MISSION VIEJO, CA 92691

Effective as of 01-JAN-21

**DUGGAN, DANIEL, DO†**

Provider ID: N/A

27725 SANTA MARGARITA  
PKWY STE 100  
MISSION VIEJO, CA 92691

Effective as of 01-JAN-21

**DUGGAN, DANIEL, DO†**

Provider ID: N/A

27725 SANTA MARGARITA  
PKWY STE 100  
MISSION VIEJO, CA 92691

Effective as of 01-SEP-19

**ELZIK, MARK, MD**

Provider ID: N/A

26730 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691

Effective as of 01-NOV-23

**ELZIK, MARK, MD**

Provider ID: N/A

26730 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691

Effective as of 01-NOV-14

**ELZIK, MARK, MD**

Provider ID: N/A

26730 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691

Effective as of 01-DEC-14

**FITZPATRICK, MICHAEL, MD†**

Provider ID: N/A

26730 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691

Effective as of 01-DEC-23

**FITZPATRICK, MICHAEL, MD†**

Provider ID: N/A

26730 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691

Effective as of 01-DEC-23

**FITZPATRICK, MICHAEL, MD†**

Provider ID: N/A

26730 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691

Effective as of 01-JUL-07

**FITZPATRICK, MICHAEL, MD†**

Provider ID: N/A

26730 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691

Effective as of 01-SEP-10

**GARDNER, STEPHEN, MD**

Provider ID: N/A

26401 CROWN VALLEY  
PKWY STE 101  
MISSION VIEJO, CA 92691

Effective as of 01-DEC-14

**GARDNER, STEPHEN, MD**

Provider ID: N/A

26401 CROWN VALLEY  
PKWY STE 101  
MISSION VIEJO, CA 92691

Effective as of 01-DEC-14

**GUERRERO, EVAN, MD†**

Provider ID: N/A

26401 CROWN VALLEY  
PKWY STE 101  
MISSION VIEJO, CA 92691

Effective as of 01-NOV-21

**GUERRERO, EVAN, MD†**

Provider ID: N/A

26401 CROWN VALLEY  
PKWY STE 101  
MISSION VIEJO, CA 92691

Effective as of 01-NOV-21

**GVOZDYEV, BORYS, MD†**

Provider ID: N/A

27725 SANTA MARGARITA  
PKWY STE 100

MISSION VIEJO, CA 92691  
Effective as of 01-AUG-20

**GVOZDYEV, BORYS, MD†**

Provider ID: N/A

27725 SANTA MARGARITA  
PKWY STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-20

**GVOZDYEV, BORYS, MD†**

Provider ID: N/A

27725 SANTA MARGARITA  
PKWY STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-20

**GVOZDYEV, BORYS, MD†**

Provider ID: N/A

27725 SANTA MARGARITA  
PKWY STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-20

**HANJAN, TIVA, MD†**

Provider ID: N/A

26401 CROWN VALLEY  
PKWY STE 101  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-18

**HUO, KEUN-HENG, MD†**

Provider ID: N/A

27725 SANTA MARGARITA  
PKWY STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-20

**HUO, KEUN-HENG, MD†**

Provider ID: N/A

27725 SANTA MARGARITA  
PKWY STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-20

**HUO, KEUN-HENG, MD†**

Provider ID: N/A

27725 SANTA MARGARITA  
PKWY STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-20

**HUO, KEUN-HENG, MD†**

Provider ID: N/A

27725 SANTA MARGARITA  
PKWY STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-AUG-20

**KIM-ORDEN, MICHAEL, MD**

Provider ID: N/A

27725 SANTA MARGARITA  
PKWY STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

**KIM-ORDEN, MICHAEL, MD**

Provider ID: N/A

27725 SANTA MARGARITA  
PKWY STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

**KIM-ORDEN, MICHAEL, MD**

Provider ID: N/A

27725 SANTA MARGARITA  
PKWY STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-23

**KIM-ORDEN, MICHAEL, MD**

Provider ID: N/A

27725 SANTA MARGARITA  
PKWY STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-23

**KIM-ORDEN, MICHAEL, MD**

Provider ID: N/A

27725 SANTA MARGARITA

PKWY STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-23

**KIM-ORDEN, MICHAEL, MD**

Provider ID: N/A

27725 SANTA MARGARITA  
PKWY STE 100  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-23

**LALONDE, FRANCOIS, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-17

**LALONDE, FRANCOIS, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-12

**LALONDE, FRANCOIS, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-19

**LALONDE, FRANCOIS, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-08

**LALONDE, FRANCOIS, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-23

**LALONDE, FRANCOIS, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691



Effective as of 01-JUL-23

**MAJUMDAR, ADITI, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691

Effective as of 01-MAY-22

**MAJUMDAR, ADITI, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691

Effective as of 01-MAY-22

**MARANGI, KENT, MD†**

Provider ID: N/A

26401 CROWN VALLEY  
PKWY STE 101  
MISSION VIEJO, CA 92691

Effective as of 01-JUL-12

**MARANGI, KENT, MD†**

Provider ID: N/A

26401 CROWN VALLEY  
PKWY STE 101  
MISSION VIEJO, CA 92691

Effective as of 01-APR-12

**MISAGHI, AMIRHOSSEIN, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691

Effective as of 01-DEC-19

**MISAGHI, AMIRHOSSEIN, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691

Effective as of 01-DEC-19

**MISAGHI, AMIRHOSSEIN, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691

Effective as of 01-SEP-19

**MORRIS, JOHN, MD†**

Provider ID: N/A

26401 CROWN VALLEY  
PKWY STE 101  
MISSION VIEJO, CA 92691

Effective as of 01-APR-12

**MORRIS, JOHN, MD†**

Provider ID: N/A

26401 CROWN VALLEY  
PKWY STE 101  
MISSION VIEJO, CA 92691

Effective as of 01-JUL-12

**PARK, SAMUEL, MD**

Provider ID: N/A

26730 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691

Effective as of 01-DEC-14

**PARK, SAMUEL, MD**

Provider ID: N/A

26730 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691

Effective as of 01-DEC-23

**PARK, SAMUEL, MD**

Provider ID: N/A

26730 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691

Effective as of 01-DEC-23

**PARK, SAMUEL, MD**

Provider ID: N/A

26730 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691

Effective as of 01-NOV-14

**PODOLSKY, ANATOL, MD†**

Provider ID: N/A

26921 CROWN VALLEY  
PKWY STE 201  
MISSION VIEJO, CA 92691

Effective as of 01-NOV-20

**PODOLSKY, ANATOL, MD†**

Provider ID: N/A

26921 CROWN VALLEY  
PKWY STE 201  
MISSION VIEJO, CA 92691

Effective as of 01-NOV-20

**PODOLSKY, ANATOL, MD†**

Provider ID: N/A

26921 CROWN VALLEY  
PKWY STE 201  
MISSION VIEJO, CA 92691

Effective as of 01-DEC-20

**PODOLSKY, ANATOL, MD†**

Provider ID: N/A

26921 CROWN VALLEY  
PKWY STE 201  
MISSION VIEJO, CA 92691

Effective as of 01-DEC-20

**PODOLSKY, ANATOL, MD†**

Provider ID: N/A

26921 CROWN VALLEY  
PKWY STE 201  
MISSION VIEJO, CA 92691

Effective as of 01-DEC-20

**PORAT, SHAROUN, MD†**

Provider ID: N/A

27725 SANTA MARGARITA  
PKWY STE 100  
MISSION VIEJO, CA 92691

Effective as of 01-MAR-21

**PORAT, SHAROUN, MD†**

Provider ID: N/A

27725 SANTA MARGARITA  
PKWY STE 100  
MISSION VIEJO, CA 92691

Effective as of 01-OCT-23

**PORAT, SHAROUN, MD†**

Provider ID: N/A

27725 SANTA MARGARITA  
PKWY STE 100  
MISSION VIEJO, CA 92691

Effective as of 01-MAR-23

**PORAT, SHAROUN, MD†**

Provider ID: N/A

27725 SANTA MARGARITA  
PKWY STE 100  
MISSION VIEJO, CA 92691

Effective as of 01-MAR-23

**PORAT, SHAROUN, MD†**

Provider ID: N/A

27725 SANTA MARGARITA  
PKWY STE 100  
MISSION VIEJO, CA 92691

Effective as of 01-NOV-20

**PORAT, SHAROUN, MD†**

Provider ID: N/A

27725 SANTA MARGARITA  
PKWY STE 100  
MISSION VIEJO, CA 92691

Effective as of 01-NOV-20

**PORAT, SHAROUN, MD†**

Provider ID: N/A

27725 SANTA MARGARITA  
PKWY STE 100  
MISSION VIEJO, CA 92691

Effective as of 01-SEP-19

**ROSENFELD, SAMUEL, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691

Effective as of 01-OCT-12

**ROSENFELD, SAMUEL, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691

Effective as of 01-APR-08

**ROSENFELD, SAMUEL, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691

Effective as of 01-JAN-21

**ROSENFELD, SAMUEL, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691

Effective as of 01-MAR-20

**SCHLECHTER, JOHN, DO†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691

Effective as of 01-JUL-20

**TOCCI, STEPHEN, MD**

Provider ID: N/A

26401 CROWN VALLEY  
PKWY STE 101  
MISSION VIEJO, CA 92691

Effective as of 01-MAY-23

**TOCCI, STEPHEN, MD**

Provider ID: N/A

26401 CROWN VALLEY  
PKWY STE 101  
MISSION VIEJO, CA 92691

Effective as of 01-MAY-23

**WANG, WILLIAM, MD†**

Provider ID: N/A

26730 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691

Effective as of 01-MAR-18

**WANG, WILLIAM, MD†**

Provider ID: N/A

26730 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691

Effective as of 01-MAR-18

**WEINERT, CARL, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691

Effective as of 01-JAN-17

**WEINERT, CARL, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691

Effective as of 01-APR-08

**WEINERT, CARL, MD†**

Provider ID: N/A

25982 PALA STE 230  
MISSION VIEJO, CA 92691

Effective as of 01-OCT-12

**SURGERY PEDIATRIC**

**GERMAN, JOHN, MD†**

Provider ID: N/A

26691 PLAZA STE 130  
MISSION VIEJO, CA 92691

Effective as of 01-MAR-18

**LAM, VINH, MD†**

Provider ID: N/A

26691 PLAZA STE 130  
MISSION VIEJO, CA 92691

Effective as of 01-SEP-17

**LAM, VINH, MD†**

Provider ID: N/A

26691 PLAZA STE 130  
MISSION VIEJO, CA 92691

Effective as of 01-SEP-17

**LAM, VINH, MD†**

Provider ID: N/A

27800 MEDICAL CENTER  
RD STE 138  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-14

**LAM, VINH, MD†**

Provider ID: N/A

26691 PLAZA STE 130  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-17

**LAM, VINH, MD†**

Provider ID: N/A

26691 PLAZA STE 130  
MISSION VIEJO, CA 92691  
Effective as of 01-JUL-23

***SURGERY PLASTIC***

**LEE, MICHAEL, MD**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 410  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-23

***SURGERY THORACIC***

**SAFFARZADEH, AREO, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

**SAFFARZADEH, AREO, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

**TANG, TAYLOR, MD†**

Provider ID: N/A

26732 CROWN VALLEY

PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-16

**TANG, TAYLOR, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-16

**TANG, TAYLOR, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-16

**TANG, TAYLOR, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-16

**WON, EUGENE, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

**WON, EUGENE, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

**WON, EUGENE, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

**WON, EUGENE, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

**WON, EUGENE, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

**WON, EUGENE, MD†**

Provider ID: N/A

26732 CROWN VALLEY  
PKWY STE 226  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

***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-OCT-23

**BUI, DON, MD†**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-23

**CHAMBERLIN, DAVID, MD**

Provider ID: N/A

27871 MEDICAL CENTER RD  
STE 140  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

**CHAMBERLIN, DAVID, MD**

Provider ID: N/A

27871 MEDICAL CENTER RD  
STE 140  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

**ELKHOURY, FUAD, MD**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-23

**ELKHOURY, FUAD, MD**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-23

**ELKHOURY, FUAD, MD**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

**ELKHOURY, FUAD, MD**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691

Effective as of 01-FEB-23

**ELKHOURY, FUAD, MD**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

**ELKHOURY, FUAD, MD**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

**ELKHOURY, FUAD, MD**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

**GRUENENFELDER, JENNIFER, MD**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-21

**HO, TAMMY, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-22

**HO, TAMMY, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-19

**HO, TAMMY, MD†**

Provider ID: N/A

26800 CROWN VALLEY

PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-19

**HO, TAMMY, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-21

**HO, TAMMY, MD**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

**HO, TAMMY, MD**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

**HO, TAMMY, MD**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

**HO, TAMMY, MD**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

**HO, TAMMY, MD**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

**KIM, MOSES, MD**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691

Effective as of 01-FEB-23

**KIM, MOSES, MD**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691

Effective as of 01-FEB-23

**KIM, MOSES, MD**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691

Effective as of 01-FEB-23

**KIM, MOSES, MD**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691

Effective as of 01-FEB-23

**KIM, MOSES, MD**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691

Effective as of 01-FEB-23

**KIM, MOSES, MD**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691

Effective as of 01-OCT-23

**KIM, MOSES, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691

Effective as of 01-DEC-19

**KIM, MOSES, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691

Effective as of 01-DEC-19

**MEAGLIA, JAMES, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691

Effective as of 01-JAN-21

**MEAGLIA, JAMES, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691

Effective as of 01-SEP-18

**MEAGLIA, JAMES, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691

Effective as of 01-SEP-18

**MEAGLIA, JAMES, MD†**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691

Effective as of 01-JUN-22

**MEAGLIA, JAMES, MD†**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691

Effective as of 01-OCT-23

**MEAGLIA, JAMES, MD†**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691

Effective as of 01-JUN-22

**MEAGLIA, JAMES, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691

Effective as of 01-JUN-18

**MEAGLIA, JAMES, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691

Effective as of 01-JUN-18

**MEAGLIA, JAMES, MD†**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691

Effective as of 01-JAN-23

**MEAGLIA, JAMES, MD†**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691

Effective as of 01-FEB-23

**MEAGLIA, JAMES, MD†**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691

Effective as of 01-FEB-23

**MEAGLIA, JAMES, MD†**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691

Effective as of 01-FEB-23

**NAKAMURA, LEAH, MD**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691

Effective as of 01-APR-23

**NAKAMURA, LEAH, MD**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691

Effective as of 01-APR-23

**NAKAMURA, LEAH, MD**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

**NAKAMURA, LEAH, MD**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

**NAKAMURA, LEAH, MD**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

**NAKAMURA, LEAH, MD**

Provider ID: N/A

26991 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-23

**NAKAMURA, LEAH, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-23

**NAKAMURA, LEAH, MD**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-23

**NAKAMURA, LEAH, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-18

**NAKAMURA, LEAH, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-21

**NAKAMURA, LEAH, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-22

**PASIN, ERIK, MD**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 445  
MISSION VIEJO, CA 92691  
Effective as of 01-NOV-14

**RANDALL, JOSH, MD**

Provider ID: N/A

26991 CROWN VALLEY  
PKWY STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-23

**RANDALL, JOSH, MD†**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-22

**RANDALL, JOSH, MD†**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-22

**RANDALL, JOSH, MD†**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-23

**RANDALL, JOSH, MD†**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

**RANDALL, JOSH, MD†**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

**RANDALL, JOSH, MD†**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-23

**SINGH, KARAN, MD†**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-23

**SINGH, KARAN, MD†**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-22

**SINGH, KARAN, MD†**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-22

**SINGH, KARAN, MD†**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-23

**SINGH, KARAN, MD†**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-23

**SINGH, KARAN, MD†**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-MAR-23

**SINGH, KARAN, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-18

**SINGH, KARAN, MD†**

Provider ID: N/A

26991 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-23

**SINGH, KARAN, MD†**

Provider ID: N/A

26991 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-23

**SINGH, KARAN, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-18

**SINGH, KARAN, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-SEP-18

**SINGH, KARAN, MD†**

Provider ID: N/A

26991 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-21

**SINGH, KARAN, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-21

**SINGH, KARAN, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-21

**SPITZ, AARON, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-APR-21

**SPITZ, AARON, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-19

**SPITZ, AARON, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-19

**SPITZ, AARON, MD†**

Provider ID: N/A

26800 CROWN VALLEY

PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-22

**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-JUN-18

**SPITZ, AARON, MD**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-23

**SPITZ, AARON, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-18

**SPITZ, AARON, MD**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-23

**STEPHANY, HEIDI, MD**

Provider ID: N/A

26691 PLAZA STE 130  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-24

**SU, DANIEL, MD**

Provider ID: N/A

26991 CROWN VALLEY  
PKWY STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-23

**SU, DANIEL, MD**

Provider ID: N/A

26991 CROWN VALLEY  
PKWY STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-OCT-23

**SU, DANIEL, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-19

**SU, DANIEL, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-19

**SU, DANIEL, MD**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

**SU, DANIEL, MD**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

**SU, DANIEL, MD**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

**SU, DANIEL, MD**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

**SU, DANIEL, MD**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

**TEBYANI, NEYSSAN, MD**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

**TEBYANI, NEYSSAN, MD**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

**TEBYANI, NEYSSAN, MD**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

**TEBYANI, NEYSSAN, MD**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

**TEBYANI, NEYSSAN, MD**

Provider ID: N/A

26691 PLAZA STE 120  
MISSION VIEJO, CA 92691  
Effective as of 01-FEB-23

**TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340

MISSION VIEJO, CA 92691  
Effective as of 01-DEC-19

**TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-DEC-19

**TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-21

**TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

26991 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-MAY-21

**TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

26991 CROWN VALLEY  
PKWY STE 200  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-23

**TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-JAN-23

**TEBYANI, NEYSSAN, MD†**

Provider ID: N/A

26800 CROWN VALLEY  
PKWY STE 340  
MISSION VIEJO, CA 92691  
Effective as of 01-JUN-18



**TEBYANI, NEYSSAN, MD**

Provider ID: N/A

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

**ANESTHESIOLOGY**

**BAKER, BRUCE, MD†**

Provider ID: N/A

25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-AUG-22

**DRUET, JACK, MD**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 102  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

**KRAUSE, MARTIN, MD†**

Provider ID: N/A

25500 MEDICAL CENTER  
DR  
MURRIETA, CA 92562  
Effective as of 01-FEB-22

**ANESTHESIOLOGY PAIN  
MANAGEMENT**

**AUSTIN, MARK, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 102  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

**BETTS, ANDRES, MD**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-NOV-23

**BETTS, ANDRES, MD**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-NOV-23

**KELLING, JONATHAN, MD†**

Provider ID: N/A

38860 SKY CANYON DR  
BLDG A  
MURRIETA, CA 92563  
Effective as of 01-JUL-23

**KELLING, JONATHAN, MD†**

Provider ID: N/A

38860 SKY CANYON DR  
BLDG A  
MURRIETA, CA 92563  
Effective as of 01-DEC-18

**KHATIBI, NIKAN, DO†**

Provider ID: N/A

24910 LAS BRISAS RD STE  
121  
MURRIETA, CA 92562  
Effective as of 01-SEP-22

**CARDIAC  
ELECTROPHYSIOLOGY**

**MESSENGER, BRADLEY, MD†**

Provider ID: N/A

39755 MURRIETA HOT  
SPRINGS RD BLDG G  
MURRIETA, CA 92563  
Teleservice  
Effective as of 01-MAY-20

**OSHODI, GANIYU, MD†**

Provider ID: N/A

40700 CALIFORNIA OAKS  
RD STE 208  
MURRIETA, CA 92562\*  
Effective as of 01-JUL-23

**OSHODI, GANIYU, MD†**

Provider ID: N/A

40700 CALIFORNIA OAKS  
RD STE 208  
MURRIETA, CA 92562  
Effective as of 01-FEB-19

**CARDIOLOGY**

**AL KHIAMI, BELAL, MD†**

Provider ID: N/A

28062 BAXTER RD  
MURRIETA, CA 92563  
Effective as of 01-JAN-21

**AMIN, JATIN, MD†**

Provider ID: N/A

39755 MURRIETA HOT  
SPRINGS RD BLDG G  
MURRIETA, CA 92563  
Teleservice  
Effective as of 01-JAN-19

**ATTIA, NADER, DO<sup>+</sup>**

Provider ID: N/A

39755 MURRIETA HOT SPRINGS RD BLDG G MURRIETA, CA 92563

Teleservice

Effective as of 01-JAN-19

**ATTIA, NADER, DO<sup>+</sup>**

Provider ID: N/A

39755 MURRIETA HOT SPRINGS RD BLDG G MURRIETA, CA 92563

Teleservice

Effective as of 01-APR-17

**MESSENGER, BRADLEY, MD<sup>+</sup>**

Provider ID: N/A

39755 MURRIETA HOT SPRINGS RD BLDG G MURRIETA, CA 92563

Teleservice

Effective as of 01-FEB-22

**MESSENGER, BRADLEY, MD<sup>+</sup>**

Provider ID: N/A

39755 MURRIETA HOT SPRINGS RD BLDG G MURRIETA, CA 92563

Teleservice

Effective as of 01-JAN-19

**PATANKAR, KAUSTUBH, MD<sup>+</sup>**

Provider ID: N/A

39755 MURRIETA HOT SPRINGS RD BLDG G MURRIETA, CA 92563

Effective as of 01-JAN-19

**SANGODKAR, SANDEEP, DO<sup>+</sup>**

Provider ID: N/A

39755 MURRIETA HOT SPRINGS RD BLDG G MURRIETA, CA 92563

Effective as of 01-JAN-19

**SCHWARZ, ERNST, MD<sup>+</sup>**

Provider ID: N/A

39755 DATE ST STE 205 MURRIETA, CA 92563

Effective as of 01-SEP-22

**SCHWARZ, ERNST, MD<sup>+</sup>**

Provider ID: N/A

39755 DATE ST STE 205 MURRIETA, CA 92563

Effective as of 01-SEP-22

**CARDIOVASCULAR  
DISEASE**

**ALTURJUMAN, AHMAD, MD<sup>+</sup>**

Provider ID: N/A

29995 TECHNOLOGY DR STE 302 MURRIETA, CA 92563

Effective as of 01-MAR-22

**ALTURJUMAN, AHMAD, MD<sup>+</sup>**

Provider ID: N/A

29995 TECHNOLOGY DR STE 302 MURRIETA, CA 92563

Effective as of 01-MAR-22

**ALTURJUMAN, AHMAD, MD<sup>+</sup>**

Provider ID: N/A

40700 CALIFORNIA OAKS RD STE 208 MURRIETA, CA 92562

Effective as of 01-NOV-22

**ALTURJUMAN, AHMAD, MD<sup>+</sup>**

Provider ID: N/A

29995 TECHNOLOGY DR STE 302 MURRIETA, CA 92563

Effective as of 01-JUL-22

**AMIN, JATIN, MD<sup>+</sup>**

Provider ID: N/A

39755 MURRIETA HOT SPRINGS RD BLDG G MURRIETA, CA 92563

Teleservice

Effective as of 01-AUG-20

**ATTIA, NADER, DO<sup>+</sup>**

Provider ID: N/A

39755 MURRIETA HOT SPRINGS RD BLDG G MURRIETA, CA 92563

Teleservice

Effective as of 01-SEP-18

**ATTIA, NADER, DO<sup>+</sup>**

Provider ID: N/A

39755 MURRIETA HOT SPRINGS RD BLDG G MURRIETA, CA 92563

Teleservice

Effective as of 01-MAY-20

**ATTIA, NADER, DO<sup>+</sup>**

Provider ID: N/A

39755 MURRIETA HOT SPRINGS RD BLDG G MURRIETA, CA 92563

Teleservice

Effective as of 01-MAY-21

**ATTIA, NADER, DO<sup>+</sup>**

Provider ID: N/A

39755 MURRIETA HOT SPRINGS RD BLDG G MURRIETA, CA 92563

Teleservice

Effective as of 01-JUL-22

**ATTIA, NADER, DO<sup>+</sup>**

Provider ID: N/A

39755 MURRIETA HOT SPRINGS RD BLDG G

MURRIETA, CA 92563  
Teleservice  
Effective as of 01-MAR-20

**BISWAS, MIMI, MD†**

Provider ID: N/A  
39755 MURRIETA HOT  
SPRINGS RD BLDG G  
MURRIETA, CA 92563  
Teleservice  
Effective as of 01-FEB-17

**BISWAS, MIMI, MD†**

Provider ID: N/A  
39755 MURRIETA HOT  
SPRINGS RD BLDG G  
MURRIETA, CA 92563  
Teleservice  
Effective as of 01-FEB-17

**BISWAS, MIMI, MD†**

Provider ID: N/A  
39755 MURRIETA HOT  
SPRINGS RD BLDG G  
MURRIETA, CA 92563  
Teleservice  
Effective as of 01-FEB-17

**BISWAS, MIMI, MD†**

Provider ID: N/A  
39755 MURRIETA HOT  
SPRINGS RD BLDG G  
MURRIETA, CA 92563  
Teleservice  
Effective as of 01-FEB-17

**BISWAS, MIMI, MD†**

Provider ID: N/A  
39755 MURRIETA HOT  
SPRINGS RD BLDG G  
MURRIETA, CA 92563  
Teleservice  
Effective as of 01-FEB-17

**COLLINS, BRIAN, MD†**

Provider ID: N/A  
40700 CALIFORNIA OAKS  
RD STE 208  
MURRIETA, CA 92562  
Effective as of 01-NOV-22

**COX, JEREMY, DO**

Provider ID: N/A  
39755 MURRIETA HOT  
SPRINGS RD BLDG G  
MURRIETA, CA 92563  
Effective as of 01-NOV-23

**COX, JEREMY, DO**

Provider ID: N/A  
39755 MURRIETA HOT  
SPRINGS RD BLDG G  
MURRIETA, CA 92563  
Effective as of 01-NOV-23

**COX, JEREMY, DO**

Provider ID: N/A  
39755 MURRIETA HOT  
SPRINGS RD BLDG G  
MURRIETA, CA 92563  
Effective as of 01-NOV-23

**COX, JEREMY, DO**

Provider ID: N/A  
39755 MURRIETA HOT  
SPRINGS RD BLDG G  
MURRIETA, CA 92563  
Effective as of 01-NOV-23

**COX, JEREMY, DO**

Provider ID: N/A  
39755 MURRIETA HOT  
SPRINGS RD BLDG G  
MURRIETA, CA 92563  
Effective as of 01-MAR-24

**COX, JEREMY, DO**

Provider ID: N/A  
39755 MURRIETA HOT

SPRINGS RD BLDG G  
MURRIETA, CA 92563  
Effective as of 01-MAR-24

**MESSENGER, BRADLEY, MD†**

Provider ID: N/A  
39755 MURRIETA HOT  
SPRINGS RD BLDG G  
MURRIETA, CA 92563  
Teleservice  
Effective as of 01-AUG-20

**MUKHERJEE, ASHIS, MD†**

Provider ID: N/A  
28078 BAXTER RD STE 110  
MURRIETA, CA 92563\*  
Effective as of 01-JUL-23

**OSHODI, GANIYU, MD**

Provider ID: N/A  
40770 CALIFORNIA OAKS  
RD STE A  
MURRIETA, CA 92562  
Effective as of 01-MAR-23

**OSHODI, GANIYU, MD†**

Provider ID: N/A  
40700 CALIFORNIA OAKS  
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-AUG-18

**PAREKH, NIRAJ, MD†**

Provider ID: N/A  
39755 MURRIETA HOT  
SPRINGS RD BLDG G  
MURRIETA, CA 92563

Teleservice

Effective as of 01-MAY-21

**PAREKH, NIRAJ, MD†**

Provider ID: N/A

39755 MURRIETA HOT SPRINGS RD BLDG G MURRIETA, CA 92563

Teleservice

Effective as of 01-MAY-20

**PAREKH, NIRAJ, MD†**

Provider ID: N/A

39755 MURRIETA HOT SPRINGS RD BLDG G MURRIETA, CA 92563

Teleservice

Effective as of 01-MAR-20

**PAREKH, NIRAJ, MD†**

Provider ID: N/A

39755 MURRIETA HOT SPRINGS RD BLDG G MURRIETA, CA 92563

Teleservice

Effective as of 01-MAR-20

**PATANKAR, KAUSTUBH, MD†**

Provider ID: N/A

39755 MURRIETA HOT SPRINGS RD BLDG G MURRIETA, CA 92563

Effective as of 01-MAY-20

**PATANKAR, KAUSTUBH, MD†**

Provider ID: N/A

39755 MURRIETA HOT SPRINGS RD BLDG G MURRIETA, CA 92563

Effective as of 01-FEB-22

**PATANKAR, KAUSTUBH, MD†**

Provider ID: N/A

39755 MURRIETA HOT

SPRINGS RD BLDG G MURRIETA, CA 92563

Effective as of 01-SEP-18

**SANGODKAR, SANDEEP, DO†**

Provider ID: N/A

39755 MURRIETA HOT SPRINGS RD BLDG G MURRIETA, CA 92563

Effective as of 01-MAY-20

**SCHWARZ, ERNST, MD†**

Provider ID: N/A

25470 MEDICAL CENTER DR STE 201 MURRIETA, CA 92562

Effective as of 01-SEP-21

**SCHWARZ, ERNST, MD†**

Provider ID: N/A

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-21

**SCHWARZ, ERNST, MD†**

Provider ID: N/A

39755 DATE ST STE 205 MURRIETA, CA 92563

Effective as of 01-AUG-22

**SEAMAN, CHRISTOPHER, MD†**

Provider ID: N/A

39755 MURRIETA HOT SPRINGS RD BLDG G MURRIETA, CA 92563

Teleservice

Effective as of 01-MAY-20

**CERTIFIED NURSE PRACTITIONER**

**ANDERSON, TRACEY, NP†**

Provider ID: N/A

25150 HANCOCK AVE STE 210 MURRIETA, CA 92562

Effective as of 01-DEC-20

**ANDERSON, TRACEY, NP†**

Provider ID: N/A

25150 HANCOCK AVE STE 210 MURRIETA, CA 92562

Effective as of 01-FEB-20

**ANDERSON, TRACEY, NP†**

Provider ID: N/A

25150 HANCOCK AVE STE 210 MURRIETA, CA 92562

Effective as of 01-FEB-20

**ANDERSON, TRACEY, NP†**

Provider ID: N/A

25150 HANCOCK AVE STE 210 MURRIETA, CA 92562

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

**BARBOZA, GEORGE, NP**

Provider ID: N/A

39755 MURRIETA HOT SPRINGS RD MURRIETA, CA 92563

Effective as of 01-SEP-22

**BARBOZA, GEORGE, NP**

Provider ID: N/A

39755 MURRIETA HOT SPRINGS RD  
MURRIETA, CA 92563  
Effective as of 01-SEP-22

**BEDFORD, RONALD, NP†**

Provider ID: N/A

25405 HANCOCK AVE STE 200  
MURRIETA, CA 92562  
Effective as of 01-SEP-22

**BEDFORD, RONALD, NP†**

Provider ID: N/A

25405 HANCOCK AVE STE 200  
MURRIETA, CA 92562  
Effective as of 01-SEP-22

**BEDFORD, RONALD, NP†**

Provider ID: N/A

25405 HANCOCK AVE STE 200  
MURRIETA, CA 92562  
Effective as of 01-MAY-22

**BEDFORD, RONALD, NP†**

Provider ID: N/A

25405 HANCOCK AVE STE 200  
MURRIETA, CA 92562  
Effective as of 01-MAY-22

**BEDFORD, RONALD, NP†**

Provider ID: N/A

25405 HANCOCK AVE STE 200  
MURRIETA, CA 92562  
Effective as of 01-MAY-22

**CAMPBELL, AMBER, NP**

Provider ID: N/A

25470 MEDICAL CENTER

DR STE 102  
MURRIETA, CA 92562  
Effective as of 01-JAN-22

**CORCORAN, KIMBERLY, NP**

Provider ID: N/A

24910 LAS BRISAS RD STE 105  
MURRIETA, CA 92562  
Effective as of 01-OCT-19

**DAO, NU, NP†**

Provider ID: N/A

28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-MAR-21

**DONLON, RYAN, NPF**

Provider ID: N/A

24400 JACKSON AVE STE B  
MURRIETA, CA 92562  
Effective as of 01-MAR-24

**DONLON, RYAN, NPF**

Provider ID: N/A

24400 JACKSON AVE STE B  
MURRIETA, CA 92562  
Effective as of 01-MAR-24

**DONLON, RYAN, NPF**

Provider ID: N/A

24400 JACKSON AVE STE B  
MURRIETA, CA 92562  
Effective as of 01-MAR-24

**DONLON, RYAN, NPF**

Provider ID: N/A

24400 JACKSON AVE STE B  
MURRIETA, CA 92562  
Effective as of 01-MAR-24

**FAIQ, JAMILA, NP†**

Provider ID: N/A

25405 HANCOCK AVE STE 206

MURRIETA, CA 92562  
Teleservice  
Effective as of 01-NOV-22

**GUTIERREZ, CRYSTAL, NP†**

Provider ID: N/A

25109 JEFFERSON AVE STE 100  
MURRIETA, CA 92562  
Effective as of 01-AUG-20

**HARTMAN, JULIE, NPF**

Provider ID: N/A

25470 MEDICAL CENTER DR STE 102  
MURRIETA, CA 92562  
Effective as of 01-SEP-23

**HASAN, BUSHRA, NP**

Provider ID: N/A

25470 MEDICAL CENTER DR STE 102  
MURRIETA, CA 92562  
Effective as of 01-OCT-22

**HUERTA, CARMEN, NP†**

Provider ID: N/A

25405 HANCOCK AVE STE 200  
MURRIETA, CA 92562  
Effective as of 01-MAY-22

**HUERTA, CARMEN, NP†**

Provider ID: N/A

25405 HANCOCK AVE STE 200  
MURRIETA, CA 92562  
Effective as of 01-OCT-22

**HUERTA, CARMEN, NP†**

Provider ID: N/A

25405 HANCOCK AVE STE 200  
MURRIETA, CA 92562  
Effective as of 01-DEC-22

**KLEWEIN, CRYSTAL, NPF**

Provider ID: N/A

40770 CALIFORNIA OAKS  
RD STE A  
MURRIETA, CA 92562

Effective as of 01-MAY-23

**KULJIAN, NANCY, NP**

Provider ID: N/A

39755 MURRIETA HOT  
SPRINGS RD STE E  
MURRIETA, CA 92563

Effective as of 01-AUG-21

**MOONEY, PATRICIA, NP†**

Provider ID: N/A

25405 HANCOCK AVE STE  
206  
MURRIETA, CA 92562

Teleservice

Effective as of 01-MAY-21

**MWAURA, WAIRIMU, NP†**

Provider ID: N/A

25405 HANCOCK AVE STE  
206  
MURRIETA, CA 92562

Teleservice

Effective as of 01-JUN-21

**PIZZIFRED, TIFFINY, NP†**

Provider ID: N/A

25405 HANCOCK AVE STE  
217  
MURRIETA, CA 92562

Effective as of 01-JAN-18

**PIZZIFRED, TIFFINY, NP†**

Provider ID: N/A

25405 HANCOCK AVE STE  
217  
MURRIETA, CA 92562

Effective as of 01-JAN-18

**SHEIKH, SARAH, NP**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562

Effective as of 01-OCT-16

**SHEIKH, SARAH, NP**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562

Effective as of 01-MAY-23

**SHEIKH, SARAH, NP**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562

Effective as of 01-MAY-23

**SICKELS, JENNIFER, NP**

Provider ID: N/A

24910 LAS BRISAS RD STE  
105  
MURRIETA, CA 92562

Effective as of 01-NOV-19

**VIERA, LIANA, NP†**

Provider ID: N/A

39755 MURRIETA HOT  
SPRINGS RD  
MURRIETA, CA 92563

Effective as of 01-JAN-22

**VIERA, LIANA, NP†**

Provider ID: N/A

39755 MURRIETA HOT  
SPRINGS RD  
MURRIETA, CA 92563

Effective as of 01-JAN-22

**WILLEY, MARTI, NP†**

Provider ID: N/A

25405 HANCOCK AVE STE  
206  
MURRIETA, CA 92562

Teleservice

Effective as of 01-JUN-21

**DERMATOLOGY**

**CABRAL, ERIK, MD†**

Provider ID: N/A

40663 MURRIETA HOT  
SPRINGS RD STE C3  
MURRIETA, CA 92562

Effective as of 01-JUN-22

**FOWLER, VINCENT, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
217  
MURRIETA, CA 92562

Teleservice

Effective as of 01-NOV-18

**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

**FOWLER, VINCENT, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
217  
MURRIETA, CA 92562

Teleservice

Effective as of 01-AUG-17

**KHERADMAND, SHIVA, DO†**

Provider ID: N/A

25405 HANCOCK AVE STE  
200

MURRIETA, CA 92562  
Effective as of 01-DEC-21

**KHERADMAND, SHIVA, DO†**

Provider ID: N/A

25405 HANCOCK AVE STE  
200  
MURRIETA, CA 92562  
Effective as of 01-DEC-21

**KHERADMAND, SHIVA, DO†**

Provider ID: N/A

25405 HANCOCK AVE STE  
200  
MURRIETA, CA 92562  
Effective as of 01-DEC-21

**KHERADMAND, SHIVA, DO†**

Provider ID: N/A

25405 HANCOCK AVE STE  
200  
MURRIETA, CA 92562  
Effective as of 01-MAY-23

**KHERADMAND, SHIVA, DO†**

Provider ID: N/A

25405 HANCOCK AVE STE  
200  
MURRIETA, CA 92562  
Effective as of 01-MAY-22

**KHERADMAND, SHIVA, DO†**

Provider ID: N/A

25405 HANCOCK AVE STE  
200  
MURRIETA, CA 92562  
Effective as of 01-MAY-22

**KOUPAIE, JAFAR, MD**

Provider ID: N/A

24400 JACKSON AVE STE B  
MURRIETA, CA 92562  
Effective as of 01-JAN-24

**KOUPAIE, JAFAR, MD**

Provider ID: N/A

24400 JACKSON AVE STE B  
MURRIETA, CA 92562  
Effective as of 01-JAN-24

**KOUPAIE, JAFAR, MD**

Provider ID: N/A

24400 JACKSON AVE STE B  
MURRIETA, CA 92562  
Effective as of 01-JAN-24

**KOUPAIE, JAFAR, MD**

Provider ID: N/A

24400 JACKSON AVE STE B  
MURRIETA, CA 92562  
Effective as of 01-JAN-24

**LEE, HELEN, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 200  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-NOV-22

**LEE, HELEN, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 200  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-NOV-22

**MITCHELL, JESSE, MD**

Provider ID: N/A

24400 JACKSON AVE STE B  
MURRIETA, CA 92562  
Effective as of 01-JAN-24

**MITCHELL, JESSE, MD**

Provider ID: N/A

24400 JACKSON AVE STE B  
MURRIETA, CA 92562  
Effective as of 01-JAN-24

**MITCHELL, JESSE, MD**

Provider ID: N/A

24400 JACKSON AVE STE B  
MURRIETA, CA 92562  
Effective as of 01-JAN-24

**MITCHELL, JESSE, MD**

Provider ID: N/A

24400 JACKSON AVE STE B  
MURRIETA, CA 92562  
Effective as of 01-JAN-24

**MUNYON, THOMAS, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
200  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-MAY-23

**MUNYON, THOMAS, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
200  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-JAN-23

**MUNYON, THOMAS, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
200  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-MAR-24

**MUNYON, THOMAS, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
200  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-NOV-21

**ROSHDIEH, BABAK, MD†**  
Provider ID: N/A  
25405 HANCOCK AVE STE 200  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

**ROSHDIEH, BABAK, MD†**  
Provider ID: N/A  
25405 HANCOCK AVE STE 200  
MURRIETA, CA 92562  
Effective as of 01-MAY-23

**SAIED, NAGI, MD†**  
Provider ID: N/A  
25405 HANCOCK AVE STE 200  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-MAY-23

**SAIED, NAGI, MD†**  
Provider ID: N/A  
25405 HANCOCK AVE STE 217  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-NOV-18

**SAIED, NAGI, MD†**  
Provider ID: N/A  
25405 HANCOCK AVE STE 200  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-DEC-19

**SAIED, NAGI, MD†**  
Provider ID: N/A  
25405 HANCOCK AVE STE 200  
MURRIETA, CA 92562  
Teleservice

Effective as of 01-NOV-21  
**SIRICHOTIRATANA, MELISSA, MD†**

Provider ID: N/A  
25495 MEDICAL CENTER DR STE 200  
MURRIETA, CA 92562  
Effective as of 01-JUL-22

**TAHERI, DANIEL, MD†**  
Provider ID: N/A  
40663 MURRIETA HOT SPRINGS RD STE C3  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-APR-21

**TAHERI, DANIEL, MD†**  
Provider ID: N/A  
40663 MURRIETA HOT SPRINGS RD STE C3  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-APR-21

**TAHERI, DANIEL, MD†**  
Provider ID: N/A  
40663 MURRIETA HOT SPRINGS RD STE C3  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-DEC-21

**THIELE, JENS, MD†**  
Provider ID: N/A  
25495 MEDICAL CENTER DR STE 200  
MURRIETA, CA 92562  
Effective as of 01-JUL-22

**VENKAT, ARUN, MD†**  
Provider ID: N/A  
25495 MEDICAL CENTER

DR STE 200  
MURRIETA, CA 92562  
Effective as of 01-FEB-21

**ENDOCRINOLOGY  
METABOLISM DIABETES**

**BUI, AMY-VAN, MD†**  
Provider ID: N/A  
39765 DATE ST STE 102  
MURRIETA, CA 92563  
Effective as of 01-NOV-13

**FAMILY PRACTICE**

**FARZIN, ABDUL, MD**  
Provider ID: N/A  
40690 CALIFORNIA OAKS RD STE A  
MURRIETA, CA 92562  
Effective as of 01-MAR-24

**MEMON, TALHA, MD†**  
Provider ID: N/A  
39755 DATE ST STE 101  
MURRIETA, CA 92563  
Effective as of 01-OCT-18

**MEMON, TALHA, MD†**  
Provider ID: N/A  
39755 DATE ST STE 101  
MURRIETA, CA 92563  
Effective as of 01-OCT-18

**GASTROENTEROLOGY**

**ANYADIKE, CYRIL, MD†**  
Provider ID: N/A  
25495 MEDICAL CENTER DR STE 302  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

**ANYADIKE, CYRIL, MD†**  
Provider ID: N/A



☒ 25495 MEDICAL CENTER  
DR STE 302  
MURRIETA, CA 92562  
Effective as of 01-MAR-21

**ANYADIKE, CYRIL, MD†**

Provider ID: N/A

☒ 25495 MEDICAL CENTER  
DR STE 302  
MURRIETA, CA 92562  
Effective as of 01-SEP-15

**ANYADIKE, CYRIL, MD†**

Provider ID: N/A

☒ 25495 MEDICAL CENTER  
DR STE 302  
MURRIETA, CA 92562  
Effective as of 01-FEB-18

**ANYADIKE, CYRIL, MD†**

Provider ID: N/A

☒ 25495 MEDICAL CENTER  
DR STE 302  
MURRIETA, CA 92562  
Effective as of 01-APR-20

**ANYADIKE, CYRIL, MD†**

Provider ID: N/A

☒ 25495 MEDICAL CENTER  
DR STE 302  
MURRIETA, CA 92562  
Effective as of 01-APR-17

**ANYADIKE, CYRIL, MD†**

Provider ID: N/A

☒ 25495 MEDICAL CENTER  
DR STE 101  
MURRIETA, CA 92562  
Effective as of 01-AUG-20

**ARDIGO, GREGORY, MD†**

Provider ID: N/A

☒ 40404 CALIFORNIA OAKS  
RD STE C  
MURRIETA, CA 92562

Effective as of 01-DEC-08

**ARDIGO, GREGORY, MD†**

Provider ID: N/A

☒ 40404 CALIFORNIA OAKS  
RD STE C  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

**DINH, JACK, MD†**

Provider ID: N/A

☒ 40404 CALIFORNIA OAKS  
RD STE C  
MURRIETA, CA 92562  
Effective as of 01-DEC-08

**DINH, JACK, MD†**

Provider ID: N/A

☒ 40404 CALIFORNIA OAKS  
RD STE C  
MURRIETA, CA 92562  
Effective as of 01-OCT-07

**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-JUL-23

**FAN, ROBERT, MD†**

Provider ID: N/A

☒ 25495 MEDICAL CENTER  
DR STE 302  
MURRIETA, CA 92562

Teleservice

Effective as of 01-MAR-21

**FAN, ROBERT, MD†**

Provider ID: N/A

☒ 25495 MEDICAL CENTER  
DR STE 302  
MURRIETA, CA 92562

Teleservice

Effective as of 01-JUL-15

**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

**FAN, ROBERT, MD†**

Provider ID: N/A

☒ 25495 MEDICAL CENTER  
DR STE 302  
MURRIETA, CA 92562

Teleservice

Effective as of 01-FEB-18

**FLANNERY, CHRISTOPHER, MD**

Provider ID: N/A

☒ 40663 MURRIETA HOT  
SPRINGS RD STE C1  
MURRIETA, CA 92562

Effective as of 01-APR-23

**FLANNERY, CHRISTOPHER, MD**

Provider ID: N/A

40663 MURRIETA HOT  
SPRINGS RD STE C1  
MURRIETA, CA 92562  
Effective as of 01-APR-23

**FLANNERY, CHRISTOPHER,  
MD**

Provider ID: N/A

28078 BAXTER RD STE 530  
MURRIETA, CA 92563  
Effective as of 01-APR-23

**FLANNERY, CHRISTOPHER,  
MD**

Provider ID: N/A

28078 BAXTER RD STE 530  
MURRIETA, CA 92563  
Effective as of 01-APR-23

**NAKKA, SREENIVASA, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 306  
MURRIETA, CA 92562  
Effective as of 01-OCT-16

**NAKKA, SREENIVASA, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 306  
MURRIETA, CA 92562  
Effective as of 01-OCT-16

**NAKKA, SREENIVASA, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 306  
MURRIETA, CA 92562  
Effective as of 01-OCT-16

**OJURI, ADEBAMBO, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 302

MURRIETA, CA 92562

Teleservice

Effective as of 01-APR-17

**OJURI, ADEBAMBO, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 302  
MURRIETA, CA 92562

Teleservice

Effective as of 01-JUL-23

**OJURI, ADEBAMBO, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 302  
MURRIETA, CA 92562

Teleservice

Effective as of 01-MAY-21

**OJURI, ADEBAMBO, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 302  
MURRIETA, CA 92562

Teleservice

Effective as of 01-MAY-15

**OJURI, ADEBAMBO, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 302  
MURRIETA, CA 92562

Teleservice

Effective as of 01-MAY-15

**OJURI, ADEBAMBO, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 302  
MURRIETA, CA 92562

Teleservice

Effective as of 01-MAR-21

**RAGHUWANSHI, NAISHADH,  
MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 306  
MURRIETA, CA 92562  
Effective as of 01-MAY-18

**RAGHUWANSHI, NAISHADH,  
MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 306  
MURRIETA, CA 92562  
Effective as of 01-OCT-16

**RAGHUWANSHI, NAISHADH,  
MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 306  
MURRIETA, CA 92562  
Effective as of 01-OCT-16

**TEYMOORIAN, ARIAN, MD†**

Provider ID: N/A

40404 CALIFORNIA OAKS  
RD STE C  
MURRIETA, CA 92562  
Effective as of 01-FEB-20

**TEYMOORIAN, ARIAN, MD†**

Provider ID: N/A

40404 CALIFORNIA OAKS  
RD STE C  
MURRIETA, CA 92562  
Effective as of 01-SEP-19

**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-APR-24

**BASERI, BABAK, MD**

Provider ID: N/A  
25405 HANCOCK AVE STE  
101  
MURRIETA, CA 92562  
Effective as of 01-FEB-24

**BASERI, BABAK, MD**

Provider ID: N/A  
25405 HANCOCK AVE STE  
101  
MURRIETA, CA 92562  
Effective as of 01-JAN-24

**BASERI, BABAK, MD**

Provider ID: N/A  
25405 HANCOCK AVE STE  
101

MURRIETA, CA 92562  
Effective as of 01-APR-23

**BASERI, BABAK, MD†**

Provider ID: N/A  
25405 HANCOCK AVE STE  
203  
MURRIETA, CA 92562  
Effective as of 01-AUG-19

**BASERI, BABAK, MD†**

Provider ID: N/A  
25405 HANCOCK AVE STE  
203  
MURRIETA, CA 92562  
Effective as of 01-JUL-21

**BASERI, BABAK, MD†**

Provider ID: N/A  
25405 HANCOCK AVE STE  
203  
MURRIETA, CA 92562  
Effective as of 01-JUL-21

**BELLO, OSAGIE, MD**

Provider ID: N/A  
25405 HANCOCK AVE STE  
211  
MURRIETA, CA 92562  
Effective as of 01-OCT-23

**BELLO, OSAGIE, MD**

Provider ID: N/A  
25405 HANCOCK AVE STE  
211  
MURRIETA, CA 92562  
Effective as of 01-OCT-23

**BELLO, OSAGIE, MD**

Provider ID: N/A  
25405 HANCOCK AVE STE  
211  
MURRIETA, CA 92562  
Effective as of 01-OCT-23

**BESSUDO, ALBERTO, MD†**

Provider ID: N/A  
25405 HANCOCK AVE STE  
206  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-NOV-21

**LEE, BYUNG, DO†**

Provider ID: N/A  
25405 HANCOCK AVE STE  
211  
MURRIETA, CA 92562  
Effective as of 01-JUL-21

**LEE, BYUNG, DO†**

Provider ID: N/A  
25405 HANCOCK AVE STE  
211  
MURRIETA, CA 92562  
Effective as of 01-JUL-21

**LEE, BYUNG, DO†**

Provider ID: N/A  
25405 HANCOCK AVE STE  
211  
MURRIETA, CA 92562  
Effective as of 01-JUL-21

**MARJON, PHILIP, MD**

Provider ID: N/A  
25405 HANCOCK AVE STE  
101  
MURRIETA, CA 92562  
Effective as of 01-APR-23

**MASIELLO, DAVID, MD†**

Provider ID: N/A  
25405 HANCOCK AVE STE  
211  
MURRIETA, CA 92562  
Effective as of 01-MAR-21

**MOST, CAROLE, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
211  
MURRIETA, CA 92562  
Effective as of 01-MAR-21

**MOST, CAROLE, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
211  
MURRIETA, CA 92562  
Effective as of 01-SEP-18

**MOST, CAROLE, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
211  
MURRIETA, CA 92562  
Effective as of 01-SEP-18

**MOST, CAROLE, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
211  
MURRIETA, CA 92562  
Effective as of 01-SEP-18

**NAIK, RAHUL, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
211  
MURRIETA, CA 92562  
Effective as of 01-MAR-21

**RAVINDRANATHAN, MEERA,  
MD**

Provider ID: N/A

25405 HANCOCK AVE STE  
101  
MURRIETA, CA 92562  
Teleservice

Effective as of 01-MAY-23

**RAVINDRANATHAN, MEERA,  
MD**

Provider ID: N/A

25405 HANCOCK AVE STE  
101  
MURRIETA, CA 92562

Teleservice

Effective as of 01-MAY-23

**SARWARI, NAWID, MD**

Provider ID: N/A

25405 HANCOCK AVE STE  
101  
MURRIETA, CA 92562\*  
Effective as of 01-APR-23

**SAUNDERS, PHILLIP, DO**

Provider ID: N/A

25405 HANCOCK AVE STE  
101  
MURRIETA, CA 92562  
Effective as of 01-APR-23

**SAUNDERS, PHILLIP, DO†**

Provider ID: N/A

25405 HANCOCK AVE STE  
203  
MURRIETA, CA 92562  
Effective as of 01-DEC-20

**SCHWERKOSKE, JOHN, MD**

Provider ID: N/A

25405 HANCOCK AVE STE  
101  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

**SHUM, MERRILL, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
203  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

**TSANG, WALTER, MD†**

Provider ID: N/A

25404 HANCOCK AVE STE  
211

MURRIETA, CA 92562  
Effective as of 01-FEB-20

**TSANG, WALTER, MD†**

Provider ID: N/A

25404 HANCOCK AVE STE  
211  
MURRIETA, CA 92562  
Effective as of 01-FEB-20

**TSANG, WALTER, MD†**

Provider ID: N/A

25404 HANCOCK AVE STE  
211  
MURRIETA, CA 92562  
Effective as of 01-FEB-20

**WANG, AMY, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
211  
MURRIETA, CA 92562  
Effective as of 01-JUN-21

**WANG, AMY, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
211  
MURRIETA, CA 92562  
Effective as of 01-JUN-21

**WANG, AMY, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
211  
MURRIETA, CA 92562  
Effective as of 01-JUN-21

**WANG, AMY, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
211  
MURRIETA, CA 92562  
Effective as of 01-JUN-21

**INFECTIOUS DISEASE**

**HARFOUCH, CHAWKI, MD†**

Provider ID: N/A

28078 BAXTER RD STE 320  
MURRIETA, CA 92563  
Effective as of 01-MAY-13

**HARFOUCH, CHAWKI, MD†**

Provider ID: N/A

28078 BAXTER RD STE 320  
MURRIETA, CA 92563  
Effective as of 01-JUL-23

**KIM, EMILY, MD**

Provider ID: N/A

28078 BAXTER RD STE 320  
MURRIETA, CA 92563  
Effective as of 01-MAR-24

**KIM, EMILY, MD**

Provider ID: N/A

28078 BAXTER RD STE 320  
MURRIETA, CA 92563  
Effective as of 01-MAR-24

**KIM, EMILY, MD**

Provider ID: N/A

28078 BAXTER RD STE 320  
MURRIETA, CA 92563  
Effective as of 01-MAR-24

**LE, THUAN, MD†**

Provider ID: N/A

28078 BAXTER RD STE 320  
MURRIETA, CA 92563  
Effective as of 01-MAY-13

**LE, THUAN, MD†**

Provider ID: N/A

28078 BAXTER RD STE 320  
MURRIETA, CA 92563  
Effective as of 01-MAY-09

**LE, THUAN, MD†**

Provider ID: N/A

28078 BAXTER RD STE 320  
MURRIETA, CA 92563  
Effective as of 01-SEP-09

**LE, THUAN, MD†**

Provider ID: N/A

28078 BAXTER RD STE 320  
MURRIETA, CA 92563  
Effective as of 01-SEP-09

**LE, THUAN, MD†**

Provider ID: N/A

28078 BAXTER RD STE 320  
MURRIETA, CA 92563  
Effective as of 01-JAN-11

**INTERNAL MEDICINE**

**BASERI, BABAK, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
203  
MURRIETA, CA 92562  
Effective as of 01-APR-24

**HADDADIN, HASSAN, MD†**

Provider ID: N/A

28078 BAXTER RD STE 324  
MURRIETA, CA 92563  
Effective as of 01-SEP-22

**HADDADIN, HASSAN, MD†**

Provider ID: N/A

28078 BAXTER RD STE 324  
MURRIETA, CA 92563  
Effective as of 01-SEP-22

**HADDADIN, HASSAN, MD†**

Provider ID: N/A

28078 BAXTER RD STE 324  
MURRIETA, CA 92563  
Effective as of 01-SEP-22

**HARFOUCH, CHAWKI, MD†**

Provider ID: N/A

28078 BAXTER RD STE 320  
MURRIETA, CA 92563  
Effective as of 01-JUN-17

**MONTANA, WILBUR, DO†**

Provider ID: N/A

25405 HANCOCK AVE STE  
203  
MURRIETA, CA 92562  
Effective as of 01-NOV-18

**INTERNAL MEDICINE**

**CRITICAL CARE MEDICINE**

**PATEL, SAGAR, MD†**

Provider ID: N/A

25500 MEDICAL CENTER  
DR  
MURRIETA, CA 92562  
Effective as of 01-AUG-21

**INTERVENTIONAL  
CARDIOLOGY**

**GAGLANI, RAHUL, MD†**

Provider ID: N/A

25395 HANCOCK AVE STE  
230  
MURRIETA, CA 92562  
Effective as of 01-AUG-21

**PAREKH, NIRAJ, MD†**

Provider ID: N/A

39755 MURRIETA HOT  
SPRINGS RD BLDG G  
MURRIETA, CA 92563

Teleservice

Effective as of 01-JAN-19

**MATERNAL AND FETAL  
MEDICINE**

**BRAR, HARBINDER, MD†**

Provider ID: N/A

☐ 25109 JEFFERSON AVE STE  
210  
MURRIETA, CA 92562  
Effective as of 01-DEC-10

**MEDICAL ONCOLOGY**

**PARSI, HOOMAN, MD**

Provider ID: N/A

☐ 25405 HANCOCK AVE STE  
101  
MURRIETA, CA 92562  
Effective as of 01-MAY-23

**SHAIKH, ANWER, MD**

Provider ID: N/A

☐ 25405 HANCOCK AVE STE  
101  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

**NEPHROLOGY**

**UDDIN, MOHAMMAD, MD†**

Provider ID: N/A

☐ 24910 LAS BRISAS RD STE  
108  
MURRIETA, CA 92562  
Effective as of 01-JUL-20

**NEUROLOGY**

**ALVAREZ, PAMELA, MD†**

Provider ID: N/A

☐ 24910 LAS BRISAS RD STE  
115  
MURRIETA, CA 92562  
Effective as of 01-MAY-14

**ALVAREZ, PAMELA, MD†**

Provider ID: N/A

☐ 24910 LAS BRISAS RD STE  
115  
MURRIETA, CA 92562

Effective as of 01-MAR-15

**NUNE, SUNITHA, MD†**

Provider ID: N/A

☐ 39755 DATE ST STE 101  
MURRIETA, CA 92563  
Effective as of 01-FEB-22

**TALANKI, VARUN, MD**

Provider ID: N/A

☐ 25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-DEC-22

**UDDIN, MOHAMMAD, MD†**

Provider ID: N/A

☐ 24910 LAS BRISAS RD STE  
108  
MURRIETA, CA 92562  
Effective as of 01-JUL-20

**UDDIN, MOHAMMAD, MD†**

Provider ID: N/A

☐ 24910 LAS BRISAS RD STE  
108  
MURRIETA, CA 92562  
Effective as of 01-JUL-20

**UDDIN, MOHAMMAD, MD†**

Provider ID: N/A

☐ 24910 LAS BRISAS RD STE  
108  
MURRIETA, CA 92562  
Effective as of 01-JUL-20

**UDDIN, MOHAMMAD, MD†**

Provider ID: N/A

☐ 24910 LAS BRISAS RD STE  
108  
MURRIETA, CA 92562  
Effective as of 01-JUL-20

**UDDIN, MOHAMMAD, MD†**

Provider ID: N/A

☐ 24910 LAS BRISAS RD STE  
108  
MURRIETA, CA 92562  
Effective as of 01-JUL-20

**UDDIN, MOHAMMAD, MD†**

Provider ID: N/A

☐ 24910 LAS BRISAS RD STE  
108  
MURRIETA, CA 92562  
Effective as of 01-JUL-20

**UDDIN, MOHAMMAD, MD†**

Provider ID: N/A

☐ 24910 LAS BRISAS RD STE  
108  
MURRIETA, CA 92562  
Effective as of 01-JUL-20

**UDDIN, MOHAMMAD, MD†**

Provider ID: N/A

☐ 24910 LAS BRISAS RD STE  
108  
MURRIETA, CA 92562  
Effective as of 01-JUL-20

**UDDIN, MOHAMMAD, MD†**

Provider ID: N/A

☐ 24910 LAS BRISAS RD STE  
108  
MURRIETA, CA 92562  
Effective as of 01-AUG-20

**NEUROLOGY CHILD**

**NUNE, SUNITHA, MD†**

Provider ID: N/A

☐ 39755 DATE ST STE 101  
MURRIETA, CA 92563  
Effective as of 01-APR-21

**OBSTETRICS /  
GYNECOLOGY**

**ANDERSEN, MICHAEL, MD†**

Provider ID: N/A

24619 WASHINGTON AVE  
STE 104  
MURRIETA, CA 92562

Effective as of 01-JAN-21

**BINDER, PRATIBHA, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
217  
MURRIETA, CA 92562

Effective as of 01-JUL-21

**BRAR, HARBINDER, MD†**

Provider ID: N/A

25109 JEFFERSON AVE STE  
210  
MURRIETA, CA 92562

Effective as of 01-SEP-23

**BRAR, HARBINDER, MD†**

Provider ID: N/A

25109 JEFFERSON AVE STE  
210  
MURRIETA, CA 92562

Effective as of 01-SEP-23

**BRAR, HARBINDER, MD†**

Provider ID: N/A

25109 JEFFERSON AVE STE  
210  
MURRIETA, CA 92562

Effective as of 01-SEP-23

**BRAR, HARBINDER, MD†**

Provider ID: N/A

25109 JEFFERSON AVE STE  
210  
MURRIETA, CA 92562

Effective as of 01-NOV-08

**BRAR, HARBINDER, MD†**

Provider ID: N/A

25109 JEFFERSON AVE STE  
210

MURRIETA, CA 92562

Effective as of 01-JUL-11

**CHIODI, MARTINA, MD†**

Provider ID: N/A

24910 LAS BRISAS RD STE  
113  
MURRIETA, CA 92562

Effective as of 01-MAR-20

**DIMMETTE, PATTIE, MD**

Provider ID: N/A

25405 HANCOCK AVE STE  
203  
MURRIETA, CA 92562

Effective as of 01-SEP-23

**ELFELT, TIMOTHY, MD†**

Provider ID: N/A

25460 MEDICAL CENTER  
DR STE 100  
MURRIETA, CA 92562

Effective as of 01-AUG-10

**HAYTON, TAMMY, MD†**

Provider ID: N/A

25460 MEDICAL CENTER  
DR STE 100  
MURRIETA, CA 92562

Teleservice

Effective as of 01-AUG-10

**HAYTON, TAMMY, MD†**

Provider ID: N/A

25460 MEDICAL CENTER  
DR STE 100  
MURRIETA, CA 92562

Teleservice

Effective as of 01-SEP-22

**JONES, KENDRA, MD†**

Provider ID: N/A

25460 MEDICAL CENTER  
DR STE 100  
MURRIETA, CA 92562

Teleservice

Effective as of 01-SEP-22

**JONES, KENDRA, MD†**

Provider ID: N/A

25460 MEDICAL CENTER  
DR STE 100  
MURRIETA, CA 92562

Teleservice

Effective as of 01-SEP-22

**LEBO, DEBRA, DO†**

Provider ID: N/A

25460 MEDICAL CENTER  
DR STE 100  
MURRIETA, CA 92562

Effective as of 01-AUG-10

**LEBO, DEBRA, DO†**

Provider ID: N/A

25460 MEDICAL CENTER  
DR STE 100  
MURRIETA, CA 92562

Effective as of 01-SEP-22

**LOCASCIO, ELIZABETH, DO†**

Provider ID: N/A

25460 MEDICAL CENTER  
DR STE 100  
MURRIETA, CA 92562

Teleservice

Effective as of 01-FEB-18

**LOCASCIO, ELIZABETH, DO†**

Provider ID: N/A

25460 MEDICAL CENTER  
DR STE 100  
MURRIETA, CA 92562

Teleservice

Effective as of 01-SEP-22

**NEAL, JAMES, MD†**

Provider ID: N/A

25495 MEDICAL CENTER

DR STE 300  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

**QUINATA, FLORENCE, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 300  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

**SHAH, NEMI, MD**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-FEB-24

**SHEHATA, HANNAH LOUISE, MD†**

Provider ID: N/A

25395 HANCOCK AVE STE  
210  
MURRIETA, CA 92562  
Effective as of 01-OCT-21

**THOMSON, EMILY, DO**

Provider ID: N/A

25460 MEDICAL CENTER  
DR  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-SEP-22

**THOMSON, EMILY, DO**

Provider ID: N/A

25460 MEDICAL CENTER  
DR  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-SEP-22

**TODD, CHRISTINE, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 300  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

**TRAN, THERESA, DO**

Provider ID: N/A

24910 LAS BRISAS RD STE  
113  
MURRIETA, CA 92562  
Effective as of 01-MAR-20

**YANG, CHARLES, MD†**

Provider ID: N/A

25460 MEDICAL CENTER  
DR STE 100  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-SEP-22

**YANG, CHARLES, MD†**

Provider ID: N/A

25460 MEDICAL CENTER  
DR STE 100  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-AUG-10

**OCCUPATIONAL  
THERAPIST**

**BAST, SIDNEY, OT†**

Provider ID: N/A

24671 MONROE AVE STE  
101  
MURRIETA, CA 92562  
Effective as of 01-OCT-19

**BAST, SIDNEY, OT†**

Provider ID: N/A

24671 MONROE AVE STE  
101  
MURRIETA, CA 92562  
Effective as of 01-OCT-19

**CATIPON, GABRIELLE, OT**

Provider ID: N/A

24671 MONROE AVE STE  
C101  
MURRIETA, CA 92562  
Effective as of 01-MAY-23

**CATIPON, GABRIELLE, OT**

Provider ID: N/A

24671 MONROE AVE STE  
C101  
MURRIETA, CA 92562  
Effective as of 01-MAY-23

**DIMEGLIO, PAUL, OT†**

Provider ID: N/A

24671 MONROE AVE STE  
101  
MURRIETA, CA 92562  
Effective as of 01-FEB-21

**DIMEGLIO, PAUL, OT†**

Provider ID: N/A

24671 MONROE AVE STE  
101  
MURRIETA, CA 92562  
Effective as of 01-FEB-21

**STOTLER, APRIL, OT**

Provider ID: N/A

24671 MONROE AVE STE  
C201  
MURRIETA, CA 92562  
Effective as of 01-JAN-24

**STOTLER, APRIL, OT**

Provider ID: N/A

24671 MONROE AVE STE  
C201  
MURRIETA, CA 92562  
Effective as of 01-JAN-24

**ZECHA, RICHARD, OT†**

Provider ID: N/A

24671 MONROE AVE STE



101 BLDG C  
MURRIETA, CA 92562  
Effective as of 01-JAN-21

**ZECHA, RICHARD, OT†**

Provider ID: N/A  
24671 MONROE AVE STE  
101 BLDG C  
MURRIETA, CA 92562  
Effective as of 01-JAN-21

**OPHTHALMOLOGY**

**ABBOUD, JEAN-PAUL, MD†**

Provider ID: N/A  
40700 CALIFORNIA OAKS  
RD STE 106  
MURRIETA, CA 92562  
Effective as of 01-MAR-18

**CARLSON, JOHN, MD†**

Provider ID: N/A  
25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-FEB-21

**CARLSON, JOHN, MD†**

Provider ID: N/A  
25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-FEB-21

**CHAWLA, ANUJ, MD†**

Provider ID: N/A  
40690 CALIFORNIA OAKS  
RD STE B  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

**CHIN, ERIC, MD†**

Provider ID: N/A  
25395 HANCOCK AVE STE  
100

MURRIETA, CA 92562  
Effective as of 01-JUL-19

**CHIN, ERIC, MD†**

Provider ID: N/A  
25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-JUN-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-JAN-22

**CHOW, JASON, MD†**

Provider ID: N/A  
25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-FEB-24

**CHOW, JASON, MD†**

Provider ID: N/A  
25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

**CHOW, JASON, MD†**

Provider ID: N/A  
25460 MEDICAL CENTER  
DR STE 103  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

**CHOW, JASON, MD†**

Provider ID: N/A  
25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-SEP-22

**CHOW, JASON, MD†**

Provider ID: N/A  
25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-OCT-22

**CULOTTA, ANTHONY, MD†**

Provider ID: N/A  
40690 CALIFORNIA OAKS  
RD STE B  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-NOV-20

**CULOTTA, ANTHONY, MD†**

Provider ID: N/A  
40690 CALIFORNIA OAKS  
RD STE B  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-SEP-18

**CULOTTA, ANTHONY, MD†**

Provider ID: N/A  
40690 CALIFORNIA OAKS  
RD STE B  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-SEP-18

**CULOTTA, ANTHONY, MD†**  
Provider ID: N/A  
☑ 40690 CALIFORNIA OAKS  
RD STE B  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-SEP-18

**CULOTTA, ANTHONY, MD†**  
Provider ID: N/A  
☑ 40690 CALIFORNIA OAKS  
RD STE B  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-SEP-18

**CULOTTA, ANTHONY, MD†**  
Provider ID: N/A  
☑ 40690 CALIFORNIA OAKS  
RD STE B  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-MAY-21

**DONALDSON, JARED, MD†**  
Provider ID: N/A  
☑ 25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-MAY-21

**DONALDSON, JARED, MD†**  
Provider ID: N/A  
☑ 25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-JUL-21

**DONALDSON, JARED, MD†**  
Provider ID: N/A  
☑ 25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-JUL-21

**DONALDSON, JARED, MD†**  
Provider ID: N/A  
☑ 25395 HANCOCK AVE  
MURRIETA, CA 92562  
Effective as of 01-JAN-23

**DONALDSON, JARED, MD†**  
Provider ID: N/A  
☑ 25395 HANCOCK AVE  
MURRIETA, CA 92562  
Effective as of 01-DEC-22

**DONALDSON, JARED, MD†**  
Provider ID: N/A  
☑ 25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-SEP-22

**GOLLOGLY, HEIDRUN, MD†**  
Provider ID: N/A  
☑ 40690 CALIFORNIA OAKS  
RD STE B  
MURRIETA, CA 92562  
Effective as of 01-OCT-17

**JOHNSON, ROGER, MD†**  
Provider ID: N/A  
☑ 25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-JAN-17

**JOHNSON, ROGER, MD†**  
Provider ID: N/A  
☑ 25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-FEB-22

**JOHNSON, ROGER, MD†**  
Provider ID: N/A  
☑ 25460 MEDICAL CENTER  
DR STE 103  
MURRIETA, CA 92562

Effective as of 01-FEB-22

**JOHNSON, ROGER, MD†**  
Provider ID: N/A  
☑ 25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-JAN-22

**JOHNSON, ROGER, MD†**  
Provider ID: N/A  
☑ 25460 MEDICAL CENTER  
DR STE 103  
MURRIETA, CA 92562  
Effective as of 01-JAN-22

**JOHNSON, ROGER, MD†**  
Provider ID: N/A  
☑ 25460 MEDICAL CENTER  
DR STE 103  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

**JOSEPH, JEFFREY, MD†**  
Provider ID: N/A  
☑ 25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

**JOSEPH, JEFFREY, MD†**  
Provider ID: N/A  
☑ 25460 MEDICAL CENTER  
DR STE 103  
MURRIETA, CA 92562  
Effective as of 01-JAN-22

**JOSEPH, JEFFREY, MD†**  
Provider ID: N/A  
☑ 25460 MEDICAL CENTER  
DR STE 103  
MURRIETA, CA 92562  
Effective as of 01-DEC-21

**JOSEPH, JEFFREY, MD†**

Provider ID: N/A

☑ 25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-AUG-19

**JOSEPH, JEFFREY, MD†**

Provider ID: N/A

☑ 25460 MEDICAL CENTER  
DR STE 103  
MURRIETA, CA 92562  
Effective as of 01-AUG-19

**JOSEPH, JEFFREY, MD†**

Provider ID: N/A

☑ 25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-AUG-18

**LOBUE, THOMAS, MD**

Provider ID: N/A

☑ 40700 CALIFORNIA OAKS  
RD STE 106  
MURRIETA, CA 92562  
Effective as of 01-OCT-09

**NAWAZISH, SABA, MD†**

Provider ID: N/A

☑ 40690 CALIFORNIA OAKS  
RD STE B  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

**PHILLIPS, BARRATT, MD†**

Provider ID: N/A

☑ 25460 MEDICAL CENTER  
DR STE 103  
MURRIETA, CA 92562  
Effective as of 01-JAN-22

**PHILLIPS, BARRATT, MD†**

Provider ID: N/A

☑ 25395 HANCOCK AVE STE  
100

MURRIETA, CA 92562  
Effective as of 01-JAN-22

**PHILLIPS, BARRATT, MD†**

Provider ID: N/A

☑ 25460 MEDICAL CENTER  
DR STE 103  
MURRIETA, CA 92562  
Effective as of 01-MAY-17

**PHILLIPS, BARRATT, MD†**

Provider ID: N/A

☑ 25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-AUG-18

**PHILLIPS, BARRATT, MD†**

Provider ID: N/A

☑ 25460 MEDICAL CENTER  
DR STE 103  
MURRIETA, CA 92562  
Effective as of 01-JAN-22

**PHILLIPS, BARRATT, MD†**

Provider ID: N/A

☑ 25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-JAN-22

**SORENSEN, ROBERT, MD†**

Provider ID: N/A

☑ 25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-JAN-22

**SORENSEN, ROBERT, MD†**

Provider ID: N/A

☑ 25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-DEC-21

**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

☑ 25460 MEDICAL CENTER  
DR STE 103  
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

☑ 25460 MEDICAL CENTER  
DR STE 103  
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-FEB-22

**COOPER, MICHAEL, OD†**

Provider ID: N/A

☐ 25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-SEP-22

**EVANS, RYAN, OD**

Provider ID: N/A

☐ 40700 CALIFORNIA OAKS  
RD STE 106  
MURRIETA, CA 92562  
Effective as of 01-APR-14

**LARSON, BRETT, OD†**

Provider ID: N/A

☐ 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-FEB-22

**LARSON, BRETT, OD†**

Provider ID: N/A

☐ 25395 HANCOCK AVE STE  
100  
MURRIETA, CA 92562  
Effective as of 01-AUG-20

**LARSON, BRETT, OD†**

Provider ID: N/A

☐ 25395 HANCOCK AVE STE  
100

MURRIETA, CA 92562

Effective as of 01-AUG-18

**MC DIARMID, JOHN, 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

**SCOTT, JEFFREY, OD†**

Provider ID: N/A

☐ 40690 CALIFORNIA OAKS  
RD STE B  
MURRIETA, CA 92562  
Effective as of 01-JAN-22

**SCOTT, JEFFREY, OD†**

Provider ID: N/A

☐ 40690 CALIFORNIA OAKS  
RD STE B  
MURRIETA, CA 92562  
Effective as of 01-JAN-23

**OTOLARYNGOLOGY**

**ABDOU, RAMI, MD†**

Provider ID: N/A

☐ 39755 DATE ST STE 105  
MURRIETA, CA 92563\*  
Effective as of 01-JUL-23

**ABDOU, RAMI, MD†**

Provider ID: N/A

☐ 39755 DATE ST STE 106  
MURRIETA, CA 92563\*  
Effective as of 01-JUL-23

**BANTHIA, VISHAL, MD†**

Provider ID: N/A

☐ 39755 DATE ST STE 105  
MURRIETA, CA 92563\*  
Teleservice  
Effective as of 01-JUL-23

**DATE, AMIT, MD**

Provider ID: N/A

☐ 39755 DATE ST STE 105-106  
MURRIETA, CA 92563  
Teleservice  
Effective as of 01-JUL-23

**TIAN, QING, MD†**

Provider ID: N/A

☐ 39755 DATE ST STE 105-106  
MURRIETA, CA 92563\*  
Effective as of 01-JUL-23

**OTOLARYNGOLOGY /  
OTOLOGY /  
LARYNGOLOGY /  
RHINOLOGY**

**FORRESTER, MICHAEL, MD†**

Provider ID: N/A

☐ 25150 HANCOCK AVE STE  
204  
MURRIETA, CA 92562  
Effective as of 01-JUN-05

**FORRESTER, MICHAEL, MD†**

Provider ID: N/A

☐ 25150 HANCOCK AVE STE  
204  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

**ROBERTS, BENJAMIN, DO**

Provider ID: N/A

☐ 25150 HANCOCK AVE STE  
204

MURRIETA, CA 92562  
Effective as of 01-JUL-23

**ROBERTS, TODD, DO**

Provider ID: N/A  
25150 HANCOCK AVE STE  
204  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

**ROBERTS, TODD, DO**

Provider ID: N/A  
25150 HANCOCK AVE STE  
204  
MURRIETA, CA 92562  
Effective as of 01-DEC-15

**ROBERTS, BENJAMIN, DO**

Provider ID: N/A  
25150 HANCOCK AVE STE  
204  
MURRIETA, CA 92562  
Effective as of 01-FEB-23

***PEDIATRIC CARDIOLOGY***

**CHU, JAMES, MD**

Provider ID: N/A  
39755 DATE ST STE 205  
MURRIETA, CA 92563  
Effective as of 01-JAN-23

**CHU, JAMES, MD†**

Provider ID: N/A  
25470 MEDICAL CENTER  
DR STE 201  
MURRIETA, CA 92562  
Effective as of 01-APR-18

**CHU, JAMES, MD**

Provider ID: N/A  
39755 DATE ST STE 205  
MURRIETA, CA 92563  
Effective as of 01-JAN-23

**CHU, JAMES, MD**

Provider ID: N/A  
39755 DATE ST STE 205  
MURRIETA, CA 92563  
Effective as of 01-JAN-23

**CHU, JAMES, MD†**

Provider ID: N/A  
25470 MEDICAL CENTER  
DR STE 201  
MURRIETA, CA 92562  
Effective as of 01-APR-18

**CHU, JAMES, MD†**

Provider ID: N/A  
25470 MEDICAL CENTER  
DR STE 201  
MURRIETA, CA 92562  
Effective as of 01-APR-18

**ELLINI, AHMAD, MD†**

Provider ID: N/A  
25470 MEDICAL CENTER  
DR STE 201  
MURRIETA, CA 92562  
Effective as of 01-APR-18

**ELLINI, AHMAD, MD†**

Provider ID: N/A  
25470 MEDICAL CENTER  
DR STE 201  
MURRIETA, CA 92562  
Effective as of 01-APR-18

**ELLINI, AHMAD, MD†**

Provider ID: N/A  
25470 MEDICAL CENTER  
DR STE 201  
MURRIETA, CA 92562  
Effective as of 01-APR-18

**ELLINI, AHMAD, MD†**

Provider ID: N/A  
25470 MEDICAL CENTER  
DR STE 201

MURRIETA, CA 92562  
Effective as of 01-APR-18

***PHYSICIANS ASSISTANT***

**ARROYO, ARIANNA, PA**

Provider ID: N/A  
25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562  
Effective as of 01-JUN-23

**ARROYO, ARIANNA, PA**

Provider ID: N/A  
25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562  
Effective as of 01-JUN-23

**ARROYO, ARIANNA, PA**

Provider ID: N/A  
25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562  
Effective as of 01-JUN-23

**ARROYO, ARIANNA, PA**

Provider ID: N/A  
25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562  
Effective as of 01-JUN-23

**BASIN, NATALIE, PA**


Provider ID: N/A  
25495 MEDICAL CENTER  
DR STE 200  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-AUG-23

**FRYER, KEVIN, PA**


Provider ID: N/A  
28078 BAXTER RD STE  
330-340

MURRIETA, CA 92563  
Effective as of 01-AUG-23


**GAUSEPOHL, MARY, PA†**

Provider ID: N/A  
 24910 LAS BRISAS RD STE 116  
 MURRIETA, CA 92562\*  
 Effective as of 01-SEP-21


**GAUSEPOHL, MARY, PA†**

Provider ID: N/A  
 25470 MEDICAL CENTER DR STE 102  
 MURRIETA, CA 92562\*  
 Effective as of 01-SEP-21


**HILLER, ASHLEY, PA**

Provider ID: N/A  
 28078 BAXTER RD STE 300-340  
 MURRIETA, CA 92563  
 Effective as of 01-AUG-23


**KAUFMAN, BRITNEY, PA†**

Provider ID: N/A  
 25405 HANCOCK AVE STE 217  
 MURRIETA, CA 92562  
 Effective as of 01-NOV-18


**KAUFMAN, BRITNEY, PA†**

Provider ID: N/A  
 25405 HANCOCK AVE STE 217  
 MURRIETA, CA 92562  
 Effective as of 01-MAY-22


**KAUFMAN, TIFFANY, PA†**

Provider ID: N/A  
 24910 LAS BRISAS RD STE 105  
 MURRIETA, CA 92562  
 Effective as of 01-NOV-16


**LANCASTER, MICHELLE, PA†**

Provider ID: N/A  
 25150 HANCOCK AVE STE 210  
 MURRIETA, CA 92562  
 Effective as of 01-DEC-22


**LANCASTER, MICHELLE, PA†**

Provider ID: N/A  
 25150 HANCOCK AVE STE 210  
 MURRIETA, CA 92562  
 Effective as of 01-SEP-22


**LANCASTER, MICHELLE, PA†**

Provider ID: N/A  
 25150 HANCOCK AVE STE 210  
 MURRIETA, CA 92562  
 Effective as of 01-SEP-22


**LANCASTER, MICHELLE, PA†**

Provider ID: N/A  
 25150 HANCOCK AVE STE 210  
 MURRIETA, CA 92562  
 Effective as of 01-SEP-22


**LANCASTER, MICHELLE, PA†**

Provider ID: N/A  
 25150 HANCOCK AVE STE 210  
 MURRIETA, CA 92562  
 Effective as of 01-SEP-22

**LEE, WILLIAM, PA†**


Provider ID: N/A  
 40663 MURRIETA HOT SPRINGS RD STE C3  
 MURRIETA, CA 92562  
 Effective as of 01-APR-21

**LEE, WILLIAM, PA†**


Provider ID: N/A  
 40663 MURRIETA HOT

SPRINGS RD STE C3  
 MURRIETA, CA 92562  
 Effective as of 01-APR-21


**LIN, RAY, PA†**

Provider ID: N/A  
 25405 HANCOCK AVE STE 217  
 MURRIETA, CA 92562  
 Effective as of 01-AUG-17


**LIN, RAY, PA†**

Provider ID: N/A  
 25405 HANCOCK AVE STE 217  
 MURRIETA, CA 92562  
 Effective as of 01-AUG-17


**LUCATERO, JENNIFER, PA†**

Provider ID: N/A  
 25405 HANCOCK AVE STE 217  
 MURRIETA, CA 92562  
 Effective as of 01-NOV-18


**LUCATERO, JENNIFER, PA†**

Provider ID: N/A  
 25405 HANCOCK AVE STE 217  
 MURRIETA, CA 92562  
 Effective as of 01-JAN-18

**LUCATERO, JENNIFER, PA†**

Provider ID: N/A  
 25405 HANCOCK AVE STE 217  
 MURRIETA, CA 92562  
 Effective as of 01-JAN-18

**NEALEIGH, NATALIE, PA†**

Provider ID: N/A  
 25495 MEDICAL CENTER DR STE 204  
 MURRIETA, CA 92562  
 Effective as of 01-JAN-17

**QUISMORIO, DEMETRIO, PA†**

Provider ID: N/A

28078 BAXTER RD STE 330  
MURRIETA, CA 92563  
Effective as of 01-NOV-20

**QUISMORIO, DEMETRIO, PA†**

Provider ID: N/A

28078 BAXTER RD STE 330  
MURRIETA, CA 92563  
Effective as of 01-DEC-16

**RUIZ-FLORES, ROSE, PA**

Provider ID: N/A

24703 MONROE AVE  
MURRIETA, CA 92562  
Effective as of 01-SEP-23

**ST JULES, JESSICA, PA†**

Provider ID: N/A

25405 HANCOCK AVE STE  
217  
MURRIETA, CA 92562  
Effective as of 01-AUG-17

**ST JULES, JESSICA, PA†**

Provider ID: N/A

25405 HANCOCK AVE STE  
217  
MURRIETA, CA 92562  
Effective as of 01-NOV-18

**TAYLOR, ISHA, PA**

Provider ID: N/A

24400 JACKSON AVE STE B  
MURRIETA, CA 92562  
Effective as of 01-JAN-24

**TAYLOR, ISHA, PA**

Provider ID: N/A

24400 JACKSON AVE STE B  
MURRIETA, CA 92562  
Effective as of 01-JAN-24

**TAYLOR, ISHA, PA**

Provider ID: N/A

24400 JACKSON AVE STE B  
MURRIETA, CA 92562  
Effective as of 01-JAN-24

**TAYLOR, ISHA, PA**

Provider ID: N/A

24400 JACKSON AVE STE B  
MURRIETA, CA 92562  
Effective as of 01-JAN-24

**VALENTA, CAYLIE, PA†**

Provider ID: N/A

40700 CALIFORNIA OAKS  
RD STE 208  
MURRIETA, CA 92562  
Effective as of 01-JAN-21

**WOOLEY, LAURA, PA†**

Provider ID: N/A

25405 HANCOCK AVE STE  
217  
MURRIETA, CA 92562  
Effective as of 01-NOV-18

**PODIATRIST**

**EVANS, RICHARD, DPM**

Provider ID: N/A

39755 MURRIETA HOT  
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-06

**NGUYEN, THO, DPM†**

Provider ID: N/A

24640 JEFFERSON AVE

STE 109

MURRIETA, CA 92562

Effective as of 01-AUG-16

**NGUYEN, THO, DPM†**

Provider ID: N/A

24640 JEFFERSON AVE  
STE 109  
MURRIETA, CA 92562  
Effective as of 01-NOV-16

**SCOTT, SUSAN, DPM†**

Provider ID: N/A

24640 JEFFERSON AVE  
STE 109  
MURRIETA, CA 92562  
Effective as of 01-DEC-17

**SCOTT, SUSAN, DPM†**

Provider ID: N/A

24640 JEFFERSON AVE  
STE 109  
MURRIETA, CA 92562  
Effective as of 01-DEC-16

**SCOTT, SUSAN, DPM†**

Provider ID: N/A

24640 JEFFERSON AVE  
STE 109  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

**SHIN, CHRISTOPHER, DPM†**

Provider ID: N/A

24640 JEFFERSON AVE  
STE 109  
MURRIETA, CA 92562  
Effective as of 01-JAN-23

**SHIN, CHRISTOPHER, DPM†**

Provider ID: N/A

24640 JEFFERSON AVE  
STE 109  
MURRIETA, CA 92562  
Effective as of 01-MAY-21

**SHIN, CHRISTOPHER, DPM†**

Provider ID: N/A

24640 JEFFERSON AVE  
STE 109  
MURRIETA, CA 92562  
Effective as of 01-SEP-22

**TRANSFIGURACION SHIN,  
CHRISTIANNE, DPM†**

Provider ID: N/A

24640 JEFFERSON AVE  
STE 109  
MURRIETA, CA 92562  
Effective as of 01-DEC-16

**TRANSFIGURACION SHIN,  
CHRISTIANNE, DPM†**

Provider ID: N/A

24640 JEFFERSON AVE  
STE 109  
MURRIETA, CA 92562  
Effective as of 01-DEC-17

**TRANSFIGURACION SHIN,  
CHRISTIANNE, DPM†**

Provider ID: N/A

24640 JEFFERSON AVE  
STE 109  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

**WELLS, JOSEPH, DPM†**

Provider ID: N/A

24640 JEFFERSON AVE  
STE 109  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

**WELLS, JOSEPH, DPM†**

Provider ID: N/A

24640 JEFFERSON AVE  
STE 109  
MURRIETA, CA 92562  
Effective as of 01-NOV-16

**WELLS, JOSEPH, DPM†**

Provider ID: N/A

24640 JEFFERSON AVE  
STE 109  
MURRIETA, CA 92562  
Effective as of 01-SEP-16

**PULMONARY DISEASES**

**HADDADIN, HASSAN, MD†**

Provider ID: N/A

28078 BAXTER RD STE 324  
MURRIETA, CA 92563  
Effective as of 01-JUL-22

**HADDADIN, HASSAN, MD†**

Provider ID: N/A

28078 BAXTER RD STE 324  
MURRIETA, CA 92563  
Effective as of 01-APR-22

**HADDADIN, HASSAN, MD†**

Provider ID: N/A

28078 BAXTER RD STE 324  
MURRIETA, CA 92563  
Effective as of 01-APR-22

**HENNINGER, DELMER, MD**

Provider ID: N/A

39755 DATE ST STE 101  
MURRIETA, CA 92563  
Effective as of 01-SEP-09

**HENNINGER, DELMER, MD**

Provider ID: N/A

39755 DATE ST STE 101  
MURRIETA, CA 92563  
Effective as of 01-SEP-09

**HENNINGER, DELMER, MD**

Provider ID: N/A

39755 DATE ST STE 101  
MURRIETA, CA 92563\*  
Effective as of 01-JUL-23

**KUMAR, AVNEE, MD**

Provider ID: N/A

25500 MEDICAL CENTER  
DR  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

**SIEN, STEFAN, DO†**

Provider ID: N/A

28078 BAXTER RD STE 324  
MURRIETA, CA 92563  
Effective as of 01-FEB-15

**SIEN, STEFAN, DO†**

Provider ID: N/A

28078 BAXTER RD STE 324  
MURRIETA, CA 92563  
Effective as of 01-NOV-12

**SURI, RAJAT, MD†**

Provider ID: N/A

25500 MEDICAL CENTER  
DR  
MURRIETA, CA 92562  
Effective as of 01-AUG-21

**VEGA, RICARDO, MD†**

Provider ID: N/A

28078 BAXTER RD STE 324  
MURRIETA, CA 92563  
Effective as of 01-AUG-22

**VEGA, RICARDO, MD†**

Provider ID: N/A

28078 BAXTER RD STE 324  
MURRIETA, CA 92563  
Effective as of 01-AUG-22

**VEGA, RICARDO, MD†**

Provider ID: N/A

28078 BAXTER RD STE 324  
MURRIETA, CA 92563  
Effective as of 01-AUG-22

**RADIATION ONCOLOGY**



**QUANG, TONY, MD**

Provider ID: N/A

40663 MURRIETA HOT  
SPRINGS RD STE C3  
MURRIETA, CA 92562  
Effective as of 01-OCT-23

**RADIOLOGY DIAGNOSTIC**

**PATEL, NIKHIL, MD†**

Provider ID: N/A

25485 MEDICAL CENTER  
DR STE 106  
MURRIETA, CA 92562  
Effective as of 01-AUG-22

**PATEL, NIKHIL, MD†**

Provider ID: N/A

25485 MEDICAL CENTER  
DR STE 106  
MURRIETA, CA 92562  
Effective as of 01-JAN-24

**PATEL, NIKHIL, MD†**

Provider ID: N/A

25485 MEDICAL CENTER  
DR STE 106  
MURRIETA, CA 92562  
Effective as of 01-DEC-22

**PATEL, NIKHIL, MD†**

Provider ID: N/A

25485 MEDICAL CENTER  
DR STE 106  
MURRIETA, CA 92562  
Effective as of 01-AUG-22

**REGISTERED DIETITIAN /  
NUTRITIONIST**

**BLUCHER, CHERI, RD**

Provider ID: N/A

29970 TECHNOLOGY DR  
STE 105D

MURRIETA, CA 92563  
Effective as of 01-JUN-21

**BRENDECKE, LORIE, RDN**

Provider ID: N/A

29970 TECHNOLOGY DR  
STE 105D  
MURRIETA, CA 92563  
Effective as of 01-JUL-22

**BRENDECKE, LORIE, RDN**

Provider ID: N/A

29970 TECHNOLOGY DR  
STE 105D  
MURRIETA, CA 92563  
Effective as of 01-JUL-22

**BRENDECKE, LORIE, RDN**

Provider ID: N/A

29970 TECHNOLOGY DR  
STE 105D  
MURRIETA, CA 92563  
Effective as of 01-FEB-22

**JACKSON, ALLYSON, RD**

Provider ID: N/A

29970 TECHNOLOGY DR  
STE 105D  
MURRIETA, CA 92563  
Effective as of 01-JUN-21

**JACKSON, ALLYSON, RD**

Provider ID: N/A

29970 TECHNOLOGY DR  
STE 105D  
MURRIETA, CA 92563  
Effective as of 01-JUL-21

**ROBERTS, LISA, RD**

Provider ID: N/A

29970 TECHNOLOGY DR  
STE 105D  
MURRIETA, CA 92563  
Effective as of 01-JUN-21

**WAYNE, DIANE, RD**

Provider ID: N/A

29970 TECHNOLOGY DR  
STE 105D  
MURRIETA, CA 92563  
Teleservice  
Effective as of 01-DEC-23

**WAYNE, DIANE, RD**

Provider ID: N/A

29970 TECHNOLOGY DR  
STE 105D  
MURRIETA, CA 92563  
Teleservice  
Effective as of 01-DEC-23

**REGISTERED PHYSICAL  
THERAPIST**

**AGENA, CYAN, PT†**

Provider ID: N/A

25136 HANCOCK AVE STE A  
MURRIETA, CA 92562  
Effective as of 01-MAY-22

**AGENA, CYAN, PT†**

Provider ID: N/A

25136 HANCOCK AVE STE A  
MURRIETA, CA 92562  
Effective as of 01-MAY-22

**ALEXANDER, AUSTIN, PT**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 304  
MURRIETA, CA 92562  
Effective as of 01-DEC-20

**ALEXANDER, AUSTIN, PT**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 304  
MURRIETA, CA 92562  
Effective as of 01-DEC-20

**ALY, DILYANA, PT†**

Provider ID: N/A

27722 CLINTON KEITH RD  
STE B-C  
MURRIETA, CA 92562  
Effective as of 01-JUL-19

**ALY, DILYANA, PT†**

Provider ID: N/A

27722 CLINTON KEITH RD  
STE B-C  
MURRIETA, CA 92562  
Effective as of 01-JUL-19

**ATKINS, AARON, PT**

Provider ID: N/A

24671 MONROE AVE STE  
C-201  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

**ATKINS, AARON, PT**

Provider ID: N/A

24671 MONROE AVE STE  
C-201  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

**ATKINS, AARON, PT**

Provider ID: N/A

25136 HANCOCK AVE STE A  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

**ATKINS, AARON, PT**

Provider ID: N/A

25136 HANCOCK AVE STE A  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

**ATKINS, WILLIAM, PT**

Provider ID: N/A

25136 HANCOCK AVE STE A  
MURRIETA, CA 92562  
Effective as of 01-JUN-23

**ATKINS, WILLIAM, PT**

Provider ID: N/A

25136 HANCOCK AVE STE A  
MURRIETA, CA 92562  
Effective as of 01-JUN-23

**ATKINS, AARON, PT**

Provider ID: N/A

24630 WASHINGTON AVE  
STE 201  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

**ATKINS, AARON, PT**

Provider ID: N/A

24630 WASHINGTON AVE  
STE 201  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

**ATKINS, AARON, PT†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 304  
MURRIETA, CA 92562  
Effective as of 01-NOV-18

**ATKINS, CHEYENNE, PT†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 304  
MURRIETA, CA 92562  
Effective as of 01-NOV-18

**ATKINS, AARON, PT†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 304  
MURRIETA, CA 92562  
Effective as of 01-NOV-18

**ATKINS, CHEYENNE, PT†**

Provider ID: N/A

25495 MEDICAL CENTER

DR STE 304

MURRIETA, CA 92562

Effective as of 01-NOV-18

**BARI, MONICA, PT**

Provider ID: N/A

24671 MONROE AVE BLDG  
C201  
MURRIETA, CA 92562  
Effective as of 01-DEC-23

**BARI, MONICA, PT**

Provider ID: N/A

24671 MONROE AVE BLDG  
C201  
MURRIETA, CA 92562  
Effective as of 01-DEC-23

**CARTER, CHRISTIAN, PT†**

Provider ID: N/A

24671 MONROE AVE STE  
101  
MURRIETA, CA 92562  
Effective as of 01-JUL-18

**CARTER, CHRISTIAN, PT†**

Provider ID: N/A

24671 MONROE AVE STE  
101  
MURRIETA, CA 92562  
Effective as of 01-JUL-18

**COBURN, PIERRE, PT**

Provider ID: N/A

24671 MONROE AVE BLDG  
C201  
MURRIETA, CA 92562  
Effective as of 01-JAN-24

**COBURN, PIERRE, PT**

Provider ID: N/A

24671 MONROE AVE BLDG  
C201  
MURRIETA, CA 92562  
Effective as of 01-JAN-24

**COBURN, PIERRE, PT**

Provider ID: N/A

25136 HANCOCK AVE STE A  
MURRIETA, CA 92562  
Effective as of 01-JAN-24

**COBURN, PIERRE, PT**

Provider ID: N/A

25136 HANCOCK AVE STE A  
MURRIETA, CA 92562  
Effective as of 01-JAN-24

**FOX, DELANIE, PT**

Provider ID: N/A

24671 MONROE AVE BLDG  
C101  
MURRIETA, CA 92562  
Effective as of 01-OCT-23

**FOX, DELANIE, PT**

Provider ID: N/A

24671 MONROE AVE BLDG  
C101  
MURRIETA, CA 92562  
Effective as of 01-OCT-23

**FOX, DELANIE, PT**

Provider ID: N/A

25136 HANCOCK AVE STE A  
MURRIETA, CA 92562  
Effective as of 01-OCT-23

**FOX, DELANIE, PT**

Provider ID: N/A

25136 HANCOCK AVE STE A  
MURRIETA, CA 92562  
Effective as of 01-OCT-23

**KARODY, ATULA, PT**

Provider ID: N/A

25136 HANCOCK AVE  
MURRIETA, CA 92562  
Effective as of 01-FEB-24

**KARODY, ATULA, PT**

Provider ID: N/A

25136 HANCOCK AVE  
MURRIETA, CA 92562  
Effective as of 01-FEB-24

**KESEL, KELSEY, PT**

Provider ID: N/A

24671 MONROE AVE BLDG  
C101  
MURRIETA, CA 92562  
Effective as of 01-MAR-24

**KESEL, KELSEY, PT**

Provider ID: N/A

24671 MONROE AVE BLDG  
C101  
MURRIETA, CA 92562  
Effective as of 01-MAR-24

**SABIN, SCOTT, PT†**

Provider ID: N/A

24671 MONROE AVE BLDG  
C-101  
MURRIETA, CA 92562  
Effective as of 01-MAY-22

**SABIN, SCOTT, PT†**

Provider ID: N/A

24671 MONROE AVE BLDG  
C-101  
MURRIETA, CA 92562  
Effective as of 01-MAY-22

**RHEUMATOLOGY**

**FREYNE, BRIGID, MD†**

Provider ID: N/A

39755 MURRIETA HT SP  
F110  
MURRIETA, CA 92563  
Effective as of 01-MAY-14

**SPEECH PATHOLOGIST**

**PEDERSEN, ERICA, SP**

Provider ID: N/A

39755 MURRIETA HOT  
SPRINGS RD  
MURRIETA, CA 92563  
Effective as of 01-MAY-23

**PEDERSEN, ERICA, SP**

Provider ID: N/A

39755 MURRIETA HOT  
SPRINGS RD  
MURRIETA, CA 92563  
Effective as of 01-MAY-23

**SURGERY COLON**

**SURGERY**

**MOORE, PATRICK, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
217  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

**MOORE, PATRICK, MD†**

Provider ID: N/A

25405 HANCOCK AVE STE  
217  
MURRIETA, CA 92562  
Effective as of 01-JUN-20

**SURGERY GENERAL**

**BATRA, MUNISH, MD**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 303  
MURRIETA, CA 92562  
Effective as of 01-SEP-17

**BATRA, MUNISH, MD**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 303  
MURRIETA, CA 92562

Effective as of 01-SEP-17

**BATRA, MUNISH, MD**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 303  
MURRIETA, CA 92562

Effective as of 01-SEP-17

**BATRA, MUNISH, MD**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 303  
MURRIETA, CA 92562

Effective as of 01-SEP-17

**BERNSTEIN, DAVID, MD**

Provider ID: N/A

25470 MEDICAL CENTER  
DR STE 203  
MURRIETA, CA 92562

Effective as of 01-JUL-23

**BIANCHI, CHRISTIAN, MD**

Provider ID: N/A

25470 MEDICAL CENTER  
DR STE 203  
MURRIETA, CA 92562

Effective as of 01-JUL-23

**BIANCHI, CHRISTIAN, MD**

Provider ID: N/A

25470 MEDICAL CENTER  
DR STE 203  
MURRIETA, CA 92562

Effective as of 01-FEB-23

**CHIN, MICHAEL, MD†**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562

Effective as of 01-NOV-23

**CHIN, MICHAEL, MD†**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-NOV-23

**CHIN, MICHAEL, MD†**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-JAN-24

**CHIN, MICHAEL, MD†**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-JAN-24

**CHIN, MICHAEL, MD†**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-JAN-24

**CHIN, MICHAEL, MD†**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-JAN-24

**CHIN, MICHAEL, MD†**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-JAN-24

**CHIN, MICHAEL, MD†**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-JAN-24

**DADA, FESTUS, MD†**

Provider ID: N/A

25470 MEDICAL CENTER  
DR STE 203  
MURRIETA, CA 92562

Effective as of 01-JUN-17

**DADA, STEPHEN, MD†**

Provider ID: N/A

25470 MEDICAL CENTER  
DR STE 203  
MURRIETA, CA 92562

Effective as of 01-JUL-18

**DADA, FESTUS, MD†**

Provider ID: N/A

25470 MEDICAL CENTER  
DR STE 203  
MURRIETA, CA 92562

Effective as of 01-AUG-20

**DADA, FESTUS, MD†**

Provider ID: N/A

25470 MEDICAL CENTER  
DR STE 203  
MURRIETA, CA 92562

Effective as of 01-DEC-22

**DADA, FESTUS, MD†**

Provider ID: N/A

25470 MEDICAL CENTER  
DR STE 203  
MURRIETA, CA 92562

Effective as of 01-JUL-23

**DADA, STEPHEN, MD†**

Provider ID: N/A

25470 MEDICAL CENTER  
DR STE 203  
MURRIETA, CA 92562

Effective as of 01-MAY-14

**IGWE, DANIEL, MD†**

Provider ID: N/A

25470 MEDICAL CENTER  
DR STE 203  
MURRIETA, CA 92562

Effective as of 01-DEC-22

**KRAHN, DOUGLAS, MD**

Provider ID: N/A

25470 MEDICAL CENTER  
DR STE 203  
MURRIETA, CA 92562  
Effective as of 01-MAR-23

**LIEN, CHRISTINA, DO**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-OCT-22

**LIEN, CHRISTINA, DO**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-MAR-23

**MARTIN, DAVID, MD**

Provider ID: N/A

25470 MEDICAL CENTER  
DR STE 203  
MURRIETA, CA 92562  
Effective as of 01-MAR-23

**MARTIN, DAVID, MD**

Provider ID: N/A

25470 MEDICAL CENTER  
DR STE 203  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

**MEHTA, PRATIK, MD†**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-OCT-22

**POLLACK, JAMES, MD†**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-NOV-23

**POLLACK, JAMES, MD†**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-FEB-23

**POLLACK, JAMES, MD†**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-NOV-22

**POLLACK, JAMES, MD†**

Provider ID: N/A

25470 MEDICAL CENTER  
DR STE 203  
MURRIETA, CA 92562  
Effective as of 01-JUL-21

**SAMIMI, KIAN, MD**

Provider ID: N/A

25405 HANCOCK AVE STE  
217  
MURRIETA, CA 92562  
Effective as of 01-APR-23

**SUH, DAVID, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 303  
MURRIETA, CA 92562  
Effective as of 01-DEC-12

**SUH, DAVID, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 303  
MURRIETA, CA 92562  
Effective as of 01-DEC-12

**TRAN, MICHAEL, MD**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-JUN-23

**TRAN, MICHAEL, MD**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-JUN-23

**VEGA, FRANCISCO, MD**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-MAR-23

**WANG, SHIN-CHERN, MD**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-MAR-23

**WANG, SHIN-CHERN, MD**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-FEB-23

**SURGERY GENERAL  
VASCULAR**

**CHIN, MICHAEL, MD†**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-APR-20

**CHIRIANO, JASON, DO**

Provider ID: N/A

25470 MEDICAL CENTER  
DR STE 203  
MURRIETA, CA 92562  
Effective as of 01-MAR-23

**VEGA, FRANCISCO, MD**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562

Effective as of 01-NOV-23

**VEGA, FRANCISCO, MD**

Provider ID: N/A

41670 IVY ST STE B  
MURRIETA, CA 92562  
Effective as of 01-NOV-23

***SURGERY HAND PLASTIC***

**KUPFER, DAVID, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 303  
MURRIETA, CA 92562  
Effective as of 01-SEP-09

***SURGERY***

***NEUROLOGICAL***

**ABSHIRE, BRET, MD†**

Provider ID: N/A

25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562  
Effective as of 01-MAR-17

**ABSHIRE, BRET, MD†**

Provider ID: N/A

25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562  
Effective as of 01-FEB-18

**ABSHIRE, BRET, MD†**

Provider ID: N/A

25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562  
Effective as of 01-SEP-17

**ABSHIRE, BRET, MD†**

Provider ID: N/A

25150 HANCOCK AVE STE  
210

MURRIETA, CA 92562

Effective as of 01-SEP-17

**ABSHIRE, BRET, MD†**

Provider ID: N/A

25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562  
Effective as of 01-SEP-17

**ABSHIRE, BRET, MD†**

Provider ID: N/A

25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562  
Effective as of 01-SEP-17

**ABSHIRE, BRET, MD†**

Provider ID: N/A

25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562  
Effective as of 01-FEB-20

**ABSHIRE, BRET, MD†**

Provider ID: N/A

25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562  
Effective as of 01-FEB-20

**ABSHIRE, BRET, MD†**

Provider ID: N/A

25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562  
Effective as of 01-OCT-15

**FRIEDLICH, DANIEL, MD†**

Provider ID: N/A

25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562  
Effective as of 01-MAY-15

**FRIEDLICH, DANIEL, MD†**

Provider ID: N/A

25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562  
Effective as of 01-MAY-15

**FRIEDLICH, DANIEL, MD†**

Provider ID: N/A

25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562  
Effective as of 01-MAR-14

**OH, GERALD, MD†**

Provider ID: N/A

25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562  
Effective as of 01-AUG-17

**OH, GERALD, MD†**

Provider ID: N/A

25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562  
Effective as of 01-AUG-17

**OH, GERALD, MD†**

Provider ID: N/A

25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562  
Effective as of 01-AUG-17

**OH, GERALD, MD†**

Provider ID: N/A

25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562  
Effective as of 01-AUG-17

**OH, GERALD, MD†**

Provider ID: N/A

25150 HANCOCK AVE STE

210  
MURRIETA, CA 92562  
Effective as of 01-FEB-19

**OH, GERALD, MD†**

Provider ID: N/A  
25150 HANCOCK AVE STE  
210  
MURRIETA, CA 92562  
Effective as of 01-OCT-17

**SURGERY ORTHOPEDIC**

**AGYEMAN, KOFI, MD†**

Provider ID: N/A  
25395 HANCOCK AVE STE  
240  
MURRIETA, CA 92562  
Effective as of 01-MAR-22

**AGYEMAN, KOFI, MD†**

Provider ID: N/A  
25395 HANCOCK AVE STE  
250  
MURRIETA, CA 92562  
Effective as of 01-MAR-22

**CHENG, WAYNE, MD†**

Provider ID: N/A  
28078 BAXTER RD STE 340  
MURRIETA, CA 92563  
Effective as of 01-JAN-24

**CHENG, WAYNE, MD†**

Provider ID: N/A  
28078 BAXTER RD STE 340  
MURRIETA, CA 92563  
Effective as of 01-JUL-21

**CHENG, WAYNE, MD†**

Provider ID: N/A  
28078 BAXTER RD STE 340  
MURRIETA, CA 92563  
Effective as of 01-JUL-21

**DRINHAUS, ROLF, MD†**

Provider ID: N/A  
25150 HANCOCK AVE STE  
200  
MURRIETA, CA 92562  
Effective as of 01-APR-08

**ERWTEMAN, ANDREW, MD†**

Provider ID: N/A  
25150 HANCOCK AVE STE  
200  
MURRIETA, CA 92562  
Effective as of 01-AUG-20

**ERWTEMAN, ANDREW, MD†**

Provider ID: N/A  
25150 HANCOCK AVE STE  
200  
MURRIETA, CA 92562  
Effective as of 01-NOV-16

**ERWTEMAN, ANDREW, MD†**

Provider ID: N/A  
521 E ELDER STREET  
SUITE 202  
MURRIETA, CA 92562  
Effective as of 01-AUG-20

**GARGULINSKI, MATTHEW, DO†**

Provider ID: N/A  
25150 HANCOCK AVE STE  
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

**GARGULINSKI, MATTHEW, DO†**

Provider ID: N/A  
25150 HANCOCK AVE STE  
200  
MURRIETA, CA 92562  
Effective as of 01-SEP-23

**GHAYOUMI, POURIYA, MD†**

Provider ID: N/A  
25395 HANCOCK AVE STE  
250  
MURRIETA, CA 92562  
Effective as of 01-NOV-21

**GHAYOUMI, POURIYA, MD†**

Provider ID: N/A  
25395 HANCOCK AVE STE  
240  
MURRIETA, CA 92562  
Effective as of 01-NOV-21

**GHAYOUMI, POURIYA, MD†**

Provider ID: N/A  
25395 HANCOCK AVE STE  
240  
MURRIETA, CA 92562  
Effective as of 01-AUG-22

**GHAYOUMI, POURIYA, MD†**

Provider ID: N/A  
25395 HANCOCK AVE STE  
250  
MURRIETA, CA 92562  
Effective as of 01-AUG-22

**GHAYOUMI, POURIYA, MD†**

Provider ID: N/A  
25395 HANCOCK AVE STE  
240  
MURRIETA, CA 92562  
Effective as of 01-DEC-22

**GHAYOUMI, POURIYA, MD†**

Provider ID: N/A

25395 HANCOCK AVE STE 250  
MURRIETA, CA 92562  
Effective as of 01-DEC-22

**JERCINOVICH, IGOR, MD**

Provider ID: N/A

25150 HANCOCK AVE STE 200  
MURRIETA, CA 92562  
Effective as of 01-OCT-20

**JERCINOVICH, IGOR, MD**

Provider ID: N/A

25150 HANCOCK AVE STE 200  
MURRIETA, CA 92562  
Effective as of 01-APR-07

**KIMBALL, JEFF, MD**

Provider ID: N/A

28078 BAXTER RD STE 330  
MURRIETA, CA 92563  
Effective as of 01-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 330  
MURRIETA, CA 92563  
Effective as of 01-AUG-22

**LOCKE, JOHN, MD†**

Provider ID: N/A

28078 BAXTER RD STE 340  
MURRIETA, CA 92563  
Effective as of 01-AUG-22

**LUNA, MARIO, MD†**

Provider ID: N/A

25495 MEDICAL CENTER DR STE 101  
MURRIETA, CA 92562  
Effective as of 01-AUG-20

**LUNA, MARIO, MD**

Provider ID: N/A

39755 DATE ST STE 104  
MURRIETA, CA 92563  
Effective as of 01-MAR-23

**ODA, NINOS, MD**

Provider ID: N/A

25395 HANCOCK AVE STE 240  
MURRIETA, CA 92562  
Effective as of 01-MAY-23

**ODA, NINOS, MD**

Provider ID: N/A

25395 HANCOCK AVE STE 250  
MURRIETA, CA 92562  
Effective as of 01-MAY-23

**SAADAT, ARDAVAN, MD†**

Provider ID: N/A

25395 HANCOCK AVE STE 240  
MURRIETA, CA 92562  
Effective as of 01-NOV-21

**SAADAT, ARDAVAN, MD†**

Provider ID: N/A

25395 HANCOCK AVE STE 250  
MURRIETA, CA 92562  
Effective as of 01-NOV-21

**SAYEGH, ELI, MD**

Provider ID: N/A

28078 BAXTER RD STE 330  
MURRIETA, CA 92563

Effective as of 01-AUG-22

**SAYEGH, ELI, MD**

Provider ID: N/A

28078 BAXTER RD STE 340  
MURRIETA, CA 92563  
Effective as of 01-AUG-22

**SAYEGH, ELI, MD**

Provider ID: N/A

28078 BAXTER RD STE 340  
MURRIETA, CA 92563  
Effective as of 01-DEC-22

**SAYEGH, ELI, MD**

Provider ID: N/A

28078 BAXTER RD STE 330  
MURRIETA, CA 92563  
Effective as of 01-JAN-22

**SAYEGH, ELI, MD**

Provider ID: N/A

28078 BAXTER RD STE 340  
MURRIETA, CA 92563  
Effective as of 01-JAN-22

**SAYEGH, ELI, MD**

Provider ID: N/A

28078 BAXTER RD STE 330  
MURRIETA, CA 92563  
Effective as of 01-DEC-22

**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-APR-03

**TOOMA, GHASSAN, MD†**



Provider ID: N/A

28078 BAXTER RD STE 330  
MURRIETA, CA 92563  
Effective as of 01-DEC-23

**SURGERY PLASTIC**

**BATRA, MUNISH, MD**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 303  
MURRIETA, CA 92562\*  
Effective as of 01-JUL-23

**KUPFER, DAVID, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 303  
MURRIETA, CA 92562  
Effective as of 01-SEP-09

**MUDGE, BRADLEY, MD**

Provider ID: N/A

25405 HANCOCK AVE STE  
200  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-NOV-23

**NEWMAN, DAVID, MD**

Provider ID: N/A

25150 HANCOCK AVE STE  
110  
MURRIETA, CA 92562  
Effective as of 01-SEP-13

**NEWMAN, DAVID, MD**

Provider ID: N/A

25150 HANCOCK AVE STE  
110  
MURRIETA, CA 92562  
Effective as of 01-JAN-06

**SURGERY THORACIC**

**KOUMJIAN, MICHAEL, MD†**

Provider ID: N/A

28078 BAXTER RD STE 510  
MURRIETA, CA 92563  
Effective as of 01-JUN-21

**VO, QUANG, MD†**

Provider ID: N/A

25470 MEDICAL CENTER  
DR STE 203  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

**VO, QUANG, MD†**

Provider ID: N/A

25470 MEDICAL CENTER  
DR STE 203  
MURRIETA, CA 92562  
Effective as of 01-DEC-22

**UROLOGY**

**CONNER, RICHARD, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-MAY-20

**CONNER, RICHARD, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-SEP-14

**CRISELL, MONISHA, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-MAY-15

**CRISELL, MONISHA, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-MAY-20

**CRISELL, MONISHA, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-FEB-15

**CRISELL, MONISHA, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-JAN-04

**CRISELL, MONISHA, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-SEP-14

**CRISELL, MONISHA, 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-JAN-24

**KIM, FRANK, MD†**

Provider ID: N/A

28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-NOV-20

**KIM, FRANK, MD†**

Provider ID: N/A

28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-NOV-20

**KIM, FRANK, MD†**

Provider ID: N/A

28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-NOV-20

**KIM, FRANK, MD†**

Provider ID: N/A

28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-DEC-20

**KIM, FRANK, MD†**

Provider ID: N/A

28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-DEC-20

**KIM, FRANK, MD†**

Provider ID: N/A

28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-DEC-20

**KIM, FRANK, MD†**

Provider ID: N/A

28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-DEC-20

**KIM, FRANK, MD†**

Provider ID: N/A

28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-DEC-20

**KIM, FRANK, MD†**

Provider ID: N/A

28078 BAXTER RD STE 450

MURRIETA, CA 92563  
Effective as of 01-DEC-20

**KIM, FRANK, MD†**

Provider ID: N/A

28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-DEC-20

**KIM, FRANK, MD†**

Provider ID: N/A

28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-APR-21

**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-OCT-15

**LARSON, BENJAMIN, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-JUL-23

**LARSON, BENJAMIN, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-AUG-15

**LARSON, BENJAMIN, MD†**

Provider ID: N/A

25495 MEDICAL CENTER

DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-AUG-15

**LARSON, BENJAMIN, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-AUG-15

**LARSON, BENJAMIN, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-MAY-20

**LOUIE, BRANDON, MD**

Provider ID: N/A

28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-JAN-24

**LOUIE, BRANDON, MD**

Provider ID: N/A

28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-JAN-24

**LUTTGE, SCOTT, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-DEC-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-MAR-23

**LUTTGE, SCOTT, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-MAY-23

**REDDY, MADHUMITHA, DO†**

Provider ID: N/A

28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-MAR-21

**REDDY, MADHUMITHA, DO†**

Provider ID: N/A

28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-MAY-21

**REDDY, MADHUMITHA, DO†**

Provider ID: N/A

28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-FEB-22

**REDDY, MADHUMITHA, DO†**

Provider ID: N/A

28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-AUG-19

**SHAH, NEMI, MD**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Teleservice  
Effective as of 01-FEB-24

**SHAH, NEMI, MD**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562

Teleservice

Effective as of 01-FEB-24

**TAKESITA, KEN, MD†**

Provider ID: N/A

28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-NOV-15

**TAKESITA, KEN, MD†**

Provider ID: N/A

28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-NOV-15

**TALANKI, VARUN, MD**

Provider ID: N/A

28078 BAXTER RD STE 430  
MURRIETA, CA 92563  
Effective as of 01-MAY-23

**TALANKI, VARUN, MD**

Provider ID: N/A

28078 BAXTER RD STE 430  
MURRIETA, CA 92563  
Effective as of 01-MAY-23

**TALANKI, VARUN, MD**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-JAN-22

**TALANKI, VARUN, MD**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-MAY-22

**TALANKI, VARUN, MD**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-MAY-22

**TSI, SY, MD†**

Provider ID: N/A

28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-AUG-16

**TSI, SY, MD†**

Provider ID: N/A

28078 BAXTER RD STE 450  
MURRIETA, CA 92563\*  
Effective as of 01-JUL-23

**TSI, SY, MD†**

Provider ID: N/A

28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-APR-22

**VEMULAPALLI, SREENIVAS, MD**

Provider ID: N/A

28078 BAXTER RD STE 430  
MURRIETA, CA 92563  
Effective as of 01-MAY-23

**VEMULAPALLI, SREENIVAS, MD†**

Provider ID: N/A

25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-JUL-13

**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-DEC-23

**VEMULAPALLI, SREENIVAS, MD†**

Provider ID: N/A  
25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-OCT-14

**VEMULAPALLI, SREENIVAS, MD†**

Provider ID: N/A  
25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-MAY-20

**VEMULAPALLI, SREENIVAS, MD†**

Provider ID: N/A  
25495 MEDICAL CENTER  
DR STE 204  
MURRIETA, CA 92562  
Effective as of 01-MAY-15

**YUN, EDWARD, MD†**

Provider ID: N/A  
28078 BAXTER RD STE 450  
MURRIETA, CA 92563\*  
Effective as of 01-NOV-15

**YUN, EDWARD, MD†**

Provider ID: N/A

28078 BAXTER RD STE 450  
MURRIETA, CA 92563\*  
Effective as of 01-AUG-16

**YUN, EDWARD, MD†**

Provider ID: N/A  
28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-JAN-23

**YUN, EDWARD, MD†**

Provider ID: N/A  
28078 BAXTER RD STE 450  
MURRIETA, CA 92563  
Effective as of 01-JAN-23

**YUN, EDWARD, MD†**

Provider ID: N/A  
28078 BAXTER RD STE 450  
MURRIETA, CA 92563\*  
Effective as of 01-JUL-23

**YUN, EDWARD, MD†**

Provider ID: N/A  
28078 BAXTER RD STE 450  
MURRIETA, CA 92563\*  
Effective as of 01-APR-16

**CARDIOLOGY**

**CAMACHO, BENJAMIN, MD†**

Provider ID: N/A  
1615 SWEETWATER RD STE  
D  
NATIONAL CITY, CA 91950  
Effective as of 01-JUL-22

**DAMANI, SAMIR, MD**

Provider ID: N/A  
655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950  
Effective as of 01-MAR-24

**FERNANDEZ, GENARO, MD†**

Provider ID: N/A

610 EUCLID AVE STE 201  
NATIONAL CITY, CA 91950\*  
Effective as of 01-APR-24

**FERNANDEZ, GENARO, MD†**

Provider ID: N/A  
610 EUCLID AVE STE 201  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-22

**FERNANDEZ, GENARO, MD†**

Provider ID: N/A  
610 EUCLID AVE STE 201  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-21

**LY, NANCY, MD**

Provider ID: N/A  
1415 E 8TH ST STE 4  
NATIONAL CITY, CA 91950  
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

**OVIEDO-LINARES, RAUL, MD**

Provider ID: N/A  
1415 E 8TH ST STE 5  
NATIONAL CITY, CA 91950  
Effective as of 01-AUG-23

**OVIEDO-LINARES, RAUL, MD**

Provider ID: N/A  
1415 E 8TH ST STE 5  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-24

**PANDHI, JAY, MD†**

Provider ID: N/A

📍 655 EUCLID AVE STE 208  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-21

**PANDHI, JAY, MD†**

Provider ID: N/A

📍 655 EUCLID AVE STE 208  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-22

**PANDHI, JAY, MD†**

Provider ID: N/A

📍 655 EUCLID AVE STE 208  
NATIONAL CITY, CA 91950  
Effective as of 01-MAR-20

**ROUGH, STEVEN, MD**

Provider ID: N/A

📍 1415 E 8TH ST STE 6  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-OCT-23

**ROUGH, STEVEN, MD**

Provider ID: N/A

📍 1415 E 8TH ST STE 6  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-OCT-23

**SHARF, ALBERT, MD**

Provider ID: N/A

📍 655 EUCLID AVE STE 304  
NATIONAL CITY, CA 91950  
Effective as of 01-FEB-24

**SHETABI, KAMBIZ, MD**

Provider ID: N/A

📍 1415 E 8TH ST  
NATIONAL CITY, CA 91950  
Effective as of 01-FEB-24

**SHETABI, KAMBIZ, MD**

Provider ID: N/A

📍 1415 E 8TH ST  
NATIONAL CITY, CA 91950  
Effective as of 01-FEB-24

**WYSOCZANSKI, MARIUSZ, MD†**

Provider ID: N/A

📍 502 EUCLID AVE STE 104  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-21

**WYSOCZANSKI, MARIUSZ, MD†**

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

**CARDIOVASCULAR  
DISEASE**

**DAMANI, SAMIR, MD**

Provider ID: N/A

📍 655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950  
Effective as of 01-NOV-23

**KIM, JAMES, MD**

Provider ID: N/A

📍 1415 E 8TH ST  
NATIONAL CITY, CA 91950  
Effective as of 01-JUN-23

**KIM, JAMES, MD**

Provider ID: N/A

📍 1415 E 8TH ST STE 3  
NATIONAL CITY, CA 91950  
Teleservice

Effective as of 01-AUG-23

**LY, NANCY, MD**

Provider ID: N/A

📍 1415 E 8TH ST  
NATIONAL CITY, CA 91950  
Effective as of 01-JUN-23

**LY, NANCY, MD**

Provider ID: N/A

📍 1415 E 8TH ST  
NATIONAL CITY, CA 91950  
Effective as of 01-JUN-23

**LY, NANCY, MD**

Provider ID: N/A

📍 1415 E 8TH ST STE 4  
NATIONAL CITY, CA 91950  
Effective as of 01-NOV-23

**NANAVATI, VIMAL, MD**

Provider ID: N/A

📍 2345 E 8TH ST  
NATIONAL CITY, CA 91950  
Effective as of 01-FEB-23

**OVIEDO-LINARES, RAUL, MD**

Provider ID: N/A

📍 1415 E 8TH ST STE 5  
NATIONAL CITY, CA 91950  
Effective as of 01-AUG-23

**OVIEDO-LINARES, RAUL, MD**

Provider ID: N/A

📍 1415 E 8TH ST STE 5  
NATIONAL CITY, CA 91950  
Effective as of 01-JUN-23

**OVIEDO-LINARES, RAUL, MD**

Provider ID: N/A

📍 1415 E 8TH ST STE 5  
NATIONAL CITY, CA 91950  
Effective as of 01-AUG-23

**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

502 EUCLID AVE STE 104  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-23

**WYSOCZANSKI, MARIUSZ, MD**

Provider ID: N/A

1415 E 8TH ST STE 8  
NATIONAL CITY, CA 91950  
Effective as of 01-JUN-23

**WYSOCZANSKI, MARIUSZ, MD**

Provider ID: N/A

1415 E 8TH ST STE 8  
NATIONAL CITY, CA 91950  
Effective as of 01-AUG-23

**CERTIFIED NURSE  
PRACTITIONER**

**AQUINO, FELINO, NP**

Provider ID: N/A

2743 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-21

**CARDENAS, MIRIAM, NPF**

Provider ID: N/A

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-OCT-23

**DHARKAR SURBER, SAPNA,  
NP**

Provider ID: N/A

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-OCT-23

**DRISCOLL, SUSAN, NP**

Provider ID: N/A

330 E 8TH ST  
NATIONAL CITY, CA 91950  
Effective as of 01-OCT-23

**DRISCOLL, SUSAN, NP**

Provider ID: N/A

340 E 8TH ST  
NATIONAL CITY, CA 91950  
Effective as of 01-OCT-23

**KYI, MYA, NP**

Provider ID: N/A

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-MAR-24

**LIM, IMELDA, NP**

Provider ID: N/A

2743 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Effective as of 01-OCT-22

**OLESCO, JENNIFER, NP**

Provider ID: N/A

655 EUCLID AVE STE 303  
NATIONAL CITY, CA 91950  
Effective as of 01-AUG-23

**REAL, MARIA, NP**

Provider ID: N/A

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-OCT-23

**REDDY, PRIYA, NP**

Provider ID: N/A

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
Effective as of 01-NOV-22

**RENZAS, JENNIFER, NP**

Provider ID: N/A

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-JUL-21

**SWEENEY, ZSA ZSA, NP**

Provider ID: N/A

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-JUL-21

**VILLANUEVA DE GUTIE,  
BERENICE, NP**

Provider ID: N/A

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-MAY-21

**WILLIAMS, BREAHA, NP**

Provider ID: N/A

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
Effective as of 01-DEC-21

**CERTIFIED REGISTERED  
NURSE MIDWIFE**

**MAST, ASHLEY, CRNM**

Provider ID: N/A  
217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-OCT-23

**CHIROPRACTOR**

**DORADO, SUE, DC**

Provider ID: N/A  
217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-OCT-23

**GILIBERTO, JOSEPH, DC†**

Provider ID: N/A  
2835 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
Effective as of 01-AUG-22

**HALEY, STEVEN, DC**

Provider ID: N/A  
217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-OCT-23

**DERMATOLOGY**

**BARRIO, VICTORIA, MD**

Provider ID: N/A  
655 EUCLID AVE STE 304  
NATIONAL CITY, CA 91950  
Teleservice

Effective as of 01-MAR-24

**BROGAN, JACQUELINE, MD†**

Provider ID: N/A  
655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-OCT-21

**BROGAN, JACQUELINE, MD†**

Provider ID: N/A  
655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-JAN-21

**BROGAN, JACQUELINE, MD†**

Provider ID: N/A  
655 EUCLID AVE STE 304  
NATIONAL CITY, CA 91950  
Effective as of 01-JUL-22

**CELANO, NICHOLAS, MD†**

Provider ID: N/A  
655 EUCLID AVE STE 304  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-JUL-22

**CELANO, NICHOLAS, MD†**

Provider ID: N/A  
655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-21

**CELANO, NICHOLAS, MD†**

Provider ID: N/A  
655 EUCLID AVE STE 304  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-SEP-22

**CELANO, NICHOLAS, MD†**

Provider ID: N/A

655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950  
Effective as of 01-MAR-18

**CELANO, NICHOLAS, MD†**

Provider ID: N/A  
655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950  
Effective as of 01-JUL-22

**CHIANG, JENNIFER, MD†**

Provider ID: N/A  
655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950  
Effective as of 01-JUL-22

**CHIANG, JENNIFER, MD†**

Provider ID: N/A  
655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950  
Effective as of 01-MAR-18

**CHIANG, JENNIFER, MD†**

Provider ID: N/A  
655 EUCLID AVE STE 304  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-SEP-22

**CHIANG, JENNIFER, MD†**

Provider ID: N/A  
655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-21

**CHIANG, JENNIFER, MD†**

Provider ID: N/A  
655 EUCLID AVE STE 304  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-JUL-22

**GONZALEZ, JOSE, MD**

Provider ID: N/A  
655 EUCLID AVE STE 401

NATIONAL CITY, CA 91950  
Effective as of 01-MAY-23

**GONZALEZ, JOSE, MD†**

Provider ID: N/A  
655 EUCLID AVE STE 304  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-AUG-22

**GORDON, JUSTIN, MD†**

Provider ID: N/A  
655 EUCLID AVE STE 304  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-AUG-22

**GORDON, JUSTIN, MD†**

Provider ID: N/A  
655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950  
Effective as of 01-APR-22

**LIN, SHINKO, MD**

Provider ID: N/A  
655 EUCLID AVE STE 304  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-MAR-24

**NELSON, AISLYN, MD†**

Provider ID: N/A  
655 EUCLID AVE STE 304  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-AUG-22

**NELSON, AISLYN, MD†**

Provider ID: N/A  
655 EUCLID AVE STE 304  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-JUL-22

**NELSON, AISLYN, MD†**

Provider ID: N/A  
655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-OCT-19

**SATEESH, BROOKE, MD†**

Provider ID: N/A  
655 EUCLID AVE STE 304  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-JUL-22

**SATEESH, BROOKE, MD†**

Provider ID: N/A  
655 EUCLID AVE STE 304  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-AUG-22

**SATEESH, BROOKE, MD†**

Provider ID: N/A  
655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950  
Effective as of 01-MAR-18

**SATEESH, BROOKE, MD†**

Provider ID: N/A  
655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950  
Effective as of 01-JUL-22

**TYAGI, ABHILASHA, MD†**

Provider ID: N/A  
655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-22

**TYAGI, ABHILASHA, MD†**

Provider ID: N/A  
655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950  
Effective as of 01-APR-22

**TYAGI, ABHILASHA, MD†**

Provider ID: N/A  
655 EUCLID AVE STE 304  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-AUG-22

**UEBELHOER, NATHAN, DO†**

Provider ID: N/A  
655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950  
Effective as of 01-APR-18

**UEBELHOER, NATHAN, DO†**

Provider ID: N/A  
655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950  
Effective as of 01-FEB-22

**UEBELHOER, NATHAN, DO†**

Provider ID: N/A  
655 EUCLID AVE STE 304  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-FEB-23

**UEBELHOER, NATHAN, DO†**

Provider ID: N/A  
655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-22

**UEBELHOER, NATHAN, DO†**

Provider ID: N/A  
655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950  
Effective as of 01-JUL-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

**TOVAR, JUAN, MD†**

Provider ID: N/A

1136 D AVE  
NATIONAL CITY, CA 91950  
Effective as of 01-JUL-22

**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

**RICHARDSON, DANIELLE, MD**

Provider ID: N/A

2400 E 8TH ST  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-MAY-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**

**LIU, ANDREW, MD**

Provider ID: N/A

655 EUCLID AVE STE 303  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-23

**MAA CHIP, FHARAK, MD†**

Provider ID: N/A

655 EUCLID AVE STE 303  
NATIONAL CITY, CA 91950  
Effective as of 01-NOV-23

**MAA CHIP, FHARAK, MD†**

Provider ID: N/A

655 EUCLID AVE STE 303  
NATIONAL CITY, CA 91950  
Effective as of 01-MAR-15

**PANDHI, JAY, MD†**

Provider ID: N/A

655 EUCLID AVE STE 208  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-22

**INTERNAL MEDICINE  
CRITICAL CARE MEDICINE**

**LIM, ROSEMARIE, MD†**

Provider ID: N/A

655 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950  
Effective as of 01-MAY-21

**TABILA, BRIAN, MD†**

Provider ID: N/A

655 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950  
Effective as of 01-MAR-21

**INTERVENTIONAL  
CARDIOLOGY**

**PANDHI, JAY, MD†**

Provider ID: N/A

655 EUCLID AVE STE 208  
NATIONAL CITY, CA 91950

Effective as of 01-JAN-24

**ROUGH, STEVEN, MD**

Provider ID: N/A

1415 E 8TH ST STE 6  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-OCT-23

**ROUGH, STEVEN, MD**

Provider ID: N/A

1415 E 8TH ST STE 6  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-OCT-23

**LICENSED CLINICAL  
SOCIAL WORKER**

**ALVAREZ, DIANA, LCSW**

Provider ID: N/A

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-APR-21

**JASSO-RAMIREZ, MARTHA,  
LCSW**

Provider ID: N/A

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-SEP-21

**SACHS, MELISSA, LCSW†**

Provider ID: N/A

2400 E 8TH ST  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-MAR-21

**WRIGHT, STEPHANIE, LCSW**

Provider ID: N/A

2743 HIGHLAND AVE

NATIONAL CITY, CA 91950  
Effective as of 01-JAN-24

**MARRIAGE FAMILY  
THERAPIST**

**KUEK, JOHN, MFT**

Provider ID: N/A  
217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-APR-21

**NEPHROLOGY**

**CALDERON MOLINA, JUAN,  
MD†**

Provider ID: N/A  
655 EUCLID AVE STE 303  
NATIONAL CITY, CA 91950  
Effective as of 01-JUL-22

**CALDERON MOLINA, JUAN,  
MD†**

Provider ID: N/A  
655 EUCLID AVE STE 303  
NATIONAL CITY, CA 91950  
Effective as of 01-NOV-23

**COMUNALE, RODERICK, MD†**

Provider ID: N/A  
502 EUCLID AVE STE 205  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-JAN-21

**COMUNALE, RODERICK, MD†**

Provider ID: N/A  
502 EUCLID AVE STE 205  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-FEB-19

**COMUNALE, RODERICK, MD†**

Provider ID: N/A  
502 EUCLID AVE STE 205  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-JUL-22

**MAA CHIP, FHARAK, MD†**

Provider ID: N/A  
655 EUCLID AVE STE 303  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-21

**MAA CHIP, FHARAK, MD†**

Provider ID: N/A  
655 EUCLID AVE STE 303  
NATIONAL CITY, CA 91950  
Effective as of 01-JUL-22

**MAA CHIP, FHARAK, MD†**

Provider ID: N/A  
655 EUCLID AVE STE 303  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-20

**SACAMAY, TAGUMPAY, MD†**

Provider ID: N/A  
655 EUCLID AVE STE 303  
NATIONAL CITY, CA 91950  
Effective as of 01-JUL-22

**SACAMAY, TAGUMPAY, MD†**

Provider ID: N/A  
655 EUCLID AVE STE 303  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-21

**SACAMAY, TAGUMPAY, MD†**

Provider ID: N/A  
655 EUCLID AVE STE 303  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-20

**SACAMAY, TAGUMPAY, MD†**

Provider ID: N/A  
655 EUCLID AVE STE 303

NATIONAL CITY, CA 91950  
Effective as of 01-JAN-21

**SACAMAY, TAGUMPAY, MD†**

Provider ID: N/A  
655 EUCLID AVE STE 303  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-21

**NEUROLOGY**

**BOBO, JERRY, MD†**

Provider ID: N/A  
502 EUCLID AVE STE 204  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-22

**OBSTETRICS /  
GYNECOLOGY**

**AL-MSHHDANI, AYSER, MD**

Provider ID: N/A  
217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-OCT-23

**ASLIAN, AZITA, MD†**

Provider ID: N/A  
2400 E 8TH ST  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-21

**ASLIAN, AZITA, MD**

Provider ID: N/A  
1136 D AVE  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-23

**ASLIAN, AZITA, MD†**

Provider ID: N/A  
2400 E 8TH ST  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-22

**DAVIS, TRACIE, MD**

Provider ID: N/A

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-OCT-23

**DEL ROSARIO, GELEN, MD†**

Provider ID: N/A

502 EUCLID AVE STE 300  
NATIONAL CITY, CA 91950

Effective as of 01-SEP-22

**DEL ROSARIO, GELEN, MD†**

Provider ID: N/A

502 EUCLID AVE STE 300  
NATIONAL CITY, CA 91950

Effective as of 01-JAN-21

**FOLCH TORRES-AGUIAR,  
BEATRIZ, MD†**

Provider ID: N/A

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-AUG-22

**GELLENS, ANDREW, MD†**

Provider ID: N/A

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-NOV-21

**MENDEZ, DIEGO, MD**

Provider ID: N/A

2400 E 8TH ST  
NATIONAL CITY, CA 91950

Effective as of 01-APR-23

**OPHTHALMOLOGY**

**CARRABY, ARNETT, MD†**

Provider ID: N/A

1520 E PLAZA BLVD  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-21

**CHANG, TOM, MD†**

Provider ID: N/A

2240 E PLAZA BLVD  
NATIONAL CITY, CA 91950

Effective as of 01-SEP-22

**DELENGOCKY, TAYSON, DO**

Provider ID: N/A

1520 E PLAZA BLVD  
NATIONAL CITY, CA 91950

Effective as of 01-FEB-24

**FISH, STEVEN, MD†**

Provider ID: N/A

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

Effective as of 01-APR-23

**FISH, STEVEN, MD†**

Provider ID: N/A

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

Effective as of 01-JUN-22

**FISH, STEVEN, MD†**

Provider ID: N/A

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

Effective as of 01-NOV-22

**FISH, STEVEN, MD†**

Provider ID: N/A

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

Effective as of 01-APR-23

**FISH, STEVEN, MD†**

Provider ID: N/A

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

Effective as of 01-APR-23

**FISH, STEVEN, MD†**

Provider ID: N/A

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

Effective as of 01-APR-23

**GOLLOGLY, HEIDRUN, MD†**

Provider ID: N/A

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

Effective as of 01-APR-18

**GOLLOGLY, HEIDRUN, MD†**

Provider ID: N/A

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

Effective as of 01-SEP-22

**GOLLOGLY, HEIDRUN, MD†**

Provider ID: N/A

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

Effective as of 01-JUN-23

**GOLLOGLY, HEIDRUN, MD†**

Provider ID: N/A

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

Effective as of 01-MAR-18

**GOLLOGLY, HEIDRUN, MD†**

Provider ID: N/A

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

Effective as of 01-JAN-21

**HAIGHT, BRUCE, MD†**

Provider ID: N/A

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

Effective as of 01-SEP-22

**HUDSON, HENRY, MD†**

Provider ID: N/A

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950  
Effective as of 01-APR-23

**HUDSON, HENRY, MD†**

Provider ID: N/A

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950  
Effective as of 01-APR-22

**MANI, NASRIN, MD†**

Provider ID: N/A

1520 E PLAZA BLVD  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-22

**MANI, MAJID, MD†**

Provider ID: N/A

1520 E PLAZA BLVD  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-21

**MCDONNELL, EMMA, MD†**

Provider ID: N/A

1520 E PLAZA BLVD  
NATIONAL CITY, CA 91950  
Effective as of 01-APR-23

**MCGRAW, JOSEPH, MD†**

Provider ID: N/A

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-22

**MCGRAW, JOSEPH, MD†**

Provider ID: N/A

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-24

**MCGRAW, JOSEPH, MD†**

Provider ID: N/A

2240 E PLAZA BLVD STE F  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-22

**MCGRAW, JOSEPH, MD†**

Provider ID: N/A

2240 E PLAZA BLVD STE G  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-22

**MCGRAW, JOSEPH, MD†**

Provider ID: N/A

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950  
Effective as of 01-NOV-21

**MCGRAW, JOSEPH, MD†**

Provider ID: N/A

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950  
Effective as of 01-OCT-21

**MORRISON-REYES, JOSHUA, MD†**

Provider ID: N/A

2240 E PLAZA BOULEVARD  
SUITE F AND G  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-22

**MORRISON-REYES, JOSHUA, MD†**

Provider ID: N/A

2240 E PLAZA BOULEVARD  
SUITE F AND G  
NATIONAL CITY, CA 91950  
Effective as of 01-MAR-23

**MORRISON-REYES, JOSHUA, MD†**

Provider ID: N/A

2240 E PLAZA BOULEVARD  
SUITE F AND G  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-21

**MORRISON-REYES, JOSHUA, MD**

Provider ID: N/A

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950  
Effective as of 01-FEB-24

**MORRISON-REYES, JOSHUA, 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-JAN-21

**PATEL, SARJAN, MD†**

Provider ID: N/A

2240 E PLAZA BOULEVARD  
SUITE F AND G  
NATIONAL CITY, CA 91950  
Effective as of 01-AUG-20

**PATEL, GITANE, MD†**

Provider ID: N/A

2240 E PLAZA BOULEVARD  
SUITE F AND G  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-22


**PATEL, SARJAN, MD†**

Provider ID: N/A


2240 E PLAZA BOULEVARD  
SUITE F AND G

NATIONAL CITY, CA 91950  
Effective as of 01-SEP-22


**PEAIRS, JAMES, MD†**

Provider ID: N/A  
 1520 E PLAZA BLVD  
 NATIONAL CITY, CA 91950  
 Effective as of 01-JAN-21


**PERRY, ARTHUR, MD**

Provider ID: N/A  
 655 EUCLID AVE STE 302  
 NATIONAL CITY, CA 91950  
 Effective as of 01-APR-23


**PRABHU, SUJATA, MD†**

Provider ID: N/A  
 2240 E PLAZA BOULEVARD  
 SUITE F AND G  
 NATIONAL CITY, CA 91950  
 Effective as of 01-SEP-22


**RAJSBAUM, MARTIN, MD†**

Provider ID: N/A  
 1520 E PLAZA BLVD  
 NATIONAL CITY, CA 91950  
 Effective as of 01-JAN-21


**SASSANI, PATRICK, MD†**

Provider ID: N/A  
 1520 E PLAZA BLVD  
 NATIONAL CITY, CA 91950  
 Effective as of 01-JAN-21


**SKAF, AYHAM, MD†**

Provider ID: N/A  
 1520 E PLAZA BLVD  
 NATIONAL CITY, CA 91950  
 Effective as of 01-JAN-21

**WAINESS, REID, MD†**


Provider ID: N/A  
 2240 E PLAZA BLVD STE F  
 NATIONAL CITY, CA 91950  
 Effective as of 01-JAN-21

**ZABANEH, ALEXANDER, MD†**


Provider ID: N/A  
 655 EUCLID AVE STE 302  
 NATIONAL CITY, CA 91950  
 Effective as of 01-JAN-21

**OPTOMETRIST**


**AOTO, KIM, OD†**

Provider ID: N/A  
 2240 E PLAZA BLVD STE  
 F-G  
 NATIONAL CITY, CA 91950  
 Effective as of 01-SEP-22


**DYER, SHARON, OD†**

Provider ID: N/A  
 2240 E PLAZA BLVD STE F  
 AND G  
 NATIONAL CITY, CA 91950  
 Effective as of 01-SEP-22


**EL-MOGHRABI, NANCY, OD†**

Provider ID: N/A  
 1520 E PLAZA BLVD  
 NATIONAL CITY, CA 91950  
 Effective as of 01-JAN-21


**EL-MOGHRABI, ROULA, OD†**

Provider ID: N/A  
 1520 E PLAZA BLVD  
 NATIONAL CITY, CA 91950  
 Effective as of 01-JAN-21

**KHIEU, TINA, OD**

Provider ID: N/A  
 2240 E PLAZA BLVD STE  
 F&G  
 NATIONAL CITY, CA 91950  
 Effective as of 01-DEC-23


**KHIEU, TINA, OD**

Provider ID: N/A  
 2240 E PLAZA BLVD STE


F&G

NATIONAL CITY, CA 91950  
 Effective as of 01-MAR-24


**KOO, ANITA, OD**

Provider ID: N/A  
 1520 E PLAZA BLVD  
 NATIONAL CITY, CA 91950  
 Effective as of 01-JAN-24


**KOO, ANITA, OD**

Provider ID: N/A  
 1520 E PLAZA BLVD  
 NATIONAL CITY, CA 91950  
 Effective as of 01-FEB-24

**MARR, RYAN, OD**


Provider ID: N/A  
 655 EUCLID AVE STE 302  
 NATIONAL CITY, CA 91950  
 Effective as of 01-DEC-22

**VINH, JOHN, OD†**

Provider ID: N/A  
 655 EUCLID AVE STE 302  
 NATIONAL CITY, CA 91950  
 Effective as of 01-SEP-20


**PEDIATRIC EMERGENCY  
MEDICINE**

**BONSU, BEMA, MD†**

Provider ID: N/A  
 1136 D AVE  
 NATIONAL CITY, CA 91950  
 Effective as of 01-FEB-24

**PHYSICAL MEDICINE /  
REHABILITATION**

**CROWLEY, DONNA, MD†**

Provider ID: N/A  
 655 EUCLID AVE STE 209  
 NATIONAL CITY, CA 91950

Effective as of 01-JAN-21

**CROWLEY, DONNA, MD†**

Provider ID: N/A

655 EUCLID AVE STE 209  
NATIONAL CITY, CA 91950

Effective as of 01-APR-14

**PHYSICIANS ASSISTANT**

**HABBOUSH, RANA, PA**

Provider ID: N/A

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-OCT-23

**HIGUERA, EDITH, PA**

Provider ID: N/A

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-OCT-23

**LANDON, JEFFREY, PA**

Provider ID: N/A

610 EUCLID AVE STE 200  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-NOV-23

**MACASADIA, MARITES, PA**

Provider ID: N/A

610 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

Effective as of 01-SEP-20

**MERCER, KELLY, PA†**

Provider ID: N/A

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-APR-21

**SHAH, SHEENA, PA**

Provider ID: N/A

502 EUCLID AVE STE 204  
NATIONAL CITY, CA 91950

Effective as of 01-SEP-21

**SHAH, SHEENA, PA**

Provider ID: N/A

502 EUCLID AVE STE 204  
NATIONAL CITY, CA 91950

Effective as of 01-SEP-22

**UDOH, EKAETE, PA**

Provider ID: N/A

610 EUCLID AVE STE 200  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-MAR-24

**PODIATRIST**

**ATMAR, AKMAL, DPM†**

Provider ID: N/A

2345 E 8TH ST STE 105  
NATIONAL CITY, CA 91950

Effective as of 01-JAN-23

**ATMAR, AKMAL, DPM†**

Provider ID: N/A

2345 E 8TH ST STE 105  
NATIONAL CITY, CA 91950

Effective as of 01-SEP-22

**CAINE, SAMUEL, DPM**

Provider ID: N/A

610 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-DEC-23

**DAVIDSON, JOHN, DPM†**

Provider ID: N/A

610 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-FEB-19

**DAVIDSON, JOHN, DPM†**

Provider ID: N/A

610 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-DEC-23

**DAVIDSON, JOHN, DPM†**

Provider ID: N/A

610 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-JAN-22

**DAVIDSON, JOHN, DPM†**

Provider ID: N/A

610 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-JAN-21

**DAVIDSON, JOHN, DPM†**

Provider ID: N/A

610 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-JAN-21

**DAVIDSON, JOHN, DPM†**

Provider ID: N/A

610 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-SEP-22

**KRIGER, STEPHEN, DPM†**

Provider ID: N/A

610 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-JAN-22

**NGUYEN, HAN, DPM**

Provider ID: N/A

610 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950  
Effective as of 01-JUN-23

**NGUYEN, HAN, DPM**

Provider ID: N/A

610 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950  
Effective as of 01-JUL-23

**NGUYEN, HAN, DPM**

Provider ID: N/A

610 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-24

**SANICOLAS, MARIA THERESA,  
DPM†**

Provider ID: N/A

610 EUCLID AVE STE 304  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-21

**SANICOLAS, MARIA THERESA,  
DPM†**

Provider ID: N/A

610 EUCLID AVE STE 304  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-22

**TSAI, GRACE, DPM**

Provider ID: N/A

610 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-23

**TSAI, GRACE, DPM**

Provider ID: N/A

610 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950  
Effective as of 01-FEB-23

**TSAI, GRACE, DPM**

Provider ID: N/A

610 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950  
Effective as of 01-APR-23

**XU, DIXON, DPM†**

Provider ID: N/A

610 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950  
Effective as of 01-DEC-23

**XU, DIXON, DPM†**

Provider ID: N/A

610 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950  
Effective as of 01-MAR-24

**XU, DIXON, DPM†**

Provider ID: N/A

610 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950  
Effective as of 01-MAY-21

**XU, DIXON, DPM†**

Provider ID: N/A

610 EUCLID AVE STE 301  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-22

**PSYCHIATRY**

**BOBO, JERRY, MD†**

Provider ID: N/A

502 EUCLID AVE STE 204  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-22

**BOBO, JERRY, MD†**

Provider ID: N/A

502 EUCLID AVE STE 204  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-22

**CHAUDHRI, YASHWANT, MD†**

Provider ID: N/A

3035 E 8TH ST  
NATIONAL CITY, CA 91950  
Effective as of 01-AUG-22

**CHAUDHRI, YASHWANT, MD†**

Provider ID: N/A

3035 E 8TH ST  
NATIONAL CITY, CA 91950  
Effective as of 01-AUG-22

**KUGEL, SAMUEL, MD†**

Provider ID: N/A

502 EUCLID AVE STE 305  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-JAN-21

**KUGEL, SAMUEL, MD†**

Provider ID: N/A

502 EUCLID AVE STE 305  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-JAN-21

**PSYCHOLOGIST**

**BAHENA-COLLEY, SANDRA,  
PSYD†**

Provider ID: N/A

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-APR-21

**BAHENA-COLLEY, SANDRA,  
PSYD†**

Provider ID: N/A

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-APR-21

**GALANT, DANIEL, PhD**

Provider ID: N/A

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-APR-21

**GALANT, DANIEL, PhD**

Provider ID: N/A

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-APR-21

**MIRANDA, CYNTHIA, PhD†**

Provider ID: N/A

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-APR-21

**MIRANDA, CYNTHIA, PhD†**

Provider ID: N/A

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
Teleservice  
Effective as of 01-APR-21

**REGISTERED PHYSICAL  
THERAPIST**

**CHENG, BRANDON, PT**

Provider ID: N/A

3400 E 8TH ST STE 108  
NATIONAL CITY, CA 91950  
Effective as of 01-FEB-24

**DORSEY, KYLE, PT†**

Provider ID: N/A

3400 E 8TH ST STE 108  
NATIONAL CITY, CA 91950  
Effective as of 01-DEC-21

**DORSEY, KYLE, PT†**

Provider ID: N/A

3400 E 8TH ST STE 108

NATIONAL CITY, CA 91950  
Effective as of 01-JAN-24

**HERMAN, RACHEL, PT†**

Provider ID: N/A

3400 E 8TH ST STE 108  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-24

**HERMAN, RACHEL, PT†**

Provider ID: N/A

3400 E 8TH ST STE 108  
NATIONAL CITY, CA 91950  
Effective as of 01-NOV-21

**KARANDE, PRACHI, PT†**

Provider ID: N/A

3400 E 8TH ST STE 108  
NATIONAL CITY, CA 91950  
Effective as of 01-JAN-22

**NGUYEN, TIA, PT**

Provider ID: N/A

3400 E 8TH ST STE 108  
NATIONAL CITY, CA 91950  
Effective as of 01-MAR-24

**NOVENCIDO, ANDREW, PT†**

Provider ID: N/A

3400 E 8TH ST STE 108  
NATIONAL CITY, CA 91950  
Effective as of 01-SEP-22

**SUGGS, SARAH, PT**

Provider ID: N/A

3400 E 8TH ST STE 108  
NATIONAL CITY, CA 91950  
Effective as of 01-MAY-23

**SURGERY PLASTIC**

**GUTTIKONDA, RAKHESH, DO**

Provider ID: N/A

655 EUCLID AVE STE 200  
NATIONAL CITY, CA 91950

Effective as of 01-DEC-23

**ALLERGY IMMUNOLOGY**

**SCHWINDT, CHRISTINA, MD†**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 401  
NEWPORT BEACH, CA  
92660

Effective as of 01-JUL-23

**SCHWINDT, CHRISTINA, MD†**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 401  
NEWPORT BEACH, CA  
92660

Effective as of 01-JUL-23

**CARDIOLOGY**

**SARABI, DENNIS, MD†**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 610  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-21

**CERTIFIED NURSE**

**PRACTITIONER**

**ANTONYAN, HOLLY, NPFT†**

Provider ID: N/A

1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-DEC-22

**DERMATOLOGY**

**AWADALLA, FARAH, MD†**

Provider ID: N/A



400 NEWPORT CENTER  
DR STE 702  
NEWPORT BEACH, CA  
92660

Effective as of 01-NOV-22

**AWADALLA, FARAH, MD†**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 702  
NEWPORT BEACH, CA  
92660

Effective as of 01-DEC-22

**AWADALLA, FARAH, MD†**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 702  
NEWPORT BEACH, CA  
92660

Effective as of 01-DEC-22

**BIERMAN, DINA, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
405  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-23

**BIERMAN, DINA, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
405  
NEWPORT BEACH, CA  
92660

Effective as of 01-NOV-23

**BREITHAUPT, ANDREW, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-OCT-18

**BREITHAUPT, ANDREW, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-SEP-18

**BREITHAUPT, ANDREW, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-DEC-20

**BREITHAUPT, ANDREW, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-AUG-19

**ETTEFAGH, LELIA, MD**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-21

**FARSHIDI, ARTA, MD**

Provider ID: N/A

360 SAN MIGUEL DR STE  
405  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-23

**FARSHIDI, ARTA, MD**

Provider ID: N/A

360 SAN MIGUEL DR STE  
405  
NEWPORT BEACH, CA

92660

Effective as of 01-FEB-23

**FARSHIDI, ARTA, MD**

Provider ID: N/A

360 SAN MIGUEL DR STE  
405  
NEWPORT BEACH, CA  
92660

Effective as of 01-JUL-23

**FAZEL, NASIM, MD**

Provider ID: N/A

1441 AVOCADO AVE STE  
806  
NEWPORT BEACH, CA  
92660

Effective as of 01-JUL-23

**FAZEL, NASIM, MD**

Provider ID: N/A

1441 AVOCADO AVE STE  
806  
NEWPORT BEACH, CA  
92660

Effective as of 01-JUL-23

**FAZEL, NASIM, MD**

Provider ID: N/A

1441 AVOCADO AVE STE  
806  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAY-23

**FAZEL, NASIM, MD**

Provider ID: N/A

1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-DEC-23

**FAZEL, NASIM, MD**

Provider ID: N/A

1441 AVOCADO AVE STE  
806  
NEWPORT BEACH, CA  
92660

Effective as of 01-DEC-23

**FAZEL, NASIM, MD**

Provider ID: N/A

1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-DEC-23

**FAZEL, NASIM, MD**

Provider ID: N/A

1441 AVOCADO AVE STE  
806  
NEWPORT BEACH, CA  
92660

Effective as of 01-DEC-23

**FAZEL, NASIM, MD**

Provider ID: N/A

1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-24

**FAZEL, NASIM, MD**

Provider ID: N/A

1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-24

**FAZEL, NASIM, MD**

Provider ID: N/A

1441 AVOCADO AVE STE  
806  
NEWPORT BEACH, CA  
92660

Effective as of 01-SEP-23

**FAZEL, NASIM, MD**

Provider ID: N/A

1441 AVOCADO AVE STE  
806  
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-OCT-23

**FOREMAN, TANYA, MD†**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 702  
NEWPORT BEACH, CA  
92660

Effective as of 01-SEP-18

**FOREMAN, TANYA, MD†**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 702  
NEWPORT BEACH, CA  
92660

Effective as of 01-OCT-15

**FOREMAN, TANYA, MD†**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 702  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-17

**FOWLER, VINCENT, MD†**

Provider ID: N/A

240 NEWPORT CENTER DR  
STE 105  
NEWPORT BEACH, CA

92660

Effective as of 01-FEB-20

**GRUSHCHAK, SOLOMIYA, MD**

Provider ID: N/A

1441 AVOCADO AVE STE  
409  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-24

**GRUSHCHAK, SOLOMIYA, MD**

Provider ID: N/A

1441 AVOCADO AVE STE  
409  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-24

**GRUSHCHAK, SOLOMIYA, MD**

Provider ID: N/A

1441 AVOCADO AVE STE  
409  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-24

**GRUSHCHAK, SOLOMIYA, MD**

Provider ID: N/A

1441 AVOCADO AVE STE  
409  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-24

**HENDERSON, GREGORY, MD**

Provider ID: N/A

1441 AVOCADO AVE STE  
409  
NEWPORT BEACH, CA  
92660

Effective as of 01-OCT-23

**HENDERSON, GREGORY, MD**

Provider ID: N/A

1441 AVOCADO AVE STE  
409  
NEWPORT BEACH, CA  
92660

Effective as of 01-NOV-23

**HENDERSON, GREGORY, MD**

Provider ID: N/A

360 SAN MIGUEL DR STE  
309  
NEWPORT BEACH, CA  
92660

Effective as of 01-NOV-23

**KAMEL, JOSEPH, DO**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-APR-23

**KAMEL, JOSEPH, DO**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAR-24

**KAMEL, JOSEPH, DO**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAR-24

**KARAVAN JAHROMI, MAHSA,  
MD†**

Provider ID: N/A

1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-SEP-19

**KHERADMAND, SHIVA, DO†**

Provider ID: N/A

240 NEWPORT CENTER DR  
STE 105  
NEWPORT BEACH, CA  
92660

Effective as of 01-DEC-21

**KHERADMAND, SHIVA, DO†**

Provider ID: N/A

240 NEWPORT CENTER DR  
STE 105  
NEWPORT BEACH, CA  
92660

Effective as of 01-DEC-21

**LANDER, JEFFREY, MD†**

Provider ID: N/A

1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-DEC-22

**LANDER, JEFFREY, MD†**

Provider ID: N/A

1441 AVOCADO AVE STE  
806  
NEWPORT BEACH, CA  
92660

Effective as of 01-DEC-22

**LANDER, JEFFREY, MD†**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 602  
NEWPORT BEACH, CA  
92660

Effective as of 01-DEC-22

**LANDER, JEFFREY, MD†**

Provider ID: N/A

1401 AVOCADO AVE STE

703

NEWPORT BEACH, CA  
92660

Effective as of 01-DEC-21

**LANDER, JEFFREY, MD†**

Provider ID: N/A

1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-DEC-21

**LANDER, JEFFREY, MD†**

Provider ID: N/A

1441 AVOCADO AVE STE  
806  
NEWPORT BEACH, CA  
92660

Effective as of 01-AUG-22

**LANDER, JEFFREY, MD†**

Provider ID: N/A

1441 AVOCADO AVE STE  
806  
NEWPORT BEACH, CA  
92660

Effective as of 01-AUG-22

**LANDER, JEFFREY, MD†**

Provider ID: N/A

1441 AVOCADO AVE STE  
806  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-23

**LANDER, JEFFREY, MD†**

Provider ID: N/A

1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-23

**LANDER, JEFFREY, MD†**

Provider ID: N/A

1441 AVOCADO AVE STE  
806  
NEWPORT BEACH, CA  
92660

Effective as of 01-OCT-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

1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-OCT-23

**LEDON, JENNIFER, MD**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 702  
NEWPORT BEACH, CA  
92660

Effective as of 01-OCT-23

**LEDON, JENNIFER, MD**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 702  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-23

**LEDON, JENNIFER, MD†**

Provider ID: N/A

1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA

92660

Effective as of 01-AUG-21

**LEDON, JENNIFER, MD†**

Provider ID: N/A

1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAY-23

**LEDON, JENNIFER, MD**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 702  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAY-23

**LEDON, JENNIFER, MD†**

Provider ID: N/A

1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAY-23

**LEDON, JENNIFER, MD**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 702  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAY-23

**LEDON, JENNIFER, MD**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 702  
NEWPORT BEACH, CA  
92660

Effective as of 01-JUL-23

**LEDON, JENNIFER, MD†**

Provider ID: N/A

1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-JUL-23

**LEVIN, JACQUELINE, DO†**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 702  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-23

**LEVIN, JACQUELINE, DO†**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 702  
NEWPORT BEACH, CA  
92660

Effective as of 01-OCT-23

**LIEM, WIEKE, MD†**

Provider ID: N/A

1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-OCT-23

**LIEM, WIEKE, MD†**

Provider ID: N/A

1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-23

**LIEM, WIEKE, MD†**

Provider ID: N/A

1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-JUL-19

**LIEM, WIEKE, MD†**

Provider ID: N/A

1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAY-19

**LUCERO, RENEE, DO**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-JUL-23

**MARTIN, STEPHANIE, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAY-21

**MARTIN, STEPHANIE, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAY-21

**MARTIN, STEPHANIE, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-APR-21

**MESHKINPOUR, AZIN, MD†**

Provider ID: N/A

1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA

92660

Effective as of 01-JAN-23

**MESHKINPOUR, AZIN, MD†**

Provider ID: N/A

1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-OCT-23

**MESHKINPOUR, AZIN, MD†**

Provider ID: N/A

1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAY-19

**MESHKINPOUR, AZIN, MD†**

Provider ID: N/A

1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-JUL-19

**NAMI, NAVID, DO†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-JUN-19

**NAMI, NAVID, DO†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAR-23

**NAMI, NAVID, DO†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAR-23

**NAMI, NAVID, DO†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-OCT-18

**NAMI, NAVID, DO†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-17

**NAMI, NAVID, DO†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-SEP-19

**NAMI, NAVID, DO†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-NOV-23

**NAMI, NAVID, DO†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-JUL-12

**NAMI, NAVID, DO<sup>+</sup>**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-23

**NAMI, NAVID, DO<sup>+</sup>**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-23

**NAMI, NAVID, DO<sup>+</sup>**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-23

**NAMI, NAVID, DO<sup>+</sup>**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-APR-21

**NAMI, NAVID, DO<sup>+</sup>**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-APR-21

**NAMI, NAVID, DO<sup>+</sup>**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA

92660

Effective as of 01-FEB-23

**NAMI, NAVID, DO<sup>+</sup>**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-23

**NAMI, NAVID, DO<sup>+</sup>**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-12

**NAMI, NAVID, DO<sup>+</sup>**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-18

**NAMI, NAVID, DO<sup>+</sup>**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-23

**NAMI, NAVID, DO<sup>+</sup>**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-21

**NAMI, NAVID, DO<sup>+</sup>**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-23

**NAMI, NAVID, DO<sup>+</sup>**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-23

**NAMI, NAVID, DO<sup>+</sup>**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-23

**NGUYEN, DENNIS, MD<sup>+</sup>**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-23

**NGUYEN, DENNIS, MD<sup>+</sup>**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-23

**NGUYEN, DENNIS, MD<sup>+</sup>**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-23

**NGUYEN, DENNIS, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-23

**NGUYEN, DENNIS, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-23

**NGUYEN, DENNIS, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-23

**NGUYEN, DENNIS, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-23

**NGUYEN, DENNIS, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-23

**NGUYEN, DENNIS, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA

92660

Effective as of 01-APR-21

**NGUYEN, DENNIS, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-23

**NGUYEN, DENNIS, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-23

**NGUYEN, DENNIS, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-23

**NGUYEN, DENNIS, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-OCT-19

**NGUYEN, DENNIS, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-OCT-19

**NGUYEN, DENNIS, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-23

**NGUYEN, DENNIS, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAR-23

**NGUYEN, DENNIS, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAR-23

**NGUYEN, DENNIS, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
501  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAY-21

**ROSHDIEH, BABAK, MD†**

Provider ID: N/A

1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAY-22

**ROSHDIEH, BABAK, MD†**

Provider ID: N/A

1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAY-22

**ROSHDIEH, BABAK, MD†**  
Provider ID: N/A  
1401 AVOCADO AVE STE 703  
NEWPORT BEACH, CA 92660  
Effective as of 01-MAY-22

**ROSHDIEH, BABAK, MD†**  
Provider ID: N/A  
1401 AVOCADO AVE STE 703  
NEWPORT BEACH, CA 92660  
Effective as of 01-MAY-22

**ROSHDIEH, BABAK, MD†**  
Provider ID: N/A  
1401 AVOCADO AVE STE 703  
NEWPORT BEACH, CA 92660  
Effective as of 01-MAY-22

**ROSHDIEH, BABAK, MD†**  
Provider ID: N/A  
1401 AVOCADO AVE STE 703  
NEWPORT BEACH, CA 92660  
Effective as of 01-OCT-23

**ROSHDIEH, BABAK, MD†**  
Provider ID: N/A  
1401 AVOCADO AVE STE 703  
NEWPORT BEACH, CA 92660  
Effective as of 01-JAN-23

**SHIELL, RONALD, MD†**  
Provider ID: N/A  
1441 AVOCADO AVE STE 806  
NEWPORT BEACH, CA

92660  
Teleservice  
Effective as of 01-DEC-21

**SHIELL, RONALD, MD†**  
Provider ID: N/A  
400 NEWPORT CENTER DR STE 702  
NEWPORT BEACH, CA 92660  
Teleservice  
Effective as of 01-DEC-21

**SHIELL, RONALD, MD†**  
Provider ID: N/A  
1441 AVOCADO AVE STE 806  
NEWPORT BEACH, CA 92660  
Teleservice  
Effective as of 01-AUG-21

**SHIELL, RONALD, MD†**  
Provider ID: N/A  
1441 AVOCADO AVE STE 806  
NEWPORT BEACH, CA 92660  
Teleservice  
Effective as of 01-AUG-21

**SHIELL, RONALD, MD†**  
Provider ID: N/A  
1441 AVOCADO AVE STE 806  
NEWPORT BEACH, CA 92660  
Teleservice  
Effective as of 01-AUG-21

**SHIELL, RONALD, MD†**  
Provider ID: N/A  
400 NEWPORT CENTER DR STE 702

NEWPORT BEACH, CA 92660  
Effective as of 01-JAN-17

**SHIELL, RONALD, MD†**  
Provider ID: N/A  
400 NEWPORT CENTER DR STE 702  
NEWPORT BEACH, CA 92660  
Effective as of 01-OCT-23

**SHIELL, RONALD, MD†**  
Provider ID: N/A  
400 NEWPORT CENTER DR STE 702  
NEWPORT BEACH, CA 92660  
Effective as of 01-SEP-18

**ENDOCRINOLOGY  
METABOLISM DIABETES**

**MOATTARI, ALI, MD†**  
Provider ID: N/A  
1441 AVOCADO AVE STE 502  
NEWPORT BEACH, CA 92660  
Effective as of 01-JUL-20

**SODHI, SANDEEP, MD†**  
Provider ID: N/A  
369 SAN MIGUEL DR STE 200  
NEWPORT BEACH, CA 92660  
Effective as of 01-NOV-20

**SODHI, SANDEEP, MD†**  
Provider ID: N/A  
369 SAN MIGUEL DR STE 200  
NEWPORT BEACH, CA 92660



Effective as of 01-NOV-20

**SODHI, SANDEEP, MD†**

Provider ID: N/A

369 SAN MIGUEL DR STE 200  
NEWPORT BEACH, CA 92660

Effective as of 01-JUN-21

**SODHI, SANDEEP, MD†**

Provider ID: N/A

369 SAN MIGUEL DR STE 200  
NEWPORT BEACH, CA 92660

Effective as of 01-JUN-21

**GASTROENTEROLOGY**

**SAINI, SURINDER, MD†**

Provider ID: N/A

1441 AVOCADO AVE STE 807  
NEWPORT BEACH, CA 92660

Effective as of 01-MAY-12

**SAINI, SURINDER, MD†**

Provider ID: N/A

1441 AVOCADO AVE STE 807  
NEWPORT BEACH, CA 92660

Effective as of 01-APR-11

**HEMATOLOGY /  
ONCOLOGY**

**PATHAK, BHAVANA, MD†**

Provider ID: N/A

1441 AVOCADO AVE STE 301  
NEWPORT BEACH, CA 92660

Effective as of 01-SEP-21

**PATHAK, BHAVANA, MD†**

Provider ID: N/A

1441 AVOCADO AVE STE 301  
NEWPORT BEACH, CA 92660

Effective as of 01-SEP-21

**SACHELARIE, IRINA, MD**

Provider ID: N/A

1441 AVOCADO AVE STE 301  
NEWPORT BEACH, CA 92660

Effective as of 01-MAR-23

**SACHELARIE, IRINA, MD**

Provider ID: N/A

1441 AVOCADO AVE STE 301  
NEWPORT BEACH, CA 92660

Effective as of 01-MAR-23

**SACHELARIE, IRINA, MD**

Provider ID: N/A

1441 AVOCADO AVE STE 301  
NEWPORT BEACH, CA 92660

Effective as of 01-MAR-23

**SACHELARIE, IRINA, MD**

Provider ID: N/A

1441 AVOCADO AVE STE 301  
NEWPORT BEACH, CA 92660

Effective as of 01-MAR-23

**SACHELARIE, IRINA, MD**

Provider ID: N/A

1441 AVOCADO AVE STE 301  
NEWPORT BEACH, CA 92660

Effective as of 01-MAR-23

**OBSTETRICS /  
GYNECOLOGY**

**AL-AZAWI, HIND, MD**

Provider ID: N/A

366 SAN MIGUEL DR STE 209  
NEWPORT BEACH, CA 92660

Effective as of 01-JUL-23

**SUGIHARA, CORINNE, MD†**

Provider ID: N/A

1441 AVOCADO AVE STE 608  
NEWPORT BEACH, CA 92660

Effective as of 01-JAN-11

**SUGIHARA, CORINNE, MD†**

Provider ID: N/A

1441 AVOCADO AVE STE 608  
NEWPORT BEACH, CA 92660

Effective as of 01-AUG-11

**OPHTHALMOLOGY**

**AGARWAL, MADHU, MD†**

Provider ID: N/A

400 NEWPORT CENTER DR STE 605  
NEWPORT BEACH, CA 92660

Effective as of 01-OCT-22

**AGARWAL, MADHU, MD†**

Provider ID: N/A

400 NEWPORT CENTER DR STE 605  
NEWPORT BEACH, CA 92660

Effective as of 01-JAN-21

**AGARWAL, MADHU, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
307  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-18

**AGARWAL, MADHU, MD†**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 605  
NEWPORT BEACH, CA  
92660

Effective as of 01-APR-23

**AGARWAL, MADHU, MD†**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 605  
NEWPORT BEACH, CA  
92660

Effective as of 01-APR-23

**CIES, WILLIAM, MD**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 404  
NEWPORT BEACH, CA  
92660

Effective as of 01-JUL-12

**EIFRIG, CHARLES WILLIAM,  
MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
407  
NEWPORT BEACH, CA  
92660

Effective as of 01-NOV-17

**EIFRIG, CHARLES WILLIAM,  
MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
407  
NEWPORT BEACH, CA

92660

Effective as of 01-DEC-20

**EIFRIG, CHARLES WILLIAM,  
MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
407  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-20

**EIFRIG, CHARLES WILLIAM,  
MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
407  
NEWPORT BEACH, CA  
92660

Effective as of 01-OCT-23

**EIFRIG, CHARLES WILLIAM,  
MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
407  
NEWPORT BEACH, CA  
92660

Effective as of 01-NOV-17

**EIFRIG, CHARLES WILLIAM,  
MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
407  
NEWPORT BEACH, CA  
92660

Effective as of 01-SEP-18

**GUPTA, MRINALI, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
407  
NEWPORT BEACH, CA

92660

Effective as of 01-NOV-20

**GUPTA, MRINALI, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
407  
NEWPORT BEACH, CA  
92660

Effective as of 01-NOV-20

**GUPTA, MRINALI, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
407  
NEWPORT BEACH, CA  
92660

Effective as of 01-NOV-20

**GUPTA, MRINALI, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
407  
NEWPORT BEACH, CA  
92660

Effective as of 01-NOV-20

**HWANG, JOHN, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
407  
NEWPORT BEACH, CA  
92660

Effective as of 01-NOV-17

**HWANG, JOHN, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
407  
NEWPORT BEACH, CA  
92660

Effective as of 01-OCT-23

**HWANG, JOHN, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
407  
NEWPORT BEACH, CA  
92660

Effective as of 01-OCT-20

**HWANG, JOHN, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
407  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-18

**HWANG, JOHN, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
407  
NEWPORT BEACH, CA  
92660

Effective as of 01-NOV-17

**HWANG, JOHN, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
407  
NEWPORT BEACH, CA  
92660

Effective as of 01-JUL-18

**LIU, WENJING, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
410  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-20

**LIU, WENJING, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
410  
NEWPORT BEACH, CA  
92660

Effective as of 01-OCT-22

**MCGUIRE, DESMOND, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
407  
NEWPORT BEACH, CA  
92660

Effective as of 01-DEC-20

**MCGUIRE, DESMOND, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
407  
NEWPORT BEACH, CA  
92660

Effective as of 01-NOV-17

**MCGUIRE, DESMOND, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
407  
NEWPORT BEACH, CA  
92660

Effective as of 01-NOV-17

**MCGUIRE, DESMOND, MD†**

Provider ID: N/A

360 SAN MIGUEL DR STE  
407  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAY-14

**OTOLARYNGOLOGY**

**BERTELSEN, CAITLIN, MD†**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 302  
NEWPORT BEACH, CA  
92660

Effective as of 01-AUG-21

**SCHWARTZ, MARISSA, MD†**

Provider ID: N/A

400 NEWPORT CENTER

DR STE 302  
NEWPORT BEACH, CA  
92660

Effective as of 01-AUG-21

**SCHWARTZ, MARISSA, MD†**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 302  
NEWPORT BEACH, CA  
92660

Effective as of 01-AUG-21

**SCHWARTZ, MARISSA, MD†**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 302  
NEWPORT BEACH, CA  
92660

Effective as of 01-AUG-21

**SCHWARTZ, MARISSA, MD†**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 302  
NEWPORT BEACH, CA  
92660

Effective as of 01-AUG-21

**SCHWARTZ, MARISSA, MD†**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 302  
NEWPORT BEACH, CA  
92660

Effective as of 01-AUG-21

**SCHWARTZ, MARISSA, MD†**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 302  
NEWPORT BEACH, CA  
92660

Effective as of 01-AUG-21

**OTOLARYNGOLOGY /  
OTOLOGY /  
LARYNGOLOGY /  
RHINOLOGY**

**WILLNER, AYAL, MD†**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 302  
NEWPORT BEACH, CA  
92660

Effective as of 01-JUL-12

**WILLNER, AYAL, MD†**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 302  
NEWPORT BEACH, CA  
92660

Effective as of 01-JUL-12

**PEDIATRIC  
PULMONOLOGY**

**HARRISON, AMY, MD**

Provider ID: N/A

369 SAN MIGUEL DR STE  
375  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-24

**HARRISON, AMY, MD**

Provider ID: N/A

369 SAN MIGUEL DR STE  
375  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-24

**HARRISON, AMY, MD**

Provider ID: N/A

369 SAN MIGUEL DR STE  
375

NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-24

**HARRISON, AMY, MD**

Provider ID: N/A

369 SAN MIGUEL DR STE  
375  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-24

**PEDIATRICS**

**HOLM, WILLIAM, MD†**

Provider ID: N/A

1401 AVOCADO AVE STE  
802  
NEWPORT BEACH, CA  
92660

Effective as of 01-FEB-21

**SAFER, TERRA, MD**

Provider ID: N/A

360 SAN MIGUEL DR STE  
105  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAY-23

**PHYSICIANS ASSISTANT**

**CORTES, ELIZABETH, PA**

Provider ID: N/A

360 SAN MIGUEL DR STE  
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-MAY-22

**KAUFMAN, BRITNEY, PA†**

Provider ID: N/A

240 NEWPORT CENTER DR  
STE 105  
NEWPORT BEACH, CA  
92660

Effective as of 01-NOV-15

**KLEINSMITH, DARIN, PA†**

Provider ID: N/A

1441 AVOCADO AVE STE  
806  
NEWPORT BEACH, CA  
92660

Effective as of 01-NOV-20

**LUCATERO, JENNIFER, PA†**

Provider ID: N/A

240 NEWPORT CENTER DR  
STE 105  
NEWPORT BEACH, CA  
92660

Effective as of 01-NOV-18

**MOUNTAIN, KELLY, PA**

Provider ID: N/A

1441 AVOCADO AVE STE  
503  
NEWPORT BEACH, CA  
92660  
Effective as of 01-APR-23

**MOUNTAIN, KELLY, PA**

Provider ID: N/A

1441 AVOCADO AVE STE  
503  
NEWPORT BEACH, CA  
92660  
Effective as of 01-APR-23

**NORMAN, STACY, PA**

Provider ID: N/A

1441 AVOCADO AVE STE  
806  
NEWPORT BEACH, CA  
92660  
Effective as of 01-APR-23

**NORMAN, STACY, PA**

Provider ID: N/A

1441 AVOCADO AVE STE  
806  
NEWPORT BEACH, CA  
92660  
Effective as of 01-APR-23

**NORMAN, STACY, PA**

Provider ID: N/A

1441 AVOCADO AVE STE  
806  
NEWPORT BEACH, CA  
92660  
Effective as of 01-APR-23

**NORMAN, STACY, PA**

Provider ID: N/A

1441 AVOCADO AVE STE  
806  
NEWPORT BEACH, CA  
92660  
Effective as of 01-APR-23

**STANDEL, SARAH, PA†**

Provider ID: N/A

1401 AVOCADO AVE STE  
703  
NEWPORT BEACH, CA  
92660\*  
Effective as of 01-JUL-19

**PODIATRIST**

**HAUPT, DAVID, DPM†**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 706  
NEWPORT BEACH, CA  
92660  
Effective as of 01-OCT-19

**LEAMING, ROBERT, DPM**

Provider ID: N/A

366 SAN MIGUEL DR STE  
210  
NEWPORT BEACH, CA  
92660

Teleservice

Effective as of 01-FEB-24

**LEAMING, ROBERT, DPM**

Provider ID: N/A

366 SAN MIGUEL DR STE  
210  
NEWPORT BEACH, CA  
92660

Teleservice

Effective as of 01-FEB-24

**MERCADO, BRYANT, DPM**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 706  
NEWPORT BEACH, CA  
92660

Effective as of 01-AUG-23

**PSYCHOLOGIST**

**KEALEY, TAMMY, PSYD**

Provider ID: N/A

250 NEWPORT CENTER DR  
STE M106  
NEWPORT BEACH, CA  
92660  
Effective as of 01-JUN-23

**KEALEY, TAMMY, PSYD**

Provider ID: N/A

250 NEWPORT CENTER DR  
STE M106  
NEWPORT BEACH, CA  
92660  
Effective as of 01-JUN-23

**KEALEY, TAMMY, PSYD**

Provider ID: N/A

250 NEWPORT CENTER DR  
STE M106  
NEWPORT BEACH, CA  
92660  
Effective as of 01-JUN-23

**KEALEY, TAMMY, PSYD**

Provider ID: N/A

250 NEWPORT CENTER DR  
STE M106  
NEWPORT BEACH, CA  
92660  
Effective as of 01-JUN-23

**LIM, DEAN, PSYD**

Provider ID: N/A

250 NEWPORT CENTER DR  
STE M106  
NEWPORT BEACH, CA  
92660  
Effective as of 01-JUN-23

**LIM, DEAN, PSYD**

Provider ID: N/A

250 NEWPORT CENTER DR  
STE M106

NEWPORT BEACH, CA  
92660  
Effective as of 01-JUN-23

**LIM, DEAN, PSYD**

Provider ID: N/A

250 NEWPORT CENTER DR  
STE M106  
NEWPORT BEACH, CA  
92660  
Effective as of 01-JUN-23

**LIM, DEAN, PSYD**

Provider ID: N/A

250 NEWPORT CENTER DR  
STE M106  
NEWPORT BEACH, CA  
92660  
Effective as of 01-JUN-23

***SURGERY GENERAL***

**BONEV, VALENTINA, MD**

Provider ID: N/A

1441 AVOCADO AVE STE 301  
NEWPORT BEACH, CA  
92660  
Effective as of 01-FEB-21

**BONEV, VALENTINA, MD**

Provider ID: N/A

1441 AVOCADO AVE STE 301  
NEWPORT BEACH, CA  
92660  
Effective as of 01-FEB-21

**BONEV, VALENTINA, MD**

Provider ID: N/A

1441 AVOCADO AVE STE 301  
NEWPORT BEACH, CA  
92660  
Effective as of 01-FEB-21

**BONEV, VALENTINA, MD**

Provider ID: N/A

1441 AVOCADO AVE STE 301  
NEWPORT BEACH, CA  
92660  
Effective as of 01-FEB-21

**BONEV, VALENTINA, MD**

Provider ID: N/A

1441 AVOCADO AVE STE 301  
NEWPORT BEACH, CA  
92660  
Effective as of 01-FEB-21

**BURNS, ROBERT, MD**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 500  
NEWPORT BEACH, CA  
92660  
Effective as of 01-JUL-12

***SURGERY PLASTIC***

**MUDGE, BRADLEY, MD†**

Provider ID: N/A

240 NEWPORT CENTER DR  
STE 105  
NEWPORT BEACH, CA  
92660  
Teleservice  
Effective as of 01-SEP-21

**MUDGE, BRADLEY, MD†**

Provider ID: N/A

240 NEWPORT CENTER DR  
STE 105  
NEWPORT BEACH, CA  
92660  
Teleservice  
Effective as of 01-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-SEP-20

**RICHLAND, BRANDON, MD**

Provider ID: N/A

1441 AVOCADO AVE STE 710  
NEWPORT BEACH, CA  
92660  
Effective as of 01-SEP-20

**RICHLAND, BRANDON, MD**

Provider ID: N/A

1441 AVOCADO AVE STE 710  
NEWPORT BEACH, CA  
92660  
Effective as of 01-SEP-20

**RICHLAND, BRANDON, MD**

Provider ID: N/A

1441 AVOCADO AVE STE 710  
NEWPORT BEACH, CA  
92660  
Effective as of 01-SEP-20

**RICHLAND, BRANDON, MD**

Provider ID: N/A

1441 AVOCADO AVE STE 710  
NEWPORT BEACH, CA  
92660  
Effective as of 01-JAN-24

**ROSIING, JAMES, MD**

Provider ID: N/A

1441 AVOCADO AVE STE  
708  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAR-23

**ROSING, JAMES, MD**

Provider ID: N/A

1441 AVOCADO AVE STE  
708  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAR-23

**UROLOGY**

**AUERBACH, STEPHEN, MD**

Provider ID: N/A

1401 AVOCADO AVE STE  
608  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-19

**ILBEIGI, PEDRAM, DO†**

Provider ID: N/A

1401 AVOCADO AVE STE  
608  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-19

**PHAN, CU, MD**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 409  
NEWPORT BEACH, CA  
92660

Effective as of 01-JAN-18

**PHAN, CU, MD**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 409  
NEWPORT BEACH, CA  
92660

Effective as of 01-MAY-12

**PHAN, CU, MD**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 409  
NEWPORT BEACH, CA  
92660

Effective as of 01-JUL-12

**PHAN, CU, MD**

Provider ID: N/A

400 NEWPORT CENTER  
DR STE 409  
NEWPORT BEACH, CA  
92660

Effective as of 01-APR-11

**FAMILY PRACTICE  
SPORTS MEDICINE**

**YIM, EUGENE, MD†**

Provider ID: N/A

21115 NEWPORT COAST DR  
NEWPORT COAST, CA  
92657

Effective as of 01-JAN-21

**ANESTHESIOLOGY**

**TOWNE, BROOKE, MD**

Provider ID: N/A

3998 VISTA WAY STE C  
OCEANSIDE, CA 92056

Effective as of 01-JAN-24

**ANESTHESIOLOGY PAIN  
MANAGEMENT**

**BODDU, NAVNEET, MD**

Provider ID: N/A

2125 S EL CAMINO REAL  
STE 200  
OCEANSIDE, CA 92054

Effective as of 01-JAN-23

**COHEN, ZACHARY, MD†**

Provider ID: N/A

3142 VISTA WAY STE 207  
OCEANSIDE, CA 92056

Effective as of 01-OCT-21

**COHEN, ZACHARY, MD†**

Provider ID: N/A

3142 VISTA WAY STE 207  
OCEANSIDE, CA 92056

Effective as of 01-OCT-21

**COHEN, ZACHARY, MD†**

Provider ID: N/A

3142 VISTA WAY STE 207  
OCEANSIDE, CA 92056

Effective as of 01-NOV-21

**COHEN, ZACHARY, MD†**

Provider ID: N/A

3142 VISTA WAY STE 207  
OCEANSIDE, CA 92056

Effective as of 01-JAN-23

**COHEN, ZACHARY, MD†**

Provider ID: N/A

3142 VISTA WAY STE 207  
OCEANSIDE, CA 92056

Effective as of 01-JAN-24

**DAIRO, BRANDON, MD†**

Provider ID: N/A

3231 WARING CT STE K  
OCEANSIDE, CA 92056

Teleservice

Effective as of 01-JAN-23

**FISHER, CASEY, MD**

Provider ID: N/A

3142 VISTA WAY STE 207  
OCEANSIDE, CA 92056

Effective as of 01-JUN-19

**FISHER, CASEY, MD**

Provider ID: N/A

3142 VISTA WAY STE 207  
OCEANSIDE, CA 92056

Effective as of 01-JUL-21

**LAWSON, ERIN, MD**

Provider ID: N/A

3142 VISTA WAY STE 207  
OCEANSIDE, CA 92056

Effective as of 01-JUL-23

**LAWSON, ERIN, MD**

Provider ID: N/A

3142 VISTA WAY STE 207  
OCEANSIDE, CA 92056

Effective as of 01-DEC-23

**TOWNE, BROOKE, MD**

Provider ID: N/A

3998 VISTA WAY STE C  
OCEANSIDE, CA 92056

Effective as of 01-DEC-23

**CARDIAC**

**ELECTROPHYSIOLOGY**

**PASHMFOROUSH,  
MOHAMMAD, MD†**

Provider ID: N/A

2424 VISTA WAY STE 300  
OCEANSIDE, CA 92054

Teleservice

Effective as of 01-JUN-21

**CARDIOLOGY**

**MOUSSAVIAN, MEHRAN, DO†**

Provider ID: N/A

605 CROUCH ST  
OCEANSIDE, CA 92054

Effective as of 01-JUL-22

**PARIKH, MILIND, DO†**

Provider ID: N/A

605 CROUCH ST  
OCEANSIDE, CA 92054

Effective as of 01-SEP-22

**RAJAMANICKAM, ANITHA,  
MD†**

Provider ID: N/A

3907 WARING RD STE 3  
OCEANSIDE, CA 92056

Effective as of 01-AUG-22

**CARDIOVASCULAR  
DISEASE**

**EL SHERIEF, KARIM, MD†**

Provider ID: N/A

3230 WARING CT STE O  
OCEANSIDE, CA 92056

Effective as of 01-SEP-21

**KABRA, ASHISH, MD†**

Provider ID: N/A

3907 WARING RD STE 3  
OCEANSIDE, CA 92056

Effective as of 01-AUG-22

**RAJAMANICKAM, ANITHA,  
MD†**

Provider ID: N/A

3907 WARING RD STE 3  
OCEANSIDE, CA 92056

Effective as of 01-SEP-21

**SAMANI, PARGOL, MD**

Provider ID: N/A

3927 WARING RD STE C  
OCEANSIDE, CA 92056

Teleservice

Effective as of 01-MAY-24

**SHEREV, DIMITRI, MD**

Provider ID: N/A

3300 VISTA WAY STE B  
OCEANSIDE, CA 92056

Effective as of 01-SEP-23

**YUNG, AARON, MD†**

Provider ID: N/A

2424 VISTA WAY STE 300  
OCEANSIDE, CA 92054

Teleservice

Effective as of 01-JUN-21

**CERTIFIED  
ACUPUNCTURIST**

**LIPTON, GREGORY, LAC**

Provider ID: N/A

701 SEAGAZE DR STE B  
OCEANSIDE, CA 92054

Effective as of 01-SEP-21

**CERTIFIED NURSE  
PRACTITIONER**

**ANDOLINA, SARA, NP†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056

Effective as of 01-JAN-21

**BAEK, KILHYO, NP**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054

Effective as of 01-FEB-24

**BAEK, KILHYO, NP**

Provider ID: N/A

818 PIER VIEW WAY  
OCEANSIDE, CA 92054

Effective as of 01-JAN-24

**BAEK, KILHYO, NP**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057

Effective as of 01-JAN-24

**BALDWIN, ANDREA, NP†**

Provider ID: N/A

818 PIER VIEW WAY



OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

**BALDWIN, ANDREA, NP†**

Provider ID: N/A

818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Effective as of 01-NOV-22

**CHAMBERLIN, KALIANA, NP**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-21

**CHILAKA, SAMUEL, NP**

Provider ID: N/A

818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

**CHIRIBOGA, MEGAN ELISE, NP**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-DEC-22

**CHRISTY, TYLER, NPF**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-24

**CHRISTY, TYLER, NPF**

Provider ID: N/A

818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

**CORY, ALLISON, NP**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-24

**CORY, ALLISON, NP**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-FEB-24

**CORY, ALLISON, NP**

Provider ID: N/A

818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Effective as of 01-FEB-24

**EKLUND, BONNIE, NP**

Provider ID: N/A

818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Effective as of 01-FEB-24

**EKLUND, BONNIE, NP**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-FEB-24

**FISHER-GAMEZ, LORI, NP**

Provider ID: N/A

3905 WARING RD  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-OCT-21

**HALGEDAHL, YI, NP**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-FEB-24

**HALGEDAHL, YI, NP**

Provider ID: N/A

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

**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

**HOWELL, AMANDA, NP**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-24

**KESSLER, JENNIFER, NP**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-DEC-23

**KESSLER, JENNIFER, NP**

Provider ID: N/A

818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Effective as of 01-DEC-23

**KESSLER, JENNIFER, NP**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-DEC-23

**NAVA, PETER, NP**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-24

**PATEMAN, CAROLYN, NP**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-24

**PRITZKER, JOELY, NP**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-21

**PRITZKER, JOELY, NP**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-FEB-24

**PRITZKER, JOELY, NP**

Provider ID: N/A

818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Effective as of 01-FEB-24

**QUINN, ERIN, NP**

Provider ID: N/A

3998 VISTA WAY STE C  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-MAY-21

**ROSE, LAURA, NP**

Provider ID: N/A

3231 WARING CT STE K  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-DEC-23

**SANTIAGO, AMANDA, NP**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-21

**SHAHBAZ, LINNAE, NPF**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-MAR-24

**SHAHBAZ, LINNAE, NPF**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-MAR-24

**WAGNER, TASIA, NP**

Provider ID: N/A

818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Effective as of 01-FEB-24

**WILLIAMS, VERONICA, NPF†**

Provider ID: N/A

605 CROUCH ST  
OCEANSIDE, CA 92054  
Effective as of 01-AUG-22

**WINDHAM, SUZONNE, NP**

Provider ID: N/A

818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

***CERTIFIED REGISTERED  
NURSE MIDWIFE***

**ALSTON, VICKIE, CRNM†**

Provider ID: N/A

2210 MESA DR STE 5  
OCEANSIDE, CA 92054  
Effective as of 01-JUL-22

**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

**MOMBERG, JESSICA, CRNM†**

Provider ID: N/A

2210 MESA DR STE 5  
OCEANSIDE, CA 92054  
Effective as of 01-JUL-22

**PERLMAN, TAMARA, CRNM†**

Provider ID: N/A

2210 MESA DR STE 5  
OCEANSIDE, CA 92054  
Effective as of 01-JUL-22

**SCHROEDER, MARY, NP**

Provider ID: N/A

2210 MESA DR STE 5  
OCEANSIDE, CA 92054  
Effective as of 01-JUL-22

**ZAMORA-FLYR, MARIA, CRNM**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

**ZAMORA-FLYR, MARIA, CRNM**

Provider ID: N/A

818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

**ZAMORA-FLYR, MARIA, CRNM**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JUL-22

**ZAMORA-FLYR, MARIA, CRNM**

Provider ID: N/A

818 PIER VIEW WAY

OCEANSIDE, CA 92054  
Effective as of 01-JUL-22

**ZAMORA-FLYR, MARIA, CRNM**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JUL-22

**ZAMORA-FLYR, MARIA, CRNM**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-24

**CHIROPRACTOR**

**ANDREWS, BRAD, DC**

Provider ID: N/A

619 CROUCH ST  
OCEANSIDE, CA 92054  
Effective as of 01-JUL-22

**JU, NATHANIEL, DC†**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JUL-22

**JU, NATHANIEL, DC†**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

**DERMATOLOGY**

**AGUIRRE, KRISTEN, MD†**

Provider ID: N/A

3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-JAN-21

**AGUIRRE, KRISTEN, MD†**

Provider ID: N/A

3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-JAN-20

**AGUIRRE, KRISTEN, MD†**

Provider ID: N/A

3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-FEB-24

**ANGRA, KUNAL, MD†**

Provider ID: N/A

3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-DEC-21

**ANGRA, KUNAL, MD†**

Provider ID: N/A

3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-22

**ANGRA, KUNAL, MD†**

Provider ID: N/A

3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-NOV-20

**GILBOA, RUTH, MD†**

Provider ID: N/A

3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-MAR-12

**GILBOA, RUTH, MD†**

Provider ID: N/A

3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-JUL-22

**GILBOA, RUTH, MD†**

Provider ID: N/A

3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-22

**GILBOA, RUTH, MD†**

Provider ID: N/A

3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-AUG-20

**LEE, HELEN, MD†**

Provider ID: N/A

3629 VISTA WAY  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-AUG-22

**LEE, HELEN, MD†**

Provider ID: N/A

3629 VISTA WAY  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-NOV-22

**ROSS, ANDREW, MD†**

Provider ID: N/A

3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-22

**ROSS, ANDREW, MD†**

Provider ID: N/A

3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-21

**ROSS, ANDREW, MD†**

Provider ID: N/A

3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-AUG-20

**ROSS, ANDREW, MD†**

Provider ID: N/A

3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-AUG-20

**ROSS, ANDREW, MD†**

Provider ID: N/A

3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-JUL-22

**SAMADY, JOSEPH, MD†**

Provider ID: N/A

3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-JUL-22

**SAMADY, JOSEPH, MD†**

Provider ID: N/A

3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-MAR-12

**SAMADY, JOSEPH, MD†**

Provider ID: N/A

3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-APR-07

**SAMADY, JOSEPH, MD†**

Provider ID: N/A

3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-21

**SAMADY, JOSEPH, MD†**

Provider ID: N/A

3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-AUG-20

**SAMADY, JOSEPH, MD†**

Provider ID: N/A

3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-22

**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-22

**THIELE, JENS, MD†**

Provider ID: N/A

3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-21

**THIELE, JENS, MD†**

Provider ID: N/A

3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-09

**TSE, YARDY, MD†**

Provider ID: N/A

3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-21

**TSE, YARDY, MD†**

Provider ID: N/A

3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-21

**VENKAT, ARUN, MD†**

Provider ID: N/A

3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-AUG-20

**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-13

**WAGNER, MEREDITH, MD†**

Provider ID: N/A

3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-JUL-22

**WONG, DARRYL, MD†**

Provider ID: N/A

3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-JUL-22

**WONG, DARRYL, MD†**

Provider ID: N/A

3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-MAR-12

**WONG, DARRYL, MD†**

Provider ID: N/A

3629 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-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

517 N HORNE ST  
OCEANSIDE, CA 92054\*  
Effective as of 01-NOV-23

**MARTINEZ, LESLY, MD**  
Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057\*  
Effective as of 01-APR-23

**MARTINEZ, LESLY, MD**  
Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054\*  
Effective as of 01-APR-23

**MARTINEZ, LESLY, MD**  
Provider ID: N/A

818 PIER VIEW WAY  
OCEANSIDE, CA 92054\*  
Effective as of 01-APR-23

**PANICKER, CIBU, MD**  
Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-SEP-18

**PUDOL, CHRISTOPHER, DO**  
Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057\*  
Teleservice  
Effective as of 01-MAR-24

**PUDOL, CHRISTOPHER, DO**  
Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054\*  
Teleservice  
Effective as of 01-MAR-24

**PUDOL, CHRISTOPHER, DO**  
Provider ID: N/A

818 PIER VIEW WAY  
OCEANSIDE, CA 92054\*  
Teleservice  
Effective as of 01-MAR-24

**VIDAL, MONICA, DO†**  
Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-AUG-22

**VIDAL, MONICA, DO†**  
Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-AUG-22

**VIDAL, MONICA, DO†**  
Provider ID: N/A

818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Effective as of 01-AUG-22

**ZAMPELLO, LISA, MD**  
Provider ID: N/A

818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Effective as of 01-APR-23

**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-JUL-22

**CHIAO, HELLEN, MD†**  
Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-JAN-21

**CHIAO, HELLEN, MD†**  
Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-JAN-21

**CHIAO, HELLEN, MD†**  
Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-21

**DEVEREAUX, CHRISTOPHER,  
MD†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-JAN-21

**DEVEREAUX, CHRISTOPHER,  
MD†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-JAN-21

**DEVEREAUX, CHRISTOPHER,  
MD†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-21

**DEVEREAUX, CHRISTOPHER,  
MD†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-MAR-01

**DEVEREAUX, CHRISTOPHER,  
MD†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-JUL-22

**KROL, THOMAS, MD†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-JUL-22

**KROL, THOMAS, MD†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-JUN-99

**KROL, THOMAS, MD†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-JAN-21

**KROL, THOMAS, MD†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-JAN-21

**NOVO, MEGAN, MD**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-JUL-23

**NOVO, MEGAN, MD**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-SEP-23

**NOVO, MEGAN, MD**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-OCT-23

**SHAD, JAVAID, MD†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-21

**SHAD, JAVAID, MD†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-JUL-22

**SHAD, JAVAID, MD†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-JAN-21

**SHAD, JAVAID, MD†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-JAN-21

**SHAD, JAVAID, MD†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-DEC-07

**SHIM, MICHAEL, MD†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-FEB-10

**SHIM, MICHAEL, MD†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-JAN-21

**SHIM, MICHAEL, MD†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-JAN-21

**SHIM, MICHAEL, MD†**

Provider ID: N/A

3923 WARING RD STE A

OCEANSIDE, CA 92056  
Effective as of 01-JUL-22

**SHIM, MICHAEL, MD†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-21

**VIERNES, MATTHEW, MD†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-01

**VIERNES, MATTHEW, MD†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-JUL-22

**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-JAN-21

**GYNECOLOGIC  
ONCOLOGY**

**ESKANDER, RAMEZ, MD†**

Provider ID: N/A

4002 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-JUL-21

**HEMATOLOGY /  
ONCOLOGY**

**SINGH, HIMANI, MD†**

Provider ID: N/A

3617 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-21

**SINGH, HIMANI, MD†**

Provider ID: N/A

3617 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-JAN-21

**INTERNAL MEDICINE**

**KHARADJIAN, TALAR, MD†**

Provider ID: N/A

3300 VISTA WAY STE B  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-SEP-22

**KHARADJIAN, TALAR, MD†**

Provider ID: N/A

3300 VISTA WAY STE B  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-SEP-21

**KHARADJIAN, TALAR, MD†**

Provider ID: N/A

3300 VISTA WAY STE B  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-OCT-21

**LIU, ANDREW, MD**

Provider ID: N/A

3300 VISTA WAY STE B  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-23

**MACMURRAY, MICHAEL, MD**

Provider ID: N/A

818 PIER VIEW WAY

OCEANSIDE, CA 92054  
Effective as of 01-NOV-23

**MOOLANI, UJJALA, MD**

Provider ID: N/A

3300 VISTA WAY STE B  
OCEANSIDE, CA 92056  
Effective as of 01-MAY-23

**PAROLY, WARREN, MD†**

Provider ID: N/A

3617 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-JAN-21

**LICENSED CLINICAL  
SOCIAL WORKER**

**ACOSTA, AZUCENA, LCSW**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Teleservice  
Effective as of 01-JAN-24

**ACOSTA, AZUCENA, LCSW**

Provider ID: N/A

818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Teleservice  
Effective as of 01-JAN-24

**ACOSTA, AZUCENA, LCSW**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Teleservice  
Effective as of 01-JAN-24

**CRUZ, VANESSA, LCSW**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-24

**CRUZ, VANESSA, LCSW**

Provider ID: N/A

818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-21

**CRUZ, VANESSA, 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

**DOUGHERTY, CHRISTINE,  
LCSW**

Provider ID: N/A

818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

**DOUGHERTY, CHRISTINE,  
LCSW**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-24

**GODINEZ, BRENDA, LCSW**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-24

**GODINEZ, BRENDA, LCSW**

Provider ID: N/A

818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

**GODINEZ, BRENDA, LCSW**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

**MENDEZ, ADRIANA, LCSW**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

**MENDEZ, ADRIANA, LCSW**

Provider ID: N/A

818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

**MENDEZ, ADRIANA, LCSW**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-24

**NEVILLE, MARGARET, LCSW**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Teleservice  
Effective as of 01-JAN-24

**NEVILLE, MARGARET, LCSW**

Provider ID: N/A

818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Teleservice  
Effective as of 01-JAN-24

**SANCHEZ, ADRIANA, LCSW**

Provider ID: N/A

818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

**SANCHEZ, ADRIANA, LCSW**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

**SANCHEZ, ADRIANA, LCSW**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-24

**SMITH, SONYA, LCSW**

Provider ID: N/A

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  
Effective as of 01-JAN-24

**ZAPPONE, ALIDA, LCSW**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Teleservice  
Effective as of 01-JAN-24

**ZAPPONE, ALIDA, LCSW**

Provider ID: N/A

818 PIER VIEW WAY



OCEANSIDE, CA 92054  
Teleservice  
Effective as of 01-JAN-24

**ZAPPONE, ALIDA, LCSW**

Provider ID: N/A  
517 N HORNE ST  
OCEANSIDE, CA 92054  
Teleservice  
Effective as of 01-JAN-24

**MARRIAGE FAMILY  
THERAPIST**

**MEYERHOF, GRETA, MFT†**

Provider ID: N/A  
4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-24

**MEYERHOF, GRETA, MFT†**

Provider ID: N/A  
517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

**MEYERHOF, GRETA, MFT†**

Provider ID: N/A  
818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

**MEDICAL ONCOLOGY**

**PAROLY, WARREN, MD†**

Provider ID: N/A  
3617 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-21

**NEPHROLOGY**

**KHARADJIAN, TALAR, MD†**

Provider ID: N/A

3300 VISTA WAY STE B  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-JUN-21

**KHARADJIAN, TALAR, MD†**

Provider ID: N/A  
3300 VISTA WAY STE B  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-JUL-21

**LIU, ANDREW, MD**

Provider ID: N/A  
3300 VISTA WAY  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-DEC-23

**LIU, ANDREW, MD**

Provider ID: N/A  
3300 VISTA WAY STE B  
OCEANSIDE, CA 92056  
Effective as of 01-DEC-23

**LIU, ANDREW, MD**

Provider ID: N/A  
3300 VISTA WAY STE B  
OCEANSIDE, CA 92056  
Effective as of 01-NOV-23

**LIU, ANDREW, MD**

Provider ID: N/A  
3300 VISTA WAY  
OCEANSIDE, CA 92056\*  
Teleservice  
Effective as of 01-OCT-23

**OBSTETRICS /  
GYNECOLOGY**

**BINDER, PRATIBHA, MD†**

Provider ID: N/A  
4002 VISTA WAY

OCEANSIDE, CA 92056  
Effective as of 01-JUL-21

**EBRAHIMI ADIB, TANNAZ, MD†**

Provider ID: N/A  
3927 WARING RD STE D  
OCEANSIDE, CA 92056  
Effective as of 01-JAN-21

**EBRAHIMI ADIB, TANNAZ, MD†**

Provider ID: N/A  
3927 WARING RD STE D  
OCEANSIDE, CA 92056  
Effective as of 01-JAN-19

**MAZAREI, RAHELE, DO†**

Provider ID: N/A  
3998 VISTA WAY STE C  
OCEANSIDE, CA 92056  
Effective as of 01-MAR-20

**MAZAREI, RAHELE, DO†**

Provider ID: N/A  
3998 VISTA WAY STE C  
OCEANSIDE, CA 92056  
Effective as of 01-MAY-21

**PENVOSE-YI, JAN, MD†**

Provider ID: N/A  
2210 MESA DR STE 5  
OCEANSIDE, CA 92054  
Effective as of 01-JUL-22

**SCHWEIKERT, SUZANNE, MD†**

Provider ID: N/A  
2210 MESA DR STE 5  
OCEANSIDE, CA 92054  
Effective as of 01-JUL-22

**SCHWEIKERT, SUZANNE, MD†**

Provider ID: N/A  
2210 MESA DR STE 5  
OCEANSIDE, CA 92054  
Effective as of 01-APR-15

**SUNTAY, BERK, MD<sup>†</sup>**

Provider ID: N/A

3998 VISTA WAY STE C  
OCEANSIDE, CA 92056  
Effective as of 01-JUN-21

**SUNTAY, BERK, MD<sup>†</sup>**

Provider ID: N/A

3998 VISTA WAY STE C  
OCEANSIDE, CA 92056  
Effective as of 01-MAY-21

**OPHTHALMOLOGY**

**JACOBSEN, BRADLEY, MD**

Provider ID: N/A

3231 WARING CT STE S  
OCEANSIDE, CA 92056  
Effective as of 01-JUL-23

**JACOBSEN, BRADLEY, MD**

Provider ID: N/A

3231 WARING CT STE S  
OCEANSIDE, CA 92056  
Effective as of 01-OCT-23

**NGUYEN, VINCENT, MD<sup>†</sup>**

Provider ID: N/A

3231 WARING CT STE S  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-21

**NGUYEN, VINCENT, MD<sup>†</sup>**

Provider ID: N/A

3231 WARING CT STE S  
OCEANSIDE, CA 92056  
Effective as of 01-APR-20

**ROBINSON, FANE, MD<sup>†</sup>**

Provider ID: N/A

3231 WARING CT STE S  
OCEANSIDE, CA 92056  
Effective as of 01-FEB-10

**SHEILS, CATHERINE, MD**

Provider ID: N/A

3637 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-JAN-24

**SMITH, MARK, MD<sup>†</sup>**

Provider ID: N/A

3231 WARING CT STE S  
OCEANSIDE, CA 92056  
Effective as of 01-FEB-10

**SMITH, MARK, MD<sup>†</sup>**

Provider ID: N/A

3231 WARING CT STE S  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-21

**SONG, DELU, MD**

Provider ID: N/A

3231 WARING CT STE S  
OCEANSIDE, CA 92056  
Effective as of 01-OCT-23

**SONG, DELU, MD**

Provider ID: N/A

3231 WARING CT STE S  
OCEANSIDE, CA 92056  
Effective as of 01-DEC-23

**SONG, DELU, MD**

Provider ID: N/A

3231 WARING CT STE S  
OCEANSIDE, CA 92056  
Effective as of 01-JUL-23

**OPTOMETRIST**

**GEE, JENNIFER, OD**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-24

**GEE, JENNIFER, OD**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JUL-22

**GEE, JENNIFER, OD**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JUL-22

**GEE, JENNIFER, OD**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

**KASAI, SARAH, OD**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-DEC-23

**KASAI, SARAH, OD**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-DEC-23

**KIM, MICHAEL, OD**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

**KIM, MICHAEL, OD**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JUL-22

**KIM, MICHAEL, OD**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-24

**KIM, MICHAEL, OD**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JUL-22

**MORA, WENDY, OD**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

**MORA, WENDY, OD**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JUL-22

**MORA, WENDY, OD**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JUL-22

**MORA, WENDY, OD**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-24

**RICH, RYAN, OD**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-24

**RICH, RYAN, OD**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JUL-22

**RICH, RYAN, OD**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JUL-22

**RICH, RYAN, OD**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

**RING, ROBERT, OD†**

Provider ID: N/A

3998 VISTA WAY STE 204  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-22

**TAM, EMILY, OD**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JAN-24

**TAM, EMILY, OD**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054  
Effective as of 01-JUL-22

**TAM, EMILY, OD**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JUL-22

**TAM, EMILY, OD**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-JAN-24

**OTOLARYNGOLOGY**

**CARROLL, SARAH, MD†**

Provider ID: N/A

3907 WARING RD STE 1

OCEANSIDE, CA 92056  
Effective as of 01-MAY-21

**CARROLL, SARAH, MD†**

Provider ID: N/A

3907 WARING RD STE 1  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-21

**CARROLL, SARAH, MD†**

Provider ID: N/A

3907 WARING RD STE 1  
OCEANSIDE, CA 92056  
Effective as of 01-OCT-21

**OTOLARYNGOLOGY /  
OTOLOGY /  
LARYNGOLOGY /  
RHINOLOGY**

**BERRY, JULIE, MD**

Provider ID: N/A

3909 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-APR-23

**JACOBS, ROBERT, MD†**

Provider ID: N/A

3907 WARING RD STE 1A  
OCEANSIDE, CA 92056  
Effective as of 01-JUN-99

**JACOBS, ROBERT, MD†**

Provider ID: N/A

3907 WARING RD STE 1A  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-21

**KUSHNARYOV, ANTON, MD**

Provider ID: N/A

3909 WARING RD STE A  
OCEANSIDE, CA 92056  
Effective as of 01-APR-23

**REISMAN, BRUCE, MD†**

Provider ID: N/A

3907 WARING RD STE 1  
OCEANSIDE, CA 92056  
Effective as of 01-JUN-99

**PEDIATRICS**

**CURLEY, EDWARD, MD†**

Provider ID: N/A

2210 MESA DR STE 300  
OCEANSIDE, CA 92054  
Effective as of 01-FEB-15

**RONAN, KEVIN, MD**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Effective as of 01-MAY-23

**ZACHRY, ALISON, MD†**

Provider ID: N/A

3220 MISSION AVE STE 1  
OCEANSIDE, CA 92058  
Effective as of 01-SEP-22

**ZACHRY, ALISON, MD†**

Provider ID: N/A

2210 MESA DR STE 300  
OCEANSIDE, CA 92054  
Effective as of 01-SEP-22

**ZACHRY, ALISON, MD†**

Provider ID: N/A

2210 MESA DR STE 5  
OCEANSIDE, CA 92054  
Effective as of 01-SEP-22

**ZACHRY, ALISON, MD†**

Provider ID: N/A

605 CROUCH ST  
OCEANSIDE, CA 92054  
Effective as of 01-SEP-22

**ZACHRY, ALISON, MD†**

Provider ID: N/A

619 CROUCH ST  
OCEANSIDE, CA 92054  
Effective as of 01-SEP-22

**PHYSICAL MEDICINE /  
REHABILITATION**

**CURRY, JASON, MD†**

Provider ID: N/A

3905 WARING RD  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-SEP-21

**FISHER, CASEY, MD**

Provider ID: N/A

3142 VISTA WAY STE 207  
OCEANSIDE, CA 92056  
Effective as of 01-JAN-21

**PERRIZO, NATHAN, DO**

Provider ID: N/A

3998 VISTA WAY STE 108  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-21

**RICHARDSON, HENRY, MD†**

Provider ID: N/A

3231 WARING CT STE K  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-MAY-23

**PHYSICIANS ASSISTANT**

**BASIN, NATALIE, PA**

Provider ID: N/A

3629 VISTA WAY  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-DEC-23

**BASIN, NATALIE, PA**

Provider ID: N/A

3629 VISTA WAY  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-AUG-23

**BEITTER, KEERSTIN, PA†**

Provider ID: N/A

3231 WARING CT STE K  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-JAN-23

**BRODSKY, DENNIS, PA**

Provider ID: N/A

3142 VISTA WAY STE 207  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-FEB-22

**COWAN, JOHN, PA†**

Provider ID: N/A

3905 WARING RD  
OCEANSIDE, CA 92056  
Teleservice  
Effective as of 01-SEP-21

**GLASSER, DANIEL, PA**

Provider ID: N/A

605 CROUCH ST  
OCEANSIDE, CA 92054  
Effective as of 01-JUL-22

**KUPIS, ROBERT, PA**

Provider ID: N/A

605 CROUCH ST  
OCEANSIDE, CA 92054  
Effective as of 01-SEP-22

**PAUL, ROBERT, PA†**

Provider ID: N/A

3142 VISTA WAY STE 207  
OCEANSIDE, CA 92056  
Teleservice

Effective as of 01-FEB-22

**POLLINGTON, CHRISTOPHER, PA**

Provider ID: N/A

3905 WARING RD  
OCEANSIDE, CA 92056

Teleservice

Effective as of 01-OCT-23

**RAMOS, ELENA, PA**

Provider ID: N/A

605 CROUCH ST BLDG C  
OCEANSIDE, CA 92054

Effective as of 01-AUG-23

**REUSCH, KEVIN, PA**

Provider ID: N/A

3905 WARING RD  
OCEANSIDE, CA 92056

Teleservice

Effective as of 01-OCT-23

**SKULSKY, EVA, PA†**

Provider ID: N/A

3923 WARING RD STE A  
OCEANSIDE, CA 92056

Effective as of 01-JAN-21

**THEPVONGSA, MELISSA, PA**

Provider ID: N/A

605 CROUCH ST BLDG C  
OCEANSIDE, CA 92054

Effective as of 01-SEP-22

**THOMAS, ROGER, PA**

Provider ID: N/A

3142 VISTA WAY STE 207  
OCEANSIDE, CA 92056

Teleservice

Effective as of 01-JUL-23

**WALLACE, STEPHANIE, PA**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057

Effective as of 01-FEB-24

**WRIGHT, DEREK, PA**

Provider ID: N/A

3231 WARING CT STE K  
OCEANSIDE, CA 92056

Effective as of 01-AUG-23

**PODIATRIST**

**BOBICK, BRIAN, DPM†**

Provider ID: N/A

3905 WARING RD  
OCEANSIDE, CA 92056

Teleservice

Effective as of 01-SEP-21

**BOBICK, BRIAN, DPM†**

Provider ID: N/A

3905 WARING RD  
OCEANSIDE, CA 92056

Teleservice

Effective as of 01-SEP-21

**BROOKS, JEFFREY, DPM**

Provider ID: N/A

3230 WARING CT STE M  
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

**SPRINGER, DEWAIN, DPM†**

Provider ID: N/A

2191 S EL CAMINO REAL  
STE 101  
OCEANSIDE, CA 92054

Effective as of 01-JUL-18

**PSYCHIATRY**

**BELL, JENNIFER, DO**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057

Effective as of 01-FEB-24

**BELL, JENNIFER, DO**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057

Effective as of 01-FEB-24

**CHAUDHRI, YASHWANT, MD†**

Provider ID: N/A

520 N COAST HWY STE 103  
OCEANSIDE, CA 92054

Effective as of 01-AUG-22

**CHAUDHRI, YASHWANT, MD†**

Provider ID: N/A

520 N COAST HWY STE 103  
OCEANSIDE, CA 92054

Effective as of 01-AUG-22

**CHRISTIANSON, WARREN, DO**

Provider ID: N/A

818 PIER VIEW WAY  
OCEANSIDE, CA 92054

Effective as of 01-AUG-21

**CHRISTIANSON, WARREN, DO**

Provider ID: N/A

517 N HORNE ST  
OCEANSIDE, CA 92054

Effective as of 01-AUG-21

**CHRISTIANSON, WARREN, DO**

Provider ID: N/A

4700 N RIVER RD  
OCEANSIDE, CA 92057

Effective as of 01-AUG-21

**CHRISTIANSON, WARREN, DO**

Provider ID: N/A  
 517 N HORNE ST  
 OCEANSIDE, CA 92054  
 Effective as of 01-AUG-21

**CHRISTIANSON, WARREN, DO**

Provider ID: N/A  
 818 PIER VIEW WAY  
 OCEANSIDE, CA 92054  
 Effective as of 01-AUG-21

**CHRISTIANSON, WARREN, DO**

Provider ID: N/A  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057  
 Effective as of 01-AUG-21

**PATEL, MITESH, MD**

Provider ID: N/A  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057  
 Effective as of 01-JAN-24

**PATEL, MITESH, MD**

Provider ID: N/A  
 517 N HORNE ST  
 OCEANSIDE, CA 92054  
 Teleservice  
 Effective as of 01-JAN-24

**PATEL, MITESH, MD**

Provider ID: N/A  
 818 PIER VIEW WAY  
 OCEANSIDE, CA 92054  
 Teleservice  
 Effective as of 01-JAN-24

**PATEL, MITESH, MD**

Provider ID: N/A  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057  
 Effective as of 01-JAN-24

**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

**PULMONARY DISEASES**

**CORONA, FRANK, MD**

Provider ID: N/A  
 3907 WARING RD STE 2  
 OCEANSIDE, CA 92056  
 Effective as of 01-AUG-23

**CORONA, FRANK, MD**

Provider ID: N/A  
 3231 WARING CT STE D  
 OCEANSIDE, CA 92056  
 Effective as of 01-JUN-99

**VISEROI, MARIUS, MD<sup>†</sup>**

Provider ID: N/A  
 3231 WARING CT STE D  
 OCEANSIDE, CA 92056  
 Effective as of 01-SEP-21

**YAMANAKA, MARK, MD**

Provider ID: N/A  
 3907 WARING RD STE 2  
 OCEANSIDE, CA 92056  
 Effective as of 01-AUG-23

**RADIATION ONCOLOGY**

**HOOPES, DAVID, MD**

Provider ID: N/A  
 4002 VISTA WAY  
 OCEANSIDE, CA 92056  
 Effective as of 01-DEC-23

**RASH, DOMINIQUE, MD**

Provider ID: N/A  
 4002 VISTA WAY  
 OCEANSIDE, CA 92056  
 Effective as of 01-DEC-23

**URBANIC, JAMES, MD**

Provider ID: N/A  
 4002 VISTA WAY  
 OCEANSIDE, CA 92056  
 Effective as of 01-DEC-23

**REGISTERED PHYSICAL  
THERAPIST**

**AMBROSE, CHRISTOPHER, PT**

Provider ID: N/A  
 467 COLLEGE BLVD STE 6  
 OCEANSIDE, CA 92057  
 Effective as of 01-DEC-21

**BOUCHARD, REID, PT**

Provider ID: N/A  
 3905 WARING RD  
 OCEANSIDE, CA 92056  
 Effective as of 01-OCT-21

**BOUTELLE, BARBARA, PT**

Provider ID: N/A  
 457 COLLEGE BLVD STE 6  
 OCEANSIDE, CA 92057  
 Effective as of 01-FEB-24

**BOUTELLE, BARBARA, PT**

Provider ID: N/A  
 467 COLLEGE BLVD STE 6  
 OCEANSIDE, CA 92057  
 Effective as of 01-JAN-24

**BOUTELLE, DAVID, PT**

Provider ID: N/A  
 467 COLLEGE BLVD STE 6  
 OCEANSIDE, CA 92057  
 Effective as of 01-DEC-21

**DOULL, MATTHEW, PT**

Provider ID: N/A

3905 WARING RD  
OCEANSIDE, CA 92056

Teleservice

Effective as of 01-JUN-23

**FARRAR, COURTNEY, PT†**

Provider ID: N/A

3231 WARING CT STE K  
OCEANSIDE, CA 92056

Teleservice

Effective as of 01-JAN-23

**FARRAR, COURTNEY, PT†**

Provider ID: N/A

3231 WARING CT STE K  
OCEANSIDE, CA 92056

Teleservice

Effective as of 01-JAN-23

**GARBER, MARC, PT**

Provider ID: N/A

3905 WARING RD  
OCEANSIDE, CA 92056

Teleservice

Effective as of 01-OCT-21

**LANGIS, TANYA, PT**

Provider ID: N/A

3905 WARING RD  
OCEANSIDE, CA 92056

Teleservice

Effective as of 01-OCT-21

**MCGEE, JACQUELINE, PT**

Provider ID: N/A

467 COLLEGE BLVD STE 6  
OCEANSIDE, CA 92057

Effective as of 01-DEC-21

**OSORIO, SANTIAGO, PT**

Provider ID: N/A

2424 VISTA WAY STE 120  
OCEANSIDE, CA 92054

Effective as of 01-SEP-22

**PENNINGTON, JENNIFER, PT**

Provider ID: N/A

3905 WARING RD  
OCEANSIDE, CA 92056

Teleservice

Effective as of 01-OCT-21

**TAMAYO, SYDNIE, PT**

Provider ID: N/A

3905 WARING RD  
OCEANSIDE, CA 92056

Teleservice

Effective as of 01-OCT-23

**WILSON, JENNIFER, PT**

Provider ID: N/A

3905 WARING RD  
OCEANSIDE, CA 92056

Teleservice

Effective as of 01-OCT-21

**RHEUMATOLOGY**

**BEJKO, ETELEVA, MD**

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**

**CARDIOVASCULAR**

**WU, DARRELL, MD†**

Provider ID: N/A

3156 VISTA WAY STE 100  
OCEANSIDE, CA 92056

Effective as of 01-JUL-21

**SURGERY COLON**

**SURGERY**

**NASSERY, KRISTEN, MD†**

Provider ID: N/A

3601 VISTA WAY STE 203  
OCEANSIDE, CA 92056

Effective as of 01-JAN-21

**NASSERY, KRISTEN, MD†**

Provider ID: N/A

3601 VISTA WAY STE 203  
OCEANSIDE, CA 92056

Effective as of 01-SEP-21

**SURGERY GENERAL**

**DEEMER, ANDREW, MD†**

Provider ID: N/A

3601 VISTA WAY STE 203  
OCEANSIDE, CA 92056

Effective as of 01-JAN-21

**DEEMER, ANDREW, MD†**

Provider ID: N/A

3601 VISTA WAY STE 203  
OCEANSIDE, CA 92056

Effective as of 01-SEP-21

**JAMSHIDI-NEZHAD,**

**MOHAMMAD, DO**

Provider ID: N/A

3601 VISTA WAY STE 203  
OCEANSIDE, CA 92056

Effective as of 01-JAN-21

**SEIDEN, GRANT, MD†**

Provider ID: N/A

3905 WARING RD  
OCEANSIDE, CA 92056

Teleservice

Effective as of 01-SEP-21

**WAKILY, HUSSNA, MD†**

Provider ID: N/A

3601 VISTA WAY STE 203  
OCEANSIDE, CA 92056

Effective as of 01-SEP-21

**WAKILY, HUSSNA, MD†**

Provider ID: N/A

3601 VISTA WAY STE 203  
OCEANSIDE, CA 92056

Effective as of 01-JAN-21

***SURGERY HAND***

**DAUGHERTY, DAVID, MD†**

Provider ID: N/A

3905 WARING RD  
OCEANSIDE, CA 92056

Teleservice

Effective as of 01-SEP-21

**HARTMAN, ANDREW, MD†**

Provider ID: N/A

3905 WARING RD  
OCEANSIDE, CA 92056

Teleservice

Effective as of 01-SEP-21

**SEIDEN, GRANT, MD†**

Provider ID: N/A

3905 WARING RD  
OCEANSIDE, CA 92056

Teleservice

Effective as of 01-SEP-21

***SURGERY ORTHOPEDIC***

**AMORY, DAVID, MD†**

Provider ID: N/A

3905 WARING RD  
OCEANSIDE, CA 92056

Teleservice

Effective as of 01-SEP-21

**DAUGHERTY, DAVID, MD†**

Provider ID: N/A

3905 WARING RD  
OCEANSIDE, CA 92056

Teleservice

Effective as of 01-SEP-21

**KANE, NORMAN, MD†**

Provider ID: N/A

3905 WARING RD  
OCEANSIDE, CA 92056

Teleservice

Effective as of 01-SEP-21

**KANE, NORMAN, MD†**

Provider ID: N/A

3905 WARING RD  
OCEANSIDE, CA 92056

Teleservice

Effective as of 01-SEP-21

**STARK, ERIK, MD†**

Provider ID: N/A

3905 WARING RD  
OCEANSIDE, CA 92056

Teleservice

Effective as of 01-SEP-21

***UROLOGY***

**BOONJINDASUP, AARON, MD**

Provider ID: N/A

3907 WARING RD STE 4  
OCEANSIDE, CA 92056

Effective as of 01-SEP-21

**FRASIER, BRADLEY, MD†**

Provider ID: N/A

3609 VISTA WAY  
OCEANSIDE, CA 92056

Effective as of 01-JAN-21

**FRASIER, BRADLEY, MD†**

Provider ID: N/A

3609 VISTA WAY  
OCEANSIDE, CA 92056

Effective as of 01-JUN-99

**FRASIER, BRADLEY, MD†**

Provider ID: N/A

3609 VISTA WAY  
OCEANSIDE, CA 92056

Effective as of 01-SEP-21

**GUERENA, MICHAEL, MD†**

Provider ID: N/A

3609 VISTA WAY  
OCEANSIDE, CA 92056

Effective as of 01-SEP-21

**GUERENA, MICHAEL, MD†**

Provider ID: N/A

3609 VISTA WAY  
OCEANSIDE, CA 92056

Effective as of 01-JUN-99

**GUERENA, MICHAEL, MD†**

Provider ID: N/A

3609 VISTA WAY  
OCEANSIDE, CA 92056

Effective as of 01-JAN-21

**PHILLIPS, JASON, MD†**

Provider ID: N/A

3907 WARING RD STE 4  
OCEANSIDE, CA 92056

Effective as of 01-SEP-21

**PHILLIPS, JASON, MD†**

Provider ID: N/A

3609 VISTA WAY  
OCEANSIDE, CA 92056

Effective as of 01-JAN-15

**SHAPIRO, ROBERT, MD**

Provider ID: N/A

3609 VISTA WAY  
OCEANSIDE, CA 92056



Effective as of 01-AUG-23

**VILCHIS, CAROLINE, MD†**

Provider ID: N/A

3609 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-DEC-13

**VILCHIS, CAROLINE, MD†**

Provider ID: N/A

3609 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-JAN-21

**VILCHIS, CAROLINE, MD†**

Provider ID: N/A

3609 VISTA WAY  
OCEANSIDE, CA 92056  
Effective as of 01-SEP-21

**CERTIFIED NURSE  
PRACTITIONER**

**ADDO, BELINDA, NP†**

Provider ID: N/A

524 W 4TH ST STE B  
PERRIS, CA 92570  
Effective as of 01-OCT-22

**ONUOHA, NOJA, NP†**

Provider ID: N/A

1675 N PERRIS BLVD STE G1  
PERRIS, CA 92571  
Effective as of 01-SEP-22

**CHIROPRACTOR**

**SCHRIEFER, NOAH, DC†**

Provider ID: N/A

1675 N PERRIS BLVD STE G  
PERRIS, CA 92571  
Effective as of 01-SEP-22

**TRAINER, JASON, DC†**

Provider ID: N/A

1675 N PERRIS BLVD STE G1  
PERRIS, CA 92571

Effective as of 01-JUL-22

**NEUROLOGY CHILD**

**ARCA, CHRIS, MD**

Provider ID: N/A

215 W 4TH ST  
PERRIS, CA 92570  
Effective as of 01-NOV-23

**PEDIATRICS**

**LEE, ALAN, MD†**

Provider ID: N/A

215 W 4TH ST  
PERRIS, CA 92570\*  
Effective as of 01-AUG-20

**LEE, ALAN, MD†**

Provider ID: N/A

215 W 4TH ST  
PERRIS, CA 92570\*  
Effective as of 01-AUG-20

**PREVENTATIVE MEDICINE  
GENERAL**

**LAFONTANT, JEAN, MD†**

Provider ID: N/A

524 W 4TH ST STE B  
PERRIS, CA 92570  
Effective as of 01-SEP-22

**LAFONTANT, JEAN, MD†**

Provider ID: N/A

524 W 4TH ST STE B  
PERRIS, CA 92570  
Effective as of 01-SEP-22

**LAFONTANT, JEAN, MD†**

Provider ID: N/A

524 W 4TH ST STE B  
PERRIS, CA 92570

Effective as of 01-JAN-21

**ANESTHESIOLOGY**

**PRASAD, RUPA, MD†**

Provider ID: N/A

15611 POMERADO RD STE  
505  
POWAY, CA 92064  
Teleservice  
Effective as of 01-NOV-23

**ANESTHESIOLOGY PAIN  
MANAGEMENT**

**COHEN, ZACHARY, MD**

Provider ID: N/A

15725 POMERADO RD STE  
201  
POWAY, CA 92064  
Effective as of 01-JAN-23

**COHEN, ZACHARY, MD†**

Provider ID: N/A

15725 POMERADO RD STE  
210  
POWAY, CA 92064  
Effective as of 01-JAN-24

**FISHER, CASEY, MD**

Provider ID: N/A

15725 POMERADO RD STE  
201  
POWAY, CA 92064  
Effective as of 01-APR-23

**PRASAD, RUPA, MD†**

Provider ID: N/A

15611 POMERADO RD STE  
505  
POWAY, CA 92064  
Teleservice  
Effective as of 01-NOV-21

**CARDIOLOGY**

**BAYAT, HAMED, MD†**

Provider ID: N/A

15611 POMERADO RD STE  
400  
POWAY, CA 92064  
Effective as of 01-SEP-22

**CHEN, ANDREW, MD†**

Provider ID: N/A

15611 POMERADO RD STE  
400  
POWAY, CA 92064  
Effective as of 01-SEP-22

**MULVIHILL, DANIEL, MD†**

Provider ID: N/A

15611 POMERADO RD FL 4  
POWAY, CA 92064  
Effective as of 01-SEP-22

**SERRY, ROD, MD†**

Provider ID: N/A

15611 POMERADO RD STE  
400  
POWAY, CA 92064  
Effective as of 01-SEP-22

**VANICHSARN, CHRISTOPHER,  
MD†**

Provider ID: N/A

15611 POMERADO RD STE  
400  
POWAY, CA 92064  
Effective as of 01-MAR-24

**CARDIOVASCULAR  
DISEASE**

**NANAVATI, VIMAL, MD**

Provider ID: N/A

15706 POMERADO RD STE  
104  
POWAY, CA 92064  
Effective as of 01-FEB-23

**SHEREV, DIMITRI, MD**

Provider ID: N/A

15708 POMERADO RD STE  
N-205  
POWAY, CA 92064  
Effective as of 01-SEP-23

**ZAKOV, KAMEN, MD†**

Provider ID: N/A

15611 POMERADO RD STE  
400  
POWAY, CA 92064  
Effective as of 01-SEP-22

**CERTIFIED NURSE  
PRACTITIONER**

**BISHOP, LESLIE, NP†**

Provider ID: N/A

15611 POMERADO RD STE  
505  
POWAY, CA 92064  
Teleservice  
Effective as of 01-JAN-21

**TRAN, DAPHNE, NP**

Provider ID: N/A

15611 POMERADO RD  
POWAY, CA 92064  
Effective as of 01-FEB-23

**WILLIAMS, SHANTRICE, NP**

Provider ID: N/A

13010 POWAY RD  
POWAY, CA 92064  
Effective as of 01-FEB-24

**WRIGHT, KIMBERLY, NP†**

Provider ID: N/A

15611 POMERADO RD STE  
400  
POWAY, CA 92064  
Effective as of 01-JAN-21

**CLINICAL**

**NEUROPSYCHOLOGIST**

**KAUP, ALLISON, PhD†**

Provider ID: N/A

15611 POMERADO RD STE  
505  
POWAY, CA 92064  
Teleservice  
Effective as of 01-MAR-21

**DERMATOLOGY**

**ARMSTRONG, PATRICK, MD**

Provider ID: N/A

15721 POMERADO RD STE  
300  
POWAY, CA 92064  
Effective as of 01-MAR-24

**ARMSTRONG, PATRICK, MD†**

Provider ID: N/A

15611 POMERADO RD STE  
400  
POWAY, CA 92064  
Effective as of 01-SEP-22

**BROGAN, JACQUELINE, MD**

Provider ID: N/A

15725 POMERADO RD STE  
102  
POWAY, CA 92064  
Effective as of 01-FEB-24

**CELANO, NICHOLAS, MD**

Provider ID: N/A

15725 POMERADO RD STE  
102  
POWAY, CA 92064  
Effective as of 01-NOV-23

**CELANO, NICHOLAS, MD**

Provider ID: N/A

15725 POMERADO RD STE

102  
POWAY, CA 92064  
Effective as of 01-JAN-24

**CHIANG, JENNIFER, MD**

Provider ID: N/A  
15725 POMERADO RD STE  
102  
POWAY, CA 92064  
Effective as of 01-JAN-24

**GONZALEZ, JOSE, MD**

Provider ID: N/A  
15725 POMERADO RD STE  
102  
POWAY, CA 92064  
Effective as of 01-FEB-24

**JOU, PAUL, MD†**

Provider ID: N/A  
15611 POMERADO RD STE  
400  
POWAY, CA 92064  
Effective as of 01-SEP-22

**LIN, SHINKO, MD**

Provider ID: N/A  
15725 POMERADO RD STE  
102  
POWAY, CA 92064  
Effective as of 01-MAR-24

**NELSON, AISLYN, MD**

Provider ID: N/A  
15725 POMERADO RD STE  
102  
POWAY, CA 92064  
Effective as of 01-FEB-24

**SATEESH, BROOKE, MD**

Provider ID: N/A  
15725 POMERADO RD STE  
102  
POWAY, CA 92064  
Effective as of 01-JAN-24

**TYAGI, ABHILASHA, MD**

Provider ID: N/A  
15725 POMERADO RD STE  
102  
POWAY, CA 92064  
Effective as of 01-JAN-24

**UEBELHOER, NATHAN, DO†**

Provider ID: N/A  
15725 POMERADO RD STE  
102  
POWAY, CA 92064  
Effective as of 01-JAN-24

**ENDOCRINOLOGY  
METABOLISM DIABETES**

**SCHNEIDER, DARIUS, MD**

Provider ID: N/A  
15525 POMERADO RD STE  
A1  
POWAY, CA 92064  
Effective as of 01-JAN-23

**SCHNEIDER, DARIUS, MD**

Provider ID: N/A  
15525 POMERADO RD STE  
A1  
POWAY, CA 92064  
Effective as of 01-DEC-22

**FAMILY PRACTICE**

**NAJAND, SADAF, MD†**

Provider ID: N/A  
15611 POMERADO RD STE  
400  
POWAY, CA 92064  
Effective as of 01-SEP-22

**WHITE, KERI, MD†**

Provider ID: N/A  
15611 POMERADO RD STE  
400

POWAY, CA 92064  
Effective as of 01-SEP-22

**GASTROENTEROLOGY**

**ZAKKO, MARAM, MD†**

Provider ID: N/A  
15611 POMERADO RD STE  
400  
POWAY, CA 92064  
Effective as of 01-JAN-21

**INTERNAL MEDICINE**

**LIU, ANDREW, MD**

Provider ID: N/A  
15708 POMERADO RD STE  
N-205  
POWAY, CA 92064  
Effective as of 01-SEP-23

**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-SEP-22

**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

**THAPER, MOHINDERPAL, MD†**

Provider ID: N/A

15611 POMERADO RD STE  
575  
POWAY, CA 92064  
Effective as of 01-JAN-21

**LICENSED CLINICAL  
SOCIAL WORKER**

**BELINSKY, MARIA, LCSW**

Provider ID: N/A

13010 POWAY RD  
POWAY, CA 92064  
Effective as of 01-FEB-24

**NEPHROLOGY**

**AL-DAHMAN, ZAID, MD**

Provider ID: N/A

15708 POMERADO RD STE  
N-205  
POWAY, CA 92064  
Effective as of 01-MAY-23

**BOISKIN, MARK, MD†**

Provider ID: N/A

15708 POMERADO RD STE  
N-205  
POWAY, CA 92064  
Effective as of 01-JUL-22

**BOISKIN, MARK, MD**

Provider ID: N/A

15644 POMERADO RD STE

104  
POWAY, CA 92064  
Effective as of 01-JAN-24

**BOISKIN, MARK, MD†**

Provider ID: N/A

15708 POMERADO RD STE  
N-205  
POWAY, CA 92064  
Effective as of 01-JAN-21

**BOISKIN, MARK, MD†**

Provider ID: N/A

15708 POMERADO RD STE  
N-205  
POWAY, CA 92064  
Effective as of 01-JAN-16

**GREENSTEIN, JOSHUA, MD†**

Provider ID: N/A

15708 POMERADO RD STE  
N-205  
POWAY, CA 92064  
Effective as of 01-JUL-22

**NEYAZ, MOHAMMED, DO**

Provider ID: N/A

15708 POMERADO RD STE  
N-205  
POWAY, CA 92064  
Effective as of 01-NOV-23

**SHAPIRO, MARK, MD†**

Provider ID: N/A

15708 POMERADO RD STE  
N-205  
POWAY, CA 92064  
Teleservice  
Effective as of 01-JUL-22

**NEUROLOGY**

**DELANEY, MICHAEL, MD†**

Provider ID: N/A

15611 POMERADO RD STE

505  
POWAY, CA 92064  
Teleservice  
Effective as of 01-JAN-21

**DELANEY, MICHAEL, MD†**

Provider ID: N/A

15611 POMERADO RD STE  
505  
POWAY, CA 92064  
Teleservice  
Effective as of 01-AUG-19

**DELANEY, MICHAEL, MD†**

Provider ID: N/A

15611 POMERADO RD STE  
505  
POWAY, CA 92064  
Teleservice  
Effective as of 01-JAN-21

**FARNSWORTH, WILLIAM, MD†**

Provider ID: N/A

15611 POMERADO RD STE  
505  
POWAY, CA 92064  
Effective as of 01-NOV-21

**FARNSWORTH, WILLIAM, MD†**

Provider ID: N/A

15611 POMERADO RD STE  
505  
POWAY, CA 92064  
Effective as of 01-FEB-22

**HO, GILBERT, MD**

Provider ID: N/A

15708 POMERADO RD STE  
N103  
POWAY, CA 92064\*  
Effective as of 01-OCT-23

**LUHAR, RIYA, DO**

Provider ID: N/A

15611 POMERADO RD STE

505  
POWAY, CA 92064  
Teleservice  
Effective as of 01-JAN-23

**LUHAR, RIYA, DO**

Provider ID: N/A  
☑ 15611 POMERADO RD STE  
505  
POWAY, CA 92064  
Teleservice  
Effective as of 01-AUG-23

**WANG, ANCHI, MD†**

Provider ID: N/A  
☑ 15611 POMERADO RD STE  
505  
POWAY, CA 92064  
Effective as of 01-JAN-21

**WANG, CHUNYANG, MD†**

Provider ID: N/A  
☑ 15611 POMERADO RD STE  
505  
POWAY, CA 92064  
Teleservice  
Effective as of 01-JAN-24

**WANG, CHUNYANG, MD†**

Provider ID: N/A  
☑ 15611 POMERADO RD STE  
505  
POWAY, CA 92064  
Teleservice  
Effective as of 01-NOV-23

**OBSTETRICS /  
GYNECOLOGY**

**FAN, LI, MD†**

Provider ID: N/A  
☑ 15525 POMERADO RD STE  
C1  
POWAY, CA 92064\*

Effective as of 01-NOV-21

**OPHTHALMOLOGY**

**LOZIER, JEFFREY, MD†**

Provider ID: N/A  
☑ 15611 POMERADO RD STE  
400  
POWAY, CA 92064  
Effective as of 01-SEP-22

**OPTOMETRIST**

**KIM, MICHELLE, OD**

Provider ID: N/A  
☑ 15611 POMERADO RD STE  
400  
POWAY, CA 92064  
Effective as of 01-SEP-22

**PHYSICAL MEDICINE /  
REHABILITATION**

**BULLOCK, ANDREW, DO†**

Provider ID: N/A  
☑ 15644 POMERADO RD STE  
204  
POWAY, CA 92064  
Effective as of 01-JUL-22

**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-SEP-22

**FISHER, CASEY, MD**

Provider ID: N/A

☑ 15725 POMERADO RD STE  
210  
POWAY, CA 92064  
Effective as of 01-JAN-21

**TAHAEI, SEYED, MD†**

Provider ID: N/A  
☑ 15708 POMERADO RD STE  
N-207  
POWAY, CA 92064  
Effective as of 01-OCT-22

**PHYSICIANS ASSISTANT**

**ASTOURIAN, PATRICK, PA†**

Provider ID: N/A  
☑ 15725 POMERADO RD STE  
117  
POWAY, CA 92064  
Teleservice  
Effective as of 01-SEP-22

**CAMERON, KENDALL, PA**

Provider ID: N/A  
☑ 15725 POMERADO RD STE  
117  
POWAY, CA 92064  
Teleservice  
Effective as of 01-AUG-22

**CHATFIELD, ALEXANDRA, PA†**

Provider ID: N/A  
☑ 15611 POMERADO RD STE  
525  
POWAY, CA 92064  
Effective as of 01-FEB-21

**GRINDLE, SILVIA, PA†**

Provider ID: N/A  
☑ 13525 MIDLAND RD STE F  
POWAY, CA 92064  
Effective as of 01-JAN-21

**HUANG, STEPHANIE, PA†**

Provider ID: N/A

15611 POMERADO RD STE  
505  
POWAY, CA 92064

Effective as of 01-JAN-21

**RAHIM, ARIANNA, PA**

Provider ID: N/A

15611 POMERADO RD STE  
505  
POWAY, CA 92064

Effective as of 01-OCT-23

**WEBB, SHANNON, PA**

Provider ID: N/A

15725 POMERADO RD STE  
102  
POWAY, CA 92064

Teleservice

Effective as of 01-MAY-23

**PODIATRIST**

**BANKS, JAMINELLI, DPM†**

Provider ID: N/A

15706 POMERADO RD STE  
S-102  
POWAY, CA 92064

Effective as of 01-SEP-22

**CHU, ANDREW, DPM†**

Provider ID: N/A

15706 POMERADO RD STE  
S-102  
POWAY, CA 92064

Effective as of 01-SEP-22

**CHU, ANDREW, DPM†**

Provider ID: N/A

15706 POMERADO RD STE  
S-102  
POWAY, CA 92064

Effective as of 01-NOV-21

**HAN, KYOUNG, DPM**

Provider ID: N/A

15706 POMERADO RD STE  
102  
POWAY, CA 92064\*

Effective as of 01-NOV-21

**NEGRON, RICARDO, DPM**

Provider ID: N/A

13010 POWAY RD  
POWAY, CA 92064

Effective as of 01-JAN-21

**READ, TRENTON, DPM**

Provider ID: N/A

15706 POMERADO RD STE  
102  
POWAY, CA 92064

Effective as of 01-APR-23

**SMITH, COLLIN, DPM†**

Provider ID: N/A

15706 POMERADO RD STE  
S102  
POWAY, CA 92064

Effective as of 01-SEP-22

**SMITH, COLLIN, DPM†**

Provider ID: N/A

15706 POMERADO RD STE  
S102  
POWAY, CA 92064

Effective as of 01-FEB-21

**SMITH, COLLIN, DPM†**

Provider ID: N/A

15706 POMERADO RD STE  
S102  
POWAY, CA 92064

Effective as of 01-DEC-21

**PSYCHIATRY**

**ANDERSEN, CLAIRE, MD**

Provider ID: N/A

13020 POWAY RD

POWAY, CA 92064

Effective as of 01-JAN-21

**ANDERSEN, CLAIRE, MD**

Provider ID: N/A

13020 POWAY RD  
POWAY, CA 92064

Effective as of 01-JAN-21

**MODHWADIA, MAMTA, MD**

Provider ID: N/A

13010 POWAY RD  
POWAY, CA 92064

Effective as of 01-FEB-24

**MODHWADIA, MAMTA, MD**

Provider ID: N/A

13010 POWAY RD  
POWAY, CA 92064

Effective as of 01-FEB-24

**PEDERSEN, SUESAN, MD**

Provider ID: N/A

13010 POWAY RD  
POWAY, CA 92064

Effective as of 01-AUG-22

**PEDERSEN, SUESAN, MD**

Provider ID: N/A

13010 POWAY RD  
POWAY, CA 92064

Effective as of 01-AUG-22

**POSTLETHWAITE,  
ALEJANDRA, MD†**

Provider ID: N/A

13010 POWAY RD  
POWAY, CA 92064

Effective as of 01-JAN-24

**POSTLETHWAITE,  
ALEJANDRA, MD†**

Provider ID: N/A

13010 POWAY RD  
POWAY, CA 92064

Effective as of 01-JAN-24

### **PSYCHIATRY CHILD**

#### **ANDERSEN, CLAIRE, MD**

Provider ID: N/A

13020 POWAY RD  
POWAY, CA 92064

Effective as of 01-JAN-21

#### **ANDERSEN, CLAIRE, MD**

Provider ID: N/A

13020 POWAY RD  
POWAY, CA 92064

Effective as of 01-JAN-21

### **PSYCHOLOGIST**

#### **KAUP, ALLISON, PhD†**

Provider ID: N/A

15611 POMERADO RD STE  
505  
POWAY, CA 92064

Teleservice

Effective as of 01-FEB-24

#### **KAUP, ALLISON, PhD†**

Provider ID: N/A

15611 POMERADO RD STE  
505  
POWAY, CA 92064

Teleservice

Effective as of 01-NOV-23

#### **KAUP, ALLISON, PhD†**

Provider ID: N/A

15611 POMERADO RD STE  
505  
POWAY, CA 92064

Teleservice

Effective as of 01-FEB-24

#### **KAUP, ALLISON, PhD†**

Provider ID: N/A

15611 POMERADO RD STE

505

POWAY, CA 92064

Teleservice

Effective as of 01-NOV-23

#### **MEJIAS, JUAN, PhD**

Provider ID: N/A

13010 POWAY RD  
POWAY, CA 92064

Effective as of 01-JAN-24

#### **MEJIAS, JUAN, PhD**

Provider ID: N/A

13010 POWAY RD  
POWAY, CA 92064

Effective as of 01-JAN-24

#### **VALLEZ-BARLAM, ANDREA, PhD**

Provider ID: N/A

13010 POWAY RD  
POWAY, CA 92064

Effective as of 01-DEC-23

#### **VALLEZ-BARLAM, ANDREA, PhD**

Provider ID: N/A

13010 POWAY RD  
POWAY, CA 92064

Effective as of 01-JAN-24

#### **VALLEZ-BARLAM, ANDREA, PhD**

Provider ID: N/A

13010 POWAY RD  
POWAY, CA 92064

Effective as of 01-JAN-24

#### **VALLEZ-BARLAM, ANDREA, PhD**

Provider ID: N/A

13010 POWAY RD  
POWAY, CA 92064

Effective as of 01-DEC-23

### **PULMONARY DISEASES**

#### **BENDER, FRANK, MD†**

Provider ID: N/A

15611 POMERADO RD STE  
580  
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-DEC-18

#### **REDDY, SMITHA, MD†**

Provider ID: N/A

15725 POMERADO RD STE  
117  
POWAY, CA 92064

Effective as of 01-SEP-22

### **SURGERY ORTHOPEDIC**

#### **BALIKIAN, PHILIP, MD†**

Provider ID: N/A

15611 POMERADO RD STE  
400  
POWAY, CA 92064

Teleservice

Effective as of 01-JAN-21

#### **BRIED, JAMES, MD†**

Provider ID: N/A

15611 POMERADO RD STE

525  
POWAY, CA 92064  
Effective as of 01-SEP-22

**COHEN, BRAD, MD†**

Provider ID: N/A  
15611 POMERADO RD STE  
525  
POWAY, CA 92064  
Effective as of 01-SEP-22

**UROLOGY**

**ANTHONY, JULIAN, MD**

Provider ID: N/A  
15611 POMERADO RD FL 4  
POWAY, CA 92064  
Effective as of 01-MAR-24

**PE, MARK-RALLY, MD†**

Provider ID: N/A  
12630 MONTE VISTA RD  
STE 103  
POWAY, CA 92064  
Effective as of 01-SEP-22

**CHIROPRACTOR**

**LOVERN, JENNIFER, DC†**

Provider ID: N/A  
220 ROTANZI ST  
RAMONA, CA 92065  
Effective as of 01-JUL-22

**FAMILY PRACTICE**

**HARDISON, CHARLES, MD†**

Provider ID: N/A  
211 13TH ST  
RAMONA, CA 92065\*  
Effective as of 01-SEP-22

**INTERNAL MEDICINE**

**YUNG, DORIS, MD†**

Provider ID: N/A  
220 ROTANZI ST  
RAMONA, CA 92065  
Effective as of 01-DEC-18

**PEDIATRICS**

**ZACHRY, ALISON, MD†**

Provider ID: N/A  
220 ROTANZI ST  
RAMONA, CA 92065  
Effective as of 01-SEP-22

**REGISTERED PHYSICAL  
THERAPIST**

**BOUTELLE, DAVID, PT**

Provider ID: N/A  
850 MAIN ST STE 105  
RAMONA, CA 92065  
Effective as of 01-FEB-24

**BOUTELLE, BARBARA, PT**

Provider ID: N/A  
850 MAIN ST STE 105  
RAMONA, CA 92065  
Effective as of 01-FEB-24

**CHIROPRACTOR**

**PIERSON, MICHAEL, DC**

Provider ID: N/A  
22411 ANTONIO PKWY STE  
C215  
RANCHO SANTA  
MARGARITA, CA 92688  
Effective as of 01-JAN-18

**DERMATOLOGY**

**DICESARE, DANIEL, MD**

Provider ID: N/A  
22032 EL PASEO STE 150  
RANCHO SANTA  
MARGARITA, CA 92688

Effective as of 01-NOV-19

**DICESARE, DANIEL, MD**

Provider ID: N/A  
22032 EL PASEO STE 150  
RANCHO SANTA  
MARGARITA, CA 92688  
Effective as of 01-NOV-19

**GUIDE, SHIREEN, MD†**

Provider ID: N/A  
29829 SANTA MARGARITA  
PKWY STE 500  
RANCHO SANTA  
MARGARITA, CA 92688  
Effective as of 01-JAN-17

**GUIDE, SHIREEN, MD†**

Provider ID: N/A  
29829 SANTA MARGARITA  
PKWY STE 500  
RANCHO SANTA  
MARGARITA, CA 92688  
Effective as of 01-JAN-16

**GUIDE, SHIREEN, MD†**

Provider ID: N/A  
29829 SANTA MARGARITA  
PKWY STE 500  
RANCHO SANTA  
MARGARITA, CA 92688  
Effective as of 01-JAN-16

**GUIDE, SHIREEN, MD†**

Provider ID: N/A  
29829 SANTA MARGARITA  
PKWY STE 500  
RANCHO SANTA  
MARGARITA, CA 92688  
Effective as of 01-AUG-12

**GUIDE, SHIREEN, MD†**

Provider ID: N/A  
29829 SANTA MARGARITA  
PKWY STE 500



RANCHO SANTA  
MARGARITA, CA 92688  
Effective as of 01-AUG-12

**GUIDE, SHIREEN, MD†**

Provider ID: N/A

229829 SANTA MARGARITA  
PKWY STE 500  
RANCHO SANTA  
MARGARITA, CA 92688

Effective as of 01-AUG-12

**LEVIN, JACQUELINE, DO†**

Provider ID: N/A

22032 EL PASEO STE 220  
RANCHO SANTA  
MARGARITA, CA 92688

Effective as of 01-OCT-23

**LEVIN, JACQUELINE, DO†**

Provider ID: N/A

22032 EL PASEO STE 220  
RANCHO SANTA  
MARGARITA, CA 92688

Effective as of 01-NOV-21

**LEVIN, JACQUELINE, DO†**

Provider ID: N/A

22032 EL PASEO STE 220  
RANCHO SANTA  
MARGARITA, CA 92688

Effective as of 01-NOV-21

**LEVIN, JACQUELINE, DO†**

Provider ID: N/A

22032 EL PASEO STE 220  
RANCHO SANTA  
MARGARITA, CA 92688

Effective as of 01-JUL-21

**LEVIN, JACQUELINE, DO†**

Provider ID: N/A

22032 EL PASEO STE 220  
RANCHO SANTA  
MARGARITA, CA 92688

Effective as of 01-JUL-21

**LEVIN, JACQUELINE, DO†**

Provider ID: N/A

22032 EL PASEO STE 220  
RANCHO SANTA  
MARGARITA, CA 92688

Effective as of 01-JUN-18

**LEVIN, JACQUELINE, DO†**

Provider ID: N/A

22032 EL PASEO STE 220  
RANCHO SANTA  
MARGARITA, CA 92688

Effective as of 01-JAN-23

**LEVIN, JACQUELINE, DO†**

Provider ID: N/A

22032 EL PASEO STE 220  
RANCHO SANTA  
MARGARITA, CA 92688

Effective as of 01-MAR-19

**LEVIN, JACQUELINE, DO†**

Provider ID: N/A

22032 EL PASEO STE 220  
RANCHO SANTA  
MARGARITA, CA 92688

Effective as of 01-MAR-19

**SHIELL, RONALD, MD†**

Provider ID: N/A

22032 EL PASEO STE 220  
RANCHO SANTA  
MARGARITA, CA 92688

Teleservice

Effective as of 01-DEC-21

**SHIELL, RONALD, MD†**

Provider ID: N/A

22032 EL PASEO STE 220  
RANCHO SANTA  
MARGARITA, CA 92688

Teleservice

Effective as of 01-JAN-17

**WANG, JAMES, MD†**

Provider ID: N/A

29833 SANTA MARGARITA  
PKWY STE 100  
RANCHO SANTA  
MARGARITA, CA 92688

Effective as of 01-SEP-19

**WANG, JAMES, MD†**

Provider ID: N/A

29833 SANTA MARGARITA  
PKWY STE 100  
RANCHO SANTA  
MARGARITA, CA 92688

Effective as of 01-SEP-19

**WANG, JAMES, MD†**

Provider ID: N/A

29833 SANTA MARGARITA  
PKWY STE 100  
RANCHO SANTA  
MARGARITA, CA 92688

Effective as of 01-SEP-19

**WANG, JAMES, MD†**

Provider ID: N/A

29833 SANTA MARGARITA  
PKWY STE 100  
RANCHO SANTA  
MARGARITA, CA 92688

Effective as of 01-SEP-19

**WANG, JAMES, MD†**

Provider ID: N/A

29833 SANTA MARGARITA  
PKWY STE 100  
RANCHO SANTA  
MARGARITA, CA 92688

Effective as of 01-SEP-19

**WANG, JAMES, MD†**

Provider ID: N/A

29833 SANTA MARGARITA  
PKWY STE 100

RANCHO SANTA  
MARGARITA, CA 92688  
Effective as of 01-APR-20

**WANG, JAMES, MD†**

Provider ID: N/A

29833 SANTA MARGARITA  
PKWY STE 100  
RANCHO SANTA  
MARGARITA, CA 92688

Effective as of 01-JUL-18

**ENDOCRINOLOGY**

**METABOLISM DIABETES**

**HAMIDI, AFSHIN, MD**

Provider ID: N/A

30511 AVENIDA DE LAS  
FLORES  
# 1064  
RANCHO SANTA  
MARGARITA, CA 92688

Teleservice

Effective as of 01-SEP-23

**HAMIDI, AFSHIN, MD**

Provider ID: N/A

30511 AVENIDA DE LAS  
FLORES  
# 1064  
RANCHO SANTA  
MARGARITA, CA 92688

Teleservice

Effective as of 01-SEP-23

**INTERNAL MEDICINE**

**GORE, GWENDOLYN, MD†**

Provider ID: N/A

29472 AVENIDA DE LAS  
BANDERA  
RANCHO SANTA  
MARGARITA, CA 92688\*

Effective as of 01-FEB-13

**GORE, GWENDOLYN, MD†**

Provider ID: N/A

29472 AVENIDA DE LAS  
BANDERA  
RANCHO SANTA  
MARGARITA, CA 92688\*

Effective as of 01-MAY-12

**PHYSICIANS ASSISTANT**

**KANE, KARA, PA†**

Provider ID: N/A

22032 EL PASEO STE 220  
RANCHO SANTA  
MARGARITA, CA 92688

Effective as of 01-OCT-22

**PODIATRIST**

**ANGAROLA, JEFF, DPM**

Provider ID: N/A

29472 AVENIDA DE LAS  
BANDERA  
RANCHO SANTA  
MARGARITA, CA 92688

Effective as of 01-APR-11

**ANGAROLA, JEFF, DPM**

Provider ID: N/A

29472 AVENIDA DE LAS  
BANDERA  
RANCHO SANTA  
MARGARITA, CA 92688

Effective as of 01-JAN-22

**ANGAROLA, JEFF, DPM**

Provider ID: N/A

29472 AVENIDA DE LAS  
BANDERA  
RANCHO SANTA  
MARGARITA, CA 92688

Effective as of 01-JAN-22

**ANGAROLA, JEFF, DPM**

Provider ID: N/A

29472 AVENIDA DE LAS  
BANDERA  
RANCHO SANTA  
MARGARITA, CA 92688

Effective as of 01-JAN-22

**ANGAROLA, JEFF, DPM**

Provider ID: N/A

29472 AVENIDA DE LAS  
BANDERA  
RANCHO SANTA  
MARGARITA, CA 92688

Effective as of 01-MAY-12

**ANGAROLA, JEFF, DPM**

Provider ID: N/A

29472 AVENIDA DE LAS  
BANDERA  
RANCHO SANTA  
MARGARITA, CA 92688

Effective as of 01-MAY-12

**ANESTHESIOLOGY PAIN  
MANAGEMENT**

**MAASUMI, KASRA, MD**

Provider ID: N/A

30212 TOMAS STE 180  
RANCHO STA MARG, CA  
92688

Teleservice

Effective as of 01-FEB-24

**MAASUMI, KASRA, MD**

Provider ID: N/A

30212 TOMAS STE 180  
RANCHO STA MARG, CA  
92688

Teleservice

Effective as of 01-FEB-24

**MAASUMI, KASRA, MD**

Provider ID: N/A

30212 TOMAS STE 180  
RANCHO STA MARG, CA

92688  
Teleservice  
Effective as of 01-FEB-24

### **ALLERGY IMMUNOLOGY**

#### **DYER, MARC, MD**

Provider ID: N/A  
665 CAMINO DE LOS  
MARES STE 201  
SAN CLEMENTE, CA 92673  
Effective as of 01-NOV-17

### **ANESTHESIOLOGY**

#### **GERAYLI, AFSHIN, MD†**

Provider ID: N/A  
647 CAMINO DE LOS  
MARES STE 223  
SAN CLEMENTE, CA 92673  
Effective as of 01-AUG-22

#### **GERAYLI, AFSHIN, MD†**

Provider ID: N/A  
647 CAMINO DE LOS  
MARES STE 223  
SAN CLEMENTE, CA 92673  
Effective as of 01-AUG-22

### **ANESTHESIOLOGY PAIN MANAGEMENT**

#### **BETTS, ANDRES, MD†**

Provider ID: N/A  
665 CAMINO DE LOS  
MARES STE 202  
SAN CLEMENTE, CA 92673  
Effective as of 01-SEP-16

#### **BETTS, ANDRES, MD†**

Provider ID: N/A  
665 CAMINO DE LOS  
MARES STE 202  
SAN CLEMENTE, CA 92673  
Effective as of 01-SEP-16

#### **BETTS, ANDRES, MD†**

Provider ID: N/A  
665 CAMINO DE LOS  
MARES STE 202  
SAN CLEMENTE, CA 92673  
Effective as of 01-SEP-16

#### **GERAYLI, AFSHIN, MD†**

Provider ID: N/A  
647 CAMINO DE LOS  
MARES STE 223  
SAN CLEMENTE, CA 92673  
Effective as of 01-OCT-23

#### **GERAYLI, AFSHIN, MD†**

Provider ID: N/A  
647 CAMINO DE LOS  
MARES STE 223  
SAN CLEMENTE, CA 92673  
Effective as of 01-SEP-19

#### **GERAYLI, AFSHIN, MD†**

Provider ID: N/A  
647 CAMINO DE LOS  
MARES STE 223  
SAN CLEMENTE, CA 92673  
Effective as of 01-JAN-23

#### **GERAYLI, AFSHIN, MD†**

Provider ID: N/A  
647 CAMINO DE LOS  
MARES STE 223  
SAN CLEMENTE, CA 92673  
Effective as of 01-JAN-23

#### **GERAYLI, AFSHIN, MD†**

Provider ID: N/A  
647 CAMINO DE LOS  
MARES STE 223  
SAN CLEMENTE, CA 92673  
Effective as of 01-JAN-23

#### **MOUSAVI, SHAHRYAR, MD**

Provider ID: N/A

647 CAMINO DE LOS  
MARES STE 223  
SAN CLEMENTE, CA 92673  
Effective as of 01-AUG-20

#### **SHAHBAZIAN, MICHAEL, MD†**

Provider ID: N/A  
647 CAMINO DE LOS  
MARES STE 223  
SAN CLEMENTE, CA 92673  
Effective as of 01-JUL-20

### **CARDIAC**

### **ELECTROPHYSIOLOGY**

#### **DRURY, PAUL, MD†**

Provider ID: N/A  
724 S EL CAMINO REAL  
SAN CLEMENTE, CA 92672  
Effective as of 01-JAN-24

#### **DRURY, PAUL, MD†**

Provider ID: N/A  
724 S EL CAMINO REAL  
SAN CLEMENTE, CA 92672  
Effective as of 01-JAN-24

### **CARDIOLOGY**

#### **DRURY, PAUL, MD†**

Provider ID: N/A  
724 S EL CAMINO REAL  
SAN CLEMENTE, CA 92672  
Effective as of 01-FEB-23

#### **DRURY, PAUL, MD†**

Provider ID: N/A  
724 S EL CAMINO REAL  
SAN CLEMENTE, CA 92672  
Effective as of 01-JAN-23

#### **DRURY, PAUL, MD†**

Provider ID: N/A  
724 S EL CAMINO REAL  
SAN CLEMENTE, CA 92672

Effective as of 01-JAN-23

**DRURY, PAUL, MD†**

Provider ID: N/A

724 S EL CAMINO REAL  
SAN CLEMENTE, CA 92672  
Effective as of 01-JAN-23

**DRURY, PAUL, MD†**

Provider ID: N/A

724 S EL CAMINO REAL  
SAN CLEMENTE, CA 92672  
Effective as of 01-SEP-19

**KUO, ALLEN, MD†**

Provider ID: N/A

724 S EL CAMINO REAL  
SAN CLEMENTE, CA 92672  
Effective as of 01-SEP-20

**KUO, ALLEN, MD†**

Provider ID: N/A

724 S EL CAMINO REAL  
SAN CLEMENTE, CA 92672  
Effective as of 01-SEP-20

**KUO, ALLEN, MD†**

Provider ID: N/A

724 S EL CAMINO REAL  
SAN CLEMENTE, CA 92672  
Effective as of 01-SEP-20

**VAN, HO HAI, MD†**

Provider ID: N/A

724 S EL CAMINO REAL  
SAN CLEMENTE, CA 92672  
Effective as of 01-FEB-23

**VAN, HO HAI, MD†**

Provider ID: N/A

724 S EL CAMINO REAL  
SAN CLEMENTE, CA 92672  
Effective as of 01-DEC-21

**VAN, HO HAI, MD†**

Provider ID: N/A

724 S EL CAMINO REAL  
SAN CLEMENTE, CA 92672  
Effective as of 01-DEC-21

**VAN, HO HAI, MD†**

Provider ID: N/A

724 S EL CAMINO REAL  
SAN CLEMENTE, CA 92672  
Effective as of 01-DEC-21

**CARDIOVASCULAR  
DISEASE**

**KUO, ALLEN, MD†**

Provider ID: N/A

724 S EL CAMINO REAL  
SAN CLEMENTE, CA 92672  
Effective as of 01-FEB-23

**CERTIFIED NURSE  
PRACTITIONER**

**PARK, SE, NP**

Provider ID: N/A

3553 CAMINO MIRA COSTA  
STE A  
SAN CLEMENTE, CA 92672  
Effective as of 01-JUL-23

**WONG, KRISTLE, NP**

Provider ID: N/A

1031 AVENIDA PICO STE  
203  
SAN CLEMENTE, CA 92673  
Effective as of 01-NOV-23

**CHIROPRACTOR**

**THOMPSON, RUSSELL, DC†**

Provider ID: N/A

629 CAMINO DE LOS  
MARES STE 104  
SAN CLEMENTE, CA 92673

Effective as of 01-JAN-18

**DERMATOLOGY**

**CARLIN, CHRISTOPHER, MD†**

Provider ID: N/A

1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673  
Effective as of 01-OCT-23

**CARLIN, CHRISTOPHER, MD†**

Provider ID: N/A

1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673  
Effective as of 01-JAN-23

**CARLIN, CHRISTOPHER, MD†**

Provider ID: N/A

1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673  
Effective as of 01-JAN-22

**CARLIN, CHRISTOPHER, MD†**

Provider ID: N/A

1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673  
Effective as of 01-NOV-19

**CARLIN, CHRISTOPHER, MD†**

Provider ID: N/A

1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673  
Effective as of 01-DEC-21

**CARLIN, CHRISTOPHER, MD†**

Provider ID: N/A

1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673  
Effective as of 01-DEC-21

**CARLIN, CHRISTOPHER, MD†**

Provider ID: N/A

☐ 1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673  
Effective as of 01-DEC-21

**CARLIN, CHRISTOPHER, MD†**

Provider ID: N/A

☐ 1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673  
Effective as of 01-DEC-21

**FOREMAN, TANYA, MD†**

Provider ID: N/A

☐ 1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673  
Effective as of 01-JUL-21

**FOREMAN, TANYA, MD†**

Provider ID: N/A

☐ 1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673  
Effective as of 01-JUL-21

**FOREMAN, TANYA, MD†**

Provider ID: N/A

☐ 1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673  
Effective as of 01-OCT-23

**FOREMAN, TANYA, MD†**

Provider ID: N/A

☐ 1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673  
Effective as of 01-SEP-18

**GUIDE, SHIREEN, MD†**

Provider ID: N/A

☐ 629 CAMINO DE LOS

MARES STE 105  
SAN CLEMENTE, CA 92673  
Effective as of 01-JAN-16

**GUIDE, SHIREEN, MD†**

Provider ID: N/A

☐ 629 CAMINO DE LOS  
MARES STE 105  
SAN CLEMENTE, CA 92673  
Effective as of 01-JAN-16

**GUIDE, SHIREEN, MD†**

Provider ID: N/A

☐ 629 CAMINO DE LOS  
MARES STE 105  
SAN CLEMENTE, CA 92673  
Effective as of 01-JAN-17

**RILEY, JESSICA, DO†**

Provider ID: N/A

☐ 1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673  
Effective as of 01-OCT-23

**RILEY, JESSICA, DO†**

Provider ID: N/A

☐ 1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673  
Effective as of 01-NOV-18

**RILEY, JESSICA, DO†**

Provider ID: N/A

☐ 1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673  
Effective as of 01-NOV-18

**RILEY, JESSICA, DO†**

Provider ID: N/A

☐ 1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673  
Effective as of 01-MAR-23

**RILEY, JESSICA, DO†**

Provider ID: N/A

☐ 1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673  
Effective as of 01-AUG-20

**RILEY, JESSICA, DO†**

Provider ID: N/A

☐ 1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673  
Effective as of 01-OCT-18

**RILEY, JESSICA, DO†**

Provider ID: N/A

☐ 1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673  
Effective as of 01-NOV-23

**SHIELL, RONALD, MD†**

Provider ID: N/A

☐ 1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673  
Teleservice  
Effective as of 01-SEP-18

**SHIELL, RONALD, MD†**

Provider ID: N/A

☐ 1300 AVENIDA VISTA  
HERMOSA  
SAN CLEMENTE, CA 92673  
Effective as of 01-JAN-17

**SHIELL, RONALD, MD†**

Provider ID: N/A

☐ 1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673  
Teleservice  
Effective as of 01-MAR-19

**SHIELL, RONALD, MD†**

Provider ID: N/A

1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673

Teleservice

Effective as of 01-DEC-21

**SHIELL, RONALD, MD†**

Provider ID: N/A

1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673

Teleservice

Effective as of 01-OCT-23

**GASTROENTEROLOGY**

**GUJRAL, NAVJYOT, MD†**

Provider ID: N/A

655 CAMINO LOS MARES  
123  
SAN CLEMENTE, CA 92673

Effective as of 01-APR-11

**GUJRAL, NAVJYOT, MD†**

Provider ID: N/A

655 CAMINO LOS MARES  
123  
SAN CLEMENTE, CA 92673

Effective as of 01-MAY-12

**HASSANEIN, TAREK, MD†**

Provider ID: N/A

675 CAMINO DE LOS  
MARES STE 301  
SAN CLEMENTE, CA 92673

Effective as of 01-MAY-22

**HASSANEIN, TAREK, MD†**

Provider ID: N/A

675 CAMINO DE LOS  
MARES STE 301  
SAN CLEMENTE, CA 92673

Effective as of 01-JAN-18

**HASSANEIN, TAREK, MD†**

Provider ID: N/A

675 CAMINO LOS MARES  
210  
SAN CLEMENTE, CA 92673

Effective as of 01-JAN-18

**ROSSARO, LORENZO, MD†**

Provider ID: N/A

675 CAMINO DE LOS  
MARES STE 301  
SAN CLEMENTE, CA 92673

Effective as of 01-MAY-22

**ROSSARO, LORENZO, MD†**

Provider ID: N/A

675 CAMINO DE LOS  
MARES STE 210  
SAN CLEMENTE, CA 92673

Effective as of 01-JUN-21

**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-OCT-22

**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

**PRIESTLEY, ANGELIKA, MD**

Provider ID: N/A

1031 AVENIDA PICO STE  
204  
SAN CLEMENTE, CA 92673

Effective as of 01-OCT-22

**RAMIREZ, SARA, MD†**

Provider ID: N/A

665 CAMINO DE LOS  
MARES  
SAN CLEMENTE, CA 92673

Effective as of 01-SEP-10

**RAMIREZ, SARA, MD†**

Provider ID: N/A

665 CAMINO DE LOS  
MARES  
SAN CLEMENTE, CA 92673

Effective as of 01-JAN-18

**SALCIDO, CRAIG, MD†**

Provider ID: N/A

665 CAMINO DE LOS  
MARES STE 303A  
SAN CLEMENTE, CA 92673

Effective as of 01-JAN-18

**SALCIDO, CRAIG, MD†**

Provider ID: N/A

665 CAMINO DE LOS  
MARES STE 303A  
SAN CLEMENTE, CA 92673

Effective as of 01-JAN-18

**OPHTHALMOLOGY**

**AHMAD, ASHRAF, MD†**

Provider ID: N/A

665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673

Effective as of 01-SEP-22

**AHMAD, ASHRAF, MD†**

Provider ID: N/A

665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673

Effective as of 01-OCT-23

**BANUELOS, LYDIA, MD†**

Provider ID: N/A

653 CAMINO DE LOS  
MARES STE 107  
SAN CLEMENTE, CA 92673

Effective as of 01-DEC-22

**BANUELOS, LYDIA, MD**

Provider ID: N/A

653 CAMINO DE LOS  
MARES STE 103  
SAN CLEMENTE, CA 92673

Effective as of 01-FEB-23

**DHOOT, SONIA, MD†**

Provider ID: N/A

665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673

Effective as of 01-JAN-19

**DHOOT, SONIA, MD†**

Provider ID: N/A

665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673

Effective as of 01-JAN-19

**DHOOT, SONIA, MD†**

Provider ID: N/A

665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673

Effective as of 01-OCT-23

**DHOOT, SONIA, MD†**

Provider ID: N/A

665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673

Effective as of 01-SEP-22

**GUJRAL, SATVINDER, MD†**

Provider ID: N/A

665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673

Effective as of 01-SEP-22

**GUJRAL, SATVINDER, MD†**

Provider ID: N/A

665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673

Effective as of 01-OCT-23

**GWYNN, DAVID, MD**

Provider ID: N/A

653 CAMINO DE LOS  
MARES STE 103  
SAN CLEMENTE, CA 92673

Effective as of 01-FEB-23

**GWYNN, DAVID, MD**

Provider ID: N/A

653 CAMINO DE LOS  
MARES STE 103  
SAN CLEMENTE, CA 92673

Effective as of 01-JAN-24

**GWYNN, DAVID, MD**

Provider ID: N/A

653 CAMINO DE LOS  
MARES STE 103  
SAN CLEMENTE, CA 92673

Effective as of 01-JAN-24

**GWYNN, DAVID, MD**

Provider ID: N/A

653 CAMINO DE LOS  
MARES STE 103  
SAN CLEMENTE, CA 92673

Effective as of 01-JAN-24

**GWYNN, DAVID, MD**

Provider ID: N/A

653 CAMINO DE LOS MARES STE 103  
SAN CLEMENTE, CA 92673  
Effective as of 01-MAR-23

**HOVANESIAN, JOHN, MD**

Provider ID: N/A

665 CAMINO DE LOS MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-JAN-23

**HOVANESIAN, JOHN, MD**

Provider ID: N/A

665 CAMINO DE LOS MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-APR-23

**HOVANESIAN, JOHN, MD**

Provider ID: N/A

665 CAMINO DE LOS MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-OCT-23

**HOVANESIAN, JOHN, MD**

Provider ID: N/A

665 CAMINO DE LOS MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-APR-23

**JACOBS, JEFFREY, MD†**

Provider ID: N/A

665 CAMINO LOS MARES 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-APR-23

**JACOBS, JEFFREY, MD†**

Provider ID: N/A

665 CAMINO LOS MARES 102

SAN CLEMENTE, CA 92673  
Effective as of 01-OCT-23

**JACOBS, JEFFREY, MD†**

Provider ID: N/A

665 CAMINO LOS MARES 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-APR-23

**JACOBS, JEFFREY, MD†**

Provider ID: N/A

665 CAMINO LOS MARES 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-AUG-22

**JOSON, PETER, MD**

Provider ID: N/A

653 CAMINO LOS MARES 107  
SAN CLEMENTE, CA 92673  
Effective as of 01-JAN-15

**JOSON, PETER, MD**

Provider ID: N/A

653 CAMINO DE LOS MARES STE 103  
SAN CLEMENTE, CA 92673  
Effective as of 01-JAN-18

**JOSON, PETER, MD**

Provider ID: N/A

653 CAMINO LOS MARES 107  
SAN CLEMENTE, CA 92673  
Effective as of 01-MAR-23

**JOSON, PETER, MD**

Provider ID: N/A

653 CAMINO LOS MARES 107  
SAN CLEMENTE, CA 92673  
Effective as of 01-MAY-12

**JOSON, PETER, MD**

Provider ID: N/A

653 CAMINO DE LOS MARES STE 103  
SAN CLEMENTE, CA 92673  
Effective as of 01-MAY-23

**JOSON, PETER, MD**

Provider ID: N/A

653 CAMINO DE LOS 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-OCT-17

**JOSON, PETER, MD**

Provider ID: N/A

653 CAMINO LOS MARES 107  
SAN CLEMENTE, CA 92673  
Effective as of 01-APR-11

**KELLER, CHARLES, MD**

Provider ID: N/A

665 CAMINO DE LOS MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-OCT-23

**KELLER, CHARLES, MD**

Provider ID: N/A

665 CAMINO DE LOS



MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-AUG-22

**KERSTEN, DIANA, MD**

Provider ID: N/A

665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-APR-23

**KERSTEN, DIANA, MD**

Provider ID: N/A

665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-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

**KIM, EDWARD, MD†**

Provider ID: N/A

665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-OCT-23

**KIM, BRIAN, MD†**

Provider ID: N/A

665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-OCT-23

**KIM, BRIAN, MD†**

Provider ID: N/A

665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-AUG-22

**KIM, EDWARD, MD†**

Provider ID: N/A

665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-JUL-22

**NOGUCHI, JONATHAN, MD**

Provider ID: N/A

665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-OCT-23

**ROUHANI, BEHNAZ, MD**

Provider ID: N/A

665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-OCT-23

**ROUHANI, BEHNAZ, MD**

Provider ID: N/A

665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-SEP-22

**SALEHI-HAD, HANI, MD†**

Provider ID: N/A

653 CAMINO DE LOS  
MARES STE 103  
SAN CLEMENTE, CA 92673  
Effective as of 01-JUN-21

**SALEHI-HAD, HANI, MD†**

Provider ID: N/A

653 CAMINO DE LOS  
MARES STE 103  
SAN CLEMENTE, CA 92673  
Effective as of 01-JUN-21

**SALEHI-HAD, HANI, MD†**

Provider ID: N/A

653 CAMINO DE LOS  
MARES STE 103  
SAN CLEMENTE, CA 92673  
Effective as of 01-JUN-21

**TEYMOORIAN, SAVAK, MD†**

Provider ID: N/A

665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-OCT-23

**TEYMOORIAN, SAVAK, MD†**

Provider ID: N/A

665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-OCT-22

**WANG, YE, MD†**

Provider ID: N/A

665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-NOV-19

**WANG, YE, MD†**

Provider ID: N/A

665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-NOV-19

**OPTOMETRIST**

**CHOI-SIRITARATIWAT,  
ISABELL, OD†**

Provider ID: N/A

665 CAMINO DE LOS  
MARES STE 102  
SAN CLEMENTE, CA 92673  
Effective as of 01-AUG-22

**CHOI-SIRITARATIWAT,  
ISABELL, OD†**

Provider ID: N/A

665 CAMINO DE LOS MARES STE 102  
SAN CLEMENTE, CA 92673

Effective as of 01-JUN-19

**CHOI-SIRITARATIWAT, ISABELL, OD†**

Provider ID: N/A

665 CAMINO DE LOS MARES STE 102  
SAN CLEMENTE, CA 92673

Effective as of 01-JUN-19

**CHOI-SIRITARATIWAT, ISABELL, OD†**

Provider ID: N/A

665 CAMINO DE LOS MARES STE 102  
SAN CLEMENTE, CA 92673

Effective as of 01-OCT-23

**LEIGHT, TERRA, OD†**

Provider ID: N/A

685 CAMINO DE LOS MARES STE 102  
SAN CLEMENTE, CA 92673

Effective as of 01-AUG-22

**LEIGHT, TERRA, OD†**

Provider ID: N/A

685 CAMINO DE LOS MARES STE 102  
SAN CLEMENTE, CA 92673

Effective as of 01-OCT-23

**NG, REBECCA, OD†**

Provider ID: N/A

653 CAMINO LOS MARES 103  
SAN CLEMENTE, CA 92673

Effective as of 01-AUG-11

**NG, REBECCA, OD†**

Provider ID: N/A

653 CAMINO LOS MARES 103  
SAN CLEMENTE, CA 92673

Effective as of 01-JAN-18

**NG, REBECCA, OD**

Provider ID: N/A

653 CAMINO DE LOS MARES STE 107  
SAN CLEMENTE, CA 92673

Effective as of 01-SEP-23

**STEFANIDIS, NICOLETTA, OD†**

Provider ID: N/A

665 CAMINO DE LOS MARES STE 102  
SAN CLEMENTE, CA 92673

Effective as of 01-SEP-22

**STEFANIDIS, NICOLETTA, OD†**

Provider ID: N/A

665 CAMINO DE LOS MARES STE 102  
SAN CLEMENTE, CA 92673

Effective as of 01-OCT-23

**STEFANIDIS, NICOLETTA, OD†**

Provider ID: N/A

665 CAMINO DE LOS MARES STE 102  
SAN CLEMENTE, CA 92673

Effective as of 01-FEB-18

**STEFANIDIS, NICOLETTA, OD†**

Provider ID: N/A

665 CAMINO DE LOS MARES STE 102  
SAN CLEMENTE, CA 92673

Effective as of 01-FEB-18

**TERADA, SEIJU, OD**

Provider ID: N/A

665 CAMINO DE LOS MARES STE 102  
SAN CLEMENTE, CA 92673

Effective as of 01-OCT-23

**TERADA, SEIJU, OD**

Provider ID: N/A

665 CAMINO DE LOS MARES STE 102  
SAN CLEMENTE, CA 92673

Effective as of 01-SEP-22

**OTOLARYNGOLOGY**

**CROCKETT, DENNIS, MD†**

Provider ID: N/A

675 CAMINO DE LOS MARES STE 420  
SAN CLEMENTE, CA 92673

Effective as of 01-JAN-18

**OTOLARYNGOLOGY /  
OTOLOGY /  
LARYNGOLOGY /  
RHINOLOGY**

**CROCKETT, DENNIS, MD†**

Provider ID: N/A

675 CAMINO DE LOS MARES STE 420  
SAN CLEMENTE, CA 92673

Effective as of 01-JUL-19

**CROCKETT, DENNIS, MD†**

Provider ID: N/A

675 CAMINO DE LOS MARES STE 420  
SAN CLEMENTE, CA 92673

Effective as of 01-JUL-19

**WELLS, PHILLIP, MD†**

Provider ID: N/A

675 CAMINO DE LOS MARES STE 420  
SAN CLEMENTE, CA 92673

Effective as of 01-NOV-14

**WELLS, PHILLIP, MD†**

Provider ID: N/A

675 CAMINO DE LOS  
MARES STE 420  
SAN CLEMENTE, CA 92673

Effective as of 01-OCT-08

**WELLS, PHILLIP, MD†**

Provider ID: N/A

675 CAMINO DE LOS  
MARES STE 420  
SAN CLEMENTE, CA 92673

Effective as of 01-JAN-18

**PEDIATRICS**

**DWINELL, LAUREN, MD†**

Provider ID: N/A

1300 AVENIDA VISTA  
HERMOSA STE 200  
SAN CLEMENTE, CA 92673

Effective as of 01-JUL-23

**PHYSICIANS ASSISTANT**

**ESHOIEE, MIRIAM, PA†**

Provider ID: N/A

224 AVENIDA DEL MAR STE  
B  
SAN CLEMENTE, CA 92672

Effective as of 01-AUG-20

**MOHALE, SHARON, PA†**

Provider ID: N/A

1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673

Effective as of 01-AUG-18

**NELMS, MICHAEL, PA†**

Provider ID: N/A

1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673

Effective as of 01-JAN-21

**NORMAN, STACY, PA**

Provider ID: N/A

1300 AVENIDA VISTA  
HERMOSA STE 150  
SAN CLEMENTE, CA 92673

Effective as of 01-AUG-23

**SOBHANIAN, SHAHAB, PA**

Provider ID: N/A

3553 CAMINO MIRA COSTA  
STE A  
SAN CLEMENTE, CA 92672

Effective as of 01-NOV-22

**SOBHANIAN, SHAHAB, PA**

Provider ID: N/A

3553 CAMINO MIRA COSTA  
STE A  
SAN CLEMENTE, CA 92672

Effective as of 01-NOV-22

**WANG, ALICE, PA**

Provider ID: N/A

831 VIA SUERTE STE 102  
SAN CLEMENTE, CA 92673

Effective as of 01-FEB-24

**PODIATRIST**

**HEHE, KYLE, DPM**

Provider ID: N/A

665 CAMINO DE LOS  
MARES  
SAN CLEMENTE, CA 92673

Effective as of 01-AUG-23

**HEHE, KYLE, DPM**

Provider ID: N/A

665 CAMINO DE LOS  
MARES  
SAN CLEMENTE, CA 92673

Effective as of 01-AUG-23

**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**

Provider ID: N/A

653 CAMINO DE LOS  
MARES STE 109  
SAN CLEMENTE, CA 92673  
Effective as of 01-FEB-18

**GIALAMAS, GUS, MD**

Provider ID: N/A

653 CAMINO DE LOS  
MARES STE 109  
SAN CLEMENTE, CA 92673  
Effective as of 01-FEB-18

**VAN DER REIS, WILLIAM, MD†**

Provider ID: N/A

653 CAMINO DE LOS  
MARES STE 109  
SAN CLEMENTE, CA 92673  
Effective as of 01-MAY-12

**VAN DER REIS, WILLIAM, MD†**

Provider ID: N/A

653 CAMINO DE LOS  
MARES STE 109  
SAN CLEMENTE, CA 92673  
Effective as of 01-APR-11

**UROLOGY**

**BUI, DON, MD**

Provider ID: N/A

3553 CAMINO MIRA COSTA  
STE A  
SAN CLEMENTE, CA 92672  
Effective as of 01-OCT-23

**BUI, DON, MD**

Provider ID: N/A

3553 CAMINO MIRA COSTA  
STE A  
SAN CLEMENTE, CA 92672  
Effective as of 01-DEC-23

**BUI, DON, MD**

Provider ID: N/A

3553 CAMINO MIRA COSTA

STE A  
SAN CLEMENTE, CA 92672  
Effective as of 01-JAN-23

**ELKHOURY, FUAD, MD**

Provider ID: N/A

3553 CAMINO MIRA COSTA  
STE A  
SAN CLEMENTE, CA 92672  
Effective as of 01-OCT-23

**HO, TAMMY, MD**

Provider ID: N/A

3553 CAMINO MIRA COSTA  
STE A  
SAN CLEMENTE, CA 92672  
Effective as of 01-OCT-23

**KIM, MOSES, MD**

Provider ID: N/A

3553 CAMINO MIRA COSTA  
STE A  
SAN CLEMENTE, CA 92672  
Effective as of 01-OCT-23

**KIM, MOSES, MD**

Provider ID: N/A

3553 CAMINO MIRA COSTA  
STE A  
SAN CLEMENTE, CA 92672  
Effective as of 01-JAN-23

**MEAGLIA, JAMES, MD**

Provider ID: N/A

3553 CAMINO MIRA COSTA  
STE A  
SAN CLEMENTE, CA 92672  
Effective as of 01-JAN-23

**MEAGLIA, JAMES, MD**

Provider ID: N/A

3553 CAMINO MIRA COSTA  
STE A  
SAN CLEMENTE, CA 92672  
Effective as of 01-OCT-23

**NAKAMURA, LEAH, MD**

Provider ID: N/A

3553 CAMINO MIRA COSTA  
STE A  
SAN CLEMENTE, CA 92672  
Effective as of 01-OCT-23

**RANDALL, JOSH, MD**

Provider ID: N/A

3553 CAMINO MIRA COSTA  
STE A  
SAN CLEMENTE, CA 92672  
Effective as of 01-OCT-23

**SINGH, KARAN, MD**

Provider ID: N/A

3553 CAMINO MIRA COSTA  
STE A  
SAN CLEMENTE, CA 92672  
Effective as of 01-OCT-23

**SPITZ, AARON, MD**

Provider ID: N/A

3553 CAMINO MIRA COSTA  
STE A  
SAN CLEMENTE, CA 92672  
Effective as of 01-OCT-23

**SU, DANIEL, MD**

Provider ID: N/A

3553 CAMINO MIRA COSTA  
STE A  
SAN CLEMENTE, CA 92672  
Effective as of 01-OCT-23

**TEBYANI, NEYSSAN, MD**

Provider ID: N/A

3553 CAMINO MIRA COSTA  
STE A  
SAN CLEMENTE, CA 92672  
Effective as of 01-OCT-23

**ADDICTIVE MEDICINE**

**HEINRICI, ALEKA, MD**

Provider ID: N/A

📍 286 EUCLID AVE STE 302  
SAN DIEGO, CA 92114

Teleservice

Effective as of 01-FEB-24

**SALGUERO GALLAND, MARIO,  
MD**

Provider ID: N/A

📍 4187 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Teleservice

Effective as of 01-JUN-23

**SALGUERO GALLAND, MARIO,  
MD**

Provider ID: N/A

📍 4185 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Teleservice

Effective as of 01-JUN-23

**SALGUERO GALLAND, MARIO,  
MD†**

Provider ID: N/A

📍 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Teleservice

Effective as of 01-SEP-21

**SALGUERO GALLAND, MARIO,  
MD**

Provider ID: N/A

📍 4175 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

**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

**AEROSPACE MEDICINE**

**BRUNO, EMILY, MD**

Provider ID: N/A

📍 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Effective as of 01-JUL-22

**BRUNO, EMILY, MD**

Provider ID: N/A

📍 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Effective as of 01-JUL-22

**ALLERGY IMMUNOLOGY**

**ALKATIB, RHONDA, MD†**

Provider ID: N/A

📍 2655 CAMINO DEL RIO N  
STE 425

SAN DIEGO, CA 92108

Effective as of 01-APR-22

**ALKATIB, RHONDA, MD†**

Provider ID: N/A

📍 2655 CAMINO DEL RIO N  
STE 425

SAN DIEGO, CA 92108

Effective as of 01-OCT-21

**ALKATIB, RHONDA, MD†**

Provider ID: N/A

📍 2655 CAMINO DEL RIO N  
STE 120

SAN DIEGO, CA 92108

Effective as of 01-SEP-22

**COHEN, GARY, MD**

Provider ID: N/A

📍 9833 PACIFIC HEIGHTS  
BLVD STE J

SAN DIEGO, CA 92121

Effective as of 01-OCT-95

**COHEN, GARY, MD**

Provider ID: N/A

📍 9833 PACIFIC HEIGHTS  
BLVD STE J

SAN DIEGO, CA 92121

Effective as of 01-FEB-07

**KIM, ALEXANDER, MD**

Provider ID: N/A

📍 16950 VIA TAZON

SAN DIEGO, CA 92127

Effective as of 01-JUN-23

**MERCANDETTI, ALEX, MD†**

Provider ID: N/A

📍 3965 5TH AVE STE 430  
SAN DIEGO, CA 92103

Teleservice

Effective as of 01-NOV-20

**OSTROM, NANCY, MD†**

Provider ID: N/A

📍 5776 RUFFIN RD

SAN DIEGO, CA 92123

Effective as of 01-JAN-13

**SHARMA, KUSUM, MD**

Provider ID: N/A

10672 WEXFORD ST STE  
280  
SAN DIEGO, CA 92131  
Effective as of 01-JAN-23

**SHARMA, KUSUM, MD**

Provider ID: N/A

10672 WEXFORD ST STE  
280  
SAN DIEGO, CA 92131  
Effective as of 01-JAN-21

**SHARMA, KUSUM, MD**

Provider ID: N/A

10672 WEXFORD ST STE  
280  
SAN DIEGO, CA 92131  
Effective as of 01-SEP-15

**ANESTHESIOLOGY**

**BECERRA SONGOLO, TOSHA,  
MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**CHIEN, SHELBY, MD†**

Provider ID: N/A

5395 RUFFIN RD STE 204  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

**DOBECKI, DOUGLAS, MD†**

Provider ID: N/A

5395 RUFFIN RD STE 202  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-22

**FILIPOVIC, MAYA, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

**FUNDINGSLAND, BRENT, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-21

**GAYAM, SAJJAN, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-22

**GROVEY, BRITTANY, MD†**

Provider ID: N/A

8901 ACTIVITY RD STE 100  
SAN DIEGO, CA 92126  
Effective as of 01-JAN-21

**GROVEY, BRITTANY, MD†**

Provider ID: N/A

8901 ACTIVITY RD STE 104  
SAN DIEGO, CA 92126  
Effective as of 01-APR-21

**LEE, GEMAYEL, MD†**

Provider ID: N/A

8901 ACTIVITY RD STE 100  
SAN DIEGO, CA 92126  
Effective as of 01-JAN-21

**NARLA, VINOD, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-23

**NGO, DONALD, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-DEC-23

**ROY, KEVIN, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

**SAID, ENGY, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-OCT-21

**SAID, ENGY, MD†**

Provider ID: N/A

16918 DOVE CANYON RD  
STE 100  
SAN DIEGO, CA 92127  
Effective as of 01-OCT-21

**SUYDAM, STEVEN, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-21

**THOMPSON, SANDRA, MD†**

Provider ID: N/A

4033 3RD AVE STE 200  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-DEC-22

**TOLIVER, KEVIN, MD**

Provider ID: N/A

4060 4TH AVE STE 408  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-23

**TULLY, JEFFREY, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-21

**TZENG, ERIC, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-21

**VAN NOORD, BRANDON, MD†**

Provider ID: N/A

3969 4TH AVE STE 208  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-19

**VAUGHN, DOUGLAS, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

**ANESTHESIOLOGY  
CRITICAL CARE MEDICINE**

**KRAUSE, MARTIN, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-21

**ANESTHESIOLOGY PAIN  
MANAGEMENT**

**CHISHOLM, CHRISTOPHER, MD**

Provider ID: N/A

16466 BERNARDO CENTER  
DR STE 150  
SAN DIEGO, CA 92128  
Effective as of 01-JUN-20

**CHONG, TIMOTHY, MD†**

Provider ID: N/A

16466 BERNARDO CENTER  
DR STE 150  
SAN DIEGO, CA 92128  
Effective as of 01-SEP-17

**COHEN, ZACHARY, MD**

Provider ID: N/A

5395 RUFFIN RD STE 204  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-24

**DAIRO, BRANDON, MD†**

Provider ID: N/A

3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110  
Teleservice  
Effective as of 01-NOV-22

**GROVEY, BRITTANY, MD†**

Provider ID: N/A

8901 ACTIVITY RD STE 104  
SAN DIEGO, CA 92126  
Effective as of 01-FEB-21

**LEE, GEMAYEL, MD†**

Provider ID: N/A

8901 ACTIVITY RD STE 104  
SAN DIEGO, CA 92126  
Effective as of 01-FEB-21

**LEE, GEMAYEL, MD†**

Provider ID: N/A

8901 ACTIVITY RD STE 104  
SAN DIEGO, CA 92126  
Effective as of 01-APR-21

**RICHARDSON, HENRY, MD†**

Provider ID: N/A

3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110  
Effective as of 01-MAY-21

**THOMPSON, SANDRA, MD†**

Provider ID: N/A

4033 3RD AVE STE 430  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-22

**VAN NOORD, BRANDON, MD†**

Provider ID: N/A

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

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23

**BAXTER, STEPHANIE, AuD**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

**BAXTER, STEPHANIE, AuD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-23

**HARRIS, GENEVIEVE, AuD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-23

**HERRERA, CHARITY, AuD†**

Provider ID: N/A

9340 CLAIREMONT MESA  
BLVD STE D  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-22

**HORNER, HEATHER, AuD†**

Provider ID: N/A

9340 CLAIREMONT MESA  
BLVD STE D  
SAN DIEGO, CA 92123

Teleservice

Effective as of 01-JUN-22

**HORNER, HEATHER, AuD†**

Provider ID: N/A

6367 ALVARADO CT STE 101  
SAN DIEGO, CA 92120

Teleservice

Effective as of 01-JUN-22

**SHASKY, GARY, AuD†**

Provider ID: N/A

9340 CLAIREMONT MESA  
BLVD STE D  
SAN DIEGO, CA 92123

Effective as of 01-JAN-21

**TSANG, JOYCE, AuD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-MAY-23

**WILLIAMS, ALICIA, AuD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-JUL-21

**CARDIAC**

**ELECTROPHYSIOLOGY**

**ATHILL, CHARLES, MD†**

Provider ID: N/A

3131 BERGER AVE STE 200  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

**CHOI, ANTHONY, MD**

Provider ID: N/A

3131 BERGER AVE  
SAN DIEGO, CA 92123

Effective as of 01-OCT-23

**LERNER, JONATHAN, MD**

Provider ID: N/A

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-FEB-23

**PATEL, JIGAR, DO†**

Provider ID: N/A

4060 4TH AVE STE 650

SAN DIEGO, CA 92103  
Effective as of 01-DEC-22

**SHAH, ABHISHEK, MD†**

Provider ID: N/A

292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114

Effective as of 01-JAN-23

**SHAH, ABHISHEK, MD**

Provider ID: N/A

412 WASHINGTON ST  
SAN DIEGO, CA 92103

Effective as of 01-JAN-23

**WADHWA, MANISH, MD†**

Provider ID: N/A

501 WASHINGTON ST STE  
512

SAN DIEGO, CA 92103

Effective as of 01-SEP-15

**CARDIOLOGY**

**CARAMBAS, CLARITA, MD†**

Provider ID: N/A

9190 MIRA MESA BLVD  
SAN DIEGO, CA 92126

Effective as of 01-SEP-22

**CARAZO, MATTHEW, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-NOV-21

**CHUNG, KIYON, MD†**

Provider ID: N/A

4060 4TH AVE STE 650  
SAN DIEGO, CA 92103\*

Effective as of 01-NOV-12

**CHUNG, KIYON, MD†**

Provider ID: N/A

4060 4TH AVE STE 650



SAN DIEGO, CA 92103  
Effective as of 01-JUL-22

**CRUZ RODRIGUEZ, JOSE, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-23

**FRIEDMAN, RICHARD, MD†**

Provider ID: N/A

4060 4TH AVE STE 650  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-07

**FRIEDMAN, RICHARD, MD†**

Provider ID: N/A

4060 4TH AVE STE 650  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-22

**GLASSMAN, JERROLD, MD†**

Provider ID: N/A

4060 4TH AVE STE 650  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-22

**GLASSMAN, JERROLD, MD†**

Provider ID: N/A

4060 4TH AVE STE 650  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-07

**GOLLAPUDI, RAGHAVA, MD†**

Provider ID: N/A

7901 FROST ST  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

**GOLLAPUDI, RAGHAVA, MD†**

Provider ID: N/A

3131 BERGER AVE STE 200  
SAN DIEGO, CA 92123  
Effective as of 01-MAR-13

**GOLLAPUDI, RAGHAVA, MD†**

Provider ID: N/A

6402 EL CAJON BLVD STE  
102  
SAN DIEGO, CA 92115  
Effective as of 01-JAN-21

**LY, NANCY, MD†**

Provider ID: N/A

4844 UNIVERSITY AVE STE  
A  
SAN DIEGO, CA 92105  
Effective as of 01-JAN-23

**LY, NANCY, MD†**

Provider ID: N/A

292 EUCLID AVE  
SAN DIEGO, CA 92114  
Effective as of 01-JUL-22

**MOHAMEDALI, BURHAN, MD†**

Provider ID: N/A

292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114  
Effective as of 01-JAN-21

**MULLVAIN, JEFFRY, MD†**

Provider ID: N/A

4060 4TH AVE STE 500  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-15

**NARAYANAN, MEENA, MD†**

Provider ID: N/A

292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114  
Effective as of 01-JAN-21

**NGUYEN, TRI, MD†**

Provider ID: N/A

4206 44TH ST  
SAN DIEGO, CA 92115\*  
Teleservice

Effective as of 01-SEP-22

**NGUYEN, BRYANT, MD†**

Provider ID: N/A

4440 EUCLID AVE STE A  
SAN DIEGO, CA 92115  
Effective as of 01-JAN-21

**NGUYEN, TRI, MD†**

Provider ID: N/A

7345 LINDA VISTA RD STE A  
SAN DIEGO, CA 92111  
Teleservice  
Effective as of 01-APR-24

**PITT, WILLIAM, MD†**

Provider ID: N/A

6386 ALVARADO CT STE  
101  
SAN DIEGO, CA 92120  
Effective as of 01-SEP-15

**SALAMI, ALI, MD†**

Provider ID: N/A

501 WASHINGTON ST STE  
512  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-15

**SCLAR, CRAIG, MD**

Provider ID: N/A

3880 MURPHY CANYON  
RD STE 120  
SAN DIEGO, CA 92123  
Teleservice  
Effective as of 01-DEC-23

**SCLAR, CRAIG, MD**

Provider ID: N/A

3880 MURPHY CANYON  
RD STE 120  
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-NOV-12

**SHEREV, DIMITRI, MD†**

Provider ID: N/A

☐ 6402 EL CAJON BLVD STE  
102  
SAN DIEGO, CA 92115  
Effective as of 01-JAN-24

**CARDIOVASCULAR  
DISEASE**

**ABELHAD, NADIA, MD**

Provider ID: N/A

☐ 292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114  
Effective as of 01-JAN-24

**ABELHAD, NADIA, MD**

Provider ID: N/A

☐ 412 WASHINGTON ST  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

**BHATT, JIKEN, MD**

Provider ID: N/A

☐ 3131 BERGER AVE STE 200  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-24

**CARLSON, STEVEN, MD†**

Provider ID: N/A

☐ 292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114  
Teleservice  
Effective as of 01-SEP-22

**CARLSON, STEVEN, MD†**

Provider ID: N/A

☐ 292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114

Teleservice

Effective as of 01-APR-21

**CARLSON, STEVEN, MD†**

Provider ID: N/A

☐ 292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114  
Teleservice  
Effective as of 01-JAN-21

**CHUNG, KIYON, MD†**

Provider ID: N/A

☐ 4060 4TH AVE STE 650  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-16

**CHUNG, KIYON, MD†**

Provider ID: N/A

☐ 4060 4TH AVE STE 650  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

**COX, JUSTIN, MD†**

Provider ID: N/A

☐ 3131 BERGER AVE STE 200  
SAN DIEGO, CA 92123  
Teleservice  
Effective as of 01-SEP-21

**DIGGS, THOMAS, MD†**

Provider ID: N/A

☐ 501 WASHINGTON ST STE  
512  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-14

**DO, HULBERT, MD**

Provider ID: N/A

☐ 412 WASHINGTON ST  
SAN DIEGO, CA 92103  
Effective as of 01-OCT-23

**DO, HULBERT, MD**

Provider ID: N/A

☐ 292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114  
Effective as of 01-OCT-23

**DURAN, EDWARD, MD**

Provider ID: N/A

☐ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-23

**DURAN, EDWARD, MD**

Provider ID: N/A

☐ 2131 3RD AVE  
SAN DIEGO, CA 92101  
Effective as of 01-DEC-23

**FRIEDMAN, RICHARD, MD†**

Provider ID: N/A

☐ 4060 4TH AVE STE 650  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-14

**FRIEDMAN, RICHARD, MD†**

Provider ID: N/A

☐ 4060 4TH AVE STE 650  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

**GARIBYAN, VARTAN, DO†**

Provider ID: N/A

☐ 4060 4TH AVE STE 500  
SAN DIEGO, CA 92103  
Effective as of 01-MAR-21

**GLASSMAN, JERROLD, MD†**

Provider ID: N/A

☐ 4060 4TH AVE STE 650  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

**GLASSMAN, JERROLD, MD†**

Provider ID: N/A

☐ 4060 4TH AVE STE 650  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-20

**GOLLAPUDI, RAGHAVA, MD†**

Provider ID: N/A

3131 BERGER AVE STE 200  
SAN DIEGO, CA 92123  
Effective as of 01-NOV-23

**HOURLANI, RAYAN, MD**

Provider ID: N/A

3131 BERGER AVE STE 200  
SAN DIEGO, CA 92123  
Teleservice  
Effective as of 01-FEB-23

**KERAMATI, SHAHIN, MD†**

Provider ID: N/A

501 WASHINGTON ST STE  
512  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-11

**KERAMATI, SHAHIN, MD†**

Provider ID: N/A

501 WASHINGTON ST STE  
512  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

**KHAN, HASHIM, MD†**

Provider ID: N/A

3131 BERGER AVE STE 200  
SAN DIEGO, CA 92123  
Effective as of 01-APR-21

**KIMURA, BRUCE, MD†**

Provider ID: N/A

501 WASHINGTON ST STE  
512  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-11

**LY, NANCY, MD†**

Provider ID: N/A

4844 UNIVERSITY AVE STE  
A

SAN DIEGO, CA 92105  
Effective as of 01-JAN-21

**LY, NANCY, MD†**

Provider ID: N/A

4844 UNIVERSITY AVE STE  
A  
SAN DIEGO, CA 92105  
Effective as of 01-NOV-23

**LY, NANCY, MD†**

Provider ID: N/A

4844 UNIVERSITY AVE STE  
A  
SAN DIEGO, CA 92105  
Effective as of 01-JUN-23

**MAI, TUAN, MD†**

Provider ID: N/A

501 WASHINGTON ST STE  
512  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

**MEHTA, HIRSCH, MD†**

Provider ID: N/A

3131 BERGER AVE STE 200  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

**MOHAMEDALI, BURHAN, MD†**

Provider ID: N/A

292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114  
Effective as of 01-SEP-22

**MULLVAIN, JEFFRY, MD†**

Provider ID: N/A

4060 4TH AVE STE 500  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-23

**NANAVATI, VIMAL, MD**

Provider ID: N/A

11939 RANCHO BERNARDO

RD STE 120  
SAN DIEGO, CA 92128

Teleservice

Effective as of 01-AUG-23

**NANAVATI, VIMAL, MD†**

Provider ID: N/A

16776 BERNARDO CENTER  
DR STE 209  
SAN DIEGO, CA 92128  
Teleservice  
Effective as of 01-FEB-23

**NARAYANAN, MEENA, MD†**

Provider ID: N/A

292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114  
Effective as of 01-SEP-22

**NARAYANAN, MEENA, MD†**

Provider ID: N/A

292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114  
Effective as of 01-APR-21

**NARULA, ARVIN, MD†**

Provider ID: N/A

3131 BERGER AVE STE 200  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

**NAYAK, KESHAV, MD†**

Provider ID: N/A

501 WASHINGTON ST STE  
512  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-19

**NAYAK, KESHAV, MD†**

Provider ID: N/A

501 WASHINGTON ST STE  
512  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-23

**NGUYEN, TRI, MD†**

Provider ID: N/A

4551 EL CAJON BLVD  
SAN DIEGO, CA 92115

Teleservice

Effective as of 01-JAN-23

**NISHIMURA, MARIN, MD**

Provider ID: N/A

3131 BERGER AVE STE 200  
SAN DIEGO, CA 92123

Teleservice

Effective as of 01-MAR-23

**OMRAN, JAD, MD**

Provider ID: N/A

3131 BERGER AVE STE 200  
SAN DIEGO, CA 92123

Teleservice

Effective as of 01-FEB-23

**PARIKH, MILIND, DO†**

Provider ID: N/A

292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114

Effective as of 01-SEP-22

**PARIZO, JUSTIN, MD†**

Provider ID: N/A

3131 BERGER AVE STE 200  
SAN DIEGO, CA 92123

Teleservice

Effective as of 01-SEP-21

**PATEL, JIGAR, DO**

Provider ID: N/A

4060 FOURTH AVENUE,  
STE 650  
SAN DIEGO, CA 92103

Effective as of 01-MAR-24

**PITT, WILLIAM, MD†**

Provider ID: N/A

6386 ALVARADO CT STE

101

SAN DIEGO, CA 92120

Effective as of 01-SEP-22

**PROHASKA, THOMAS, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-JUL-23

**SALAMI, ALI, MD†**

Provider ID: N/A

501 WASHINGTON ST STE  
512  
SAN DIEGO, CA 92103

Effective as of 01-MAY-11

**SARSAM, LUAY, MD**

Provider ID: N/A

412 WASHINGTON ST  
SAN DIEGO, CA 92103

Effective as of 01-JUL-23

**SARSAM, LUAY, MD**

Provider ID: N/A

292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114

Effective as of 01-JUL-23

**SARSAM, LUAY, MD**

Provider ID: N/A

292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114

Effective as of 01-JUL-23

**SHAH, 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-JAN-23

**SHAH, KULIN, MD†**

Provider ID: N/A

412 WASHINGTON ST  
SAN DIEGO, CA 92103

Effective as of 01-JAN-23

**SHEREV, DIMITRI, MD†**

Provider ID: N/A

6402 EL CAJON BLVD STE  
102  
SAN DIEGO, CA 92115

Effective as of 01-FEB-21

**SUDHAKAR, DEEPTHI, MD†**

Provider ID: N/A

412 WASHINGTON ST  
SAN DIEGO, CA 92103

Effective as of 01-JAN-23

**SUDHAKAR, DEEPTHI, MD†**

Provider ID: N/A

292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114

Effective as of 01-JAN-23

**WILLIAMS, JEFFREY, MD**

Provider ID: N/A

4033 3RD AVE STE 204  
SAN DIEGO, CA 92103

Effective as of 01-SEP-23

**ZAVARO, SUHAIL, MD**

Provider ID: N/A

3131 BERGER AVE STE 200  
SAN DIEGO, CA 92123

Teleservice

Effective as of 01-FEB-23

**CERTIFIED**

**ACUPUNCTURIST**

**ARELLANO, JACQUELINE,  
LAC†**

Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-MAR-21

**ARELLANO, JACQUELINE, LAC**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-24

**ARELLANO, JACQUELINE,  
LAC†**

Provider ID: N/A

9333 GENESEE AVE STE  
200  
SAN DIEGO, CA 92121  
Effective as of 01-MAR-21

**ARELLANO, JACQUELINE,  
LAC†**

Provider ID: N/A

9909 MIRA MESA BLVD  
STE 200  
SAN DIEGO, CA 92131  
Effective as of 01-MAR-21

**ARELLANO, JACQUELINE, LAC**

Provider ID: N/A

4910 DIRECTORS PL  
SAN DIEGO, CA 92121  
Effective as of 01-FEB-24

**CALLISON, YANHUI, LAC**

Provider ID: N/A

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-OCT-23

**CALLISON, YANHUI, LAC**

Provider ID: N/A

4167 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Teleservice

Effective as of 01-OCT-23

**JULIAN, FIDES, LAC†**

Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-MAR-21

**JULIAN, FIDES, LAC†**

Provider ID: N/A

9909 MIRA MESA BLVD  
STE 200  
SAN DIEGO, CA 92131  
Effective as of 01-MAR-21

**JULIAN, FIDES, LAC†**

Provider ID: N/A

9333 GENESEE AVE STE  
200  
SAN DIEGO, CA 92121  
Effective as of 01-MAR-21

**JULIAN, FIDES, LAC**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-24

**JULIAN, FIDES, LAC**

Provider ID: N/A

4910 DIRECTORS PL  
SAN DIEGO, CA 92121  
Effective as of 01-FEB-24

**LAM, KHANH, LAC†**

Provider ID: N/A

3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110  
Teleservice  
Effective as of 01-SEP-21

**LAM, KHANH, LAC†**

Provider ID: N/A

3434 MIDWAY DR STE 2001

SAN DIEGO, CA 92110

Teleservice

Effective as of 01-NOV-22

**MURRAY, STEVEN, LAC**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-24

**MURRAY, STEVEN, LAC†**

Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-21

**MURRAY, STEVEN, LAC†**

Provider ID: N/A

9333 GENESEE AVE STE  
220  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-21

**MURRAY, STEVEN, LAC†**

Provider ID: N/A

9909 MIRA MESA BLVD  
STE 200  
SAN DIEGO, CA 92131  
Effective as of 01-AUG-21

**MURRAY, STEVEN, LAC**

Provider ID: N/A

4910 DIRECTORS PL  
SAN DIEGO, CA 92121  
Effective as of 01-FEB-24

**NOVAK, ERIKA, LAC**

Provider ID: N/A

3282 GOVERNOR DR  
SAN DIEGO, CA 92122  
Teleservice  
Effective as of 01-NOV-22

**SEITZ, GRETCHEN, LAC**

Provider ID: N/A

10737 CAMINO RUIZ STE  
235  
SAN DIEGO, CA 92126  
Effective as of 01-JAN-21

**SEITZ, GRETCHEN, 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

4910 DIRECTORS PL  
SAN DIEGO, CA 92121  
Effective as of 01-FEB-24

**TANG-RITCHIE, LENG, LAC**

Provider ID: N/A

9909 MIRA MESA BLVD  
STE 200  
SAN DIEGO, CA 92131  
Effective as of 01-FEB-24

**TANG-RITCHIE, LENG, LAC†**

Provider ID: N/A

9333 GENESEE AVE  
SAN DIEGO, CA 92121  
Effective as of 01-DEC-21

**TANG-RITCHIE, LENG, LAC†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-21

**TANG-RITCHIE, LENG, LAC†**

Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-21

**CERTIFIED NURSE  
PRACTITIONER**

**AGUILA, YESENIA, NP**

Provider ID: N/A

292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114  
Effective as of 01-FEB-24

**ALSTEEN, STEPHANIE, NP†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

**AMOS, MARIA, NP†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

**ANTHONY, SHARON, NP†**

Provider ID: N/A

350 DICKINSON ST  
SAN DIEGO, CA 92103\*  
Effective as of 01-DEC-21

**ASHMAN, ELLEN, NP†**

Provider ID: N/A

4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-22

**ASHMAN, ELLEN, NP†**

Provider ID: N/A

4520 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-22

**ATILLO, RONALD MAR, NP†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

**BATAC, NADINE, NP†**

Provider ID: N/A

3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110  
Effective as of 01-DEC-22

**BILOTTA, NATALIE, NP†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

**BINAVI, HOWNAZ, NP†**

Provider ID: N/A

4060 4TH AVE STE 415  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

**BINAVI, HOWNAZ, NP†**

Provider ID: N/A

9339 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-21

**BUI, ANH, NPF**

Provider ID: N/A

7345 LINDA VISTA RD STE A  
SAN DIEGO, CA 92111  
Teleservice  
Effective as of 01-NOV-23

**BURNEY, BRAEANNE, NP†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

**CAMAQUIN, MIA, NP**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

**CAMARGO-LOWTHERS,  
ANGELICA, NP**

Provider ID: N/A

8010 FROST ST STE 220  
SAN DIEGO, CA 92123  
Effective as of 01-JUL-23

**CAMARGO-LOWTHERS,  
ANGELICA, NP†**

Provider ID: N/A

8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-22

**CAMARGO-LOWTHERS,  
ANGELICA, NP†**

Provider ID: N/A

8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

**CARDENAS, MIRIAM, NPF**

Provider ID: N/A

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-OCT-23

**CARDENAS, MIRIAM, NPF**

Provider ID: N/A

4171 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-OCT-23

**CASE, ERINN, NP**

Provider ID: N/A

3737 MORAGA AVE STE  
B103  
SAN DIEGO, CA 92117  
Effective as of 01-JAN-21

**CELESTIN-RAMSEY, AKANKE,  
NPF**

Provider ID: N/A

950 S EUCLID AVE  
SAN DIEGO, CA 92114

Teleservice

Effective as of 01-DEC-21

**CHANTALA, ELIZABETH, NP†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

**CHAVEZ, ALEXANDRIA, NP†**

Provider ID: N/A

4510 EXECUTIVE DR STE 7  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-22

**CHEATHAM, BRITTANY, NP†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

**CHEN, KATIE, NP**

Provider ID: N/A

4440 EUCLID AVE STE A  
SAN DIEGO, CA 92115  
Effective as of 01-MAR-24

**CHOATE, BERNADETTE, NP†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-21

**CHOATE, BERNADETTE, NP†**

Provider ID: N/A

4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122  
Effective as of 01-DEC-21

**CHRISMAN, JESSICA, NP**

Provider ID: N/A

3900 5TH AVE STE 110  
SAN DIEGO, CA 92103  
Effective as of 01-MAR-24

**COLEMAN, PAGE, NP**

Provider ID: N/A

4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105  
Effective as of 01-FEB-24

**CONNER, PAMELA, NP**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**CONNOR, CAROLINE, NP†**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-JUN-21

**CONNOR, CAROLINE, NP†**

Provider ID: N/A

6030 VILLAGE WAY  
SAN DIEGO, CA 92130  
Effective as of 01-JUN-21

**CUTLER, APRYL, NP**

Provider ID: N/A

4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-24

**DE DIOS, SARAH, NP**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-23

**DE LARA, KAROL JOHN, NP**

Provider ID: N/A

4440 EUCLID AVE STE A  
SAN DIEGO, CA 92115  
Effective as of 01-MAR-24

**DEBSKI, LAUREN, NPF**

Provider ID: N/A

1016 OUTER RD  
SAN DIEGO, CA 92154  
Effective as of 01-JUL-22

**DEL VECCHIO, MEGAN, NP**

Provider ID: N/A

4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-SEP-23

**DEL VECCHIO, MEGAN, NP**

Provider ID: N/A

4520 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-SEP-23

**DHARKAR SURBER, SAPNA, NP**

Provider ID: N/A

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-OCT-23

**DHARKAR SURBER, SAPNA, NP**

Provider ID: N/A

4171 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-OCT-23

**DILLEN, REBECCA, NP**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-23

**DO, ELAINE, NP**

Provider ID: N/A

4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105

Effective as of 01-JUL-22

**DOAN, ANGELA, NP†**

Provider ID: N/A

4168 FRONT ST  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

**DOAN, ANGELA, NP†**

Provider ID: N/A

4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-22

**DRISCOLL, KARRIE, NP†**

Provider ID: N/A

4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122  
Effective as of 01-DEC-21

**DRISCOLL, SUSAN, NP**

Provider ID: N/A

1666 PRECISION PARK LN  
SAN DIEGO, CA 92173  
Effective as of 01-OCT-23

**DWYER, ERIN, NP**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-24

**DWYER, ERIN, NP**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-24

**DWYER, ERIN, NP†**

Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103

Effective as of 01-JAN-21

**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

11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128  
Effective as of 01-FEB-24

**ERICKSON, LISA, NP†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-22

**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-JAN-21

**FEROLIE, PAM, NP**

Provider ID: N/A

375 CAMINO DE LA REINA  
STE C  
SAN DIEGO, CA 92108  
Effective as of 01-DEC-23

**FILIPPELLO, LAUREN, NPF**

Provider ID: N/A

3863 CLAIREMONT DR  
SAN DIEGO, CA 92117



Teleservice

Effective as of 01-OCT-23

**GIORGI, ASHLEY, NP**

Provider ID: N/A

350 DICKINSON ST  
SAN DIEGO, CA 92103

Effective as of 01-JAN-24

**GIORGI, ASHLEY, NP**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-JAN-24

**GOMEZ, LESLIE, NP**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-MAY-23

**GOMEZ, LESLIE, NP**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122

Effective as of 01-MAY-23

**GOMEZ, LESLIE, NP**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127

Effective as of 01-MAY-23

**GONZALEZ, LISA, NP**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-DEC-23

**GORDON, DANIELLE, NP†**

Provider ID: N/A

292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114

Effective as of 01-JAN-21

**GROSS, KIMBERLY, NP†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-AUG-22

**GROSS, KIMBERLY, NP†**

Provider ID: N/A

4510 EXECUTIVE DR  
SAN DIEGO, CA 92121

Effective as of 01-AUG-22

**HA, THU, NP**

Provider ID: N/A

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Effective as of 01-SEP-22

**HA, THU, NP**

Provider ID: N/A

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Effective as of 01-SEP-22

**HALE, EMILY, NPF**

Provider ID: N/A

5395 RUFFIN RD STE 204  
SAN DIEGO, CA 92123

Teleservice

Effective as of 01-MAY-23

**HARVEY, DELFINA, NP**

Provider ID: N/A

3490 PALM AVE  
SAN DIEGO, CA 92154

Effective as of 01-JUL-23

**HILL, GENIELYN, NP**

Provider ID: N/A

10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

Effective as of 01-MAY-23

**HILLIARD, THESALONICA, NP**

Provider ID: N/A

10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

Effective as of 01-SEP-22

**HOOPER, BONNIE, NP†**

Provider ID: N/A

9339 GENESEE AVE STE  
350

SAN DIEGO, CA 92121

Effective as of 01-JAN-21

**HOOPER, BONNIE, NP†**

Provider ID: N/A

4060 4TH AVE STE 415  
SAN DIEGO, CA 92103

Effective as of 01-JAN-21

**HORNFELD, COURTNEY, NP**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Effective as of 01-FEB-24

**INSTONE, SUSAN, NP**

Provider ID: N/A

4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

Effective as of 01-SEP-22

**INSTONE, SUSAN, NP**

Provider ID: N/A

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Effective as of 01-SEP-22

**JENKINS, ERIN, NP**

Provider ID: N/A

4510 EXECUTIVE DR  
SAN DIEGO, CA 92121

Effective as of 01-AUG-22

**JENKINS, ERIN, NP**

Provider ID: N/A

4520 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-22

**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

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**JONES, CHRISTA, NP†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

**KAHL, NICHOLAS, NP**

Provider ID: N/A

12843 EL CAMINO REAL  
STE 203  
SAN DIEGO, CA 92130  
Effective as of 01-JAN-21

**KI, TRISH, NP†**

Provider ID: N/A

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

**KI, TRISH, NP†**

Provider ID: N/A

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

**KYI, MYA, NP**

Provider ID: N/A

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-MAR-24

**LEE, MINDY, NP**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-23

**LEE, MINDY, NP**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

**LEE, MINDY, NP**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23

**MADGEDI, SHEILA, NP†**

Provider ID: N/A

4282 GENESEE AVE STE  
204  
SAN DIEGO, CA 92117  
Teleservice  
Effective as of 01-JUL-21

**MANZANO, EUNICE, NP†**

Provider ID: N/A

4520 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-22

**MANZANO, EUNICE, NP†**

Provider ID: N/A

4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-22

**MAROSOK, MICHELLE, NP**

Provider ID: N/A

16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127  
Teleservice  
Effective as of 01-NOV-23

**MARTINEZ, CAROLYN, NP**

Provider ID: N/A

1016 OUTER RD  
SAN DIEGO, CA 92154  
Effective as of 01-AUG-22

**MAYOYO, MARILYNN, NP**

Provider ID: N/A

3131 BERGER AVE STE 200  
SAN DIEGO, CA 92123  
Effective as of 01-MAR-23

**MCCLAIN, MEGAN, NP†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

**MCGILLOWAY, MELANIE, NP†**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

**MCGOWAN, GLAIZA ANN, NP**

Provider ID: N/A

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

**MELTZER, VIRGINIA, NP†**

Provider ID: N/A

4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105  
Effective as of 01-JUL-22

**MEYER, ISAAC, NP**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**MEYER, ISAAC, NP**

Provider ID: N/A

4520 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-JUN-23

**MICK, SHARON, NP**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

**MICK, SHARON, NP**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-23

**MICK, SHARON, NP**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23

**MOONEY, PATRICIA, NP†**

Provider ID: N/A

16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127  
Teleservice  
Effective as of 01-JAN-24

**MOONEY, PATRICIA, NP†**

Provider ID: N/A

16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127  
Teleservice  
Effective as of 01-MAY-21

**MORENO, EMILY, NP†**

Provider ID: N/A

3900 5TH AVE STE 110  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-21

**MULVEY, CAOILFHIONN, NP†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

**MWAURA, WAIRIMU, NP†**

Provider ID: N/A

16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127  
Teleservice  
Effective as of 01-JUN-21

**NAGATA, CERAH, NP**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

**NAGATA, CERAH, NP**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**NETZEL, JENNIFER, NP†**

Provider ID: N/A

9909 MIRA MESA BLVD  
STE 200  
SAN DIEGO, CA 92131  
Effective as of 01-AUG-22

**NETZEL, JENNIFER, NP†**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-AUG-22

**NETZEL, JENNIFER, NP†**

Provider ID: N/A

9333 GENESEE AVE  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-22

**NGO-BIGGE, ANGELA, NP**

Provider ID: N/A

7345 LINDA VISTA RD STE A  
SAN DIEGO, CA 92111

Teleservice

Effective as of 01-JUN-23

**NOCEDA, ANA, NP†**

Provider ID: N/A

4305 UNIVERSITY AVE STE 150  
SAN DIEGO, CA 92105  
Effective as of 01-SEP-22

**NOCEDA, ANA, NP†**

Provider ID: N/A

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

**OREJEL, EDITH, NP**

Provider ID: N/A

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-FEB-23

**OREJEL, EDITH, NP**

Provider ID: N/A

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-FEB-23

**ORPILLA, IMELDA, NP**

Provider ID: N/A

10737 CAMINO RUIZ STE 235  
SAN DIEGO, CA 92126  
Effective as of 01-AUG-21

**ORPILLA, IMELDA, NP**

Provider ID: N/A

9995 CARMEL MOUNTAIN RD STE B10-B11  
SAN DIEGO, CA 92129  
Effective as of 01-JAN-21

**PACE, RACHELLE, NP**

Provider ID: N/A

4510 EXECUTIVE DR

SAN DIEGO, CA 92121

Effective as of 01-JAN-24

**PACE, RACHELLE, NP**

Provider ID: N/A

350 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

**PACE, RACHELLE, NP**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

**PATIAG, DANIEL, NP**

Provider ID: N/A

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

**PATIAG, DANIEL, NP**

Provider ID: N/A

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

**PEREZ, ALLYSSA, NP†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-NOV-21

**PEREZ, ALLYSSA, NP**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**PEREZ, ALLYSSA, NP†**

Provider ID: N/A

4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-NOV-21

**PETTIS, BETH, NP†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-21

**POLIZZI, BRITTANY, NP†**

Provider ID: N/A

3900 5TH AVE STE 110  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-22

**QUINTO, CINDY, NP**

Provider ID: N/A

4305 UNIVERSITY AVE STE 150  
SAN DIEGO, CA 92105  
Effective as of 01-SEP-22

**QUINTO, CINDY, NP**

Provider ID: N/A

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

**RADMAN, MIRKA, NP**

Provider ID: N/A

6402 EL CAJON BLVD STE 102  
SAN DIEGO, CA 92115  
Effective as of 01-AUG-23

**RAJAEI, NILOUFAR, NP†**

Provider ID: N/A

8899 UNIVERSITY CENTER LN  
SAN DIEGO, CA 92122  
Effective as of 01-AUG-22

**REAL, MARIA, NP**

Provider ID: N/A

4171 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-OCT-23

**REAL, MARIA, NP**

Provider ID: N/A

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Teleservice

Effective as of 01-OCT-23

**REDDY, PRIYA, NP**

Provider ID: N/A

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Effective as of 01-NOV-22

**REDDY, PRIYA, NP**

Provider ID: N/A

4171 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Effective as of 01-NOV-22

**REGEV, SHANEE, NP**

Provider ID: N/A

350 DICKINSON ST  
SAN DIEGO, CA 92103

Effective as of 01-APR-23

**REGEV, SHANEE, NP**

Provider ID: N/A

4510 EXECUTIVE DR  
SAN DIEGO, CA 92121

Effective as of 01-APR-23

**REINER, GAIL, NP†**

Provider ID: N/A

4510 EXECUTIVE DR STE  
325  
SAN DIEGO, CA 92121

Effective as of 01-OCT-21

**REINER, GAIL, NP**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Effective as of 01-FEB-24

**RENZAS, JENNIFER, NP**

Provider ID: N/A

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Teleservice

Effective as of 01-JUL-21

**RENZAS, JENNIFER, NP**

Provider ID: N/A

4171 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Teleservice

Effective as of 01-JUL-21

**ROBERTSON, RACHAEL, NP†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-JAN-22

**RODENMEYER, EVE, NP**

Provider ID: N/A

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Effective as of 01-JUL-22

**RODENMEYER, EVE, NP**

Provider ID: N/A

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Effective as of 01-JUL-22

**ROSCOE, SYDNEY, NP**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-MAR-24

**ROSCOE, SYDNEY, NP**

Provider ID: N/A

350 DICKINSON ST  
SAN DIEGO, CA 92103

Effective as of 01-MAR-24

**ROSCOE, SYDNEY, NP**

Provider ID: N/A

4510 EXECUTIVE DR  
SAN DIEGO, CA 92121

Effective as of 01-MAR-24

**ROSS, CRYSTAL, NP†**

Provider ID: N/A

350 DICKINSON ST  
SAN DIEGO, CA 92103

Effective as of 01-DEC-21

**ROSSI, CATHERINE, NP†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-AUG-22

**ROZO, JOSE, NP**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-JUN-23

**RUFO, ROSAVIDA, NP**

Provider ID: N/A

10672 WEXFORD ST STE  
280

SAN DIEGO, CA 92131

Effective as of 01-JUN-23

**SABIN, NANCY, NP**

Provider ID: N/A

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Effective as of 01-SEP-22

**SABIN, NANCY, NP**

Provider ID: N/A

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Effective as of 01-SEP-22

**SALINAS, NIECEL, NP†**

Provider ID: N/A

200 W ARBOR DR

SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

**SALOTTI, JOANIE, NP†**

Provider ID: N/A

☒ 4520 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-22

**SALOTTI, JOANIE, NP†**

Provider ID: N/A

☒ 4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-22

**SANTANGELO, JOANNE, NP**

Provider ID: N/A

☒ 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

**SANTANGELO, JOANNE, NP**

Provider ID: N/A

☒ 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

**SATTERWHITE, MAURINE, NP**

Provider ID: N/A

☒ 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

**SATTERWHITE, MAURINE, NP**

Provider ID: N/A

☒ 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

**SCOTT, KELLY, NP**

Provider ID: N/A

☒ 2630 1ST AVE  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-JUL-22

**SEARS-WILEY, ELIZABETH, NP†**

Provider ID: N/A

☒ 350 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-21

**SHARMA, RAKHI, NP**

Provider ID: N/A

☒ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-23

**SIETSMA, ALEXANDRA, NP†**

Provider ID: N/A

☒ 4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105  
Effective as of 01-JUL-22

**SMITH, JENNIFER, NP†**

Provider ID: N/A

☒ 4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-22

**SMITH, JENNIFER, NP†**

Provider ID: N/A

☒ 4520 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-22

**SNYDER, KIRSTIN, NP**

Provider ID: N/A

☒ 4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-APR-23

**SNYDER, KIRSTIN, NP**

Provider ID: N/A

☒ 350 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

**SOLOMON, AMANDA, NP**

Provider ID: N/A

☒ 350 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**SOLOMON, AMANDA, NP**

Provider ID: N/A

☒ 16918 DOVE CANYON RD  
STE 100  
SAN DIEGO, CA 92127  
Effective as of 01-JUN-23

**SPAULDING, ENJOLI, NP**

Provider ID: N/A

☒ 6402 EL CAJON BLVD STE  
100  
SAN DIEGO, CA 92115  
Effective as of 01-MAY-23

**SPAULDING, ENJOLI, NP**

Provider ID: N/A

☒ 8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Teleservice  
Effective as of 01-AUG-23

**STAHL, STEPHANIE, NP†**

Provider ID: N/A

☒ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-21

**SUHIR, ERIN, NP**

Provider ID: N/A

☒ 4157 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-MAR-24

**SWEENEY, ZSA ZSA, NP**

Provider ID: N/A

☒ 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Teleservice

Effective as of 01-JUL-21

**TEJADA BRAS, SANDY, NP**

Provider ID: N/A

2929 HEALTH CENTER DR  
SAN DIEGO, CA 92123\*

Effective as of 01-JUL-22

**TILLEY, MONICA, NPF**

Provider ID: N/A

12843 EL CAMINO REAL  
STE 203

SAN DIEGO, CA 92130

Effective as of 01-DEC-21

**TOMICICH, STEPHANIE, NP**

Provider ID: N/A

11770 BERNARDO PLAZA  
CT STE 270

SAN DIEGO, CA 92128

Effective as of 01-FEB-24

**TOMICICH, STEPHANIE, NP**

Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103

Effective as of 01-JAN-24

**TOMICICH, STEPHANIE, NP**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 202

SAN DIEGO, CA 92123

Effective as of 01-JAN-24

**TOMICICH, STEPHANIE, NP**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 201

SAN DIEGO, CA 92123

Effective as of 01-FEB-24

**TOPIK, AMANDA, NP†**

Provider ID: N/A

4520 EXECUTIVE DR  
SAN DIEGO, CA 92121

Effective as of 01-AUG-22

**TOPIK, AMANDA, NP†**

Provider ID: N/A

4510 EXECUTIVE DR  
SAN DIEGO, CA 92121

Effective as of 01-AUG-22

**TOWNS, ARTA, NP**

Provider ID: N/A

4520 EXECUTIVE DR  
SAN DIEGO, CA 92121

Effective as of 01-JUN-23

**TOWNS, ARTA, NP**

Provider ID: N/A

4510 EXECUTIVE DR  
SAN DIEGO, CA 92121

Effective as of 01-JUN-23

**TRAN, DAPHNE, NP**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127

Effective as of 01-JUN-23

**VILLALOBOS, REBECA, NP†**

Provider ID: N/A

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Effective as of 01-DEC-22

**VILLALOBOS, REBECA, NP†**

Provider ID: N/A

823 GATEWAY CENTER  
WAY

SAN DIEGO, CA 92102

Effective as of 01-DEC-22

**VILLANUEVA DE GUTIE,**

**BERENICE, NP**

Provider ID: N/A

4060 FAIRMOUNT AVE

SAN DIEGO, CA 92105

Teleservice

Effective as of 01-MAY-21

**WIETZKE, MATTHEW, NP**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-JAN-24

**WIETZKE, MATTHEW, NP**

Provider ID: N/A

350 DICKINSON ST  
SAN DIEGO, CA 92103

Effective as of 01-JAN-24

**WILLEY, MARTI, NP†**

Provider ID: N/A

16918 DOVE CANYON RD  
STE 103

SAN DIEGO, CA 92127

Teleservice

Effective as of 01-JUN-21

**WILLEY, MARTI, NP†**

Provider ID: N/A

16918 DOVE CANYON RD  
STE 103

SAN DIEGO, CA 92127

Teleservice

Effective as of 01-JAN-21

**WILLIAMS, BREAHA, NP**

Provider ID: N/A

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Effective as of 01-DEC-21

**WILLIAMS, BREAHA, NP**

Provider ID: N/A

4171 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Effective as of 01-DEC-21

**WONG, MAYBELLE, NP**

Provider ID: N/A

350 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

**WONG, MAYBELLE, NP**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

**WOO, ANDY, NP**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**YARTSEVA, YULIYA, NP**

Provider ID: N/A

3737 MORAGA AVE STE  
B103  
SAN DIEGO, CA 92117  
Effective as of 01-JAN-21

**YEO, ALEXANDRIA, NP**

Provider ID: N/A

4168 FRONT ST  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**CERTIFIED REGISTERED  
NURSE ANESTHETIST**

**AMADOR, LINDSAY, CRNA†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

**CALABRIA, MEGAN, CRNA**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**CANTRELL, SARAH, CRNA**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-23

**COLE, JASON, CRNA†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-21

**DOLLAND, STEVEN, CRNA†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-21

**DULAY, JOTI, CRNA**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

**EVANS, CATHERINE, CRNA**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-23

**FIEDLER, DEREK, CRNA**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**GONZALEZ, LISA, CRNA**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**GRIFFIN, SETH, CRNA**

Provider ID: N/A

200 W ARBOR DR

SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

**JOHNSTON, RACHEL, CRNA**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-23

**POLIKOWSKI, SAMANTHA,  
CRNA†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

**POLLOM, JESSICA, CRNA†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-21

**RAMIREZ, NICOLE, CRNA†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

**ROADMAN, KEENE, CRNA**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**SACKS, BRENT, CRNA†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-APR-21

**SNODGRASS, JULIE, CRNA†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-21



**VINCENT, BERLIN, CRNA†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

**CERTIFIED REGISTERED  
NURSE MIDWIFE**

**CHOI, NATHALIE, CRNM**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

**CHOI, NATHALIE, CRNM**

Provider ID: N/A

4168 FRONT ST  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

**CORRY, ANDREA, CRNM**

Provider ID: N/A

4168 FRONT ST  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

**CORRY, ANDREA, CRNM**

Provider ID: N/A

7910 FROST ST  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-23

**CORRY, ANDREA, CRNM**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-SEP-23

**CORRY, ANDREA, CRNM**

Provider ID: N/A

6030 VILLAGE WAY  
SAN DIEGO, CA 92130  
Effective as of 01-SEP-23

**CORTES, CHRISTINE, CRNM†**

Provider ID: N/A

4290 POLK AVE  
SAN DIEGO, CA 92105  
Effective as of 01-JUL-22

**EKHOLM, JANNA, CRNM†**

Provider ID: N/A

4290 POLK AVE  
SAN DIEGO, CA 92105  
Effective as of 01-JUL-22

**ELY-KONOSKE, RACHEL,  
CRNM**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-DEC-23

**ELY-KONOSKE, RACHEL,  
CRNM**

Provider ID: N/A

3750 CONVOY ST STE 312  
SAN DIEGO, CA 92111  
Effective as of 01-DEC-23

**ELY-KONOSKE, RACHEL,  
CRNM**

Provider ID: N/A

4168 FRONT ST  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-23

**GUNTHER, HOPE, CRNM†**

Provider ID: N/A

4290 POLK AVE  
SAN DIEGO, CA 92105  
Effective as of 01-JUL-22

**MAST, ASHLEY, CRNM**

Provider ID: N/A

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice

Effective as of 01-OCT-23

**NATHAN, CARLY, CRNM**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-23

**NATHAN, CARLY, CRNM**

Provider ID: N/A

3750 CONVOY ST STE 312  
SAN DIEGO, CA 92111  
Effective as of 01-AUG-23

**PERDION, KAREN, CRNM†**

Provider ID: N/A

4290 POLK AVE  
SAN DIEGO, CA 92105  
Effective as of 01-JUL-22

**RAY, BROOKE, CRNM†**

Provider ID: N/A

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-SEP-21

**STRAUSS, JOANNA E, CRNM**

Provider ID: N/A

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-MAY-21

**TAYLOR, INGE, CRNM†**

Provider ID: N/A

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-JUL-22

**VU HILL, ERICA, NP†**

Provider ID: N/A

4290 POLK AVE  
SAN DIEGO, CA 92105  
Effective as of 01-JUL-22

## **CHIROPRACTOR**

### **ASSADIAN, MEHRAK, DC**

Provider ID: N/A

950 S EUCLID AVE  
SAN DIEGO, CA 92114  
Effective as of 01-JAN-21

### **BEATTY, ZACHARY, DC**

Provider ID: N/A

1501 IMPERIAL AVE  
SAN DIEGO, CA 92101  
Effective as of 01-JUL-22

### **CABALLERO, JAMES, DC**

Provider ID: N/A

9995 CARMEL MOUNTAIN  
RD STE B10 AND B11  
SAN DIEGO, CA 92129  
Effective as of 01-NOV-23

### **CABALLERO, JAMES, DC**

Provider ID: N/A

10737 CAMINO RUIZ STE  
235  
SAN DIEGO, CA 92126  
Effective as of 01-NOV-23

### **CASTRO, DAVID, DC†**

Provider ID: N/A

1016 OUTER RD  
SAN DIEGO, CA 92154  
Effective as of 01-AUG-22

### **DORADO, SUE, DC**

Provider ID: N/A

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Effective as of 01-OCT-23

### **GILIBERTO, JOSEPH, DC†**

Provider ID: N/A

10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126  
Effective as of 01-AUG-22

### **GILIBERTO, JOSEPH, DC†**

Provider ID: N/A

9995 CARMEL MOUNTAIN  
RD STE D  
SAN DIEGO, CA 92129  
Effective as of 01-AUG-22

### **HALEY, STEVEN, DC**

Provider ID: N/A

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-OCT-23

### **LE, BRANDON, DC**

Provider ID: N/A

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-JUL-22

### **LE, BRANDON, DC**

Provider ID: N/A

4290 POLK AVE  
SAN DIEGO, CA 92105  
Effective as of 01-JUL-22

### **LUU, DANIEL, DC†**

Provider ID: N/A

4419 EUCLID AVE STE 105  
SAN DIEGO, CA 92115  
Effective as of 01-SEP-22

### **LUU, DANIEL, DC†**

Provider ID: N/A

4419 EUCLID AVE STE 105  
SAN DIEGO, CA 92115  
Effective as of 01-SEP-22

### **ROSENBERG, ERIK, DC**

Provider ID: N/A

7612 LINDA VISTA RD STE  
109

SAN DIEGO, CA 92111  
Effective as of 01-NOV-23

### **SU, VENNES, DC**

Provider ID: N/A

10737 CAMINO RUIZ STE  
235  
SAN DIEGO, CA 92126  
Effective as of 01-OCT-23

## **DERMATOLOGY**

### **AHLUWALIA, JUSLEEN, MD**

Provider ID: N/A

9878 HIBERT ST STE 100  
SAN DIEGO, CA 92131  
Effective as of 01-DEC-20

### **ANGRA, KUNAL, MD†**

Provider ID: N/A

9339 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Teleservice  
Effective as of 01-JUL-21

### **ANGRA, KUNAL, MD†**

Provider ID: N/A

9339 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Teleservice  
Effective as of 01-JUL-21

### **ANGRA, KUNAL, MD†**

Provider ID: N/A

4060 4TH AVE STE 415  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-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

**ANGRA, KUNAL, MD†**

Provider ID: N/A

4060 4TH AVE STE 415  
SAN DIEGO, CA 92103

Teleservice

Effective as of 01-DEC-22

**BOEN, MONICA, MD†**

Provider ID: N/A

9339 GENESEE AVE STE  
350

SAN DIEGO, CA 92121

Effective as of 01-JAN-21

**BOEN, MONICA, MD†**

Provider ID: N/A

9339 GENESEE AVE STE  
350

SAN DIEGO, CA 92121

Effective as of 01-MAR-20

**BOEN, MONICA, MD†**

Provider ID: N/A

9339 GENESEE AVE STE  
350

SAN DIEGO, CA 92121

Effective as of 01-SEP-22

**BOEN, MONICA, MD†**

Provider ID: N/A

9339 GENESEE AVE STE  
350

SAN DIEGO, CA 92121

Effective as of 01-SEP-22

**BRADSHAW, MICHAEL, MD**

Provider ID: N/A

9878 HIBERT ST STE 100  
SAN DIEGO, CA 92131

Effective as of 01-JUL-16

**BRAUN, TARA, MD**

Provider ID: N/A

4060 4TH AVE STE 415  
SAN DIEGO, CA 92103

Teleservice

Effective as of 01-MAR-24

**BROUHA, BROOK, MD**

Provider ID: N/A

4060 4TH AVE STE 415  
SAN DIEGO, CA 92103

Effective as of 01-NOV-23

**BROUHA, BROOK, MD**

Provider ID: N/A

4060 4TH AVE STE 415  
SAN DIEGO, CA 92103

Effective as of 01-JAN-24

**BROUHA, BROOK, MD†**

Provider ID: N/A

9339 GENESEE AVE STE  
350

SAN DIEGO, CA 92121

Effective as of 01-SEP-22

**BROUHA, BROOK, MD†**

Provider ID: N/A

9339 GENESEE AVE STE  
350

SAN DIEGO, CA 92121

Effective as of 01-JUN-18

**BROUHA, BROOK, MD†**

Provider ID: N/A

9339 GENESEE AVE STE  
350

SAN DIEGO, CA 92121

Effective as of 01-JAN-21

**BROUHA, BROOK, MD†**

Provider ID: N/A

9339 GENESEE AVE STE  
350

SAN DIEGO, CA 92121

Effective as of 01-JAN-21

**CALAME, ANTOANELLA, MD†**

Provider ID: N/A

6605 NANCY RIDGE DR  
SAN DIEGO, CA 92121

Effective as of 01-JUL-22

**CHEN, BRYAN, MD**

Provider ID: N/A

9878 HIBERT ST STE 100  
SAN DIEGO, CA 92131†

Effective as of 01-JUL-16

**CHEN, BRYAN, MD**

Provider ID: N/A

9878 HIBERT ST STE 100  
SAN DIEGO, CA 92131

Effective as of 01-JUL-16

**DELA ROSA, KRISTINA, MD**

Provider ID: N/A

9878 HIBERT ST STE 100  
SAN DIEGO, CA 92131

Effective as of 01-AUG-17

**DELA ROSA, KRISTINA, MD**

Provider ID: N/A

9878 HIBERT ST STE 100  
SAN DIEGO, CA 92131

Effective as of 01-JAN-18

**ERICKSON, CHRISTOPHER,  
MD†**

Provider ID: N/A

6605 NANCY RIDGE DR  
SAN DIEGO, CA 92121

Effective as of 01-JUL-22

**GERSTENFELD, ERIC, MD**

Provider ID: N/A

4060 4TH AVE STE 415  
SAN DIEGO, CA 92103

Effective as of 01-JAN-21

**GLADSJO, JULIE, MD**

Provider ID: N/A

6605 NANCY RIDGE DR  
SAN DIEGO, CA 92121

Teleservice

Effective as of 01-FEB-23

**GRUSHCHAK, SOLOMIYA, MD**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122

Effective as of 01-DEC-23

**HAMMAN, MICHAEL, MD†**

Provider ID: N/A

9339 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121

Effective as of 01-SEP-21

**HAMMAN, MICHAEL, MD†**

Provider ID: N/A

9339 GENESEE AVE STE  
350A  
SAN DIEGO, CA 92121

Effective as of 01-NOV-23

**HAMMAN, MICHAEL, MD†**

Provider ID: N/A

9339 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121

Effective as of 01-JAN-21

**HAMMAN, MICHAEL, MD†**

Provider ID: N/A

9339 GENESEE AVE STE  
350A  
SAN DIEGO, CA 92121

Effective as of 01-JUN-17

**HAMMAN, MICHAEL, MD†**

Provider ID: N/A

4060 4TH AVE STE 415  
SAN DIEGO, CA 92103

Teleservice

Effective as of 01-JAN-21

**HAMMAN, MICHAEL, MD†**

Provider ID: N/A

4060 4TH AVE STE 415  
SAN DIEGO, CA 92103

Teleservice

Effective as of 01-JAN-21

**HAMMAN, MICHAEL, MD†**

Provider ID: N/A

4060 4TH AVE STE 415  
SAN DIEGO, CA 92103

Teleservice

Effective as of 01-SEP-22

**HAN, AMY, MD**

Provider ID: N/A

6386 ALVARADO CT STE  
209  
SAN DIEGO, CA 92120

Effective as of 01-FEB-22

**HAN, AMY, MD**

Provider ID: N/A

4060 4TH AVE STE 209  
SAN DIEGO, CA 92103

Effective as of 01-FEB-22

**HEMPERLY, STEPHEN, DO†**

Provider ID: N/A

4060 4TH AVE STE 415  
SAN DIEGO, CA 92103

Effective as of 01-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-SEP-22

**HIGHTOWER, GEORGE, MD†**

Provider ID: N/A

4168 FRONT ST  
SAN DIEGO, CA 92103

Effective as of 01-NOV-21

**KASSAB, GHADA, MD**

Provider ID: N/A

3737 MORAGA AVE STE  
A206

SAN DIEGO, CA 92117

Effective as of 01-MAR-23

**KASSAB, GHADA, MD**

Provider ID: N/A

3737 MORAGA AVE STE  
A206

SAN DIEGO, CA 92117

Effective as of 01-JUL-23

**KASSAB, GHADA, MD**

Provider ID: N/A

3737 MORAGA AVE STE  
A206

SAN DIEGO, CA 92117

Effective as of 01-JAN-21

**KAUNITZ, GENEVIEVE, MD†**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN STE 350

SAN DIEGO, CA 92122

Effective as of 01-OCT-21

**KEEL, DOUGLAS, DO**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN STE 150

SAN DIEGO, CA 92122

Effective as of 01-JAN-21

**LEE, MICHAEL, MD**

Provider ID: N/A

3965 5TH AVE STE 200  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-22

**LUPTON, JASON, MD**

Provider ID: N/A

12395 EL CAMINO REAL  
STE 207  
SAN DIEGO, CA 92130  
Effective as of 01-MAR-16

**LYFORD, WILLIS, MD**

Provider ID: N/A

6605 NANCY RIDGE DR  
SAN DIEGO, CA 92121  
Teleservice  
Effective as of 01-MAY-23

**MAFONG, ERICK, MD**

Provider ID: N/A

6386 ALVARADO CT STE  
209  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-22

**MAFONG, ERICK, MD**

Provider ID: N/A

4060 4TH AVE STE 209  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-22

**NAHM, WALTER, MD†**

Provider ID: N/A

7695 CARDINAL CT STE  
200  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-23

**NAHM, WALTER, MD†**

Provider ID: N/A

7695 CARDINAL CT STE  
200  
SAN DIEGO, CA 92123

Effective as of 01-JAN-21

**NAHM, WALTER, MD†**

Provider ID: N/A

7695 CARDINAL CT STE  
200  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

**PELLE, MICHELLE, MD†**

Provider ID: N/A

3965 5TH AVE STE 200  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-22

**REED, KELLY, DO†**

Provider ID: N/A

4060 4TH AVE STE 415  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-JAN-21

**REED, KELLY, DO†**

Provider ID: N/A

9339 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-21

**RILEY, JESSICA, DO†**

Provider ID: N/A

9339 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-21

**RILEY, JESSICA, DO†**

Provider ID: N/A

4060 4TH AVE STE 415  
SAN DIEGO, CA 92103  
Effective as of 01-NOV-23

**RILEY, JESSICA, DO†**

Provider ID: N/A

4060 4TH AVE STE 415

SAN DIEGO, CA 92103  
Effective as of 01-MAR-20

**SCHMIEDECKE, RUDY, MD**

Provider ID: N/A

6605 NANCY RIDGE DR  
SAN DIEGO, CA 92121  
Teleservice  
Effective as of 01-JUL-23

**SHAHAN, FRED, MD**

Provider ID: N/A

6367 ALVARADO CT STE  
107  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-21

**SHAHAN, FRED, MD**

Provider ID: N/A

6367 ALVARADO CT STE  
107  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-14

**SHIELL, RONALD, MD†**

Provider ID: N/A

4060 4TH AVE STE 415  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

**SHIELL, RONALD, MD†**

Provider ID: N/A

4060 4TH AVE STE 415  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

**SHIELL, RONALD, MD†**

Provider ID: N/A

4060 4TH AVE STE 415  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

**SIRICHOTIRATANA, MELISSA,  
MD†**

Provider ID: N/A

4765 CARMEL MOUNTAIN RD STE 201  
SAN DIEGO, CA 92130  
Effective as of 01-JAN-23

**SOON, SEAVER, MD**

Provider ID: N/A

3737 4TH AVE  
SAN DIEGO, CA 92103  
Effective as of 01-MAR-23

**STEIN, ALEXANDER, MD†**

Provider ID: N/A

6280 JACKSON DR STE 8  
SAN DIEGO, CA 92119  
Effective as of 01-SEP-22

**TOMPKINS, STACY, MD**

Provider ID: N/A

4060 4TH AVE STE 415  
SAN DIEGO, CA 92103  
Effective as of 01-NOV-23

**TOMPKINS, STACY, MD†**

Provider ID: N/A

9339 GENESEE AVE STE 350A  
SAN DIEGO, CA 92121  
Effective as of 01-DEC-22

**TOMPKINS, STACY, MD†**

Provider ID: N/A

9339 GENESEE AVE STE 350A  
SAN DIEGO, CA 92121  
Effective as of 01-JUL-22

**TOMPKINS, STACY, MD†**

Provider ID: N/A

9339 GENESEE AVE STE 350A  
SAN DIEGO, CA 92121  
Effective as of 01-JUL-22

**TSE, YARDY, MD†**

Provider ID: N/A

4765 CARMEL MOUNTAIN RD STE 201  
SAN DIEGO, CA 92130  
Effective as of 01-SEP-22

**TSE, YARDY, MD†**

Provider ID: N/A

4765 CARMEL MOUNTAIN RD STE 201  
SAN DIEGO, CA 92130  
Effective as of 01-SEP-21

**VENKAT, ARUN, MD†**

Provider ID: N/A

4765 CARMEL MOUNTAIN RD STE 201  
SAN DIEGO, CA 92130  
Effective as of 01-APR-20

**ZALESKI LARSEN, LISA, DO†**

Provider ID: N/A

4060 4TH AVE STE 415  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-SEP-22

**ZALESKI LARSEN, LISA, DO†**

Provider ID: N/A

4060 4TH AVE STE 415  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-JAN-21

**ZALESKI LARSEN, LISA, DO†**

Provider ID: N/A

4060 4TH AVE STE 415  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-JAN-21

**ZUBAIR, RAHEEL, MD**

Provider ID: N/A

9339 GENESEE AVE STE

350

SAN DIEGO, CA 92121  
Effective as of 01-DEC-23

**ZUBAIR, RAHEEL, MD**

Provider ID: N/A

9339 GENESEE AVE STE 350  
SAN DIEGO, CA 92121\*  
Effective as of 01-NOV-23

**ZUBAIR, RAHEEL, MD**

Provider ID: N/A

9339 GENESEE AVE STE 350  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-24

**DERMATOLOGY**

**DERMATOPATHOLOGY**

**CALAME, ANTOANELLA, MD†**

Provider ID: N/A

6605 NANCY RIDGE DR  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-23

**ERICKSON, CHRISTOPHER, MD†**

Provider ID: N/A

6605 NANCY RIDGE DR  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-21

**SHEN, HONGGANG, MD**

Provider ID: N/A

4060 4TH AVE STE 415  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-19

**EMERGENCY MEDICINE**

**ALKATIB, RHONDA, MD†**

Provider ID: N/A

2655 CAMINO DEL RIO N

STE 120  
SAN DIEGO, CA 92108  
Effective as of 01-AUG-20

**CASTELLANO, TIFFANY, MD**

Provider ID: N/A  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

**CHEN, ALICE, MD†**

Provider ID: N/A  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-NOV-21

**COYNE, CHRISTOPHER, MD†**

Provider ID: N/A  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-23

**DICKSON, MATTHEW, DO†**

Provider ID: N/A  
1628 PALM AVE  
SAN DIEGO, CA 92154  
Effective as of 01-JAN-21

**GUEFEN, URI, MD**

Provider ID: N/A  
555 W C ST STE 102  
SAN DIEGO, CA 92101  
Effective as of 01-SEP-23

**HARE, MARC, MD**

Provider ID: N/A  
6719 ALVARADO RD STE  
303  
SAN DIEGO, CA 92120  
Effective as of 01-APR-23

**HARRELL-BURDER, BEVERLY,  
MD†**

Provider ID: N/A  
950 S EUCLID AVE

SAN DIEGO, CA 92114  
Effective as of 01-JUL-22

**HOGUE, BRENNAN, MD**

Provider ID: N/A  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

**JURKOWSKI, LEONARD, MD†**

Provider ID: N/A  
3830 VALLEY CENTRE DR  
STE 702  
SAN DIEGO, CA 92130  
Effective as of 01-JAN-21

**KUTZ, CRAIG, MD†**

Provider ID: N/A  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-21

**LIOTTA, BENJAMIN, MD†**

Provider ID: N/A  
16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-DEC-21

**MUELLER, MATTHEW, DO†**

Provider ID: N/A  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-21

**PARK, JAY, MD†**

Provider ID: N/A  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-21

**YU, ELAINE, DO**

Provider ID: N/A  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

**ENDOCRINOLOGY**

**METABOLISM DIABETES**

**EKANAYAKE, PREETHIKA, MD†**

Provider ID: N/A  
4168 FRONT ST  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-21

**EKANAYAKE, PREETHIKA, MD†**

Provider ID: N/A  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-21

**FIRST, BRIAN, MD†**

Provider ID: N/A  
4282 GENESEE AVE STE  
103  
SAN DIEGO, CA 92117  
Effective as of 01-JAN-14

**GUERIN, CHRIS, MD†**

Provider ID: N/A  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-21

**HOSEIN, NADEEN, MD**

Provider ID: N/A  
4077 5TH AVE STE 35  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-23

**IYENGAR, RAVI, MD**

Provider ID: N/A  
4168 FRONT ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

**IYENGAR, RAVI, MD**

Provider ID: N/A  
200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-APR-23

**NAGELBERG, JODI, MD†**

Provider ID: N/A

9909 MIRA MESA BLVD  
STE 200  
SAN DIEGO, CA 92131

Effective as of 01-NOV-21

**NAGELBERG, JODI, MD†**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122

Effective as of 01-NOV-21

**NAGELBERG, JODI, MD†**

Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103

Effective as of 01-NOV-21

**NAGELBERG, JODI, MD†**

Provider ID: N/A

4168 FRONT ST  
SAN DIEGO, CA 92103

Effective as of 01-NOV-21

**SANDLER, JEFFREY, MD**

Provider ID: N/A

4060 4TH AVE STE 340  
SAN DIEGO, CA 92103

Effective as of 01-OCT-23

**SANDLER, JEFFREY, MD**

Provider ID: N/A

4060 4TH AVE STE 340  
SAN DIEGO, CA 92103

Effective as of 01-AUG-23

**SANDLER, JEFFREY, MD**

Provider ID: N/A

4060 4TH AVE STE 340  
SAN DIEGO, CA 92103

Effective as of 01-AUG-23

**SHAH, NANDI, MD**

Provider ID: N/A

4168 FRONT ST  
SAN DIEGO, CA 92103

Effective as of 01-JAN-24

**SHAH, NANDI, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-JAN-24

**STRAHM, LISA, MD†**

Provider ID: N/A

1855 1ST AVE STE 200B  
SAN DIEGO, CA 92101

Effective as of 01-JUL-20

**TANTISIRA, LALITA, MD†**

Provider ID: N/A

4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122

Effective as of 01-DEC-21

**ENDOCRINOLOGY**

**REPRODUCTIVE**

**DANESHMAND, SAID, MD**

Provider ID: N/A

11515 EL CAMINO REAL STE  
100

SAN DIEGO, CA 92130

Effective as of 01-SEP-17

**FOYOUZI-YOUSEFI,**

**NASTARAN, MD**

Provider ID: N/A

11425 EL CAMINO REAL  
SAN DIEGO, CA 92130

Effective as of 01-JUN-23

**FRIEDMAN, BROOKE, MD†**

Provider ID: N/A

11425 EL CAMINO REAL  
SAN DIEGO, CA 92130

Effective as of 01-SEP-17

**FAMILY PRACTICE**

**ALVAREZ-ESTRADA, MIGUEL,  
MD†**

Provider ID: N/A

3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

Effective as of 01-SEP-23

**BERNADETT, ALEX, MD†**

Provider ID: N/A

10505 SORRENTO VALLEY  
RD STE 200  
SAN DIEGO, CA 92121

Effective as of 01-FEB-23

**BERNADETT, ALEX, MD†**

Provider ID: N/A

6699 ALVARADO RD STE  
2100

SAN DIEGO, CA 92120

Effective as of 01-FEB-23

**CAMPBELL, BRIANNA, MD**

Provider ID: N/A

950 S EUCLID AVE  
SAN DIEGO, CA 92114

Effective as of 01-MAY-23

**DENYSIAK, JACQUELINE, MD†**

Provider ID: N/A

3969 4TH AVE STE 203  
SAN DIEGO, CA 92103

Teleservice

Effective as of 01-DEC-20

**HILL, LINDA, MD†**

Provider ID: N/A

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Effective as of 01-SEP-22



**HILL, LINDA, MD†**

Provider ID: N/A

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

**JOLICOEUR, MEGAN, DO**

Provider ID: N/A

9333 GENESEE AVE  
SAN DIEGO, CA 92121  
Effective as of 01-JUN-23

**JOLICOEUR, MEGAN, DO**

Provider ID: N/A

9909 MIRA MESA BLVD  
STE 200  
SAN DIEGO, CA 92131  
Effective as of 01-JUN-23

**JOLICOEUR, MEGAN, DO**

Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**JOLICOEUR, MEGAN, DO**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN STE 350  
SAN DIEGO, CA 92122  
Effective as of 01-JUN-23

**KUROSAKA, MOMO, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

**KUROSAKA, MOMO, MD†**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-AUG-22

**LARA, LESLEY, MD†**

Provider ID: N/A

1016 OUTER RD  
SAN DIEGO, CA 92154  
Effective as of 01-AUG-22

**LYNCH, SHAUNA, DO**

Provider ID: N/A

1075 CAMINO DEL RIO S  
SAN DIEGO, CA 92108  
Effective as of 01-SEP-22

**MARSTON, JACQUELINE, DO**

Provider ID: N/A

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

**ORTIZ, KENNETH, MD†**

Provider ID: N/A

316 25TH ST  
SAN DIEGO, CA 92102  
Teleservice  
Effective as of 01-MAY-23

**PERESS, LILIA, MD**

Provider ID: N/A

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-FEB-24

**PERESS, LILIA, MD**

Provider ID: N/A

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-FEB-24

**RODRIGUEZ, NATALIE, MD**

Provider ID: N/A

1685 HOLLISTER ST  
SAN DIEGO, CA 92154\*  
Effective as of 01-NOV-23

**SHEKER-DICKSON, KIMBERLY,  
DO†**

Provider ID: N/A

1628 PALM AVE  
SAN DIEGO, CA 92154  
Effective as of 01-JAN-21

**SOPHY, ELIZABETH, MD†**

Provider ID: N/A

1501 IMPERIAL AVE  
SAN DIEGO, CA 92101  
Effective as of 01-SEP-22

**SUMMERS-DAY, COURTNEY,  
MD†**

Provider ID: N/A

1016 OUTER RD  
SAN DIEGO, CA 92154  
Effective as of 01-JUL-22

**FAMILY PRACTICE**

**GERIATRIC MEDICINE**

**MILLER, SCOTT, MD†**

Provider ID: N/A

9878 CARMEL MOUNTAIN  
RD STE B  
SAN DIEGO, CA 92129  
Effective as of 01-JAN-21

**FAMILY PRACTICE**

**SPORTS MEDICINE**

**UDOWENKO, MARINA, DO**

Provider ID: N/A

375 CAMINO DE LA REINA  
STE C  
SAN DIEGO, CA 92108  
Effective as of 01-JUN-23

**GASTROENTEROLOGY**

**CHANDRADAS, SAJIV, MD†**

Provider ID: N/A

4060 4TH AVE STE 240  
SAN DIEGO, CA 92103

Effective as of 01-JUL-17

**CUBAS, IVAN, MD†**

Provider ID: N/A

292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114

Effective as of 01-JAN-21

**CUBAS, IVAN, MD†**

Provider ID: N/A

292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114

Effective as of 01-DEC-14

**CUBAS, IVAN, MD†**

Provider ID: N/A

292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114

Effective as of 01-MAR-15

**CUMMINS, ANDREW, MD†**

Provider ID: N/A

4060 4TH AVE STE 240  
SAN DIEGO, CA 92103

Effective as of 01-JAN-15

**DESTA, TADDESE, MD†**

Provider ID: N/A

292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114

Effective as of 01-JAN-14

**DESTA, TADDESE, MD†**

Provider ID: N/A

292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114

Effective as of 01-SEP-15

**DESTA, TADDESE, MD†**

Provider ID: N/A

292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114

Effective as of 01-JAN-21

**DUBOIS, SUJA, MD†**

Provider ID: N/A

4060 4TH AVE STE 240  
SAN DIEGO, CA 92103

Effective as of 01-SEP-20

**FICK, DARYL, MD**

Provider ID: N/A

4060 4TH AVE STE 240  
SAN DIEGO, CA 92103

Effective as of 01-AUG-23

**GADDIPATI, KISHORE, MD†**

Provider ID: N/A

4060 4TH AVE STE 240  
SAN DIEGO, CA 92103

Effective as of 01-SEP-15

**GISH, ROBERT, MD†**

Provider ID: N/A

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Teleservice

Effective as of 01-JUN-21

**GISH, ROBERT, MD†**

Provider ID: N/A

4171 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Teleservice

Effective as of 01-JUN-21

**HASAN, AWS, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-JUN-23

**HASSANEIN, TAREK, MD†**

Provider ID: N/A

995 GATEWAY CENTER  
WAY STE 105  
SAN DIEGO, CA 92102

Effective as of 01-SEP-22

**HUA, MENG, MD†**

Provider ID: N/A

6699 ALVARADO RD STE  
2306

SAN DIEGO, CA 92120

Effective as of 01-SEP-22

**KLAPHEKE, ROBERT, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-AUG-21

**MITTAL, YASH, MD†**

Provider ID: N/A

4060 4TH AVE STE 240  
SAN DIEGO, CA 92103

Effective as of 01-MAR-20

**NOVO, MEGAN, MD**

Provider ID: N/A

292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114

Effective as of 01-MAY-23

**NOVO, MEGAN, MD**

Provider ID: N/A

292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114

Effective as of 01-JAN-23

**REDDY, JOSEPH, MD†**

Provider ID: N/A

6699 ALVARADO RD STE  
2301

SAN DIEGO, CA 92120

Effective as of 01-AUG-20

**REDDY, JOSEPH, MD†**

Provider ID: N/A

6699 ALVARADO RD STE  
2301

SAN DIEGO, CA 92120

Effective as of 01-JUL-22

**REDDY, JOSEPH, MD†**

Provider ID: N/A

6699 ALVARADO RD STE  
2301  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-14

**SCHAEFFER, CYNTHIA, MD†**

Provider ID: N/A

292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114  
Effective as of 01-APR-21

**SCHAEFFER, CYNTHIA, MD†**

Provider ID: N/A

292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114  
Effective as of 01-SEP-15

**SHAFFER, KATHERINE, MD†**

Provider ID: N/A

292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114  
Effective as of 01-OCT-18

**SHAFFER, KATHERINE, MD†**

Provider ID: N/A

292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114  
Effective as of 01-JAN-21

**SHAFFER, KATHERINE, MD†**

Provider ID: N/A

292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114  
Effective as of 01-MAR-19

**SHAH, SHAILJA, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**SHAH, SHAILJA, MD†**

Provider ID: N/A

200 W ARBOR DR

SAN DIEGO, CA 92103

Effective as of 01-AUG-21

**SHPANER, ALEXANDER, MD†**

Provider ID: N/A

6719 ALVARADO RD STE  
206  
SAN DIEGO, CA 92120  
Effective as of 01-SEP-22

**STIPHO, SALLY, MD†**

Provider ID: N/A

4060 4TH AVE STE 240  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-20

**SYAL, GAURAV, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**SYAL, GAURAV, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**THOMAS, CARLTON, MD†**

Provider ID: N/A

1855 1ST AVE STE 200B  
SAN DIEGO, CA 92101  
Effective as of 01-MAR-16

**THOMAS, CARLTON, MD†**

Provider ID: N/A

292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114  
Effective as of 01-JAN-21

**THOMAS, CARLTON, MD†**

Provider ID: N/A

292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114  
Effective as of 01-JAN-14

**THOMAS, CARLTON, MD†**

Provider ID: N/A

292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114  
Effective as of 01-SEP-15

**YOUSSEF, FADY, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**YOUSSEF, FADY, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**GENERAL PRACTICE**

**NGUYEN, HUONG, MD†**

Provider ID: N/A

4444 EL CAJON BLVD STE  
6  
SAN DIEGO, CA 92115\*  
Effective as of 01-APR-21

**GENETIC COUNSELOR**

**FOYOUZI-YOUSEFI,**

**NASTARAN, MD**

Provider ID: N/A

11425 EL CAMINO REAL  
SAN DIEGO, CA 92130  
Effective as of 01-JUN-23

**GENETICS MEDICAL**

**JONES, MARILYN, MD†**

Provider ID: N/A

4910 DIRECTORS PL STE  
200  
SAN DIEGO, CA 92121  
Effective as of 01-JUN-21

## **GYNECOLOGIC ONCOLOGY**

### **BAHADOR, AFSHIN, MD**

Provider ID: N/A

9340 CAMINO DE LA SIESTA STE 204  
SAN DIEGO, CA 92108  
Effective as of 01-APR-23

### **DUGGAN, BRIDGETTE, MD**

Provider ID: N/A

9340 CAMINO DE LA SIESTA STE 204  
SAN DIEGO, CA 92108  
Effective as of 01-MAY-23

### **NYAKUDARIKA, NATSAI, MD**

Provider ID: N/A

9340 CAMINO DE LA SIESTA STE 204  
SAN DIEGO, CA 92108  
Effective as of 01-JUL-23

## **GYNECOLOGY**

### **WILLIAMS, ALISA, MD†**

Provider ID: N/A

5555 RESERVOIR DR STE 307  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-20

## **HEARING AID DEALER / SUPPLIER**

### **ANAYA, MANUEL, MA†**

Provider ID: N/A

9340 CLAIREMONT MESA BLVD STE D  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

### **ANDERSON, ELAINE, MA†**

Provider ID: N/A

9340 CLAIREMONT MESA BLVD STE D  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-22

### **ANDERSON, ELAINE, MA†**

Provider ID: N/A

6367 ALVARADO CT  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-21

### **ANDERSON, ELAINE, MA†**

Provider ID: N/A

6367 ALVARADO CT STE 101  
SAN DIEGO, CA 92120  
Effective as of 01-SEP-22

### **DANDURAND, JOHN, MA†**

Provider ID: N/A

6367 ALVARADO CT  
SAN DIEGO, CA 92120  
Teleservice  
Effective as of 01-JAN-21

### **DANDURAND, JOHN, MA†**

Provider ID: N/A

9340 CLAIREMONT MESA BLVD STE D  
SAN DIEGO, CA 92123  
Teleservice  
Effective as of 01-MAY-22

### **DAVIS, KELLE, MA†**

Provider ID: N/A

9340 CLAIREMONT MESA BLVD  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

### **DAVIS, KELLE, MA†**

Provider ID: N/A

6367 ALVARADO CT STE 101  
SAN DIEGO, CA 92120  
Effective as of 01-SEP-22

### **DAVIS, KELLE, MA†**

Provider ID: N/A

9340 CLAIREMONT MESA BLVD STE D  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-22

## **HEMATOLOGY / ONCOLOGY**

### **AHMED, SYED, MD**

Provider ID: N/A

7432 LA MANTANZA  
SAN DIEGO, CA 92127  
Effective as of 01-FEB-24

### **ANDREY, JEFFREY, MD†**

Provider ID: N/A

3965 5TH AVE STE 230  
SAN DIEGO, CA 92103\*  
Effective as of 01-APR-23

### **ANDREY, JEFFREY, MD†**

Provider ID: N/A

3965 5TH AVE STE 230  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-22

### **BASERI, BABAK, MD†**

Provider ID: N/A

3965 5TH AVE STE 230  
SAN DIEGO, CA 92103  
Effective as of 01-APR-24

### **BASERI, BABAK, MD†**

Provider ID: N/A

3965 5TH AVE STE 230  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-22

### **BASERI, BABAK, MD†**

Provider ID: N/A

3965 5TH AVE STE 230  
SAN DIEGO, CA 92103\*

Effective as of 01-APR-23

**BESSUDO, ALBERTO, MD†**

Provider ID: N/A

☐ 16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127

Teleservice

Effective as of 01-NOV-21

**BESSUDO, ALBERTO, MD†**

Provider ID: N/A

☐ 16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127

Teleservice

Effective as of 01-JAN-21

**CHEN, YU-WEI, MD**

Provider ID: N/A

☐ 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-DEC-23

**COGGAN, JAMES, DO**

Provider ID: N/A

☐ 3075 HEALTH CENTER DR  
STE 102  
SAN DIEGO, CA 92123

Effective as of 01-NOV-22

**EISENBERG, STEVEN, DO†**

Provider ID: N/A

☐ 16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127

Effective as of 01-JAN-21

**FISHER, JENNIFER, MD†**

Provider ID: N/A

☐ 3075 HEALTH CENTER DR  
STE 102  
SAN DIEGO, CA 92123

Effective as of 01-JAN-14

**FISHER, JENNIFER, MD†**

Provider ID: N/A

☐ 3075 HEALTH CENTER DR  
STE 102  
SAN DIEGO, CA 92123

Effective as of 01-DEC-08

**FRAKES, LAURIE, MD†**

Provider ID: N/A

☐ 16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127

Teleservice

Effective as of 01-NOV-21

**MARJON, PHILIP, MD†**

Provider ID: N/A

☐ 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-MAY-22

**MESLEH SHAYEB, AKRAM, MD†**

Provider ID: N/A

☐ 9333 GENESEE AVE STE  
310  
SAN DIEGO, CA 92121

Effective as of 01-NOV-21

**NAIDZIONAK, ULADZISLAU, MD†**

Provider ID: N/A

☐ 7930 FROST ST STE 405  
SAN DIEGO, CA 92123

Effective as of 01-JUL-22

**NGUYEN, ANTHONY, MD**

Provider ID: N/A

☐ 16950 VIA TAZON  
SAN DIEGO, CA 92127

Effective as of 01-AUG-23

**PARSI, HOOMAN, MD**

Provider ID: N/A

☐ 3965 5TH AVE STE 230  
SAN DIEGO, CA 92103

Effective as of 01-JUL-23

**QUINN, CATHERINE, MD**

Provider ID: N/A

☐ 3075 HEALTH CENTER DR  
STE 102  
SAN DIEGO, CA 92123

Effective as of 01-APR-23

**RAZZAQUE, SAQIB, MD**

Provider ID: N/A

☐ 7377 VIA CRESTA RD  
SAN DIEGO, CA 92129

Effective as of 01-FEB-24

**REDFERN, CHARLES, MD†**

Provider ID: N/A

☐ 3075 HEALTH CENTER DR  
STE 102  
SAN DIEGO, CA 92123

Effective as of 01-JAN-14

**REDFERN, CHARLES, 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-SEP-22

**SCHWERKOSKE, JOHN, MD†**

Provider ID: N/A

3965 5TH AVE STE 230  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-23

**SCHWERKOSKE, JOHN, MD†**

Provider ID: N/A

3965 5TH AVE STE 230

SAN DIEGO, CA 92103  
Effective as of 01-MAY-22

**SHAIKH, ANWER, MD†**

Provider ID: N/A

3965 5TH AVE STE 230  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-22

**SHENOY, CASIE, MD†**

Provider ID: N/A

3075 HEALTH CENTER DR  
STE 102  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-18

**SHIEH, MARIE, MD†**

Provider ID: N/A

3075 HEALTH CENTER DR  
STE 102  
SAN DIEGO, CA 92123  
Effective as of 01-DEC-16

**SULLIVAN, JESSICA, DO**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

**SULLIVAN, JESSICA, DO**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-DEC-23

**HOSPICE AND PALLIATIVE  
MEDICINE**

**RUBENSIK, TAMARA, MD†**

Provider ID: N/A

4168 FRONT ST  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-21

**RUBENSIK, TAMARA, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-21

**HOSPITALIST MD/DO**

**DJEKIC, KRISTINA, DO†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-NOV-21

**FIRESTEIN, CATHERINE, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

**HAMMOND, CHARLES, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-APR-21

**SHINDO, YURI, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-21

**TONG, ALEXANDER, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-23

**YANG, BENJAMIN, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

**YASSIN, HAZEM, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-23

### **INFECTIOUS DISEASE**

#### **ALDOUS, JEANNETTE, MD†**

Provider ID: N/A

950 S EUCLID AVE  
SAN DIEGO, CA 92114  
Effective as of 01-JUL-22

#### **CAPERNA, JOSEPH, MD†**

Provider ID: N/A

2333 1ST AVE STE 104  
SAN DIEGO, CA 92101  
Effective as of 01-JUL-21

#### **KUPPALLI, KRUTIKA, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-23

#### **MARTIN, THOMAS, MD†**

Provider ID: N/A

4168 FRONT ST FL 3  
SAN DIEGO, CA 92103  
Effective as of 01-MAR-21

#### **MARTIN, THOMAS, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAR-21

#### **RAMIREZ SANCHEZ, CLAUDIA, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-23

### **INTERNAL MEDICINE**

#### **AIZIN, VITALI, MD**

Provider ID: N/A

3802 NATIONAL AVE  
SAN DIEGO, CA 92113  
Effective as of 01-OCT-23

#### **AL-SALEH, YADANI, MD†**

Provider ID: N/A

3737 MORAGA AVE STE  
B103  
SAN DIEGO, CA 92117  
Effective as of 01-MAR-23

#### **BALL, SHELDON, MD**

Provider ID: N/A

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-OCT-22

#### **BALL, SHELDON, MD**

Provider ID: N/A

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-OCT-22

#### **BRAZEL, DANIELLE, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

#### **BRAZEL, DANIELLE, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-24

#### **CHAU, JOHN, MD†**

Provider ID: N/A

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-MAY-23

#### **CHAU, JOHN, MD†**

Provider ID: N/A

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-MAY-23

#### **CHONGKRAIRATANAKUL, TEPSIRI, MD†**

Provider ID: N/A

8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

#### **CSAPOCZI, PETER, MD**

Provider ID: N/A

950 S EUCLID AVE  
SAN DIEGO, CA 92114  
Teleservice  
Effective as of 01-JAN-21

#### **DASHI, ARBEN, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

#### **DAVIS, JASON, MD†**

Provider ID: N/A

4060 4TH AVE STE 220  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

#### **DAVIS, JASON, MD†**

Provider ID: N/A

8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-NOV-23

#### **FARAVARDEH, ARMAN, MD†**

Provider ID: N/A

8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-NOV-16


#### **GADIYARAM, VARUNA, MD**

Provider ID: N/A


200 W ARBOR DR

SAN DIEGO, CA 92103  
Effective as of 01-SEP-23


**GELBERG, ANNA, MD†**

Provider ID: N/A  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Effective as of 01-NOV-21


**GRUNVALD, EDUARDO, MD†**

Provider ID: N/A  
 4303 LA JOLLA VILLAGE  
 DR STE 2110  
 SAN DIEGO, CA 92122  
 Effective as of 01-DEC-21


**GRUNVALD, EDUARDO, MD†**

Provider ID: N/A  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Effective as of 01-DEC-21


**HAMMES, JOHN, MD†**

Provider ID: N/A  
 4060 4TH AVE STE 220  
 SAN DIEGO, CA 92103  
 Effective as of 01-NOV-23


**HAMMES, JOHN, MD†**

Provider ID: N/A  
 4060 4TH AVE STE 220  
 SAN DIEGO, CA 92103  
 Effective as of 01-OCT-21

**HASTIE, ELIZABETH, MD†**


Provider ID: N/A  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Effective as of 01-AUG-22

**JAIN, SUPRABHA, MD**


Provider ID: N/A  
 6496 WEATHERS PL STE  
 100  
 SAN DIEGO, CA 92121

Teleservice  
 Effective as of 01-OCT-22


**JIANG, JUN, MD†**

Provider ID: N/A  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Effective as of 01-AUG-22


**KATSNELSON, MARCELLA, DO**

Provider ID: N/A  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Effective as of 01-JUN-23


**KAUFER, DAVID, MD**

Provider ID: N/A  
 1666 PRECISION PARK LN  
 SAN DIEGO, CA 92173  
 Effective as of 01-FEB-24


**KOOKOOTSEDES, GAYLE, MD†**

Provider ID: N/A  
 3633 CAMINO DEL RIO S  
 STE 300  
 SAN DIEGO, CA 92108  
 Effective as of 01-MAR-21


**LAMANTIA, MICHELE, MD†**

Provider ID: N/A  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114\*  
 Effective as of 01-AUG-17

**LIU, ANDREW, MD**


Provider ID: N/A  
 4060 4TH AVE STE 220  
 SAN DIEGO, CA 92103  
 Effective as of 01-SEP-23

**LIU, ANDREW, MD**


Provider ID: N/A  
 6402 EL CAJON BLVD STE  
 100&102  
 SAN DIEGO, CA 92115

Effective as of 01-SEP-23


**LIU, ANDREW, MD**

Provider ID: N/A  
 8010 FROST ST STE 510  
 SAN DIEGO, CA 92123  
 Effective as of 01-SEP-23


**LUND, GUY, MD†**

Provider ID: N/A  
 8010 FROST ST STE 510  
 SAN DIEGO, CA 92123  
 Effective as of 01-JAN-21


**MARTINEZ, ARMANDO, MD†**

Provider ID: N/A  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Effective as of 01-AUG-22


**MOOLANI, UJJALA, MD**

Provider ID: N/A  
 6402 EL CAJON BLVD STE  
 102  
 SAN DIEGO, CA 92115  
 Effective as of 01-MAY-23


**MOOLANI, UJJALA, MD**

Provider ID: N/A  
 8010 FROST ST STE 510  
 SAN DIEGO, CA 92123  
 Effective as of 01-MAY-23

**NAMAZY, DAVID, MD†**

Provider ID: N/A  
 6402 EL CAJON BLVD STE  
 100  
 SAN DIEGO, CA 92115  
 Effective as of 01-JAN-24

**NARANJO, RODRIGO, MD†**

Provider ID: N/A  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Effective as of 01-SEP-22



**NARANJO, RODRIGO, MD†**

Provider ID: N/A

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

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-JAN-23

**SONG, ALEXANDER, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-JUN-23

**TANTISIRA, LALITA, MD†**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127

Effective as of 01-JAN-21

**TANTISIRA, LALITA, MD†**

Provider ID: N/A

4520 EXECUTIVE DR  
SAN DIEGO, CA 92121

Effective as of 01-JAN-21

**TOPPEN, WILLIAM, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-AUG-22

**TRIVEDI, MEHUL, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-JAN-24

**TRIVEDI, MEHUL, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Effective as of 01-JAN-24

**YANG, JENNY, MD†**

Provider ID: N/A

4168 FRONT ST  
SAN DIEGO, CA 92103

Effective as of 01-AUG-21

**YANG, JENNY, MD†**

Provider ID: N/A

4520 EXECUTIVE DR STE  
P2

SAN DIEGO, CA 92121

Effective as of 01-AUG-21

**INTERNAL MEDICINE**

**CRITICAL CARE MEDICINE**

**BOROK, ZEA, MD†**

Provider ID: N/A

4168 FRONT ST  
SAN DIEGO, CA 92103

Effective as of 01-SEP-21

**BOROK, ZEA, MD†**

Provider ID: N/A

200 W ARBOR DR  
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  
SAN DIEGO, CA 92121

Effective as of 01-SEP-23

**INTERVENTIONAL**

## **CARDIOLOGY**

### **JOHN, ALAN, MD**

Provider ID: N/A

292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114

Effective as of 01-MAY-23

### **RUBIO GARCIA, MANOLO, MD†**

Provider ID: N/A

292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114

Effective as of 01-MAY-23

### **RUBIO GARCIA, MANOLO, MD†**

Provider ID: N/A

292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114

Effective as of 01-DEC-22

### **RUBIO GARCIA, MANOLO, MD†**

Provider ID: N/A

412 WASHINGTON ST  
SAN DIEGO, CA 92103

Effective as of 01-DEC-22

### **SHAH, KULIN, MD†**

Provider ID: N/A

292 EUCLID AVE STE 210  
SAN DIEGO, CA 92114

Effective as of 01-APR-23

### **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-JAN-23

**SCHWARTZMAN, BENJAMIN, LCSW**  
Provider ID: N/A  
☑ 4550 KEARNY VILLA RD  
STE 116  
SAN DIEGO, CA 92123  
Effective as of 01-DEC-22

**SCHWARTZMAN, BENJAMIN, LCSW**  
Provider ID: N/A  
☑ 4550 KEARNY VILLA RD  
STE 116  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-23

**SCHWARTZMAN, BENJAMIN, LCSW**  
Provider ID: N/A  
☑ 4550 KEARNY VILLA RD  
STE 116  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-23

**WEAVER, MARINEL, LCSW†**  
Provider ID: N/A  
☑ 286 EUCLID AVE STE 302  
SAN DIEGO, CA 92114  
Teleservice  
Effective as of 01-DEC-21

**WRIGHT, STEPHANIE, LCSW**

Provider ID: N/A  
☑ 10737 CAMINO RUIZ STE  
235  
SAN DIEGO, CA 92126  
Effective as of 01-JAN-24

**LICENSED PROFESSIONAL  
CLINICAL COUNSELOR**

**TITOVA, ANASTASIA, LPCC**  
Provider ID: N/A  
☑ 4550 KEARNY VILLA RD  
STE 116  
SAN DIEGO, CA 92123  
Effective as of 01-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  
☑ 8775 AERO DR STE 238  
SAN DIEGO, CA 92123  
Effective as of 01-APR-23

**KUEK, JOHN, MFT**  
Provider ID: N/A  
☑ 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice

Effective as of 01-APR-21

**LIDLAW, JOHN, MFT**  
Provider ID: N/A  
☑ 10737 CAMINO RUIZ STE  
235  
SAN DIEGO, CA 92126  
Effective as of 01-JAN-24

**SAMORA, ANTHONY, MFT**  
Provider ID: N/A  
☑ 438 CAMINO DEL RIO S  
STE 106  
SAN DIEGO, CA 92108  
Effective as of 01-DEC-22

**SCHLOSSER, TARA, MFT**  
Provider ID: N/A  
☑ 330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-23

**SUTTLE, CAROLYN, MFT†**  
Provider ID: N/A  
☑ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-NOV-21

**VILLAGOMEZ, JOSHUA, MFT**  
Provider ID: N/A  
☑ 330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**ZAYAS, MARIO, MFT**  
Provider ID: N/A  
☑ 3025 BEYER BLVD STE  
E-101  
SAN DIEGO, CA 92154  
Effective as of 01-JAN-21

**MATERNAL AND FETAL  
MEDICINE**

**AHN, JENNIFER, MD†**

Provider ID: N/A

12264 EL CAMINO REAL  
STE 204  
SAN DIEGO, CA 92130  
Effective as of 01-FEB-21

**BERGGREN, ERICA, MD†**

Provider ID: N/A

12264 EL CAMINO REAL  
STE 204  
SAN DIEGO, CA 92130  
Effective as of 01-JAN-21

**DOWLING, DAVID, MD†**

Provider ID: N/A

12264 EL CAMINO REAL  
STE 204  
SAN DIEGO, CA 92130  
Effective as of 01-JAN-21

**EMERUWA, UKACHI, MD**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-JUN-23

**EMERUWA, UKACHI, MD**

Provider ID: N/A

4168 FRONT ST  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**EMERUWA, UKACHI, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**GOLLIN, YVONNE, MD†**

Provider ID: N/A

12264 EL CAMINO REAL  
STE 204  
SAN DIEGO, CA 92130  
Effective as of 01-JAN-21

**MEDICAL ONCOLOGY**

**KOSSMAN, STEVEN, MD†**

Provider ID: N/A

3075 HEALTH CENTER DR  
STE 102  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-15

**NEPHROLOGY**

**AL-DAHMAN, ZAID, MD**

Provider ID: N/A

8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-MAY-23

**AL-DAHMAN, ZAID, MD**

Provider ID: N/A

4060 4TH AVE STE 220  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-23

**AL-DAHMAN, ZAID, MD**

Provider ID: N/A

6402 EL CAJON BLVD STE  
100  
SAN DIEGO, CA 92115  
Effective as of 01-MAY-23

**AL-DAHMAN, ZAID, MD**

Provider ID: N/A

6402 EL CAJON BLVD STE  
102  
SAN DIEGO, CA 92115  
Effective as of 01-MAY-23

**BEHREND, TERRY, MD†**

Provider ID: N/A

6402 EL CAJON BLVD STE  
100  
SAN DIEGO, CA 92115  
Effective as of 01-JAN-21

**BEHREND, TERRY, MD†**

Provider ID: N/A

6402 EL CAJON BLVD STE  
100  
SAN DIEGO, CA 92115  
Effective as of 01-JAN-21

**BEHREND, TERRY, MD†**

Provider ID: N/A

6402 EL CAJON BLVD STE  
100  
SAN DIEGO, CA 92115  
Effective as of 01-JUL-22

**BEHREND, TERRY, MD†**

Provider ID: N/A

6402 EL CAJON BLVD STE  
100  
SAN DIEGO, CA 92115  
Effective as of 01-MAR-16

**BEHREND, TERRY, MD†**

Provider ID: N/A

8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

**BOISKIN, MARK, MD**

Provider ID: N/A

9610 GRANITE RIDGE DR  
STE B  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-24

**CALDERON MOLINA, JUAN,  
MD**

Provider ID: N/A

9610 GRANITE RIDGE DR  
STE B  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-24

**CHONGKRAIRATANAKUL,  
TEPSIRI, MD†**

Provider ID: N/A

8010 FROST ST STE 510

SAN DIEGO, CA 92123  
Effective as of 01-SEP-21

**DAVIS, JASON, MD†**

Provider ID: N/A

8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-20

**DAVIS, JASON, MD†**

Provider ID: N/A

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

4060 4TH AVE STE 220  
SAN DIEGO, CA 92103  
Effective as of 01-MAR-15

**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-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 100  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-24

**FARAVARDEH, ARMAN, MD†**

Provider ID: N/A

8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-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

**FARAVARDEH, ARMAN, MD†**

Provider ID: N/A

8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

**HAMMES, JOHN, MD†**

Provider ID: N/A

4060 4TH AVE STE 220  
SAN DIEGO, CA 92103  
Effective as of 01-MAR-15

**HAMMES, JOHN, MD†**

Provider ID: N/A

4060 4TH AVE STE 220  
SAN DIEGO, CA 92103\*  
Effective as of 01-JAN-24

**HAMMES, JOHN, MD†**

Provider ID: N/A

4060 4TH AVE STE 220

SAN DIEGO, CA 92103  
Effective as of 01-JUL-22

**HUSSAIN, SHAHID, MD**

Provider ID: N/A

6402 EL CAJON BLVD STE  
100  
SAN DIEGO, CA 92115  
Teleservice  
Effective as of 01-AUG-23

**KHAING, KATHY, MD†**

Provider ID: N/A

8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

**LE, CHARLES, MD†**

Provider ID: N/A

4440 EUCLID AVE STE A  
SAN DIEGO, CA 92115  
Effective as of 01-JAN-21

**LE, CHARLES, MD†**

Provider ID: N/A

4440 EUCLID AVE  
SAN DIEGO, CA 92115  
Effective as of 01-JUL-21

**LUND, GUY, MD†**

Provider ID: N/A

8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-JUL-22

**LUND, GUY, MD†**

Provider ID: N/A

8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-NOV-16

**LUND, GUY, MD†**

Provider ID: N/A

8010 FROST ST STE 510  
SAN DIEGO, CA 92123

Effective as of 01-SEP-22

**NAMAZY, DAVID, MD†**

Provider ID: N/A

6402 EL CAJON BLVD STE 100  
SAN DIEGO, CA 92115  
Effective as of 01-JUL-22

**NAMAZY, DAVID, MD†**

Provider ID: N/A

6402 EL CAJON BLVD STE 100  
SAN DIEGO, CA 92115  
Effective as of 01-APR-17

**NAMAZY, DAVID, MD†**

Provider ID: N/A

6402 EL CAJON BLVD STE 100  
SAN DIEGO, CA 92115  
Effective as of 01-JUN-23

**NGUYEN, VIET, MD†**

Provider ID: N/A

4060 4TH AVE STE 220  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-22

**QUEVEDO, JUAN, MD†**

Provider ID: N/A

995 GATEWAY CENTER WAY STE 207  
SAN DIEGO, CA 92102  
Effective as of 01-SEP-22

**QUEVEDO, JUAN, MD†**

Provider ID: N/A

995 GATEWAY CENTER WAY STE 207  
SAN DIEGO, CA 92102  
Effective as of 01-SEP-20

**QUEVEDO, JUAN, MD†**

Provider ID: N/A

995 GATEWAY CENTER WAY STE 207  
SAN DIEGO, CA 92102  
Effective as of 01-NOV-23

**QUEVEDO, JUAN, MD†**

Provider ID: N/A

995 GATEWAY CENTER WAY STE 207  
SAN DIEGO, CA 92102  
Effective as of 01-AUG-21

**RAHIMI, SINA, DO†**

Provider ID: N/A

4060 4TH AVE STE 220  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-MAR-23

**SACAMAY, TAGUMPAY, MD†**

Provider ID: N/A

4060 4TH AVE STE 220  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-07

**SETHI, SUPREET, MD**

Provider ID: N/A

4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-JUN-23

**SHAPIRO, MARK, MD**

Provider ID: N/A

9610 GRANITE RIDGE DR STE B  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-24

**STEER, DYLAN, MD†**

Provider ID: N/A

4060 4TH AVE STE 220  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-15

**STEINBERG, STEVEN, MD†**

Provider ID: N/A

8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
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

**ZHONG, YAN, MD†**

Provider ID: N/A

4060 4TH AVE STE 220  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-JUL-22

**ZHONG, YAN, MD†**

Provider ID: N/A

4060 4TH AVE STE 220  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-MAR-22

**ZHONG, YAN, MD†**

Provider ID: N/A

4060 4TH AVE STE 220  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-NOV-22

**NEUROLOGY**

**BINDAL, ANKUR, MD†**

Provider ID: N/A

6496 WEATHERS PL STE 100  
SAN DIEGO, CA 92121  
Effective as of 01-SEP-22

**BOBO, JERRY, MD†**

Provider ID: N/A

6496 WEATHERS PL STE  
100  
SAN DIEGO, CA 92121  
Effective as of 01-SEP-22

**FREDERICK, ALIYA, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**GRISOLIA, JAMES, MD†**

Provider ID: N/A

4033 3RD AVE STE 410  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-20

**GUPTA, VISHAL, DO**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-23

**GUTFLAIS, ERIC, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**HAAS, RICHARD, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**HAAS, RICHARD, MD†**

Provider ID: N/A

200 W ARBOR DR FL 1  
SAN DIEGO, CA 92103  
Effective as of 01-OCT-21

**HAAS, RICHARD, MD†**

Provider ID: N/A

4510 EXECUTIVE DR STE  
325

SAN DIEGO, CA 92121  
Effective as of 01-OCT-21

**HEADLEY, ALISON, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**HUSSAIN, SHAHID, MD**

Provider ID: N/A

6402 EL CAJON BLVD STE  
100  
SAN DIEGO, CA 92115  
Teleservice  
Effective as of 01-MAR-24

**KARANJIA, NAVAZ, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**KARANJIA, NAVAZ, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-22

**KHAMISHON, BORIS, MD†**

Provider ID: N/A

6699 ALVARADO RD STE  
2301  
SAN DIEGO, CA 92120  
Effective as of 01-SEP-22

**KHAMISHON, BORIS, MD†**

Provider ID: N/A

6699 ALVARADO RD STE  
2301  
SAN DIEGO, CA 92120  
Effective as of 01-AUG-20

**KHAMISHON, BORIS, MD†**

Provider ID: N/A

6699 ALVARADO RD STE  
2301  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-21

**KHAMISHON, BORIS, MD†**

Provider ID: N/A

6699 ALVARADO RD STE  
2301  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-14

**KURESHI, SOHAIB, MD†**

Provider ID: N/A

3750 CONVOY ST STE 301  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-20

**LASKER, BRUCE, MD†**

Provider ID: N/A

3737 MORAGA AVE STE A5  
SAN DIEGO, CA 92117  
Effective as of 01-FEB-07

**MALIK, SUDHIR, MD†**

Provider ID: N/A

4033 3RD AVE STE 420  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-20

**MALIK, SUDHIR, MD†**

Provider ID: N/A

4033 3RD AVE STE 420  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-22

**MALIK, SUDHIR, MD†**

Provider ID: N/A

4033 3RD AVE STE 420  
SAN DIEGO, CA 92103  
Effective as of 01-OCT-19

**QAYOUMI, WALI, MD**

Provider ID: N/A

6655 ALVARADO RD

SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**QAYOUMI, WALI, MD†**

Provider ID: N/A  
4510 EXECUTIVE DR STE  
325  
SAN DIEGO, CA 92121  
Effective as of 01-OCT-21

**RAYNOWSKA, JENELLE, MD**

Provider ID: N/A  
16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-APR-23

**RAYNOWSKA, JENELLE, MD**

Provider ID: N/A  
6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**RIGGINS, NINA, MD**

Provider ID: N/A  
6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**SCHORR, EMILY, MD**

Provider ID: N/A  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAR-24

**SCHORR, EMILY, MD**

Provider ID: N/A  
6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-MAR-24

**SCHORR, EMILY, MD**

Provider ID: N/A  
4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-MAR-24

**SCHULTE, JESSICA, MD**

Provider ID: N/A  
6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**SIAVOSHI, SARA, DO**

Provider ID: N/A  
6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**SIAVOSHI, SARA, DO†**

Provider ID: N/A  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-22

**SIAVOSHI, SARA, DO†**

Provider ID: N/A  
4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-FEB-22

**TUASON, NORBERTO, MD†**

Provider ID: N/A  
438 CAMINO DEL RIO S  
STE 106  
SAN DIEGO, CA 92108  
Teleservice  
Effective as of 01-NOV-23

**WIEGAND, SARAH, DO**

Provider ID: N/A  
6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**NEUROLOGY CHILD**

**SATTAR, SHIFTEH, MD**

Provider ID: N/A  
200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-DEC-23

**NUCLEAR MEDICINE**

**ALEXANDER, SINDU, MD†**

Provider ID: N/A  
330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

**ALEXANDER, SINDU, MD†**

Provider ID: N/A  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

**CHOI, ESTHER, MD**

Provider ID: N/A  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

**CHOI, ESTHER, MD**

Provider ID: N/A  
330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

**KIPPER, MICHAEL, MD**

Provider ID: N/A  
330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**METH, ERNIE, MD**

Provider ID: N/A  
3444 KEARNY VILLA RD  
STE 1  
SAN DIEGO, CA 92123  
Teleservice  
Effective as of 01-NOV-21

**SHARIF TABRIZI, AHMAD, MD**

Provider ID: N/A  
200 W ARBOR DR



SAN DIEGO, CA 92103  
Effective as of 01-JUL-23

**SHARIF TABRIZI, AHMAD, MD**

Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-23

**OBSTETRICS /  
GYNECOLOGY**

**AL-MSHHDANI, AYSER, MD**

Provider ID: N/A

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-OCT-23

**ASLIAN, AZITA, MD†**

Provider ID: N/A

950 S EUCLID AVE  
SAN DIEGO, CA 92114  
Effective as of 01-SEP-22

**BLAKE, GARY, MD†**

Provider ID: N/A

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-JUL-22

**BRAHMBHATT, BHOOMI, MD**

Provider ID: N/A

2918 5TH AVE STE 100  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

**CARDENAS, MICHAEL, MD**

Provider ID: N/A

2918 5TH AVE STE 100  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-24

**CARDENAS, MICHAEL, MD†**

Provider ID: N/A

4168 FRONT ST  
SAN DIEGO, CA 92103  
Effective as of 01-NOV-21

**CARDENAS, MICHAEL, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-NOV-21

**CASTILLO, MARIA, MD†**

Provider ID: N/A

7930 FROST ST STE 103  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-21

**CHAC, RICK, MD†**

Provider ID: N/A

550 WASHINGTON ST STE  
331  
SAN DIEGO, CA 92103  
Effective as of 01-NOV-22

**CHUAN, SANDY, MD†**

Provider ID: N/A

11425 EL CAMINO REAL  
SAN DIEGO, CA 92130  
Effective as of 01-FEB-16

**CONTRERAS, MICHELLE, MD†**

Provider ID: N/A

550 WASHINGTON ST STE  
331  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-FEB-22

**DAVIS, TRACIE, MD**

Provider ID: N/A

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-OCT-23

**DELCORE, LAURA, MD†**

Provider ID: N/A

4168 FRONT ST  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

**DELCORE, LAURA, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

**DELCORE, LAURA, MD†**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-AUG-22

**DELCORE, LAURA, MD†**

Provider ID: N/A

6030 VILLAGE WAY  
SAN DIEGO, CA 92130  
Effective as of 01-AUG-22

**DELCORE, LAURA, MD†**

Provider ID: N/A

3750 CONVOY ST STE 312  
SAN DIEGO, CA 92111  
Effective as of 01-AUG-22

**DRIEBE, AMY, MD†**

Provider ID: N/A

3750 CONVOY ST STE 312  
SAN DIEGO, CA 92111  
Effective as of 01-AUG-22

**DRIEBE, AMY, MD†**

Provider ID: N/A

6030 VILLAGE WAY  
SAN DIEGO, CA 92130  
Effective as of 01-AUG-22

**DRIEBE, AMY, MD†**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127

Effective as of 01-AUG-22

**DRIEBE, AMY, MD†**

Provider ID: N/A

☒ 330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

**FOLCH TORRES-AGUIAR,  
BEATRIZ, MD†**

Provider ID: N/A

☒ 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-AUG-22

**FRUGONI, GINA, MD†**

Provider ID: N/A

☒ 4168 FRONT ST  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

**GELLENS, ANDREW, MD†**

Provider ID: N/A

☒ 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-NOV-21

**HARVEY, SCOTT, MD†**

Provider ID: N/A

☒ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-21

**HARVEY, SCOTT, MD†**

Provider ID: N/A

☒ 4168 FRONT ST  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-21

**HUI, KIM, MD†**

Provider ID: N/A

☒ 2918 5TH AVE STE 100

SAN DIEGO, CA 92103  
Effective as of 01-SEP-15

**JAIME, CINDY, MD†**

Provider ID: N/A

☒ 2918 5TH AVE STE 100  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-18

**JENKINS, ENCHANTA, MD†**

Provider ID: N/A

☒ 4050 BEYER BLVD  
SAN DIEGO, CA 92173  
Effective as of 01-JUN-22

**KHAN, ALIYA, MD†**

Provider ID: N/A

☒ 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-NOV-21

**MACKAY, GILLIAN, MD**

Provider ID: N/A

☒ 16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-DEC-23

**MACKAY, GILLIAN, MD**

Provider ID: N/A

☒ 6030 VILLAGE WAY  
SAN DIEGO, CA 92130  
Effective as of 01-DEC-23

**MELENDEZ, ARIANA, MD**

Provider ID: N/A

☒ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**MELENDEZ, ARIANA, MD**

Provider ID: N/A

☒ 4168 FRONT ST  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**MENDEZ, DIEGO, MD**

Provider ID: N/A

☒ 950 S EUCLID AVE  
SAN DIEGO, CA 92114  
Effective as of 01-APR-23

**MEURICE, MARIELLE  
ERENDIRA LUCILLE, MD†**

Provider ID: N/A

☒ 4168 FRONT ST  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-21

**MEURICE, MARIELLE  
ERENDIRA LUCILLE, MD†**

Provider ID: N/A

☒ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-21

**NGUYEN, NICOLE, MD†**

Provider ID: N/A

☒ 12395 EL CAMINO REAL  
STE 117  
SAN DIEGO, CA 92130  
Effective as of 01-DEC-14

**PARK, SUSANNA, MD**

Provider ID: N/A

☒ 11425 EL CAMINO REAL  
SAN DIEGO, CA 92130  
Effective as of 01-APR-16

**PICKETT, CHARLOTTE, MD**

Provider ID: N/A

☒ 16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-JUL-23

**PICKETT, CHARLOTTE, MD**

Provider ID: N/A

☒ 6030 VILLAGE WAY  
SAN DIEGO, CA 92130  
Effective as of 01-JUL-23

**PICKETT, CHARLOTTE, MD**

Provider ID: N/A

3750 CONVOY ST STE 312  
SAN DIEGO, CA 92111

Effective as of 01-JUL-23

**PICKETT, CHARLOTTE, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-JUL-23

**PICKETT, CHARLOTTE, MD**

Provider ID: N/A

4168 FRONT ST  
SAN DIEGO, CA 92103

Effective as of 01-JUL-23

**PINSON, KELSEY, MD†**

Provider ID: N/A

4168 FRONT ST  
SAN DIEGO, CA 92103

Effective as of 01-SEP-21

**PINSON, KELSEY, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-SEP-21

**PINSON, KELSEY, MD†**

Provider ID: N/A

4910 DIRECTORS PL STE  
200

SAN DIEGO, CA 92121

Effective as of 01-SEP-21

**SCHMIDT, LILA, MD**

Provider ID: N/A

3969 4TH AVE STE 207  
SAN DIEGO, CA 92103

Effective as of 01-SEP-15

**SEFA-BOAKYE, KOFI, MD†**

Provider ID: N/A

286 EUCLID AVE STE 302  
SAN DIEGO, CA 92114

Effective as of 01-JUL-22

**SHUCKETT, ARIEL, MD†**

Provider ID: N/A

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Effective as of 01-JUL-22

**TAJРАН, DEENA, MD†**

Provider ID: N/A

10737 CAMINO RUIZ STE 114  
SAN DIEGO, CA 92126

Effective as of 01-JAN-21

**THOMSON, SAMANTHA, MD†**

Provider ID: N/A

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

2918 5TH AVE STE 100  
SAN DIEGO, CA 92103

Effective as of 01-SEP-15

**VU, LAC, MD**

Provider ID: N/A

5555 RESERVOIR DR STE

205

SAN DIEGO, CA 92120

Effective as of 01-JUL-23

**WILLIAMS, ALISA, MD†**

Provider ID: N/A

5555 RESERVOIR DR STE  
307

SAN DIEGO, CA 92120\*

Effective as of 01-JAN-20

**OCCUPATIONAL  
MEDICINE**

**JACKSON, CODY, MD**

Provider ID: N/A

3900 5TH AVE STE 110  
SAN DIEGO, CA 92103

Teleservice

Effective as of 01-MAY-22

**OCCUPATIONAL  
THERAPIST**

**ARRIESGADO, MINNETT, OT**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127

Effective as of 01-JUN-23

**CHOW, JENNIFER, OT**

Provider ID: N/A

3750 CONVOY ST STE 201B  
SAN DIEGO, CA 92111

Effective as of 01-DEC-23

**CHOW, JENNIFER, OT**

Provider ID: N/A

3750 CONVOY ST STE 201B  
SAN DIEGO, CA 92111

Effective as of 01-DEC-23

**CUA, NICOLE, OT**

Provider ID: N/A

3750 CONVOY ST STE 201B  
SAN DIEGO, CA 92111  
Effective as of 01-MAR-24

**FARHAT, KELLI, OT**

Provider ID: N/A

3750 CONVOY ST STE 201B  
SAN DIEGO, CA 92111  
Effective as of 01-APR-22

**HUDSON, BONNIE, OT**

Provider ID: N/A

4445 EASTGATE MALL STE  
103  
SAN DIEGO, CA 92121  
Effective as of 01-NOV-21

**HUDSON, BONNIE, OT**

Provider ID: N/A

88 E BONITA RD  
STE C  
SAN DIEGO, CA 92121  
Effective as of 01-NOV-21

**LOPEZ, ALYSSA-NICOLE, OT**

Provider ID: N/A

3750 CONVOY ST STE 201B  
SAN DIEGO, CA 92111  
Effective as of 01-DEC-23

**MANECKE, KRISTEN, OT**

Provider ID: N/A

9333 GENESEE AVE STE  
350B  
SAN DIEGO, CA 92121  
Effective as of 01-SEP-22

**ONCOLOGY MEDICAL**

**EISENBERG, STEVEN, DO†**

Provider ID: N/A

16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127  
Effective as of 01-JAN-21

**FLORES, EDNA, MD†**

Provider ID: N/A

16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127  
Effective as of 01-JAN-21

**FRAKES, LAURIE, MD†**

Provider ID: N/A

16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127  
Teleservice  
Effective as of 01-JAN-21

**SHAIKH, ANWER, MD†**

Provider ID: N/A

3965 5TH AVE STE 230  
SAN DIEGO, CA 92103\*  
Effective as of 01-APR-23

**SHENOY, CASIE, MD†**

Provider ID: N/A

3075 HEALTH CENTER DR  
STE 102  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-18

**OPHTHALMOLOGY**

**ARNETT, JUSTIN, MD**

Provider ID: N/A

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-23

**ARNETT, JUSTIN, MD**

Provider ID: N/A

4060 4TH AVE STE 610  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

**ARNETT, JUSTIN, MD**

Provider ID: N/A

200 W ARBOR DR

SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

**ARYA, MALVIKA, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

**ARYA, MALVIKA, MD**

Provider ID: N/A

4060 4TH AVE STE 610  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

**ARYA, MALVIKA, MD**

Provider ID: N/A

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-23

**AVALLONE, THOMAS, MD†**

Provider ID: N/A

3939 3RD AVE  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-23

**AVALLONE, THOMAS, MD**

Provider ID: N/A

5330 CARROLL CANYON  
RD STE 210  
SAN DIEGO, CA 92121  
Effective as of 01-MAR-24

**AVALLONE, THOMAS, MD†**

Provider ID: N/A

3939 3RD AVE  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

**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

**BINDER, NICHOLAS, MD†**

Provider ID: N/A

4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

**BOECKMANN, JESSICA, MD†**

Provider ID: N/A

4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Effective as of 01-JAN-21

**BOLO, KYLE, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

**BOLO, KYLE, MD**

Provider ID: N/A

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-23

**BOLO, KYLE, MD**

Provider ID: N/A

4060 4TH AVE STE 610  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

**CHANG, TOM, MD†**

Provider ID: N/A

4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

**CHOPLIN, NEIL, MD†**

Provider ID: N/A

3939 3RD AVE  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-07

**CHOPLIN, NEIL, MD†**

Provider ID: N/A

3939 3RD AVE  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-21

**CHOPLIN, NEIL, MD†**

Provider ID: N/A

3939 3RD AVE  
SAN DIEGO, CA 92103  
Effective as of 01-APR-22

**COURIS, MICHAEL, MD†**

Provider ID: N/A

3969 4TH AVE STE 301  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-07

**CU-UNJIENG, ANDREW, MD†**

Provider ID: N/A

4060 4TH AVE STE 405  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-15

**ESLANI, MEDI, MD**

Provider ID: N/A

4060 4TH AVE STE 610  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

**ESLANI, MEDI, MD**

Provider ID: N/A

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-23

**ESLANI, MEDI, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

**GUALTIERI, CHRISTOPHER, MD†**

Provider ID: N/A

3969 4TH AVE STE 300  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-07

**GUALTIERI, CHRISTOPHER, MD†**

Provider ID: N/A

3969 4TH AVE STE 300  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

**HAAK, LOGAN, MD†**

Provider ID: N/A

1855 1ST AVE STE 200B  
SAN DIEGO, CA 92101  
Effective as of 01-JAN-24

**HANDLER, SUZANNE, MD†**

Provider ID: N/A

3969 4TH AVE STE 301  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-15

**HSU, CHRISTOPHER, MD†**

Provider ID: N/A

6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-MAY-22

**HUDSON, HENRY, MD†**

Provider ID: N/A

6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-JAN-22

**HUDSON, HENRY, MD†**

Provider ID: N/A

6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-APR-23

**HUYNH, PAUL, MD†**

Provider ID: N/A

4844 UNIVERSITY AVE STE  
A  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-JAN-21

**HUYNH, PAUL, MD†**

Provider ID: N/A

4844 UNIVERSITY AVE STE  
A  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-JAN-21

**HUYNH, PAUL, MD†**

Provider ID: N/A

4844 UNIVERSITY AVE STE  
A  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-OCT-22

**JACOBSEN, BRADLEY, MD**

Provider ID: N/A

7695 CARDINAL CT STE 100  
SAN DIEGO, CA 92123  
Effective as of 01-OCT-23

**JIN, MAN, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**KEEFE, KELLY, MD†**

Provider ID: N/A

3969 4TH AVE STE 301  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-15

**KHAN, FAHAD, MD†**

Provider ID: N/A

233 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-22

**KHAN, FAHAD, MD†**

Provider ID: N/A

233 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-OCT-21

**KHAN, FAHAD, MD†**

Provider ID: N/A

233 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-22

**KHATIB, NORA, MD†**

Provider ID: N/A

4060 4TH AVE STE 640  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

**KHATIB, NORA, MD†**

Provider ID: N/A

233 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-22

**LANG, PAUL, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

**LANG, PAUL, MD**

Provider ID: N/A

4060 4TH AVE STE 610  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

**MANI, NASRIN, MD**

Provider ID: N/A

1666 PRECISION PARK LN  
SAN DIEGO, CA 92173  
Effective as of 01-JUN-23

**MCGRAW, JOSEPH, MD†**

Provider ID: N/A

6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-SEP-22

**MCGRAW, JOSEPH, MD†**

Provider ID: N/A

4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

**MORRISON-REYES, JOSHUA,  
MD†**

Provider ID: N/A

6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-SEP-22

**MORRISON-REYES, JOSHUA,  
MD†**

Provider ID: N/A

6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-JUN-18

**MORRISON-REYES, JOSHUA,  
MD†**

Provider ID: N/A

6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-MAR-23

**MORRISON-REYES, JOSHUA,  
MD†**

Provider ID: N/A

6945 EL CAJON BLVD

SAN DIEGO, CA 92115  
Effective as of 01-JAN-21

**MORRISON-REYES, JOSHUA, MD†**  
Provider ID: N/A  
6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-APR-23

**MORTON, ASA, MD†**  
Provider ID: N/A  
3939 3RD AVE  
SAN DIEGO, CA 92103  
Effective as of 01-APR-22

**MORTON, ASA, MD†**  
Provider ID: N/A  
3939 3RD AVE  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-15

**MORTON, ASA, MD†**  
Provider ID: N/A  
3939 3RD AVE  
SAN DIEGO, CA 92103  
Effective as of 01-NOV-21

**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, GITANE, MD†**  
Provider ID: N/A  
6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-MAR-18

**PATEL, SARJAN, MD†**  
Provider ID: N/A  
6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-JAN-14

**PATEL, SARJAN, MD†**  
Provider ID: N/A  
6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-AUG-20

**PATEL, SARJAN, MD†**  
Provider ID: N/A  
6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-SEP-22

**PATEL, SARJAN, MD†**  
Provider ID: N/A  
4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

**PATEL, GITANE, MD†**  
Provider ID: N/A  
6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-SEP-22

**PERRY, ARTHUR, MD**  
Provider ID: N/A  
6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-APR-23

**PHAN, RYAN, MD**

Provider ID: N/A  
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-APR-23

**PHAN, RYAN, MD†**  
Provider ID: N/A  
10737 CAMINO RUIZ  
SAN DIEGO, CA 92126  
Effective as of 01-SEP-22

**PHAN, RYAN, MD†**  
Provider ID: N/A  
10737 CAMINO RUIZ  
SAN DIEGO, CA 92126  
Effective as of 01-OCT-22

**PHAN, RYAN, MD**  
Provider ID: N/A  
4844 UNIVERSITY AVE STE A  
SAN DIEGO, CA 92105  
Effective as of 01-JAN-24

**PONS, MAURICIO, MD**  
Provider ID: N/A  
1666 PRECISION PARK LN  
SAN DIEGO, CA 92173  
Effective as of 01-MAY-23

**PRABHU, SUJATA, MD†**  
Provider ID: N/A  
6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-AUG-20

**PRABHU, SUJATA, MD†**

Provider ID: N/A

☐ 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Effective as of 01-DEC-20

**PRABHU, SUJATA, MD†**

Provider ID: N/A

☐ 6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-FEB-18

**PRABHU, SUJATA, MD†**

Provider ID: N/A

☐ 6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-JAN-21

**PRABHU, SUJATA, MD†**

Provider ID: N/A

☐ 6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-SEP-22

**PRABHU, SUJATA, MD†**

Provider ID: N/A

☐ 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

**PRABHU, SUJATA, MD†**

Provider ID: N/A

☐ 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Effective as of 01-APR-22

**PUIG LLANO, MANUEL, MD**

Provider ID: N/A

☐ 4060 4TH AVE STE 610  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-23

**RAHMATNEJAD, KAMRAN, MD**

Provider ID: N/A

☐ 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-JUN-23

**ROBINSON, FANE, MD**

Provider ID: N/A

☐ 7695 CARDINAL CT STE S  
SAN DIEGO, CA 92123  
Effective as of 01-MAY-23

**ROBINSON, FANE, MD†**

Provider ID: N/A

☐ 7695 CARDINAL CT STE 100  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-15

**ROESKE, RICHMOND, MD**

Provider ID: N/A

☐ 3939 3RD AVE  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

**ROESKE, RICHMOND, MD**

Provider ID: N/A

☐ 5330 CARROLL CANYON  
RD STE 210  
SAN DIEGO, CA 92121  
Effective as of 01-SEP-23

**ROESKE, RICHMOND, MD**

Provider ID: N/A

☐ 3939 3RD AVE  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-23

**SATTERFIELD, KELLIE, MD**

Provider ID: N/A

☐ 3939 3RD AVE  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-23

**SATTERFIELD, KELLIE, MD**

Provider ID: N/A

☐ 5330 CARROLL CANYON  
RD STE 210  
SAN DIEGO, CA 92121  
Effective as of 01-DEC-23

**SHEILS, CATHERINE, MD**

Provider ID: N/A

☐ 5330 CARROLL CANYON  
RD STE 210  
SAN DIEGO, CA 92121  
Effective as of 01-FEB-24

**SHEILS, CATHERINE, MD**

Provider ID: N/A

☐ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**SHEILS, CATHERINE, MD**

Provider ID: N/A

☐ 3939 3RD AVE  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

**SHEILS, CATHERINE, MD**

Provider ID: N/A

☐ 5330 CARROLL CANYON  
RD STE 210  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-24

**SHEILS, CATHERINE, MD**

Provider ID: N/A

☐ 5330 CARROLL CANYON  
RD STE 210  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-24

**SHEILS, CATHERINE, MD**

Provider ID: N/A

☐ 3939 3RD AVE  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

**SHEILS, CATHERINE, MD**

Provider ID: N/A

☐ 3939 3RD AVE  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24



**SHEILS, CATHERINE, MD**

Provider ID: N/A

☐ 5330 CARROLL CANYON  
RD STE 210  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-24

**SHOJI, MARISSA, MD**

Provider ID: N/A

☐ 4060 4TH AVE STE 610  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

**SHOJI, MARISSA, MD**

Provider ID: N/A

☐ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

**SMITH, MARK, MD**

Provider ID: N/A

☐ 7695 CARDINAL CT STE S  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-23

**SMITH, WILLIAM, MD**

Provider ID: N/A

☐ 5330 CARROLL CANYON  
RD STE 210  
SAN DIEGO, CA 92121  
Effective as of 01-DEC-23

**SONG, DELU, MD**

Provider ID: N/A

☐ 7695 CARDINAL CT STE 100  
SAN DIEGO, CA 92123  
Effective as of 01-DEC-23

**SONG, DELU, MD**

Provider ID: N/A

☐ 7695 CARDINAL CT STE 100  
SAN DIEGO, CA 92123  
Effective as of 01-OCT-23

**WAINESS, REID, MD†**

Provider ID: N/A

☐ 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Effective as of 01-JAN-21

**WARLEN, MARK, MD†**

Provider ID: N/A

☐ 3720 3RD AVE  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-07

**YAMADA, KENTARO, MD†**

Provider ID: N/A

☐ 1040 UNIVERSITY AVE STE  
B209A  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

**YAMADA, KENTARO, MD†**

Provider ID: N/A

☐ 1040 UNIVERSITY AVE STE  
B209A  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-22

**ZABANEH, ALEXANDER, MD†**

Provider ID: N/A

☐ 6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-JAN-21

**ZABANEH, ALEXANDER, MD†**

Provider ID: N/A

☐ 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Effective as of 01-JAN-21

**ZHAO, TAILUN, MD**

Provider ID: N/A

☐ 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Effective as of 01-JAN-24

**OPTOMETRIST**

**AOTO, KIM, OD†**

Provider ID: N/A

☐ 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

**AOTO, KIM, OD†**

Provider ID: N/A

☐ 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

**AOTO, KIM, OD†**

Provider ID: N/A

☐ 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Effective as of 01-JAN-21

**AOTO, KIM, OD†**

Provider ID: N/A

☐ 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

**AOTO, KIM, OD†**

Provider ID: N/A

☐ 6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-SEP-22

**AOTO, KIM, OD†**

Provider ID: N/A

☐ 6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-SEP-22

**DOAN, DORA, OD**

Provider ID: N/A

☐ 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-SEP-21

**DYER, SHARON, OD**

Provider ID: N/A

6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-FEB-24

**DYER, SHARON, OD†**

Provider ID: N/A

4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

**EL-MOGHRABI, ROULA, OD†**

Provider ID: N/A

9855 ERMA RD STE 105  
SAN DIEGO, CA 92131  
Effective as of 01-SEP-22

**HAN, SUL KI, OD†**

Provider ID: N/A

4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Effective as of 01-DEC-22

**HO, HOANG MINH, OD**

Provider ID: N/A

10737 CAMINO RUIZ STE  
215-220  
SAN DIEGO, CA 92126  
Effective as of 01-JAN-21

**HO, HOANG MINH, OD**

Provider ID: N/A

4206 44TH ST  
SAN DIEGO, CA 92115  
Effective as of 01-JAN-21

**HO, HOANG MINH, OD**

Provider ID: N/A

7345 LINDA VISTA RD STE A  
SAN DIEGO, CA 92111  
Effective as of 01-JAN-21

**JOMOC, CAITLIN, OD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-FEB-24

**JOMOC, CAITLIN, OD**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-FEB-24

**JULAZADEH, SARA, OD†**

Provider ID: N/A

3939 3RD AVE  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

**KHALIL, VADY, OD†**

Provider ID: N/A

4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Effective as of 01-NOV-22

**KHALIL, VADY, OD†**

Provider ID: N/A

4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Effective as of 01-NOV-22

**KIM, PHILIP, OD†**

Provider ID: N/A

4060 4TH AVE STE 610  
SAN DIEGO, CA 92103  
Effective as of 01-MAR-22

**MARR, RYAN, OD**

Provider ID: N/A

6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-DEC-22

**MARR, RYAN, OD**

Provider ID: N/A

4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
Effective as of 01-DEC-22

**RING, ROBERT, OD**

Provider ID: N/A

13223 BLACK MOUNTAIN  
RD STE 6  
SAN DIEGO, CA 92129  
Effective as of 01-FEB-24

**SCHWAB, GARY, OD†**

Provider ID: N/A

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-JUL-22

**SCHWAB, GARY, OD†**

Provider ID: N/A

4290 POLK AVE  
SAN DIEGO, CA 92105  
Effective as of 01-JUL-22

**TAUNTON, PHILIP, OD†**

Provider ID: N/A

3939 3RD AVE  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-21

**TAUNTON, PHILIP, OD†**

Provider ID: N/A

3939 3RD AVE  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

**TONNU, ANH, OD†**

Provider ID: N/A

6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-JAN-21

**TONNU, ANH, OD†**

Provider ID: N/A

6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
Effective as of 01-SEP-22

**TONNU, ANH, OD†**

Provider ID: N/A

4344 CONVOY ST STE C2

SAN DIEGO, CA 92111  
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-SEP-20

**VINH, JOHN, OD†**

Provider ID: N/A

2240 E PLAZA BLVD  
STE F AND G  
SAN DIEGO, CA 92102  
Effective as of 01-JAN-21

**YU, CAROL, OD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

**YU, CAROL, OD**

Provider ID: N/A

4060 4TH AVE STE 610  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

**YU, CAROL, OD**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-SEP-23

**ORAL MAXILLOFACIAL  
SURGEON**

**ELI, BRADLEY, DMD**

Provider ID: N/A

5830 OBERLIN DR STE 202  
SAN DIEGO, CA 92121  
Effective as of 01-DEC-23

**MEHROTRA, SACHI, DDS**

Provider ID: N/A

5830 OBERLIN DR STE 202  
SAN DIEGO, CA 92121  
Effective as of 01-DEC-23

**OTOLARYNGOLOGY**

**ABDOU, RAMI, MD†**

Provider ID: N/A

5405 OBERLIN DR  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-22

**BANTHIA, VISHAL, MD†**

Provider ID: N/A

5405 OBERLIN DR FL 2  
SAN DIEGO, CA 92121  
Teleservice  
Effective as of 01-AUG-21

**BANTHIA, VISHAL, MD†**

Provider ID: N/A

5405 OBERLIN DR FL 2  
SAN DIEGO, CA 92121  
Teleservice  
Effective as of 01-SEP-21

**BRUMUND, KEVIN, MD**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23

**BRUMUND, KEVIN, MD**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

**CALIFANO, JOSEPH, MD**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

**CALIFANO, JOSEPH, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-23

**CALIFANO, JOSEPH, MD**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23

**CALZADA, AUDREY, MD†**

Provider ID: N/A

5405 OBERLIN DR FL 2  
SAN DIEGO, CA 92121  
Effective as of 01-OCT-22

**CALZADA, AUDREY, MD†**

Provider ID: N/A

5405 OBERLIN DR  
SAN DIEGO, CA 92121  
Teleservice  
Effective as of 01-OCT-19

**CALZADA, AUDREY, MD†**

Provider ID: N/A

5405 OBERLIN DR  
SAN DIEGO, CA 92121  
Teleservice  
Effective as of 01-JAN-21

**CHANG, EDWARD, MD**

Provider ID: N/A

5405 OBERLIN DR FL 2  
SAN DIEGO, CA 92121  
Effective as of 01-MAR-24

**COFFEY, CHARLES, MD**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23

**COFFEY, CHARLES, MD**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

**COFFEY, CHARLES, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-23

**DECONDE, ADAM, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-23

**DECONDE, ADAM, MD**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

**DECONDE, ADAM, MD**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23

**DONALDSON, CHADWICK,  
MD†**

Provider ID: N/A

4033 3RD AVE STE 104  
SAN DIEGO, CA 92103  
Effective as of 01-OCT-21

**DRISKILL, BRENT, MD†**

Provider ID: N/A

4033 3RD AVE STE 104  
SAN DIEGO, CA 92103  
Effective as of 01-OCT-21

**DRISKILL, BRENT, MD†**

Provider ID: N/A

4033 3RD AVE STE 104  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

**FRIEDMAN, RICK, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-23

**FRIEDMAN, RICK, MD**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

**FRIEDMAN, RICK, MD**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23

**GILANI, SAPIDEH, MD**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23

**GILANI, SAPIDEH, MD**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

**GILANI, SAPIDEH, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-23

**GREENE, JACQUELINE, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-23

**GREENE, JACQUELINE, MD**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

**GREENE, JACQUELINE, MD**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23

**GUO, THERESA, MD**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23

**GUO, THERESA, MD**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

**HARRIS, JEFFREY, MD**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

**HARRIS, JEFFREY, MD**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23

**HAUFF, SAMANTHA, MD†**

Provider ID: N/A

4282 GENESEE AVE STE  
202  
SAN DIEGO, CA 92117  
Effective as of 01-JAN-21

**HAUFF, SAMANTHA, MD†**

Provider ID: N/A

4282 GENESEE AVE STE  
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  
201  
SAN DIEGO, CA 92117  
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

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23

**HUGHES, CHARLOTTE, MD**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23

**HUGHES, CHARLOTTE, MD**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

**HUGHES, CHARLOTTE, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-23

**HUSSEMAN, JACOB, MD**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-AUG-23

**HUSSEMAN, JACOB, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-23

**JANSEN, CORNELIUS, MD**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23

**JANSEN, CORNELIUS, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-23

**JANSEN, CORNELIUS, MD**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

**KARI, ELINA, MD**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

**KARI, ELINA, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-23

**KARI, ELINA, MD**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23

**MAGIT, ANTHONY, MD**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23

**MAGIT, ANTHONY, MD**

Provider ID: N/A  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Effective as of 01-MAY-23

**MAGIT, ANTHONY, MD**

Provider ID: N/A  
 8899 UNIVERSITY CENTER LN  
 SAN DIEGO, CA 92122  
 Effective as of 01-MAY-23

**MATSUOKA, AKIHIRO, MD**

Provider ID: N/A  
 8899 UNIVERSITY CENTER LN  
 SAN DIEGO, CA 92122  
 Effective as of 01-MAY-23

**MATSUOKA, AKIHIRO, MD**

Provider ID: N/A  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Effective as of 01-MAY-23

**MATSUOKA, AKIHIRO, MD**

Provider ID: N/A  
 16950 VIA TAZON  
 SAN DIEGO, CA 92127  
 Effective as of 01-MAY-23

**MIYA, GARY, MD†**

Provider ID: N/A  
 4060 4TH AVE STE 410  
 SAN DIEGO, CA 92103  
 Effective as of 01-JAN-18

**NGUYEN, QUYEN, MD†**

Provider ID: N/A  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Effective as of 01-MAY-23

**NGUYEN, QUYEN, MD**

Provider ID: N/A  
 8899 UNIVERSITY CENTER LN  
 SAN DIEGO, CA 92122  
 Effective as of 01-MAY-23

**NGUYEN, QUYEN, MD**

Provider ID: N/A  
 16950 VIA TAZON  
 SAN DIEGO, CA 92127  
 Effective as of 01-MAY-23

**SALL, EDWARD, DDS**

Provider ID: N/A  
 5471 KEARNY VILLA RD STE 201  
 SAN DIEGO, CA 92123  
 Effective as of 01-SEP-22

**SCHAEFFER, CYNTHIA, MD†**

Provider ID: N/A  
 292 EUCLID AVE STE 115  
 SAN DIEGO, CA 92114  
 Effective as of 01-JAN-21

**SCHALCH LEPE, PAUL, MD†**

Provider ID: N/A  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Effective as of 01-MAY-23

**SCHALCH LEPE, PAUL, MD**

Provider ID: N/A  
 8899 UNIVERSITY CENTER LN  
 SAN DIEGO, CA 92122  
 Effective as of 01-MAY-23

**SCHALCH LEPE, PAUL, MD**

Provider ID: N/A  
 16950 VIA TAZON  
 SAN DIEGO, CA 92127  
 Effective as of 01-MAY-23

**TORCHINSKY, CYRUS, MD†**

Provider ID: N/A  
 4060 4TH AVE STE 410  
 SAN DIEGO, CA 92103  
 Effective as of 01-FEB-18

**TORCHINSKY, CYRUS, MD†**

Provider ID: N/A  
 4060 4TH AVE STE 410  
 SAN DIEGO, CA 92103  
 Effective as of 01-JAN-23

**VAHABZADEH-HAGH, ANDREW, MD**

Provider ID: N/A  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Effective as of 01-MAY-23

**VAHABZADEH-HAGH, ANDREW, MD**

Provider ID: N/A  
 8899 UNIVERSITY CENTER LN  
 SAN DIEGO, CA 92122  
 Effective as of 01-MAY-23

**VAHABZADEH-HAGH, ANDREW, MD**

Provider ID: N/A  
 16950 VIA TAZON  
 SAN DIEGO, CA 92127  
 Effective as of 01-MAY-23

**WATSON, DEBORAH, MD**

Provider ID: N/A  
 16950 VIA TAZON  
 SAN DIEGO, CA 92127  
 Effective as of 01-MAY-23

**WATSON, DEBORAH, MD**

Provider ID: N/A  
 8899 UNIVERSITY CENTER LN  
 SAN DIEGO, CA 92122

Effective as of 01-MAY-23

**WEISSBROD, PHILIP, MD**

Provider ID: N/A

8899 UNIVERSITY CENTER LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

**WEISSBROD, PHILIP, MD**

Provider ID: N/A

200 W ARBOR DR STE 505  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-23

**WEISSBROD, PHILIP, MD**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23

**YAN, CAROL, MD**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23

**YAN, CAROL, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-23

**YAN, CAROL, MD**

Provider ID: N/A

8899 UNIVERSITY CENTER LN  
SAN DIEGO, CA 92122  
Effective as of 01-MAY-23

**OTOLARYNGOLOGY /  
OTOLOGY /  
LARYNGOLOGY /  
RHINOLOGY**

**BUSH, JAMES, MD†**

Provider ID: N/A

3805 FRONT ST  
SAN DIEGO, CA 92103\*  
Effective as of 01-AUG-20

**MAGIT, ANTHONY, MD†**

Provider ID: N/A

3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123  
Effective as of 01-OCT-20

**TORCHINSKY, CYRUS, MD†**

Provider ID: N/A

4060 4TH AVE STE 410  
SAN DIEGO, CA 92103\*  
Effective as of 01-SEP-15

**WATSON, DEBORAH, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-23

**PATHOLOGY ANATOMIC  
CLINICAL**

**LIN, GRACE, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-22

**MAHOOTI, SEPI, MD†**

Provider ID: N/A

16835 W BERNARDO DR  
STE 212  
SAN DIEGO, CA 92127  
Teleservice  
Effective as of 01-DEC-22

**SONG, WEI, MD**

Provider ID: N/A

10300 CAMPUS POINT DR

SAN DIEGO, CA 92121  
Effective as of 01-JUL-23

**STEPHENS, LAURA, MD**

Provider ID: N/A

10300 CAMPUS POINT DR  
SAN DIEGO, CA 92121  
Effective as of 01-JUL-23

**USMANI, AMENA, MD**

Provider ID: N/A

10300 CAMPUS POINT DR  
SAN DIEGO, CA 92121  
Effective as of 01-APR-23

**PEDIATRIC RADIOLOGY**

**DWEK, JERRY, MD†**

Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-22

**DWEK, JERRY, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-22

**DWEK, JERRY, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**KONING, JEFFREY, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**KONING, JEFFREY, MD†**

Provider ID: N/A

330 LEWIS ST STE 202  
SAN DIEGO, CA 92103

Effective as of 01-JAN-22

**KONING, JEFFREY, MD†**

Provider ID: N/A

☐ 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-JAN-22

**KRUK, PETER, MD**

Provider ID: N/A

☐ 6655 ALVARADO RD  
SAN DIEGO, CA 92120

Effective as of 01-FEB-24

**PUGMIRE, BRIAN, MD**

Provider ID: N/A

☐ 6655 ALVARADO RD  
SAN DIEGO, CA 92120

Effective as of 01-FEB-24

**PUGMIRE, BRIAN, MD†**

Provider ID: N/A

☐ 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-OCT-21

**PUGMIRE, BRIAN, MD†**

Provider ID: N/A

☐ 330 LEWIS ST STE 202  
SAN DIEGO, CA 92103

Effective as of 01-OCT-21

**PEDIATRICS**

**ALLSUP, VICTORIA, MD**

Provider ID: N/A

☐ 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Effective as of 01-NOV-23

**ALLSUP, VICTORIA, MD**

Provider ID: N/A

☐ 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Effective as of 01-NOV-23

**ANDREE, GREGOR, MD**

Provider ID: N/A

☐ 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Effective as of 01-SEP-22

**ANDREE, GREGOR, MD**

Provider ID: N/A

☐ 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

Effective as of 01-SEP-22

**DOAN STEPHENS, CRYSTAL,  
MD†**

Provider ID: N/A

☐ 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

Effective as of 01-SEP-22

**DOAN STEPHENS, CRYSTAL,  
MD†**

Provider ID: N/A

☐ 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Effective as of 01-SEP-22

**GIBONEY, JENNIFER, MD**

Provider ID: N/A

☐ 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Effective as of 01-FEB-23

**GIBONEY, JENNIFER, MD**

Provider ID: N/A

☐ 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

Effective as of 01-FEB-23

**GROBMAN, LILLIAN, MD†**

Provider ID: N/A

☐ 200 W ARBOR DR

SAN DIEGO, CA 92103

Effective as of 01-MAR-22

**KARMAKAR, KANKA, MD**

Provider ID: N/A

☐ 10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

Teleservice

Effective as of 01-JAN-21

**MARC AURELE, KRISHELLE,  
MD**

Provider ID: N/A

☐ 7910 FROST ST STE 230  
SAN DIEGO, CA 92123

Effective as of 01-SEP-23

**NELSON, THEODORA, MD†**

Provider ID: N/A

☐ 4004 BEYER BLVD  
SAN DIEGO, CA 92173

Effective as of 01-JUL-22

**SONG, RICHARD, MD**

Provider ID: N/A

☐ 7910 FROST ST STE 230  
SAN DIEGO, CA 92123

Effective as of 01-SEP-23

**SUTTNER, DENISE, MD**

Provider ID: N/A

☐ 7910 FROST ST STE 230  
SAN DIEGO, CA 92123

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

**WOSK, BERNARD, MD†**

Provider ID: N/A

☐ 2630 1ST AVE



SAN DIEGO, CA 92103  
Effective as of 01-NOV-22

**ZAHEER, AARON, MD†**

Provider ID: N/A

4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105  
Effective as of 01-SEP-22

**ZAHEER, AARON, MD†**

Provider ID: N/A

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Effective as of 01-SEP-22

**PHYS MED/ REHAB PAIN  
MEDICINE**

**KATZEN, SETH, DO**

Provider ID: N/A

9333 GENESEE AVE STE  
350

SAN DIEGO, CA 92121  
Effective as of 01-MAY-23

**KOLODGE, GAVIN, DO**

Provider ID: N/A

3750 CONVOY ST STE 201  
SAN DIEGO, CA 92111

Effective as of 01-JUN-23

**RICHARDSON, HENRY, MD†**

Provider ID: N/A

3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110

Effective as of 01-JUN-23

**PHYSICAL MEDICINE /  
REHABILITATION**

**BULLOCK, ANDREW, DO†**

Provider ID: N/A

1855 1ST AVE STE 200

SAN DIEGO, CA 92101  
Effective as of 01-JAN-21

**BULLOCK, ANDREW, DO†**

Provider ID: N/A

1855 1ST AVE STE 200  
SAN DIEGO, CA 92101

Effective as of 01-JUL-22

**CHANG, ENOCH, MD**

Provider ID: N/A

6719 ALVARADO RD STE  
200

SAN DIEGO, CA 92120  
Effective as of 01-SEP-23

**CHANG, ENOCH, MD**

Provider ID: N/A

6719 ALVARADO RD STE  
200

SAN DIEGO, CA 92120  
Effective as of 01-AUG-23

**GAVRILYUK, OLEG, MD†**

Provider ID: N/A

6699 ALVARADO RD STE  
2302

SAN DIEGO, CA 92120  
Effective as of 01-SEP-20

**GAVRILYUK, OLEG, MD†**

Provider ID: N/A

6699 ALVARADO RD STE  
2302

SAN DIEGO, CA 92120  
Effective as of 01-SEP-22

**HURSHMAN, ALAN, MD†**

Provider ID: N/A

5395 RUFFIN RD STE 204  
SAN DIEGO, CA 92123

Effective as of 01-JAN-23

**KATZEN, SETH, DO**

Provider ID: N/A

9333 GENESEE AVE STE  
350

SAN DIEGO, CA 92121  
Effective as of 01-APR-23

**KATZEN, SETH, DO**

Provider ID: N/A

9333 GENESEE AVE STE  
350

SAN DIEGO, CA 92121  
Effective as of 01-NOV-22

**KOLODGE, GAVIN, DO**

Provider ID: N/A

3750 CONVOY ST STE 201  
SAN DIEGO, CA 92111

Effective as of 01-SEP-23

**SCOTT, ROBERT, MD**

Provider ID: N/A

6719 ALVARADO RD STE  
200

SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**TAHAEI, SEYED, MD†**

Provider ID: N/A

3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110

Teleservice

Effective as of 01-OCT-22

**PHYSICIANS ASSISTANT**

**ABRAHAMSEN, KELSEY, PA**

Provider ID: N/A

555 W C ST STE 102  
SAN DIEGO, CA 92101

Effective as of 01-JAN-21

**ABRAHAMSEN, KELSEY, PA**

Provider ID: N/A

4142 ADAMS AVE STE 102  
SAN DIEGO, CA 92116

Effective as of 01-APR-22

**ABRAHAMSEN, KELSEY, PA**

Provider ID: N/A

3737 MORAGA AVE STE B103  
SAN DIEGO, CA 92117  
Effective as of 01-JAN-21

**ALBRIGHT, KELSEY, PA†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-21

**ALYAS, ALISIA, PA**

Provider ID: N/A

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-JUN-21

**ALYAS, ALISIA, PA**

Provider ID: N/A

4171 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-JUN-21

**ANDERSON, MATTHEW, PA**

Provider ID: N/A

3900 5TH AVE STE 110  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-24

**ANDERSON, CARLEY, PA†**

Provider ID: N/A

11865 CARMEL MOUNTAIN RD STE 1104  
SAN DIEGO, CA 92128  
Effective as of 01-DEC-21

**ARMENTA, JORGE, PA**

Provider ID: N/A

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Teleservice

Effective as of 01-MAY-21

**ARROYO, VANIA, PA**

Provider ID: N/A

3900 5TH AVE STE 110  
SAN DIEGO, CA 92103  
Effective as of 01-MAR-23

**BASIN, NATALIE, PA†**

Provider ID: N/A

12843 EL CAMINO REAL STE 203  
SAN DIEGO, CA 92130

Teleservice

Effective as of 01-FEB-21

**BEITTER, KEERSTIN, PA†**

Provider ID: N/A

3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110  
Effective as of 01-MAR-22

**BRAMBILA, YELENA, PA**

Provider ID: N/A

6386 ALVARADO CT STE 101  
SAN DIEGO, CA 92120  
Effective as of 01-DEC-21

**BRAVO, RICARDO, PA**

Provider ID: N/A

3490 PALM AVE  
SAN DIEGO, CA 92154  
Effective as of 01-JUL-23

**CRITES, LAURA, PA**

Provider ID: N/A

3737 MORAGA AVE STE B103  
SAN DIEGO, CA 92117

Teleservice

Effective as of 01-SEP-22

**DANESHVAR, ABRAHAM, PA†**

Provider ID: N/A

9610 GRANITE RIDGE DR STE B  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-22

**DARZI, MARIAM, PA**

Provider ID: N/A

4060 FAIRMONT AVE  
SAN DIEGO, CA 92105  
Effective as of 01-OCT-23

**DOUGHERTY, CLARA, PA**

Provider ID: N/A

3444 KEARNY VILLA RD STE 201  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-24

**DOUGHERTY, CLARA, PA**

Provider ID: N/A

3444 KEARNY VILLA RD STE 201  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-24

**DOUGHERTY, CLARA, PA**

Provider ID: N/A

3444 KEARNY VILLA RD STE 202  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-24

**DOUGHERTY, CLARA, PA**

Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

**DOUGHERTY, CLARA, PA**

Provider ID: N/A

11770 BERNARDO PLAZA CT STE 270  
SAN DIEGO, CA 92128  
Effective as of 01-JAN-24

**ENCE, EMILY, PA**

Provider ID: N/A

3900 5TH AVE STE 110  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

**ESTES, SAMANTHA, PA†**

Provider ID: N/A

3969 4TH AVE STE 208  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

**ESTES, SAMANTHA, PA†**

Provider ID: N/A

3969 4TH AVE STE 208  
SAN DIEGO, CA 92103  
Effective as of 01-MAR-23

**GUTH, CARA, PA†**

Provider ID: N/A

9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121

Teleservice

Effective as of 01-JUL-21

**GUTH, CARA, PA†**

Provider ID: N/A

9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121

Teleservice

Effective as of 01-JAN-24

**GUZMAN, HORTENCIA, PA**

Provider ID: N/A

3490 PALM AVE  
SAN DIEGO, CA 92154  
Effective as of 01-JUL-23

**HABBOUSH, RANA, PA**

Provider ID: N/A

4171 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Teleservice

Effective as of 01-OCT-23

**HABBOUSH, RANA, PA**

Provider ID: N/A

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice

Effective as of 01-OCT-23

**HARMEYER, JENNA, PA**

Provider ID: N/A

3750 CONVOY ST STE 201  
SAN DIEGO, CA 92111  
Effective as of 01-OCT-23

**HAZAN, ALISON, PA**

Provider ID: N/A

12843 EL CAMINO REAL  
STE 203  
SAN DIEGO, CA 92130  
Effective as of 01-DEC-21

**HIGGINS, JOSHUA, PA†**

Provider ID: N/A

203 W F ST  
SAN DIEGO, CA 92101  
Effective as of 01-JAN-22

**HIGUERA, EDITH, PA**

Provider ID: N/A

4171 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice

Effective as of 01-OCT-23

**HIGUERA, EDITH, PA**

Provider ID: N/A

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice

Effective as of 01-OCT-23

**HO, HOANG HUU, PA**

Provider ID: N/A

4551 EL CAJON BLVD  
SAN DIEGO, CA 92115

Teleservice

Effective as of 01-OCT-23

**HO, HOANG HUU, PA**

Provider ID: N/A

2418 ULRIC ST  
SAN DIEGO, CA 92111

Teleservice

Effective as of 01-OCT-23

**HUNTER, JACOB, PA†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-22

**HUNTER, JACOB, PA**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122

Effective as of 01-MAY-23

**HUNTER, JACOB, PA†**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-23

**KHALEGHI, MANI, PA†**

Provider ID: N/A

5395 RUFFIN RD STE 204  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

**LEWIS, DEVON, PA**

Provider ID: N/A

555 W C ST STE 102  
SAN DIEGO, CA 92101  
Teleservice

Effective as of 01-AUG-22

**LINDEMANN, CHRISTINA, PA†**

Provider ID: N/A

4510 EXECUTIVE DR STE  
325  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-21

**LONGOBARDO, FRANCESCA, PA†**

Provider ID: N/A

9333 GENESEE AVE STE  
350A  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-21

**MADAN, SAKSHI, PA†**

Provider ID: N/A

3900 5TH AVE STE 110  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-AUG-22

**MARTIN, HALEY, PA**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAR-24

**MERCER, KELLY, PA†**

Provider ID: N/A

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-APR-21

**MERCER, KELLY, PA†**

Provider ID: N/A

4171 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-APR-21

**MOORMAN, KRISTA, PA**

Provider ID: N/A

3900 5TH AVE STE 110  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-MAR-23

**MURRAY, BREANNA, PA**

Provider ID: N/A

3900 5TH AVE STE 110  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-FEB-21

**NELMS, MICHAEL, PA†**

Provider ID: N/A

4060 4TH AVE STE 415  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

**NGUYEN, THUY-VY, PA†**

Provider ID: N/A

4060 4TH AVE STE 415  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-MAR-22

**NGUYEN, THUY-VY, PA†**

Provider ID: N/A

4060 4TH AVE STE 415  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-NOV-23

**NGUYEN, THUY-VY, PA†**

Provider ID: N/A

9339 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Teleservice  
Effective as of 01-MAR-22

**NGUYEN, THUY-VY, PA†**

Provider ID: N/A

9339 GENESEE AVE STE  
350

SAN DIEGO, CA 92121  
Teleservice  
Effective as of 01-AUG-22

**NGUYEN, THUY-VY, PA†**

Provider ID: N/A

9339 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Teleservice  
Effective as of 01-NOV-23

**PELIO, DARREN, PA†**

Provider ID: N/A

3900 5TH AVE STE 110  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-22

**PELIO, DARREN, PA†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-22

**PERREAULT, MARK, PA†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-21

**PERREAULT, MARK, PA†**

Provider ID: N/A

4520 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-21

**PHAM, JENNIFER, PA**

Provider ID: N/A

3900 5TH AVE STE 220  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-OCT-23

**PHUNG, AIVI, PA†**

Provider ID: N/A

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

**PHUNG, AIVI, PA†**

Provider ID: N/A

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Effective as of 01-SEP-22

**PICKERING, OANA, PA**

Provider ID: N/A

555 W C ST STE 102  
SAN DIEGO, CA 92101  
Effective as of 01-MAY-23

**POST, LACEY, PA**

Provider ID: N/A

12843 EL CAMINO REAL  
STE 203  
SAN DIEGO, CA 92130  
Effective as of 01-DEC-21

**POTTER SMITH, SARAH, PA**

Provider ID: N/A

6719 ALVARADO RD STE  
200  
SAN DIEGO, CA 92120  
Effective as of 01-AUG-23

**PRIJATEL, SABRINA, PA**

Provider ID: N/A

3900 5TH AVE STE 110  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-21

**PYLE, ALEXANDRA, PA**

Provider ID: N/A

9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-21

**PYLE, ALEXANDRA, PA**

Provider ID: N/A

9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-24

**QUIJANO, GLENN, PA†**

Provider ID: N/A

2100 5TH AVE STE 200  
SAN DIEGO, CA 92101  
Teleservice  
Effective as of 01-AUG-22

**RAI, GEORGINA, PA†**

Provider ID: N/A

3900 5TH AVE STE 110  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

**RALL, EMILY, PA**

Provider ID: N/A

3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113  
Effective as of 01-JAN-21

**SCHOELLER, BIANCA, PA†**

Provider ID: N/A

3180 UNIVERSITY AVE STE  
120  
SAN DIEGO, CA 92104  
Effective as of 01-DEC-21

**SEBASTIAN, TRACY, PA†**

Provider ID: N/A

9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-NOV-21

**SHARPE, NORMA, PA**

Provider ID: N/A

316 25TH ST  
SAN DIEGO, CA 92102  
Teleservice  
Effective as of 01-JAN-23

**SHIVELY, JEANNINE, PA†**

Provider ID: N/A

3900 5TH AVE STE 110  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-FEB-21

**SMITH, ALLISON, PA**

Provider ID: N/A

4060 4TH AVE STE 415  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

**SNYDER, AMANDA, PA**

Provider ID: N/A

4033 3RD AVE STE 104  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-OCT-23

**SPEH, BRIAN, PA**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-MAR-24

**SUPERNAW, AMY, PA†**

Provider ID: N/A

3900 5TH AVE STE 110  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-FEB-21

**TAYLOR, RYAN, PA**

Provider ID: N/A

9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-NOV-23

**TAYLOR, RYAN, PA**

Provider ID: N/A

9333 GENESEE AVE STE  
350

SAN DIEGO, CA 92121  
Effective as of 01-NOV-23

**TAYLOR, RYAN, PA**

Provider ID: N/A

9333 GENESEE AVE STE  
350

SAN DIEGO, CA 92121  
Effective as of 01-JAN-24

**TRIMLETT, COLLEEN, PA**

Provider ID: N/A

3900 5TH AVE STE 110  
SAN DIEGO, CA 92103

Teleservice

Effective as of 01-MAY-21

**VALENCIA, JESUS, PA**

Provider ID: N/A

995 GATEWAY CENTER  
WAY STE 202  
SAN DIEGO, CA 92102

Teleservice

Effective as of 01-NOV-23

**VANOCKER, KARI, PA**

Provider ID: N/A

3750 CONVOY ST STE 201  
SAN DIEGO, CA 92111

Effective as of 01-MAR-23

**WAHLIN, TAMARA, PA**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-JUN-23

**WAHLIN, TAMARA, PA**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122  
Effective as of 01-JUN-23

**WAHLIN, TAMARA, PA**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127

Effective as of 01-JUN-23

**WALSH, HEATHER, PA†**

Provider ID: N/A

3969 4TH AVE STE 208  
SAN DIEGO, CA 92103

Effective as of 01-SEP-21

**WEBB, SHANNON, PA**

Provider ID: N/A

6605 NANCY RIDGE DR  
SAN DIEGO, CA 92121

Teleservice

Effective as of 01-MAY-23

**WEIR, JACQUELINE, PA†**

Provider ID: N/A

9909 MIRA MESA BLVD  
STE 200

SAN DIEGO, CA 92131

Effective as of 01-APR-21

**WEIR, JACQUELINE, PA†**

Provider ID: N/A

4168 FRONT ST  
SAN DIEGO, CA 92103

Effective as of 01-APR-21

**WEIR, JACQUELINE, PA†**

Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103

Effective as of 01-APR-21

**WILAND, WINONA, PA**

Provider ID: N/A

5405 OBERLIN DR STE 2  
SAN DIEGO, CA 92121

Teleservice

Effective as of 01-JUN-23

**WRIGHT, DEREK, PA**

Provider ID: N/A

3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110

Teleservice

Effective as of 01-NOV-23

**WRIGHT, DEREK, PA**

Provider ID: N/A

3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110

Teleservice

Effective as of 01-JUL-23

**WRIGHT, DEREK, PA**

Provider ID: N/A

3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110

Teleservice

Effective as of 01-AUG-23

**PODIATRIST**

**ALMIRANTE, MARIA, DPM**

Provider ID: N/A

4290 POLK AVE  
SAN DIEGO, CA 92105

Effective as of 01-JUL-22

**ALMIRANTE, MARIA, DPM**

Provider ID: N/A

4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

Effective as of 01-JUL-22

**ALMIRANTE, MARIA, DPM**

Provider ID: N/A

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Effective as of 01-JUL-22

**ALMIRANTE, MARIA, DPM**

Provider ID: N/A

1016 OUTER RD

SAN DIEGO, CA 92154  
Effective as of 01-JUL-22

**BROOKSHIER, TRENT, DPM**

Provider ID: N/A  
☑ 3989 32ND ST  
SAN DIEGO, CA 92104  
Teleservice  
Effective as of 01-DEC-23

**BUI, JOSEPH, DPM**

Provider ID: N/A  
☑ 11205 VIA CARROZA  
SAN DIEGO, CA 92124\*  
Effective as of 01-APR-23

**BUI, JOSEPH, DPM**

Provider ID: N/A  
☑ 5354 UNIVERSITY AVE STE  
2  
SAN DIEGO, CA 92105  
Effective as of 01-AUG-23

**CULLEN, BENJAMIN, DPM†**

Provider ID: N/A  
☑ 2650 CAMINO DEL RIO N  
STE 101  
SAN DIEGO, CA 92108  
Effective as of 01-APR-17

**FOYGELMAN, ALEKSANDR,  
DPM†**

Provider ID: N/A  
☑ 4712 EL CAJON BLVD STE D  
SAN DIEGO, CA 92115  
Effective as of 01-JAN-21

**FOYGELMAN, ALEKSANDR,  
DPM†**

Provider ID: N/A  
☑ 4712 EL CAJON BLVD STE D  
SAN DIEGO, CA 92115  
Effective as of 01-JAN-21

**FOYGELMAN, ALEKSANDR,**

**DPM†**

Provider ID: N/A  
☑ 4712 EL CAJON BLVD STE D  
SAN DIEGO, CA 92115  
Effective as of 01-JUL-22

**FOYGELMAN, ALEKSANDR,  
DPM†**

Provider ID: N/A  
☑ 4712 EL CAJON BLVD STE D  
SAN DIEGO, CA 92115  
Effective as of 01-JAN-24

**JOLLEY, WALTER, DPM**

Provider ID: N/A  
☑ 5222 BALBOA AVE STE 41  
SAN DIEGO, CA 92117  
Effective as of 01-APR-15

**JOLLEY, WALTER, DPM**

Provider ID: N/A  
☑ 5222 BALBOA AVE STE 41  
SAN DIEGO, CA 92117  
Effective as of 01-SEP-20

**LEE, RYAN, DPM†**

Provider ID: N/A  
☑ 2650 CAMINO DEL RIO N  
STE 101  
SAN DIEGO, CA 92108  
Effective as of 01-APR-17

**QUINN, MICHAEL, DPM†**

Provider ID: N/A  
☑ 7485 MISSION VALLEY RD  
STE 104A  
SAN DIEGO, CA 92108  
Effective as of 01-FEB-07

**QUINN, MICHAEL, DPM†**

Provider ID: N/A  
☑ 7485 MISSION VALLEY RD  
STE 104A  
SAN DIEGO, CA 92108  
Effective as of 01-JUL-17

**RICE, BRITTANY, DPM†**

Provider ID: N/A  
☑ 2650 CAMINO DEL RIO N  
STE 200  
SAN DIEGO, CA 92108  
Effective as of 01-OCT-17

**TOUMA, ELIE, DPM**

Provider ID: N/A  
☑ 6719 ALVARADO RD STE  
303  
SAN DIEGO, CA 92120  
Effective as of 01-APR-23

**VALLONE, ROBERT, DPM†**

Provider ID: N/A  
☑ 3363 4TH AVE  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-17

**WILSON, MATTHEW, DPM†**

Provider ID: N/A  
☑ 5555 RESERVOIR DR STE  
104  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-22

**PREVENTATIVE MEDICINE  
GENERAL**

**HERR, RAYMOND, MD**

Provider ID: N/A  
☑ 3737 MORAGA AVE STE  
B103  
SAN DIEGO, CA 92117  
Teleservice  
Effective as of 01-MAR-23

**JACKSON, CODY, MD**

Provider ID: N/A  
☑ 6386 ALVARADO CT STE  
101  
SAN DIEGO, CA 92120  
Teleservice

Effective as of 01-FEB-24

**JACKSON, CODY, MD**

Provider ID: N/A

3900 5TH AVE STE 110  
SAN DIEGO, CA 92103

Teleservice

Effective as of 01-FEB-24

**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

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Effective as of 01-SEP-22

**ROMERO, CAMILA, MD**

Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103

Effective as of 01-DEC-23

**ROMERO, CAMILA, MD**

Provider ID: N/A

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Effective as of 01-SEP-22

**STERN, ANNA, MD**

Provider ID: N/A

4142 ADAMS AVE STE 102  
SAN DIEGO, CA 92116

Effective as of 01-JAN-21

**PSYCHIATRY**

**BEVINS, ELIZABETH, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Effective as of 01-FEB-24

**BEVINS, ELIZABETH, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Effective as of 01-FEB-24

**BINDAL, ANKUR, MD†**

Provider ID: N/A

6496 WEATHERS PL STE  
100

SAN DIEGO, CA 92121

Effective as of 01-SEP-21

**BINDAL, ANKUR, MD†**

Provider ID: N/A

6496 WEATHERS PL STE  
100

SAN DIEGO, CA 92121

Effective as of 01-SEP-21

**BINDAL, ANKUR, MD†**

Provider ID: N/A

6496 WEATHERS PL STE  
100

SAN DIEGO, CA 92121

Effective as of 01-SEP-22

**BINDAL, ANKUR, MD†**

Provider ID: N/A

6496 WEATHERS PL STE  
100

SAN DIEGO, CA 92121

Effective as of 01-SEP-21

**BINDAL, ANKUR, MD†**

Provider ID: N/A

6496 WEATHERS PL STE  
100

SAN DIEGO, CA 92121

Effective as of 01-SEP-21

**BINDAL, ANKUR, MD†**

Provider ID: N/A

6496 WEATHERS PL STE  
100

SAN DIEGO, CA 92121

Effective as of 01-SEP-22

**BOBO, JERRY, MD†**

Provider ID: N/A

6496 WEATHERS PL STE  
100

SAN DIEGO, CA 92121

Effective as of 01-SEP-22

**BOBO, JERRY, MD†**

Provider ID: N/A

6496 WEATHERS PL STE  
100

SAN DIEGO, CA 92121

Effective as of 01-SEP-22

**CHAUHAN, SMIT, MD†**

Provider ID: N/A

7850 VISTA HILL AVE  
SAN DIEGO, CA 92123

Effective as of 01-MAY-22

**CHAUHAN, SMIT, MD†**

Provider ID: N/A

7850 VISTA HILL AVE  
SAN DIEGO, CA 92123

Effective as of 01-MAY-22

**FANOUS, ASHRAF, MD**

Provider ID: N/A

8775 AERO DR STE 238  
SAN DIEGO, CA 92123

Effective as of 01-MAY-23

**FANOUS, ASHRAF, MD**

Provider ID: N/A

8775 AERO DR STE 238  
SAN DIEGO, CA 92123

Effective as of 01-MAY-23

**FITZGERALD, MICHAEL, MD†**

Provider ID: N/A



16918 DOVE CANYON RD  
STE 100  
SAN DIEGO, CA 92127  
Effective as of 01-APR-22

**FITZGERALD, MICHAEL, MD†**

Provider ID: N/A

16918 DOVE CANYON RD  
STE 100  
SAN DIEGO, CA 92127  
Effective as of 01-APR-22

**GLEICHMAN, JULIA, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-21

**GLEICHMAN, JULIA, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-21

**GUTFLAIS, ERIC, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**GUTFLAIS, ERIC, MD**

Provider ID: N/A

6655 ALVARADO RD  
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-JAN-23

**HANAGAMI, CORI, MD**

Provider ID: N/A

4550 KEARNY VILLA RD  
STE 116  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-23

**HANAGAMI, CORI, MD**

Provider ID: N/A

4550 KEARNY VILLA RD  
STE 116  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-23

**HERSEVOORT, SHAWN, MD**

Provider ID: N/A

4550 KEARNY VILLA RD  
STE 116  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-23

**HERSEVOORT, SHAWN, MD**

Provider ID: N/A

4550 KEARNY VILLA RD  
STE 116  
SAN DIEGO, CA 92123

Effective as of 01-FEB-23

**HERSEVOORT, SHAWN, MD**

Provider ID: N/A

4550 KEARNY VILLA RD  
STE 116  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-23

**HERSEVOORT, SHAWN, MD**

Provider ID: N/A

4550 KEARNY VILLA RD  
STE 116  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-23

**HOLLEMAN, KEVIN, DO**

Provider ID: N/A

8775 AERO DR STE 238  
SAN DIEGO, CA 92123  
Effective as of 01-APR-23

**HOLLEMAN, KEVIN, DO**

Provider ID: N/A

8775 AERO DR STE 238  
SAN DIEGO, CA 92123  
Effective as of 01-APR-23

**JOHN, TANNER, MD**

Provider ID: N/A

3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113  
Teleservice  
Effective as of 01-OCT-23

**JOHN, TANNER, MD**

Provider ID: N/A

3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113  
Teleservice  
Effective as of 01-OCT-23

**JOSHI, YASH, MD**

Provider ID: N/A

350 DICKINSON ST

SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

**JOSHI, YASH, MD**

Provider ID: N/A

350 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

**KARANJIA, NAVAZ, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**KARANJIA, NAVAZ, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-22

**KARANJIA, NAVAZ, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**KARANJIA, NAVAZ, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-22

**KARIPPOT, ANOOP, MD†**

Provider ID: N/A

10672 WEXFORD ST STE  
280  
SAN DIEGO, CA 92131

Teleservice

Effective as of 01-SEP-15

**KARIPPOT, ANOOP, MD†**

Provider ID: N/A

10672 WEXFORD ST STE  
280

SAN DIEGO, CA 92131  
Teleservice

Effective as of 01-JUN-22

**KARIPPOT, ANOOP, MD†**

Provider ID: N/A

10672 WEXFORD ST STE  
280  
SAN DIEGO, CA 92131

Teleservice

Effective as of 01-SEP-15

**KARIPPOT, ANOOP, MD†**

Provider ID: N/A

10672 WEXFORD ST STE  
280  
SAN DIEGO, CA 92131

Teleservice

Effective as of 01-JUN-22

**KARRIS, BIANCA, MD**

Provider ID: N/A

8775 AERO DR STE 238  
SAN DIEGO, CA 92123  
Effective as of 01-MAR-23

**KARRIS, BIANCA, MD**

Provider ID: N/A

8775 AERO DR STE 238  
SAN DIEGO, CA 92123  
Effective as of 01-MAR-23

**KEIFER, JASON, MD**

Provider ID: N/A

4452 PARK BLVD STE 302  
SAN DIEGO, CA 92116  
Effective as of 01-APR-23

**KEIFER, JASON, MD**

Provider ID: N/A

4452 PARK BLVD STE 302  
SAN DIEGO, CA 92116  
Effective as of 01-APR-23

**LEDBETTER, ALEX, DO**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-24

**LEDBETTER, ALEX, DO**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-24

**LEVINE, REED, MD**

Provider ID: N/A

3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110  
Effective as of 01-FEB-24

**LEVINE, REED, MD**

Provider ID: N/A

3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110  
Effective as of 01-FEB-24

**LI, XIA, MD†**

Provider ID: N/A

16918 DOVE CANYON RD  
STE 100  
SAN DIEGO, CA 92127  
Effective as of 01-AUG-21

**LI, XIA, MD†**

Provider ID: N/A

16918 DOVE CANYON RD  
STE 100  
SAN DIEGO, CA 92127  
Effective as of 01-AUG-21

**MIRON, JEAN-PHILIPPE, MD**

Provider ID: N/A

16918 DOVE CANYON RD  
STE 100  
SAN DIEGO, CA 92127  
Effective as of 01-MAR-24

**MIRON, JEAN-PHILIPPE, MD**

Provider ID: N/A

16918 DOVE CANYON RD  
STE 100  
SAN DIEGO, CA 92127  
Effective as of 01-MAR-24

**MOORE, SHAVON, MD†**

Provider ID: N/A

4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-NOV-21

**MOORE, SHAVON, MD†**

Provider ID: N/A

4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-NOV-21

**MORRIS, RAPHAEL, MD**

Provider ID: N/A

12264 EL CAMINO REAL  
STE 203  
SAN DIEGO, CA 92130  
Effective as of 01-JAN-21

**MORRIS, RAPHAEL, MD**

Provider ID: N/A

12264 EL CAMINO REAL  
STE 202  
SAN DIEGO, CA 92130  
Effective as of 01-NOV-22

**MORRIS, RAPHAEL, MD**

Provider ID: N/A

12264 EL CAMINO REAL  
STE 202  
SAN DIEGO, CA 92130  
Effective as of 01-NOV-22

**MORRIS, RAPHAEL, MD**

Provider ID: N/A

12264 EL CAMINO REAL  
STE 203  
SAN DIEGO, CA 92130  
Effective as of 01-JAN-21

**NICHOLS, ALPHONSO, MD**

Provider ID: N/A

10672 WEXFORD ST STE  
280  
SAN DIEGO, CA 92131

Teleservice

Effective as of 01-JUL-22

**NICHOLS, ALPHONSO, MD**

Provider ID: N/A

10672 WEXFORD ST STE  
280  
SAN DIEGO, CA 92131

Teleservice

Effective as of 01-JAN-23

**NICHOLS, ALPHONSO, MD**

Provider ID: N/A

10672 WEXFORD ST STE  
280  
SAN DIEGO, CA 92131

Teleservice

Effective as of 01-JUL-22

**NICHOLS, ALPHONSO, MD**

Provider ID: N/A

10672 WEXFORD ST STE  
280  
SAN DIEGO, CA 92131

Teleservice

Effective as of 01-JAN-23

**OLAYA, YANIRA, MD**

Provider ID: N/A

4060 4TH AVE STE 102  
SAN DIEGO, CA 92103  
Effective as of 01-OCT-23

**OLAYA, YANIRA, MD**

Provider ID: N/A

4060 4TH AVE STE 102  
SAN DIEGO, CA 92103  
Effective as of 01-OCT-23

**PARASHAR, ANUSHREE, MD**

Provider ID: N/A

8775 AERO DR STE 238  
SAN DIEGO, CA 92123  
Effective as of 01-MAR-23

**PARASHAR, ANUSHREE, MD**

Provider ID: N/A

8775 AERO DR STE 238  
SAN DIEGO, CA 92123  
Effective as of 01-MAR-23

**PARASHAR, ANUSHREE, MD**

Provider ID: N/A

8775 AERO DR STE 238  
SAN DIEGO, CA 92123  
Effective as of 01-MAR-23

**PARASHAR, ANUSHREE, MD**

Provider ID: N/A

8775 AERO DR STE 238  
SAN DIEGO, CA 92123  
Effective as of 01-MAR-23

**PLOESSER, MARKUS, MD†**

Provider ID: N/A

438 CAMINO DEL RIO S  
STE 106  
SAN DIEGO, CA 92108  
Effective as of 01-NOV-23

**PLOESSER, MARKUS, MD†**

Provider ID: N/A

438 CAMINO DEL RIO S  
STE 106  
SAN DIEGO, CA 92108  
Effective as of 01-NOV-23

**PLOESSER, MARKUS, MD†**

Provider ID: N/A

438 CAMINO DEL RIO S  
STE 106  
SAN DIEGO, CA 92108  
Effective as of 01-SEP-22

**PLOESSER, MARKUS, MD**

Provider ID: N/A

1855 1ST AVE STE 200B  
SAN DIEGO, CA 92101  
Effective as of 01-FEB-23

**PLOESSER, MARKUS, MD**

Provider ID: N/A

1855 1ST AVE STE 200B  
SAN DIEGO, CA 92101  
Effective as of 01-FEB-23

**PLOESSER, MARKUS, MD†**

Provider ID: N/A

438 CAMINO DEL RIO S  
STE 106  
SAN DIEGO, CA 92108  
Effective as of 01-NOV-23

**PLOESSER, MARKUS, MD†**

Provider ID: N/A

438 CAMINO DEL RIO S  
STE 106  
SAN DIEGO, CA 92108  
Effective as of 01-NOV-23

**PLOESSER, MARKUS, MD†**

Provider ID: N/A

438 CAMINO DEL RIO S  
STE 106  
SAN DIEGO, CA 92108  
Effective as of 01-SEP-22

**PLOESSER, MARKUS, MD**

Provider ID: N/A

1855 1ST AVE STE 200B  
SAN DIEGO, CA 92101  
Effective as of 01-FEB-23

**PLOESSER, MARKUS, MD**

Provider ID: N/A

1855 1ST AVE STE 200B  
SAN DIEGO, CA 92101  
Effective as of 01-FEB-23

**QAYOUMI, WALI, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**QAYOUMI, WALI, MD†**

Provider ID: N/A

4510 EXECUTIVE DR STE  
325  
SAN DIEGO, CA 92121  
Effective as of 01-OCT-21

**QAYOUMI, WALI, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**QAYOUMI, WALI, MD†**

Provider ID: N/A

4510 EXECUTIVE DR STE  
325  
SAN DIEGO, CA 92121  
Effective as of 01-OCT-21

**RIBEIRO CALDAS DOMINGUES,  
ISABEL, MD†**

Provider ID: N/A

350 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-21

**RIBEIRO CALDAS DOMINGUES,  
ISABEL, MD†**

Provider ID: N/A

350 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-21

**SALGUERO GALLAND, MARIO,  
MD**

Provider ID: N/A

4157 FAIRMOUNT AVE

SAN DIEGO, CA 92105

Teleservice

Effective as of 01-JUN-23

**SALGUERO GALLAND, MARIO,  
MD**

Provider ID: N/A

4175 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice

Effective as of 01-JUN-23

**SALGUERO GALLAND, MARIO,  
MD**

Provider ID: N/A

4187 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice

Effective as of 01-JUN-23

**SALGUERO GALLAND, MARIO,  
MD†**

Provider ID: N/A

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice

Effective as of 01-SEP-21

**SALGUERO GALLAND, MARIO,  
MD**

Provider ID: N/A

4185 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice

Effective as of 01-JUN-23

**SALGUERO GALLAND, MARIO,  
MD**

Provider ID: N/A

4157 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice

Effective as of 01-JUN-23

**SALGUERO GALLAND, MARIO, MD**

Provider ID: N/A  
☒ 4175 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-JUN-23

**SALGUERO GALLAND, MARIO, MD**

Provider ID: N/A  
☒ 4185 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-JUN-23

**SALGUERO GALLAND, MARIO, MD†**

Provider ID: N/A  
☒ 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-SEP-21

**SALGUERO GALLAND, MARIO, MD**

Provider ID: N/A  
☒ 4187 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-JUN-23

**TADROS, EMAD, MD†**

Provider ID: N/A  
☒ 4060 4TH AVE STE 102  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-23

**TADROS, EMAD, MD†**

Provider ID: N/A  
☒ 4060 4TH AVE STE 102  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-07

**TADROS, EMAD, MD†**

Provider ID: N/A  
☒ 4060 4TH AVE STE 102  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-23

**TADROS, EMAD, MD†**

Provider ID: N/A  
☒ 4060 4TH AVE STE 102  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-07

**TUASON, NORBERTO, MD†**

Provider ID: N/A  
☒ 438 CAMINO DEL RIO S  
STE 106  
SAN DIEGO, CA 92108  
Teleservice  
Effective as of 01-NOV-23

**TUASON, NORBERTO, MD†**

Provider ID: N/A  
☒ 438 CAMINO DEL RIO S  
STE 106  
SAN DIEGO, CA 92108  
Teleservice  
Effective as of 01-NOV-23

**WEISSMAN, CORY, MD†**

Provider ID: N/A  
☒ 16918 DOVE CANYON RD  
STE 100  
SAN DIEGO, CA 92127  
Effective as of 01-DEC-21

**WEISSMAN, CORY, MD†**

Provider ID: N/A  
☒ 16918 DOVE CANYON RD  
STE 100  
SAN DIEGO, CA 92127  
Effective as of 01-DEC-21

**YAGUDAYEVA, RAISA, DO†**

Provider ID: N/A

☒ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-22

**YAGUDAYEVA, RAISA, DO†**

Provider ID: N/A  
☒ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-22

**PSYCHIATRY CHILD**

**KARIPPOT, ANOOP, MD†**

Provider ID: N/A  
☒ 10672 WEXFORD ST STE  
280  
SAN DIEGO, CA 92131  
Teleservice  
Effective as of 01-JAN-23

**KARIPPOT, ANOOP, MD†**

Provider ID: N/A  
☒ 10672 WEXFORD ST STE  
280  
SAN DIEGO, CA 92131  
Teleservice  
Effective as of 01-SEP-15

**KARIPPOT, ANOOP, MD†**

Provider ID: N/A  
☒ 10672 WEXFORD ST STE  
280  
SAN DIEGO, CA 92131  
Teleservice  
Effective as of 01-JUN-22

**KARIPPOT, ANOOP, MD†**

Provider ID: N/A  
☒ 10672 WEXFORD ST STE  
280  
SAN DIEGO, CA 92131  
Teleservice  
Effective as of 01-JAN-23

**KARIPPOT, ANOOP, MD†**

Provider ID: N/A

10672 WEXFORD ST STE  
280  
SAN DIEGO, CA 92131

Teleservice

Effective as of 01-JUN-22

**KARIPPOT, ANOOP, MD†**

Provider ID: N/A

10672 WEXFORD ST STE  
280  
SAN DIEGO, CA 92131

Teleservice

Effective as of 01-SEP-15

**NICHOLS, ALPHONSO, MD**

Provider ID: N/A

10672 WEXFORD ST STE  
280  
SAN DIEGO, CA 92131

Teleservice

Effective as of 01-JAN-23

**NICHOLS, ALPHONSO, MD**

Provider ID: N/A

10672 WEXFORD ST STE  
280  
SAN DIEGO, CA 92131

Teleservice

Effective as of 01-JUL-22

**NICHOLS, ALPHONSO, MD**

Provider ID: N/A

10672 WEXFORD ST STE  
280  
SAN DIEGO, CA 92131

Teleservice

Effective as of 01-JAN-23

**NICHOLS, ALPHONSO, MD**

Provider ID: N/A

10672 WEXFORD ST STE  
280  
SAN DIEGO, CA 92131

Teleservice

Effective as of 01-JUL-22

**PSYCHIATRY SLEEP  
MEDICINE**

**KARIPPOT, ANOOP, MD†**

Provider ID: N/A

10672 WEXFORD ST STE  
280  
SAN DIEGO, CA 92131

Teleservice

Effective as of 01-JAN-23

**PSYCHOLOGIST**

**BADER, RACHEL, PSYD**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122

Effective as of 01-JUN-23

**BADER, RACHEL, PSYD**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122

Effective as of 01-JUN-23

**BAHENA-COLLEY, SANDRA,  
PSYD†**

Provider ID: N/A

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Teleservice

Effective as of 01-APR-21

**BAHENA-COLLEY, SANDRA,  
PSYD†**

Provider ID: N/A

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Teleservice

Effective as of 01-APR-21

**BHAJU, JESHMIN, PhD†**

Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103

Effective as of 01-AUG-22

**BHAJU, JESHMIN, PhD†**

Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103

Effective as of 01-AUG-22

**CARBONELL, SONIA, PSYD†**

Provider ID: N/A

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Teleservice

Effective as of 01-JUL-21

**CARBONELL, SONIA, PSYD†**

Provider ID: N/A

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Teleservice

Effective as of 01-JUL-21

**ESTRADA PATINO, ANGELA,  
PSYD**

Provider ID: N/A

4080 CENTRE ST STE 104  
SAN DIEGO, CA 92103

Effective as of 01-MAR-23

**ESTRADA PATINO, ANGELA,  
PSYD**

Provider ID: N/A

4080 CENTRE ST STE 104  
SAN DIEGO, CA 92103

Effective as of 01-MAR-23

**GALANT, DANIEL, PhD**

Provider ID: N/A

☐ 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-APR-21

**GALANT, DANIEL, PhD**

Provider ID: N/A

☐ 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-APR-21

**GOMEZ, JUANITA, PhD†**

Provider ID: N/A

☐ 6030 VILLAGE WAY  
SAN DIEGO, CA 92130  
Effective as of 01-AUG-22

**GOMEZ, JUANITA, PhD†**

Provider ID: N/A

☐ 6030 VILLAGE WAY  
SAN DIEGO, CA 92130  
Effective as of 01-AUG-22

**JOHNSON, ARIKA, PSYD†**

Provider ID: N/A

☐ 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Effective as of 01-NOV-22

**JOHNSON, ARIKA, PSYD†**

Provider ID: N/A

☐ 4157 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Effective as of 01-NOV-22

**JOHNSON, ARIKA, PSYD†**

Provider ID: N/A

☐ 4185 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Effective as of 01-NOV-22

**JOHNSON, ARIKA, PSYD†**

Provider ID: N/A

☐ 4189 FAIRMOUNT AVE

SAN DIEGO, CA 92105  
Effective as of 01-NOV-22

**JOHNSON, ARIKA, PSYD†**

Provider ID: N/A

☐ 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Effective as of 01-NOV-22

**JOHNSON, ARIKA, PSYD†**

Provider ID: N/A

☐ 4157 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Effective as of 01-NOV-22

**JOHNSON, ARIKA, PSYD†**

Provider ID: N/A

☐ 4185 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Effective as of 01-NOV-22

**JOHNSON, ARIKA, PSYD†**

Provider ID: N/A

☐ 4189 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Effective as of 01-NOV-22

**MINASSIAN, ARPI, PhD†**

Provider ID: N/A

☐ 350 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-NOV-21

**MINASSIAN, ARPI, PhD†**

Provider ID: N/A

☐ 350 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-NOV-21

**MIRANDA, CYNTHIA, PhD†**

Provider ID: N/A

☐ 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-APR-21

**MIRANDA, CYNTHIA, PhD†**

Provider ID: N/A

☐ 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Teleservice  
Effective as of 01-APR-21

**PARK, JESSIE, PSYD†**

Provider ID: N/A

☐ 4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122  
Effective as of 01-DEC-21

**PARK, JESSIE, PSYD†**

Provider ID: N/A

☐ 4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122  
Effective as of 01-DEC-21

**TARLE, STEPHANIE, PhD**

Provider ID: N/A

☐ 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-DEC-23

**TARLE, STEPHANIE, PhD**

Provider ID: N/A

☐ 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-DEC-23

**VANFOSSEN, BRIAN, PhD†**

Provider ID: N/A

☐ 3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110  
Teleservice  
Effective as of 01-NOV-23

**VANFOSSEN, BRIAN, PhD†**

Provider ID: N/A

☐ 3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110

Teleservice  
Effective as of 01-SEP-22  
**VANFOSSEN, BRIAN, PhD†**  
Provider ID: N/A  
☑ 3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110  
Teleservice  
Effective as of 01-NOV-23

**VANFOSSEN, BRIAN, PhD†**  
Provider ID: N/A  
☑ 3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110  
Teleservice  
Effective as of 01-SEP-22

### ***PULMONARY DISEASES***

**BAILEY, JACOB, MD**  
Provider ID: N/A  
☑ 4520 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-JUN-23

**BAILEY, JACOB, MD**  
Provider ID: N/A  
☑ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**BAO, GANG, MD†**  
Provider ID: N/A  
☑ 6699 ALVARADO RD STE  
2306  
SAN DIEGO, CA 92120  
Effective as of 01-SEP-22

**LE, HUAN, MD†**  
Provider ID: N/A  
☑ 5507 EL CAJON BLVD STE  
C  
SAN DIEGO, CA 92115  
Teleservice

Effective as of 01-JAN-21  
**LE, HUAN, MD†**  
Provider ID: N/A  
☑ 5507 EL CAJON BLVD STE  
C  
SAN DIEGO, CA 92115  
Teleservice  
Effective as of 01-JAN-21

**LE, HUAN, MD†**  
Provider ID: N/A  
☑ 5507 EL CAJON BLVD STE  
C  
SAN DIEGO, CA 92115  
Teleservice  
Effective as of 01-JUL-22

**LE, HUAN, MD†**  
Provider ID: N/A  
☑ 5507 EL CAJON BLVD STE  
C  
SAN DIEGO, CA 92115  
Teleservice  
Effective as of 01-JAN-14

**MCGUIRE, WILLIAM, MD**  
Provider ID: N/A  
☑ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**MUNOZ PINEDA, JORGE, MD**  
Provider ID: N/A  
☑ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-23

**MUNOZ PINEDA, JORGE, MD**  
Provider ID: N/A  
☑ 4168 FRONT ST  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-23

**MUNOZ PINEDA, JORGE, MD**

Provider ID: N/A  
☑ 4520 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-DEC-23

**PEARCE, ALEX, MD**  
Provider ID: N/A  
☑ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**RANCHES, GREGORY, MD†**  
Provider ID: N/A  
☑ 501 WASHINGTON ST STE  
725  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-20

**RANCHES, GREGORY, MD†**  
Provider ID: N/A  
☑ 501 WASHINGTON ST STE  
725  
SAN DIEGO, CA 92103  
Effective as of 01-APR-19

**RANCHES, GREGORY, MD†**  
Provider ID: N/A  
☑ 501 WASHINGTON ST STE  
508  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-20

**RESNIKOFF, PAMELA, MD†**  
Provider ID: N/A  
☑ 501 WASHINGTON ST STE  
725  
SAN DIEGO, CA 92103  
Effective as of 01-MAR-22

**SPITZ, BRADLEY, MD**  
Provider ID: N/A  
☑ 501 WASHINGTON ST STE  
725  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-23



**SPITZ, BRADLEY, MD**

Provider ID: N/A

📍 501 WASHINGTON ST STE  
725  
SAN DIEGO, CA 92103  
Effective as of 01-MAY-23

**WONG, STEVEN, MD†**

Provider ID: N/A

📍 501 WASHINGTON ST STE  
725  
SAN DIEGO, CA 92103  
Effective as of 01-APR-19

**WONG, STEVEN, MD†**

Provider ID: N/A

📍 501 WASHINGTON ST STE  
725  
SAN DIEGO, CA 92103  
Effective as of 01-APR-19

**RADIATION ONCOLOGY**

**BRUGGEMAN, ANDREW, MD†**

Provider ID: N/A

📍 16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127  
Effective as of 01-MAR-21

**BRUGGEMAN, ANDREW, MD†**

Provider ID: N/A

📍 16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127  
Effective as of 01-JAN-21

**BRUGGEMAN, ANDREW, MD**

Provider ID: N/A

📍 3075 HEALTH CENTER DR  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-24

**CARMONA, RUBEN, MD**

Provider ID: N/A

📍 7901 FROST ST  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-24

**COLEMAN, LORI, MD†**

Provider ID: N/A

📍 3075 HEALTH CENTER DR  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

**FULLER, DONALD, MD†**

Provider ID: N/A

📍 5395 RUFFIN RD STE 103  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

**FULLER, DONALD, MD†**

Provider ID: N/A

📍 5395 RUFFIN RD STE 103  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-22

**FULLER, DONALD, MD†**

Provider ID: N/A

📍 5395 RUFFIN RD STE 103  
SAN DIEGO, CA 92123  
Effective as of 01-JUL-22

**FULLER, DONALD, MD†**

Provider ID: N/A

📍 3366 5TH AVE  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

**FULLER, DONALD, MD†**

Provider ID: N/A

📍 3366 5TH AVE  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

**FULLER, DONALD, MD†**

Provider ID: N/A

📍 3366 5TH AVE  
SAN DIEGO, CA 92103

Effective as of 01-JUL-22

**FULLER, DONALD, MD†**

Provider ID: N/A

📍 5395 RUFFIN RD STE 103  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-22

**HATTANGADI GLUTH, JONA,  
MD†**

Provider ID: N/A

📍 16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127  
Effective as of 01-JAN-21

**HOOPES, DAVID, MD†**

Provider ID: N/A

📍 16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127  
Effective as of 01-JAN-21

**HOOPES, DAVID, MD†**

Provider ID: N/A

📍 16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127  
Effective as of 01-SEP-22

**IJAZ, TAHIR, MD†**

Provider ID: N/A

📍 5395 RUFFIN RD STE 103  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-22

**IJAZ, TAHIR, MD†**

Provider ID: N/A

📍 3366 5TH AVE  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-22

**IJAZ, TAHIR, MD†**

Provider ID: N/A

📍 3366 5TH AVE

SAN DIEGO, CA 92103\*  
Effective as of 01-SEP-15

**IJAZ, TAHIR, MD†**

Provider ID: N/A

3366 5TH AVE  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-22

**IJAZ, TAHIR, MD†**

Provider ID: N/A

3366 5TH AVE  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

**IJAZ, TAHIR, MD†**

Provider ID: N/A

5395 RUFFIN RD STE 103  
SAN DIEGO, CA 92123  
Effective as of 01-JUL-22

**IJAZ, TAHIR, MD†**

Provider ID: N/A

5395 RUFFIN RD STE 202  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

**JABBARI, SIAVASH, MD†**

Provider ID: N/A

3075 HEALTH CENTER DR  
LEVEL 0  
SAN DIEGO, CA 92123  
Effective as of 01-OCT-22

**MACEWAN, IAIN, MD†**

Provider ID: N/A

16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127  
Effective as of 01-JAN-21

**MELL, LOREN, MD†**

Provider ID: N/A

16918 DOVE CANYON RD  
STE 103

SAN DIEGO, CA 92127  
Effective as of 01-JAN-21

**MURPHY, KEVIN, MD†**

Provider ID: N/A

16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127  
Effective as of 01-JAN-21

**PEJAVAR, SUNANDA, MD†**

Provider ID: N/A

3075 HEALTH CENTER DR  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

**SANDHU, AJAY, MD†**

Provider ID: N/A

16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127  
Effective as of 01-JAN-21

**SHARABI, ANDREW, MD†**

Provider ID: N/A

16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127  
Effective as of 01-JAN-21

**SHIRAZI, REZA, MD†**

Provider ID: N/A

5395 RUFFIN RD STE 103  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-22

**SHIRAZI, REZA, MD†**

Provider ID: N/A

5395 RUFFIN RD STE 103  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

**SHIRAZI, REZA, MD†**

Provider ID: N/A

5395 RUFFIN RD STE 103

SAN DIEGO, CA 92123  
Effective as of 01-JUL-22

**SHIRAZI, REZA, MD†**

Provider ID: N/A

5395 RUFFIN RD STE 103  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-22

**SHIRAZI, REZA, MD†**

Provider ID: N/A

3366 5TH AVE  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-22

**SHIRAZI, REZA, MD†**

Provider ID: N/A

3366 5TH AVE  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-22

**SHIRAZI, REZA, MD†**

Provider ID: N/A

3366 5TH AVE  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

**SIMPSON, DANIEL, MD†**

Provider ID: N/A

16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127  
Effective as of 01-JAN-21

**STRAKA, CHRISTOPHER, MD†**

Provider ID: N/A

16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127  
Teleservice  
Effective as of 01-APR-23

**STRAKA, CHRISTOPHER, MD†**

Provider ID: N/A

16918 DOVE CANYON RD

STE 103  
SAN DIEGO, CA 92127  
Teleservice  
Effective as of 01-JAN-21

**TYE, KAREN, MD**

Provider ID: N/A  
☑ 16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127  
Teleservice  
Effective as of 01-JUN-23

**TYE, KAREN, MD**

Provider ID: N/A  
☑ 16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127  
Teleservice  
Effective as of 01-SEP-23

**UHL, BARRY, MD†**

Provider ID: N/A  
☑ 3075 HEALTH CENTER DR  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

**VAKILIAN, SIAVOSH, MD†**

Provider ID: N/A  
☑ 5395 RUFFIN RD STE 103  
SAN DIEGO, CA 92123  
Teleservice  
Effective as of 01-JUL-21

**VAKILIAN, SIAVOSH, MD†**

Provider ID: N/A  
☑ 5395 RUFFIN RD STE 103  
SAN DIEGO, CA 92123  
Teleservice  
Effective as of 01-MAY-21

**VAKILIAN, SIAVOSH, MD†**

Provider ID: N/A  
☑ 3366 5TH AVE

SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-JUL-21

**VAKILIAN, SIAVOSH, MD†**

Provider ID: N/A  
☑ 3366 5TH AVE  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-MAY-21

**VAKILIAN, SIAVOSH, MD†**

Provider ID: N/A  
☑ 3366 5TH AVE  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-SEP-22

**VAKILIAN, SIAVOSH, MD†**

Provider ID: N/A  
☑ 5395 RUFFIN RD STE 103  
SAN DIEGO, CA 92123  
Teleservice  
Effective as of 01-SEP-22

**VOLPP, PAUL, MD†**

Provider ID: N/A  
☑ 3075 HEALTH CENTER DR  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

**WEINSTEIN, GEOFFREY, MD†**

Provider ID: N/A  
☑ 3075 HEALTH CENTER DR  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

**WHITE, EVAN, MD†**

Provider ID: N/A  
☑ 16918 DOVE CANYON RD  
STE 103  
SAN DIEGO, CA 92127  
Teleservice  
Effective as of 01-NOV-22

**YORK, JOHN, MD**

Provider ID: N/A  
☑ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-23

**YORK, JOHN, MD**

Provider ID: N/A  
☑ 330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-23

**RADIOLOGY DIAGNOSTIC**

**AGANOVIC, LEJLA, MD**

Provider ID: N/A  
☑ 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**AGANOVIC, LEJLA, MD**

Provider ID: N/A  
☑ 408 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

**AGANOVIC, LEJLA, MD**

Provider ID: N/A  
☑ 8929 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-APR-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

**ANDERSON, GREGORY, MD†**

Provider ID: N/A  
☑ 3939 RUFFIN RD STE 102  
SAN DIEGO, CA 92123  
Effective as of 01-AUG-22

**ANDERSON, GREGORY, MD†**

Provider ID: N/A  
 3939 RUFFIN RD STE 102  
 SAN DIEGO, CA 92123  
 Effective as of 01-AUG-23

**BOLAR, DIVYA, MD**

Provider ID: N/A  
 408 DICKINSON ST  
 SAN DIEGO, CA 92103  
 Effective as of 01-APR-23

**BOLAR, DIVYA, MD**

Provider ID: N/A  
 8929 UNIVERSITY CENTER  
 LN  
 SAN DIEGO, CA 92122  
 Effective as of 01-APR-23

**BOLAR, DIVYA, MD**

Provider ID: N/A  
 6655 ALVARADO RD  
 SAN DIEGO, CA 92120  
 Effective as of 01-FEB-24

**BOSWELL, GILBERT, MD**

Provider ID: N/A  
 330 LEWIS ST  
 SAN DIEGO, CA 92103  
 Effective as of 01-APR-23

**BOSWELL, GILBERT, MD**

Provider ID: N/A  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Effective as of 01-APR-23

**BRANCH, CODY, MD†**

Provider ID: N/A  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Effective as of 01-AUG-21

**BRANCH, CODY, MD**

Provider ID: N/A  
 6655 ALVARADO RD  
 SAN DIEGO, CA 92120  
 Effective as of 01-FEB-24

**BROUHA, SHARON, MD**

Provider ID: N/A  
 6655 ALVARADO RD  
 SAN DIEGO, CA 92120  
 Effective as of 01-FEB-24

**BROUHA, SHARON, MD**

Provider ID: N/A  
 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  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Effective as of 01-JUL-21

**BUI, KEVIN, MD**

Provider ID: N/A  
 6655 ALVARADO RD  
 SAN DIEGO, CA 92120  
 Effective as of 01-FEB-24

**BUI, KEVIN, MD†**

Provider ID: N/A  
 330 LEWIS ST STE 202  
 SAN DIEGO, CA 92103  
 Effective as of 01-JUL-21

**CARSWELL, AIMEE, MD**

Provider ID: N/A  
 6655 ALVARADO RD

SAN DIEGO, CA 92120  
 Effective as of 01-FEB-24

**CARSWELL, AIMEE, MD**

Provider ID: N/A  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Effective as of 01-DEC-23

**CARSWELL, AIMEE, MD**

Provider ID: N/A  
 330 LEWIS ST  
 SAN DIEGO, CA 92103  
 Effective as of 01-DEC-23

**CHANG, JENNIFER, MD**

Provider ID: N/A  
 6655 ALVARADO RD  
 SAN DIEGO, CA 92120  
 Effective as of 01-FEB-24

**CHANG, JENNIFER, MD**

Provider ID: N/A  
 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

**CHEN, KAREN, MD**

Provider ID: N/A  
 6655 ALVARADO RD  
 SAN DIEGO, CA 92120  
 Effective as of 01-FEB-24

**CHENG, KAREN, MD**

Provider ID: N/A  
 6655 ALVARADO RD  
 SAN DIEGO, CA 92120  
 Effective as of 01-FEB-24

**CHENG, KAREN, MD†**

Provider ID: N/A

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

**CHO, AARON, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**CHUNG, CHRISTINE, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**CHUNG, CHRISTINE, MD**

Provider ID: N/A

8929 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-APR-23

**CHUNG, CHRISTINE, MD**

Provider ID: N/A

408 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

**COOPER, JAMES, MD†**

Provider ID: N/A

3939 RUFFIN RD STE 102  
SAN DIEGO, CA 92123  
Effective as of 01-MAY-22

**DORROS, STEPHEN, MD**

Provider ID: N/A

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

330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-21

**EAJAZI, ALIREZA, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-21

**EGHTEDARI, MOHAMMAD, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**EGHTEDARI, MOHAMMAD, MD**

Provider ID: N/A

8929 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-APR-23

**EGHTEDARI, MOHAMMAD, MD**

Provider ID: N/A

408 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

**FARID, NIKDOKHT, MD**

Provider ID: N/A

408 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

**FARID, NIKDOKHT, MD**

Provider ID: N/A

8929 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-APR-23

**FARID, NIKDOKHT, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**FAZELI, SOUDABEH, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**FAZELI, SOUDABEH, MD**

Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-23

**FAZELI, SOUDABEH, 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

**FLISZAR, EVELYNE, MD**

Provider ID: N/A

8929 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-APR-23

**FLISZAR, EVELYNE, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**FOWLER, KATHRYN, MD**

Provider ID: N/A

8929 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122  
Effective as of 01-APR-23

**FOWLER, KATHRYN, MD**

Provider ID: N/A

408 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

**GENTILI, AMILCARE, MD**

Provider ID: N/A

408 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

**GENTILI, AMILCARE, MD**

Provider ID: N/A

8929 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-APR-23

**GENTILI, AMILCARE, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**HAHN, LEWIS, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**HAHN, LEWIS, MD**

Provider ID: N/A

408 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

**HAHN, MICHAEL, MD**

Provider ID: N/A

408 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

**HAHN, LEWIS, MD**

Provider ID: N/A

8929 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-APR-23

**HAHN, MICHAEL, MD**

Provider ID: N/A

8929 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-APR-23

**HANDWERKER, JASON, MD**

Provider ID: N/A

8929 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-APR-23

**HANDWERKER, JASON, MD**

Provider ID: N/A

408 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

**HANDWERKER, JASON, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**HAWLEY, DANIEL, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**HAWLEY, DANIEL, MD**

Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**HAWLEY, DANIEL, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**HOROWITZ, MICHAEL, MD**

Provider ID: N/A

408 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

**HOROWITZ, MICHAEL, MD**

Provider ID: N/A

8929 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-APR-23

**HOROWITZ, MICHAEL, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**HSIAO, ALBERT, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**HSIAO, ALBERT, MD**

Provider ID: N/A

8929 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-APR-23

**HSIAO, ALBERT, MD**

Provider ID: N/A

408 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

**HUANG, BRADY, MD**

Provider ID: N/A

408 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

**HUANG, BRADY, MD**

Provider ID: N/A

8929 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-APR-23

**HUANG, BRADY, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**HUGHES, TUDOR, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**JACOBS, KATHLEEN, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**JACOBS, KATHLEEN, MD**

Provider ID: N/A

8929 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-APR-23

**JACOBS, KATHLEEN, MD**

Provider ID: N/A

408 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

**JACOBSON, JON, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**JACOBSON, JON, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**JACOBSON, JON, MD**

Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**JAFFRAY, PAUL, MD**

Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**JAFFRAY, PAUL, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**JAFFRAY, PAUL, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**KANSAGRA, AKASH, MD**

Provider ID: N/A

11199 SORRENTO VALLEY  
RD STE 203  
SAN DIEGO, CA 92121  
Effective as of 01-JUN-23

**KAROW, DAVID, MD**

Provider ID: N/A

408 DICKINSON ST  
SAN DIEGO, CA 92103

Effective as of 01-APR-23

**KAROW, DAVID, MD**

Provider ID: N/A

8929 UNIVERSITY CENTER LN  
SAN DIEGO, CA 92122  
Effective as of 01-APR-23

**KAROW, DAVID, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**KAROW, DAVID, MD†**

Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

**KAROW, DAVID, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

**KARUNAMUNI, JENNIFER, MD**

Provider ID: N/A

200 W ARBOR DR  
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

**KIM, ERIC, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-21

**KIM, ERIC, MD†**

Provider ID: N/A

330 LEWIS ST STE 202  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-21

**KLIGERMAN, SETH, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**KLIGERMAN, SETH, MD**

Provider ID: N/A

8929 UNIVERSITY CENTER LN  
SAN DIEGO, CA 92122  
Effective as of 01-APR-23

**KLIGERMAN, SETH, MD**

Provider ID: N/A

408 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

**KONDILI, DHIMITER, MD†**

Provider ID: N/A

330 LEWIS ST STE 202  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-21

**KONDILI, DHIMITER, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-21

**LAKE, MENORE, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**LAKE, MENORE, MD**

Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**LEE, ROLAND, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**LEE, ROLAND, MD**

Provider ID: N/A

408 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

**LEE, ROLAND, MD**

Provider ID: N/A

8929 UNIVERSITY CENTER LN  
SAN DIEGO, CA 92122  
Effective as of 01-APR-23

**LIM, VIVIAN, MD**

Provider ID: N/A

8929 UNIVERSITY CENTER LN  
SAN DIEGO, CA 92122  
Effective as of 01-APR-23

**LIM, VIVIAN, MD**

Provider ID: N/A

408 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

**LIM, VIVIAN, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**MAREK BYKOWSKI, JULIE, MD**

Provider ID: N/A

6655 ALVARADO RD



SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**MAREK BYKOWSKI, JULIE, MD**

Provider ID: N/A

408 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

**MAREK BYKOWSKI, JULIE, MD**

Provider ID: N/A

8929 UNIVERSITY CENTER LN  
SAN DIEGO, CA 92122  
Effective as of 01-APR-23

**MARKS, ROBERT, MD**

Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**MARKS, ROBERT, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**MCDONALD, MARIN, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-22

**MCDONALD, MARIN, MD†**

Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-22

**MCDONALD, MARIN, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**MCDONALD, MARIN, MD**

Provider ID: N/A

8929 UNIVERSITY CENTER LN  
SAN DIEGO, CA 92122  
Effective as of 01-APR-23

**MCDONALD, MARIN, MD**

Provider ID: N/A

408 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

**MCMAMEE, CAIRINE, MD**

Provider ID: N/A

408 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

**MCMAMEE, CAIRINE, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-NOV-21

**MCMAMEE, CAIRINE, MD**

Provider ID: N/A

8929 UNIVERSITY CENTER LN  
SAN DIEGO, CA 92122  
Effective as of 01-APR-23

**MCMAMEE, CAIRINE, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**MCMAMEE, CAIRINE, MD†**

Provider ID: N/A

330 LEWIS ST STE 202  
SAN DIEGO, CA 92103  
Effective as of 01-NOV-21

**NORBASH, ALEXANDER, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**NORBASH, ALEXANDER, MD**

Provider ID: N/A

8929 UNIVERSITY CENTER LN  
SAN DIEGO, CA 92122  
Effective as of 01-APR-23

**NORBASH, ALEXANDER, MD**

Provider ID: N/A

408 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

**OBOYLE, MARY, MD**

Provider ID: N/A

408 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

**OBOYLE, MARY, MD**

Provider ID: N/A

8929 UNIVERSITY CENTER LN  
SAN DIEGO, CA 92122  
Effective as of 01-APR-23

**OBOYLE, MARY, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**OBOYLE, MARY, MD†**

Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-22

**OBOYLE, MARY, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-FEB-22

**OBOYLE, MARY, MD†**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127

Effective as of 01-FEB-22

**OJEDA-FOURNIER, HAYDEE, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Effective as of 01-FEB-24

**OJEDA-FOURNIER, HAYDEE, MD**

Provider ID: N/A

8929 UNIVERSITY CENTER LN  
SAN DIEGO, CA 92122

Effective as of 01-APR-23

**OJEDA-FOURNIER, HAYDEE, MD**

Provider ID: N/A

408 DICKINSON ST  
SAN DIEGO, CA 92103

Effective as of 01-APR-23

**PATHRIA, MINI, MD**

Provider ID: N/A

408 DICKINSON ST  
SAN DIEGO, CA 92103

Effective as of 01-APR-23

**PATHRIA, MINI, MD**

Provider ID: N/A

8929 UNIVERSITY CENTER LN  
SAN DIEGO, CA 92122

Effective as of 01-APR-23

**PATHRIA, MINI, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Effective as of 01-FEB-24

**RAKOW-PENNER, REBECCA, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Effective as of 01-FEB-24

**RAKOW-PENNER, REBECCA, MD**

Provider ID: N/A

8929 UNIVERSITY CENTER LN  
SAN DIEGO, CA 92122

Effective as of 01-APR-23

**RAKOW-PENNER, REBECCA, MD**

Provider ID: N/A

408 DICKINSON ST  
SAN DIEGO, CA 92103

Effective as of 01-APR-23

**RATTNER, ZACHARY, MD†**

Provider ID: N/A

995 GATEWAY CENTER WAY STE 207  
SAN DIEGO, CA 92102

Effective as of 01-SEP-20

**RATTNER, ZACHARY, MD†**

Provider ID: N/A

995 GATEWAY CENTER WAY STE 207  
SAN DIEGO, CA 92102\*

Effective as of 01-JUL-23

**RATTNER, ZACHARY, MD†**

Provider ID: N/A

995 GATEWAY CENTER WAY STE 207

SAN DIEGO, CA 92102

Effective as of 01-AUG-21

**RATTNER, ZACHARY, MD†**

Provider ID: N/A

995 GATEWAY CENTER WAY STE 207

SAN DIEGO, CA 92102

Effective as of 01-SEP-22

**RATTNER, ZACHARY, MD†**

Provider ID: N/A

995 GATEWAY CENTER WAY STE 207

SAN DIEGO, CA 92102

Effective as of 01-JAN-21

**RESNICK, DONALD, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Effective as of 01-FEB-24

**RESNICK, DONALD, MD**

Provider ID: N/A

408 DICKINSON ST  
SAN DIEGO, CA 92103

Effective as of 01-APR-23

**RESNICK, DONALD, MD**

Provider ID: N/A

8929 UNIVERSITY CENTER LN  
SAN DIEGO, CA 92122

Effective as of 01-APR-23

**RITCHIE, DAVID, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-JUN-23

**RITCHIE, DAVID, MD**

Provider ID: N/A  
 330 LEWIS ST  
 SAN DIEGO, CA 92103  
 Effective as of 01-JUN-23

**SADAT, SAYED, DO**

Provider ID: N/A  
 330 LEWIS ST  
 SAN DIEGO, CA 92103  
 Effective as of 01-JUN-23

**SADAT, SAYED, DO**

Provider ID: N/A  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Effective as of 01-JUN-23

**SADAT, SAYED, DO**

Provider ID: N/A  
 6655 ALVARADO RD  
 SAN DIEGO, CA 92120  
 Effective as of 01-FEB-24

**SAMPATH, SRIHARI, MD**

Provider ID: N/A  
 8929 UNIVERSITY CENTER LN  
 SAN DIEGO, CA 92122  
 Effective as of 01-APR-23

**SAMPATH, SRINATH, MD**

Provider ID: N/A  
 8929 UNIVERSITY CENTER LN  
 SAN DIEGO, CA 92122  
 Effective as of 01-APR-23

**SAMPATH, SRIHARI, MD**

Provider ID: N/A  
 408 DICKINSON ST  
 SAN DIEGO, CA 92103  
 Effective as of 01-APR-23

**SAMPATH, SRINATH, MD**

Provider ID: N/A  
 408 DICKINSON ST  
 SAN DIEGO, CA 92103  
 Effective as of 01-APR-23

**SANTILLAN, CYNTHIA, MD**

Provider ID: N/A  
 408 DICKINSON ST  
 SAN DIEGO, CA 92103  
 Effective as of 01-APR-23

**SANTILLAN, CYNTHIA, MD**

Provider ID: N/A  
 8929 UNIVERSITY CENTER LN  
 SAN DIEGO, CA 92122  
 Effective as of 01-APR-23

**SEARLEMAN, ADAM, MD**

Provider ID: N/A  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Effective as of 01-JUN-23

**SEARLEMAN, ADAM, MD**

Provider ID: N/A  
 330 LEWIS ST  
 SAN DIEGO, CA 92103  
 Effective as of 01-JUN-23

**SLATER, JERRY, MD†**

Provider ID: N/A  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Effective as of 01-AUG-21

**SLATER, JERRY, MD†**

Provider ID: N/A  
 330 LEWIS ST STE 202  
 SAN DIEGO, CA 92103  
 Effective as of 01-AUG-21

**SMITAMAN, EDWARD, MD**

Provider ID: N/A  
 6655 ALVARADO RD

SAN DIEGO, CA 92120  
 Effective as of 01-FEB-24

**SMITAMAN, EDWARD, MD**

Provider ID: N/A  
 8929 UNIVERSITY CENTER LN  
 SAN DIEGO, CA 92122  
 Effective as of 01-APR-23

**SMITAMAN, EDWARD, MD**

Provider ID: N/A  
 408 DICKINSON ST  
 SAN DIEGO, CA 92103  
 Effective as of 01-APR-23

**SPENGLER, NATHAN, MD**

Provider ID: N/A  
 6655 ALVARADO RD  
 SAN DIEGO, CA 92120  
 Effective as of 01-FEB-24

**SPENGLER, NATHAN, MD**

Provider ID: N/A  
 330 LEWIS ST  
 SAN DIEGO, CA 92103  
 Effective as of 01-DEC-23

**SPENGLER, NATHAN, MD**

Provider ID: N/A  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Effective as of 01-DEC-23

**STRAKA, CHRISTOPHER, MD†**

Provider ID: N/A  
 16918 DOVE CANYON RD STE 103  
 SAN DIEGO, CA 92127  
 Teleservice  
 Effective as of 01-FEB-21

**SWEET, JASON, MD**

Provider ID: N/A  
 6655 ALVARADO RD

SAN DIEGO, CA 92120  
Effective as of 01-MAR-24

**TAMAYO-MURILLO,  
DORATHY, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**TAMAYO-MURILLO,  
DORATHY, MD**

Provider ID: N/A

408 DICKINSON ST  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

**TAMAYO-MURILLO,  
DORATHY, MD**

Provider ID: N/A

8929 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
Effective as of 01-APR-23

**THOMPSON, COLE, MD**

Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**THOMPSON, COLE, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**THOMPSON, COLE, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**UNSDORFER, KYLE, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**UNSDORFER, KYLE, MD**

Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**VAHDOT, NOUSHIN, MD**

Provider ID: N/A

330 LEWIS ST  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-23

**VAHDOT, NOUSHIN, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-23

**VAKILIAN, SIAVOSH, MD†**

Provider ID: N/A

5395 RUFFIN RD STE 103  
SAN DIEGO, CA 92123  
Teleservice

Effective as of 01-SEP-22

**VAKILIAN, SIAVOSH, MD†**

Provider ID: N/A

3366 5TH AVE  
SAN DIEGO, CA 92103  
Teleservice

Effective as of 01-SEP-22

**WONG, FELIX, MD†**

Provider ID: N/A

3939 RUFFIN RD  
SAN DIEGO, CA 92123  
Effective as of 01-MAY-22

**WONG, FELIX, MD**

Provider ID: N/A

9095 RIO SAN DIEGO DR

STE 150  
SAN DIEGO, CA 92108  
Effective as of 01-OCT-23

**WONG, FELIX, MD†**

Provider ID: N/A

3939 RUFFIN RD  
SAN DIEGO, CA 92123  
Effective as of 01-AUG-23

**YORK, JOHN, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**YORK, VINCENT, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-21

**YORK, VINCENT, MD†**

Provider ID: N/A

330 LEWIS ST STE 202  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-21

**ZINK BRODY, GORDON, MD**

Provider ID: N/A

9095 RIO SAN DIEGO DR  
STE 150  
SAN DIEGO, CA 92108  
Effective as of 01-OCT-23

**ZINK BRODY, GORDON, MD†**

Provider ID: N/A

3939 RUFFIN RD STE 102  
SAN DIEGO, CA 92123  
Effective as of 01-DEC-21

**ZINK BRODY, GORDON, MD†**

Provider ID: N/A

3939 RUFFIN RD STE 102  
SAN DIEGO, CA 92123

Effective as of 01-OCT-23

**REGISTERED DIETITIAN /  
NUTRITIONIST**

**BUNDY, KATHLEEN, RD**

Provider ID: N/A

☐ 330 LEWIS ST  
SAN DIEGO, CA 92103

Effective as of 01-JAN-24

**CALLAWAY, MALLORY, RD**

Provider ID: N/A

☐ 4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122

Effective as of 01-MAR-22

**DRIVICK, VALERIE, RD**

Provider ID: N/A

☐ 3900 5TH AVE STE 110  
SAN DIEGO, CA 92103

Teleservice

Effective as of 01-SEP-22

**DRIVICK, VALERIE, RD**

Provider ID: N/A

☐ 3900 5TH AVE STE 110  
SAN DIEGO, CA 92103

Teleservice

Effective as of 01-APR-21

**FISHER, JENNIFER, RD**

Provider ID: N/A

☐ 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-DEC-21

**FISHER, JENNIFER, RD**

Provider ID: N/A

☐ 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

☐ 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-JAN-24

**RUBENSTEIN, KELLY, RD**

Provider ID: N/A

☐ 4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122

Effective as of 01-JAN-24

**SALCEDO, ALEXANDRA, RD**

Provider ID: N/A

☐ 4168 FRONT ST  
SAN DIEGO, CA 92103

Effective as of 01-JAN-24

**SALCEDO, CARLA, RD**

Provider ID: N/A

☐ 16950 VIA TAZON  
SAN DIEGO, CA 92127

Effective as of 01-JAN-24

**SALCEDO, CARLA, RD**

Provider ID: N/A

☐ 4910 DIRECTORS PL  
SAN DIEGO, CA 92121

Effective as of 01-JAN-24

**VALDEZ, KELLY, RD**

Provider ID: N/A

☐ 4168 FRONT ST FL 3  
SAN DIEGO, CA 92103

Effective as of 01-JAN-24

**VERGARA RODRIGUEZ,  
DIANA, RD**

Provider ID: N/A

☐ 200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-JAN-24

**REGISTERED PHYSICAL  
THERAPIST**

**ALLOS, ALEXANDER, PT**

Provider ID: N/A

☐ 4445 EASTGATE MALL STE  
105

SAN DIEGO, CA 92121

Effective as of 01-NOV-23

**BOUTELLE, DAVID, PT**

Provider ID: N/A

☐ 9888 CARMEL MOUNTAIN  
RD STE D

SAN DIEGO, CA 92129

Effective as of 01-JAN-24

**BOUTELLE, BARBARA, PT**

Provider ID: N/A

☐ 9888 CARMEL MOUNTAIN  
RD STE D

SAN DIEGO, CA 92129

Effective as of 01-JAN-24

**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

**CORTEZ, AARON, PT†**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-JUN-21

**DANG, KAYLEE, PT†**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAY-21

**FARRAR, COURTNEY, PT†**

Provider ID: N/A

7525 METROPOLITAN DR  
STE 302  
SAN DIEGO, CA 92108  
Teleservice  
Effective as of 01-JAN-21

**FARRAR, COURTNEY, PT†**

Provider ID: N/A

3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110  
Effective as of 01-DEC-22

**FERRER, MIRON, PT**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

**FUREY, CINDY, PT**

Provider ID: N/A

5555 RESERVOIR DR STE  
300  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-21

**FUREY, CINDY, PT**

Provider ID: N/A

5677 OBERLIN DR STE 106  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-21

**GRIMES, KELLY, PT**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-JUN-23

**HARRAH, WILLIAM, PT**

Provider ID: N/A

9333 GENESEE AVE STE  
350B  
SAN DIEGO, CA 92121  
Effective as of 01-SEP-22

**JOHNSON, KENNADY, PT**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-MAR-24

**MONROE, MAX, PT**

Provider ID: N/A

11750 SORRENTO VALLEY  
RD STE 130  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-24

**OKINAGA, PATRICK, PT**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-JAN-24

**OKINAGA, PATRICK, PT**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

**PAPA, AMY, PT**

Provider ID: N/A

4445 EASTGATE MALL STE

103  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-23

**PAPA, AMY, PT**

Provider ID: N/A

4445 EASTGATE MALL STE  
103  
SAN DIEGO, CA 92121  
Effective as of 01-NOV-21

**PERRONE, AIMEE, PT**

Provider ID: N/A

4445 EASTGATE MALL STE  
103  
SAN DIEGO, CA 92121  
Effective as of 01-NOV-21

**PHILLIP, OMARI, PT†**

Provider ID: N/A

4445 EASTGATE MALL STE  
103  
SAN DIEGO, CA 92121  
Effective as of 01-DEC-21

**ROSS, JENNY, PT**

Provider ID: N/A

7525 METROPOLITAN DR  
SAN DIEGO, CA 92108  
Effective as of 01-JAN-23

**TITH, JENNY, PT**

Provider ID: N/A

4445 EASTGATE MALL STE  
103  
SAN DIEGO, CA 92121  
Effective as of 01-MAY-22

**TSAI, CINDY, PT**

Provider ID: N/A

3750 CONVOY ST STE 201B  
SAN DIEGO, CA 92111  
Effective as of 01-AUG-23

**TSAI, CINDY, PT**

Provider ID: N/A

3750 CONVOY ST STE 201B  
SAN DIEGO, CA 92111  
Effective as of 01-JUN-23

**VANDEWIELE, EMILY, PT†**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-OCT-21

**VASQUEZ, BENJAMIN, PT**

Provider ID: N/A

4910 DIRECTORS PL  
SAN DIEGO, CA 92121  
Effective as of 01-DEC-23

**RHEUMATOLOGY**

**HUYNH, DOQUYEN, MD**

Provider ID: N/A

4520 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-APR-23

**HUYNH, DOQUYEN, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-APR-23

**KHANNA, SURABHI, MD**

Provider ID: N/A

4282 GENESEE AVE STE  
202  
SAN DIEGO, CA 92117  
Effective as of 01-NOV-23

**PRESS, RAYMOND, MD†**

Provider ID: N/A

3965 5TH AVE STE 430  
SAN DIEGO, CA 92103  
Effective as of 01-OCT-19

**SLEEP MEDICINE**

**BAO, GANG, MD†**

Provider ID: N/A

6699 ALVARADO RD STE  
2306  
SAN DIEGO, CA 92120  
Effective as of 01-JUN-21

**FINCH, CHRISTINA, MD**

Provider ID: N/A

4168 FRONT ST  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**FINCH, CHRISTINA, MD**

Provider ID: N/A

4520 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-JUN-23

**FLEMING, WESLEY, MD†**

Provider ID: N/A

5471 KEARNY VILLA RD STE  
202  
SAN DIEGO, CA 92123  
Teleservice  
Effective as of 01-APR-22

**SPEECH PATHOLOGIST**

**AROCHO-SALGADO, MIRELIS,  
SP**

Provider ID: N/A

9655 GRANITE RIDGE DR  
STE 200  
SAN DIEGO, CA 92123  
Effective as of 01-JUN-22

**AROCHO-SALGADO, MIRELIS,  
SP**

Provider ID: N/A

9655 GRANITE RIDGE DR  
STE 200  
SAN DIEGO, CA 92123  
Effective as of 01-JUN-22

**AROCHO-SALGADO, MIRELIS,  
SP**

Provider ID: N/A

11440 W BERNARDO CT  
STE 300  
SAN DIEGO, CA 92127  
Effective as of 01-JUN-22

**AROCHO-SALGADO, MIRELIS,  
SP**

Provider ID: N/A

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 92122  
Effective as of 01-MAY-23

**CLARK, MELISSA, SP**

Provider ID: N/A

9655 GRANITE RIDGE DR  
STE 200  
SAN DIEGO, CA 92123  
Effective as of 01-APR-22

**CLARK, MELISSA, SP**

Provider ID: N/A

9655 GRANITE RIDGE DR  
STE 200  
SAN DIEGO, CA 92123  
Effective as of 01-APR-22

**CLARK, MELISSA, SP**

Provider ID: N/A

7510 CLAIREMONT MESA  
BLVD STE 102  
SAN DIEGO, CA 92111  
Effective as of 01-APR-22

**CLARK, MELISSA, SP**

Provider ID: N/A

7510 CLAIREMONT MESA  
BLVD STE 102  
SAN DIEGO, CA 92111

Effective as of 01-APR-22

**CLARK, MELISSA, SP**

Provider ID: N/A

11440 W BERNARDO CT  
STE 300  
SAN DIEGO, CA 92127

Effective as of 01-APR-22

**CLARK, MELISSA, SP**

Provider ID: N/A

11440 W BERNARDO CT  
STE 300  
SAN DIEGO, CA 92127

Effective as of 01-APR-22

**DOCKTER, ANDI, SP†**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122

Effective as of 01-MAY-23

**GONZALEZ MELENDEZ,  
ADALICE, SP**

Provider ID: N/A

7510 CLAIREMONT MESA  
BLVD STE 103  
SAN DIEGO, CA 92111

Effective as of 01-JUN-22

**GONZALEZ MELENDEZ,  
ADALICE, SP**

Provider ID: N/A

11440 W BERNARDO CT  
STE 300  
SAN DIEGO, CA 92127

Effective as of 01-JUN-22

**GONZALEZ MELENDEZ,**

**ADALICE, SP**

Provider ID: N/A

9655 GRANITE RIDGE DR  
STE 200  
SAN DIEGO, CA 92123

Effective as of 01-JUN-22

**KOUKEYAN, KARIN, SP**

Provider ID: N/A

11440 W BERNARDO CT  
STE 300  
SAN DIEGO, CA 92127

Effective as of 01-JAN-23

**KOUKEYAN, KARIN, SP**

Provider ID: N/A

7510 CLAIREMONT MESA  
BLVD STE 103  
SAN DIEGO, CA 92111

Teleservice

Effective as of 01-JAN-23

**KOUKEYAN, KARIN, SP**

Provider ID: N/A

9655 GRANITE RIDGE DR  
STE 200  
SAN DIEGO, CA 92123

Effective as of 01-JAN-23

**NAPOLEAN, REBECCA, SP**

Provider ID: N/A

7510 CLAIREMONT MESA  
BLVD STE 103  
SAN DIEGO, CA 92111

Effective as of 01-JUN-22

**NAPOLEAN, REBECCA, SP**

Provider ID: N/A

7510 CLAIREMONT MESA  
BLVD STE 103  
SAN DIEGO, CA 92111

Effective as of 01-JUN-22

**SCHIEDERMAYER, BENJAMIN,  
SP†**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122

Effective as of 01-APR-22

**THOMPSON, DANIELLE, SP**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127

Effective as of 01-JAN-24

**THOMPSON, DANIELLE, SP**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-JAN-24

**WALSH, ERIN, SP**

Provider ID: N/A

8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122

Effective as of 01-MAY-23

**SURGERY COLON  
SURGERY**

**EISENSTEIN, SAMUEL, MD†**

Provider ID: N/A

4520 EXECUTIVE DR  
SAN DIEGO, CA 92121

Effective as of 01-DEC-21

**EISENSTEIN, SAMUEL, MD†**

Provider ID: N/A

4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122

Effective as of 01-DEC-21

**EISENSTEIN, SAMUEL, MD†**

Provider ID: N/A

200 W ARBOR DR  
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-21

**ISHO, MATHEW, MD†**

Provider ID: N/A

4060 4TH AVE STE 510  
SAN DIEGO, CA 92103

Effective as of 01-NOV-11

**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

200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-DEC-21

**LOPEZ, NICOLE, 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

4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122

Effective as of 01-DEC-21

**PARRY, LISA, MD†**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127

Effective as of 01-APR-21

**RAMAMOORTHY, SONIA, MD†**

Provider ID: N/A

4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122

Effective as of 01-DEC-21

**TOMAN, JEFFREY, MD†**

Provider ID: N/A

4060 4TH AVE STE 510  
SAN DIEGO, CA 92103

Effective as of 01-SEP-15

***SURGERY CRITICAL CARE***

**ADAMS, LAURA, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-SEP-21

**OLSON, ERIK, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-AUG-22

**VENTRO, GEORGE, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103

Effective as of 01-SEP-21

***SURGERY GENERAL***

**ALVORD, PAUL, MD†**

Provider ID: N/A

4033 3RD AVE STE 204  
SAN DIEGO, CA 92103

Effective as of 01-JAN-19

**ARMANI, AVA, MD†**

Provider ID: N/A

200 W ARBOR DR

SAN DIEGO, CA 92103

Effective as of 01-JUL-21

**BARNES, RYAN, DO†**

Provider ID: N/A

7910 FROST ST STE 250  
SAN DIEGO, CA 92123

Effective as of 01-JAN-21

**BATRA, MUNISH, MD**

Provider ID: N/A

12264 EL CAMINO REAL  
STE 101

SAN DIEGO, CA 92130

Effective as of 01-SEP-17

**BATRA, MUNISH, MD**

Provider ID: N/A

12264 EL CAMINO REAL  
STE 101

SAN DIEGO, CA 92130

Effective as of 01-SEP-17

**BATRA, MUNISH, MD**

Provider ID: N/A

12264 EL CAMINO REAL  
STE 101

SAN DIEGO, CA 92130

Effective as of 01-SEP-17

**BATRA, MUNISH, MD**

Provider ID: N/A

12264 EL CAMINO REAL  
STE 101

SAN DIEGO, CA 92130

Effective as of 01-SEP-17

**BENCH, SHAWN, MD†**

Provider ID: N/A

7910 FROST ST STE 250  
SAN DIEGO, CA 92123

Effective as of 01-JAN-21

**BRODERICK, RYAN, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-21

**BRODERICK, RYAN, MD†**

Provider ID: N/A

4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122  
Effective as of 01-DEC-21

**BROWN, KRISTIAN, MD†**

Provider ID: N/A

8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-JUL-22

**CASILLAS BERUMEN, SERGIO,  
MD**

Provider ID: N/A

6719 ALVARADO RD STE  
303  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**CASILLAS BERUMEN, SERGIO,  
MD**

Provider ID: N/A

6402 EL CAJON BLVD STE  
100  
SAN DIEGO, CA 92115  
Effective as of 01-FEB-24

**ELLNER, JULIE, MD**

Provider ID: N/A

2878 CAMINO DEL RIO S  
STE 303  
SAN DIEGO, CA 92108  
Effective as of 01-OCT-21

**FARINAS, LEAH, MD†**

Provider ID: N/A

6699 ALVARADO RD STE  
2309  
SAN DIEGO, CA 92120

Effective as of 01-OCT-20

**GIURGIU, DAN, MD†**

Provider ID: N/A

4060 4TH AVE STE 440  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-07

**HALLDORSON, JEFFREY, MD†**

Provider ID: N/A

8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-DEC-17

**HALLDORSON, JEFFREY, MD†**

Provider ID: N/A

8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-18

**HALLDORSON, JEFFREY, MD†**

Provider ID: N/A

8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-JUL-22

**HALLDORSON, JEFFREY, MD†**

Provider ID: N/A

8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

**HALLDORSON, JEFFREY, MD†**

Provider ID: N/A

8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

**HART, MARQUIS, MD†**

Provider ID: N/A

8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

**HART, MARQUIS, MD†**

Provider ID: N/A

8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-JUL-21

**HART, MARQUIS, MD†**

Provider ID: N/A

8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-22

**HORGAN, SANTIAGO, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-21

**HORGAN, SANTIAGO, MD**

Provider ID: N/A

4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122  
Effective as of 01-DEC-21

**JACOBSEN, GARTH, MD†**

Provider ID: N/A

4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122  
Effective as of 01-DEC-21

**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

**LANGENBERG, BRET, DO†**

Provider ID: N/A

4033 3RD AVE STE 204  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-19

**MOLDOVAN, STEFAN, MD†**

Provider ID: N/A

6719 ALVARADO RD STE  
303  
SAN DIEGO, CA 92120  
Teleservice  
Effective as of 01-MAR-24

**MOLDOVAN, STEFAN, MD†**

Provider ID: N/A

6719 ALVARADO RD STE  
303  
SAN DIEGO, CA 92120

Teleservice

Effective as of 01-MAR-24

**MUELLER, GEORGE, MD†**

Provider ID: N/A

7910 FROST ST STE 250  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

**POLLACK, LARRY, MD†**

Provider ID: N/A

7910 FROST ST STE 250  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

**PRICE, ERIN, MD†**

Provider ID: N/A

4060 4TH AVE STE 440  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-20

**SANDLER, BRYAN, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-21

**SANDLER, BRYAN, MD†**

Provider ID: N/A

4303 LA JOLLA VILLAGE  
DR STE 2110  
SAN DIEGO, CA 92122  
Effective as of 01-DEC-21

**SISE, MICHAEL, MD†**

Provider ID: N/A

550 WASHINGTON ST STE  
641  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-23

**WOODWARD, STEPHANIE,  
MD†**

Provider ID: N/A

7910 FROST ST STE 250

SAN DIEGO, CA 92123  
Effective as of 01-JAN-24

**YU, NICHOLAS, MD**

Provider ID: N/A

7910 FROST ST STE 250  
SAN DIEGO, CA 92123  
Effective as of 01-OCT-23

**ZORN, GEORGE, MD†**

Provider ID: N/A

4060 4TH AVE STE 330  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-14

***SURGERY GENERAL  
VASCULAR***

**DIEFFENBACH, BRYAN, MD**

Provider ID: N/A

550 WASHINGTON ST STE  
641  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

**MORENO MARTINEZ,  
ENRIQUE, MD†**

Provider ID: N/A

6719 ALVARADO RD STE  
303  
SAN DIEGO, CA 92120  
Teleservice  
Effective as of 01-MAR-24

**SALLOUM, ALEXANDER, MD†**

Provider ID: N/A

6719 ALVARADO RD STE  
303  
SAN DIEGO, CA 92120  
Teleservice  
Effective as of 01-MAR-24

**SALLOUM, ALEXANDER, MD**

Provider ID: N/A

6402 EL CAJON BLVD STE  
102  
SAN DIEGO, CA 92115  
Effective as of 01-JUN-23

**SALLOUM, ALEXANDER, MD†**  
Provider ID: N/A

6402 EL CAJON BLVD STE  
100  
SAN DIEGO, CA 92115  
Effective as of 01-JAN-23

**SALLOUM, ALEXANDER, MD†**  
Provider ID: N/A

6719 ALVARADO RD STE  
303  
SAN DIEGO, CA 92120

Teleservice  
Effective as of 01-MAR-24

**SISE, MICHAEL, MD†**  
Provider ID: N/A

550 WASHINGTON ST STE  
641  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-14

**SISE, MICHAEL, MD†**  
Provider ID: N/A

550 WASHINGTON ST STE  
641  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-07

### ***SURGERY HAND***

**RICKARDS, ENASS, MD†**  
Provider ID: N/A

9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-21

### ***SURGERY HAND ORTHOPEDIC***

**STEPHENSON, SAMUEL, MD†**  
Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-OCT-21

### ***SURGERY NEUROLOGICAL***

**AMMIRATI, MARIO, MD†**  
Provider ID: N/A

11199 SORRENTO VALLEY  
RD STE 203  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-21

**FLORES, BRUNO, MD†**  
Provider ID: N/A

11199 SORRENTO VALLEY  
RD STE 203  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-23

**FLORES, BRUNO, MD†**  
Provider ID: N/A

5395 RUFFIN RD STE 102  
SAN DIEGO, CA 92123  
Effective as of 01-APR-22

**FLORES, BRUNO, MD†**  
Provider ID: N/A

5395 RUFFIN RD STE 102  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-21

**GOEL, GUNJAN, MD†**  
Provider ID: N/A

3750 CONVOY ST STE 301  
SAN DIEGO, CA 92111  
Effective as of 01-JUL-19

**LEVINE, REED, MD**  
Provider ID: N/A

3434 MIDWAY DR STE 2001

SAN DIEGO, CA 92110  
Effective as of 01-FEB-24

**OSTRUP, RICHARD, MD†**  
Provider ID: N/A

3750 CONVOY ST STE 301  
SAN DIEGO, CA 92111\*  
Effective as of 01-SEP-20

**UDANI, VIKRAM, MD**  
Provider ID: N/A

11199 SORRENTO VALLEY  
RD STE 203  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-23

**ZACHARIAH, MARCUS, MD**  
Provider ID: N/A

3750 CONVOY ST STE 301  
SAN DIEGO, CA 92111  
Effective as of 01-MAY-23

### ***SURGERY ORTHOPEDIC***

**ABITBOL, JEAN JACQUES, MD†**  
Provider ID: N/A

5395 RUFFIN RD STE 202  
SAN DIEGO, CA 92123  
Effective as of 01-JUL-22

**ABITBOL, JEAN JACQUES, MD†**  
Provider ID: N/A

7625 MESA COLLEGE DR  
STE 315A  
SAN DIEGO, CA 92111  
Effective as of 01-JUN-22

**ALLSING, STEVEN, MD†**  
Provider ID: N/A

5555 RESERVOIR DR  
SAN DIEGO, CA 92120  
Effective as of 01-OCT-22

**ANDRY, JAMES, MD**  
Provider ID: N/A

7910 FROST ST STE 340  
SAN DIEGO, CA 92123  
Effective as of 01-MAR-24

**BAWA, MANEESH, MD†**

Provider ID: N/A

4060 4TH AVE STE 700  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-15

**BEHR, CHRISTOPHER, MD†**

Provider ID: N/A

4060 4TH AVE STE 700  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-15

**BLAIS, MICAH, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-23

**BOURLAND, BRYAN, DO**

Provider ID: N/A

4910 DIRECTORS PL STE  
350  
SAN DIEGO, CA 92121\*  
Effective as of 01-SEP-23

**BOURLAND, BRYAN, DO**

Provider ID: N/A

4910 DIRECTORS PL STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-OCT-23

**BRERETON, DANIEL, DO†**

Provider ID: N/A

4910 DIRECTORS PL STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-NOV-22

**BUKATA, SUSAN, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-MAR-21

**BUKATA, SUSAN, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**BURNIKEL, DAVID, MD†**

Provider ID: N/A

6719 ALVARADO RD STE  
200  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-23

**BURNIKEL, DAVID, MD†**

Provider ID: N/A

6719 ALVARADO RD STE  
200  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-21

**BURNIKEL, DAVID, MD†**

Provider ID: N/A

6719 ALVARADO RD STE  
200  
SAN DIEGO, CA 92120  
Effective as of 01-SEP-23

**CAGE, DORI NEILL, MD†**

Provider ID: N/A

8008 FROST ST STE 403  
SAN DIEGO, CA 92123  
Effective as of 01-NOV-14

**CHOI, JIHOON, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-21

**DAVID, TAL, MD†**

Provider ID: N/A

4910 DIRECTORS PL STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-NOV-21

**DOWNING, KRISTOPHER, MD**

Provider ID: N/A

7910 FROST ST STE 340  
SAN DIEGO, CA 92123  
Effective as of 01-MAR-24

**DUTTON, PASCUAL, MD**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 401  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-24

**DUTTON, PASCUAL, MD**

Provider ID: N/A

3750 CONVOY ST STE 201  
SAN DIEGO, CA 92111  
Effective as of 01-JAN-24

**DUTTON, PASCUAL, MD**

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

5395 RUFFIN RD STE 201  
SAN DIEGO, CA 92123  
Effective as of 01-OCT-23

**DUTTON, PASCUAL, MD**

Provider ID: N/A

6719 ALVARADO RD STE  
200  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-24

**DUTTON, PASCUAL, MD**

Provider ID: N/A

4910 DIRECTORS PL STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-24

**FLOOD, DAVID, MD†**

Provider ID: N/A

3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110  
Effective as of 01-DEC-22

**GOEB, YANNICK, MD†**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-21

**GROTTING, JOHN, MD**

Provider ID: N/A

6719 ALVARADO RD STE  
200  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-24

**GROTTING, JOHN, MD**

Provider ID: N/A

3750 CONVOY ST STE 201  
SAN DIEGO, CA 92111  
Effective as of 01-JAN-24

**GROTTING, JOHN, MD**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 401  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-24

**GROTTING, JOHN, MD†**

Provider ID: N/A

4910 DIRECTORS PL STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-24

**GROTTING, JOHN, MD†**

Provider ID: N/A

4910 DIRECTORS PL STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-23

**GROTTING, JOHN, MD†**

Provider ID: N/A

4910 DIRECTORS PL STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-NOV-21

**HOFMEISTER, ERIC, MD**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 401  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-23

**JAIN, RINA, MD†**

Provider ID: N/A

3750 CONVOY ST STE 201  
SAN DIEGO, CA 92111  
Effective as of 01-JAN-21

**KANSARA, DEVANSHU, MD†**

Provider ID: N/A

7485 MISSION VALLEY RD  
STE 104A  
SAN DIEGO, CA 92108  
Effective as of 01-MAY-22

**KANSARA, DEVANSHU, MD†**

Provider ID: N/A

7485 MISSION VALLEY RD  
STE 104A  
SAN DIEGO, CA 92108  
Effective as of 01-JUN-22

**KASIR, RAFID, MD**

Provider ID: N/A

4060 4TH AVE STE 700  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-23

**KIM, PAUL, MD†**

Provider ID: N/A

6719 ALVARADO RD STE  
308  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-14

**KIM, PAUL, MD†**

Provider ID: N/A

6719 ALVARADO RD STE  
308  
SAN DIEGO, CA 92120  
Effective as of 01-SEP-22

**KIMBALL, MICHAEL, MD†**

Provider ID: N/A

9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-DEC-14

**KIMBALL, MICHAEL, MD†**

Provider ID: N/A

9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-SEP-20

**KIMBALL, MICHAEL, MD†**

Provider ID: N/A

9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-JUL-23

**KIMBALL, MICHAEL, MD†**

Provider ID: N/A

9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-21

**KIMBALL, MICHAEL, MD†**

Provider ID: N/A

9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-21

**KIMBALL, MICHAEL, MD†**  
Provider ID: N/A

9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-21

**KOLODGE, GAVIN, DO†**  
Provider ID: N/A

9339 GENESEE AVE STE  
150  
SAN DIEGO, CA 92121  
Effective as of 01-NOV-21

**KOLODGE, GAVIN, DO**  
Provider ID: N/A

3750 CONVOY ST STE 201  
SAN DIEGO, CA 92111  
Effective as of 01-AUG-23

**KRUEGER, VAN, MD**  
Provider ID: N/A

4910 DIRECTORS PL STE  
350  
SAN DIEGO, CA 92121\*  
Effective as of 01-OCT-23

**KRUEGER, VAN, MD**  
Provider ID: N/A

4910 DIRECTORS PL STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-OCT-23

**LENIHAN, MICHAEL, MD**  
Provider ID: N/A

3444 KEARNY VILLA RD  
STE 401  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-23

**MACK, GREGORY, MD**

Provider ID: N/A  
8008 FROST ST STE 403  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-15

**MCCANDLESS, JEREMY, MD†**  
Provider ID: N/A

4060 4TH AVE STE 700  
SAN DIEGO, CA 92103  
Effective as of 01-OCT-17

**MOHLER, LESTER, MD†**

Provider ID: N/A  
7485 MISSION VALLEY RD  
STE 104A  
SAN DIEGO, CA 92108  
Effective as of 01-FEB-07

**MOHLER, LESTER, MD†**

Provider ID: N/A  
7485 MISSION VALLEY RD  
STE 104A  
SAN DIEGO, CA 92108  
Effective as of 01-JAN-14

**MULDOON, MICHAEL, MD†**

Provider ID: N/A  
3750 CONVOY ST STE 201  
SAN DIEGO, CA 92111  
Effective as of 01-NOV-21

**MULDOON, MICHAEL, MD†**

Provider ID: N/A  
3750 CONVOY ST STE 201  
SAN DIEGO, CA 92111  
Effective as of 01-AUG-23

**MYER, JONATHAN, MD†**

Provider ID: N/A  
4910 DIRECTORS PL STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-NOV-21

**MYER, JONATHAN, MD†**

Provider ID: N/A  
4910 DIRECTORS PL STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-23

**POMERANTZ, MICHAEL, MD**  
Provider ID: N/A

3444 KEARNY VILLA RD  
STE 401  
SAN DIEGO, CA 92123  
Effective as of 01-SEP-23

**RAISZADEH, RAMIN, MD†**

Provider ID: N/A  
6719 ALVARADO RD STE  
308  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-23

**RAISZADEH, RAMIN, MD†**

Provider ID: N/A  
6719 ALVARADO RD STE  
308  
SAN DIEGO, CA 92120  
Effective as of 01-SEP-22

**RICKARDS, ENASS, MD†**

Provider ID: N/A  
9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-21

**RICKARDS, ENASS, MD†**

Provider ID: N/A  
9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-APR-23

**RICKARDS, ENASS, MD†**

Provider ID: N/A  
9333 GENESEE AVE STE

350  
SAN DIEGO, CA 92121  
Effective as of 01-FEB-17

**RICKARDS, ENASS, MD†**

Provider ID: N/A  
9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-JUL-23

**RICKARDS, ENASS, MD†**

Provider ID: N/A  
9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-SEP-22

**ROBKER, JERRICK, DO†**

Provider ID: N/A  
4910 DIRECTORS PL STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-23

**ROBKER, JERRICK, DO†**

Provider ID: N/A  
4910 DIRECTORS PL STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-MAY-22

**ROSENFELD, ALAN, MD†**

Provider ID: N/A  
9333 GENESEE AVE STE  
350A  
SAN DIEGO, CA 92121†  
Effective as of 01-SEP-20

**ROSENFELD, ALAN, MD†**

Provider ID: N/A  
9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-21

**ROSENFELD, ALAN, MD†**

Provider ID: N/A  
9333 GENESEE AVE STE  
350A  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-21

**ROSENFELD, ALAN, MD†**

Provider ID: N/A  
9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-21

**ROSENFELD, ALAN, MD†**

Provider ID: N/A  
9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-15

**ROSENFELD, ALAN, MD†**

Provider ID: N/A  
9333 GENESEE AVE STE  
350A  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-23

**ROSENFELD, ALAN, MD†**

Provider ID: N/A  
9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-APR-23

**SCHULTZ, JEFFREY, MD†**

Provider ID: N/A  
7485 MISSION VALLEY RD  
STE 104A  
SAN DIEGO, CA 92108  
Effective as of 01-FEB-07

**SCHULTZ, JEFFREY, MD†**

Provider ID: N/A

7485 MISSION VALLEY RD  
STE 104A  
SAN DIEGO, CA 92108  
Effective as of 01-JAN-14

**SCHULTZEL, MARK, MD†**

Provider ID: N/A  
3750 CONVOY ST STE 201  
SAN DIEGO, CA 92111  
Effective as of 01-NOV-21

**SHAH, KALPIT, MD†**

Provider ID: N/A  
200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-22

**SHILLITO, MATTHEW, MD†**

Provider ID: N/A  
6719 ALVARADO RD STE  
200  
SAN DIEGO, CA 92120  
Effective as of 01-AUG-23

**SHILLITO, MATTHEW, MD†**

Provider ID: N/A  
6719 ALVARADO RD STE  
200  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-21

**SHILLITO, MATTHEW, MD†**

Provider ID: N/A  
6719 ALVARADO RD STE  
200  
SAN DIEGO, CA 92120  
Effective as of 01-SEP-23

**SIROTA, MICHAEL, MD†**

Provider ID: N/A  
6719 ALVARADO RD STE  
200  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-21



**SIROTA, MICHAEL, MD†**

Provider ID: N/A

6719 ALVARADO RD STE  
200  
SAN DIEGO, CA 92120  
Effective as of 01-AUG-23

**SULLIVAN, THOMAS, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**SUN, MICHAEL, MD**

Provider ID: N/A

7485 MISSION VALLEY RD  
STE 104A  
SAN DIEGO, CA 92108  
Effective as of 01-DEC-23

**TANAKA, SCOTT, MD†**

Provider ID: N/A

4060 4TH AVE STE 700  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-17

**TASTO, JAMES, MD†**

Provider ID: N/A

6719 ALVARADO RD STE  
200  
SAN DIEGO, CA 92120\*  
Effective as of 01-AUG-23

**TASTO, JAMES, MD†**

Provider ID: N/A

6719 ALVARADO RD STE  
200  
SAN DIEGO, CA 92120  
Effective as of 01-JAN-21

**TASTO, JAMES, MD†**

Provider ID: N/A

6719 ALVARADO RD STE  
200  
SAN DIEGO, CA 92120

Effective as of 01-SEP-23

**TAYLOR, MARIO, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**TAYLOR, MARIO, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**TAYYAB, NEIL, MD†**

Provider ID: N/A

9333 GENESEE AVE STE  
350A  
SAN DIEGO, CA 92121  
Effective as of 01-AUG-23

**TAYYAB, NEIL, MD†**

Provider ID: N/A

9333 GENESEE AVE STE  
350A  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-21

**TAYYAB, NEIL, MD†**

Provider ID: N/A

9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-JAN-21

**TAYYAB, NEIL, MD†**

Provider ID: N/A

9333 GENESEE AVE STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-MAR-16

**TAYYAB, NEIL, MD†**

Provider ID: N/A

9333 GENESEE AVE STE

350A

SAN DIEGO, CA 92121  
Effective as of 01-SEP-22

**TRADONSKY, STEVEN, MD†**

Provider ID: N/A

7485 MISSION VALLEY RD  
STE 104A  
SAN DIEGO, CA 92108  
Effective as of 01-JAN-14

**TRADONSKY, STEVEN, MD†**

Provider ID: N/A

7485 MISSION VALLEY RD  
STE 104A  
SAN DIEGO, CA 92108  
Effective as of 01-SEP-15

**WHEATLEY, BENJAMIN, MD**

Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JUN-23

**WHEATLEY, BENJAMIN, MD**

Provider ID: N/A

6655 ALVARADO RD  
SAN DIEGO, CA 92120  
Effective as of 01-FEB-24

**YOUNGBLOOD, SCOT, MD**

Provider ID: N/A

6719 ALVARADO RD STE  
200  
SAN DIEGO, CA 92120  
Effective as of 01-OCT-23

**YOUNGBLOOD, SCOT, MD**

Provider ID: N/A

3750 CONVOY ST STE 201  
SAN DIEGO, CA 92111  
Effective as of 01-OCT-23

**YOUNGBLOOD, SCOT, MD**

Provider ID: N/A

3750 CONVOY ST STE 201  
SAN DIEGO, CA 92111  
Effective as of 01-NOV-23

**YOUNGBLOOD, SCOT, MD**  
Provider ID: N/A

4910 DIRECTORS PL STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-OCT-23

**YOUNGBLOOD, SCOT, MD**  
Provider ID: N/A

4910 DIRECTORS PL STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-OCT-23

**YOUNGBLOOD, SCOT, MD**  
Provider ID: N/A

4910 DIRECTORS PL STE  
350  
SAN DIEGO, CA 92121  
Effective as of 01-NOV-23

### ***SURGERY PLASTIC***

**APOSTOLIDES, JOHN, MD**  
Provider ID: N/A

1322 SCOTT ST STE 102  
SAN DIEGO, CA 92106  
Effective as of 01-AUG-15

**BATRA, MUNISH, MD**  
Provider ID: N/A

12264 EL CAMINO REAL  
STE 101  
SAN DIEGO, CA 92130  
Effective as of 01-MAR-02

**CHAO, JAMES, MD†**  
Provider ID: N/A

8901 ACTIVITY RD  
SAN DIEGO, CA 92126  
Effective as of 01-JUL-15

**GOSMAN, AMANDA, MD†**  
Provider ID: N/A

4520 EXECUTIVE DR  
SAN DIEGO, CA 92121  
Effective as of 01-NOV-21

**GOSMAN, AMANDA, MD†**  
Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-NOV-21

**HANDLER, BARRY, MD†**  
Provider ID: N/A

6699 ALVARADO RD STE  
2305  
SAN DIEGO, CA 92120  
Effective as of 01-SEP-22

**KUPFER, DAVID, MD†**  
Provider ID: N/A

5395 RUFFIN RD STE 201  
SAN DIEGO, CA 92123  
Effective as of 01-JUL-14

**NGUYEN, KHANG, MD**  
Provider ID: N/A

6610 FLANDERS DR STE 101  
SAN DIEGO, CA 92121  
Effective as of 01-FEB-23

### ***SURGERY THORACIC***

**HEMP, JAMES, MD†**  
Provider ID: N/A

4033 3RD AVE STE 210  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-07

**HUDSON, JESSICA, MD**  
Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-DEC-23

### ***SURGICAL ONCOLOGY***

**CHEN, STEVEN, MD†**  
Provider ID: N/A

8901 ACTIVITY RD  
SAN DIEGO, CA 92126  
Effective as of 01-JUL-15

**MEHTSUN, WINTA, MD†**  
Provider ID: N/A

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-22

### ***UROLOGY***

**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

**BRIDGE, STEPHEN, MD†**  
Provider ID: N/A

4060 4TH AVE STE 310

SAN DIEGO, CA 92103  
Effective as of 01-JUL-22

**BUTLER, PHILIP, MD**

Provider ID: N/A

☑ 4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

**BUTLER, PHILIP, MD**

Provider ID: N/A

☑ 3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-24

**BUTLER, PHILIP, MD**

Provider ID: N/A

☑ 3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-24

**BUTLER, PHILIP, MD**

Provider ID: N/A

☑ 11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128  
Effective as of 01-JAN-24

**CHEN, TONY, MD†**

Provider ID: N/A

☑ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-21

**COHEN, EDWARD, MD†**

Provider ID: N/A

☑ 3444 KEARNY VILLA RD  
STE 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-SEP-21

**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

☑ 4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-24

**COHEN, EDWARD, MD†**

Provider ID: N/A

☑ 11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128  
Effective as of 01-JAN-24

**COHEN, EDWARD, MD†**

Provider ID: N/A

☑ 11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128  
Effective as of 01-NOV-22

**DATO, PAUL, MD**

Provider ID: N/A

☑ 11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128  
Effective as of 01-FEB-24

**DATO, PAUL, MD**

Provider ID: N/A

☑ 4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

**DICKS, BRIAN, MD†**

Provider ID: N/A

☑ 4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-JUL-22

**DICKS, BRIAN, MD†**

Provider ID: N/A

☑ 4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-15

**DICKS, BRIAN, MD†**

Provider ID: N/A

☑ 4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-NOV-21

**DICKS, BRIAN, MD**

Provider ID: N/A

☑ 3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-24

**DICKS, BRIAN, MD**

Provider ID: N/A

☑ 3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-24

**DICKS, BRIAN, MD†**

Provider ID: N/A

☑ 4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

**DICKS, BRIAN, MD†**

Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

**DICKS, BRIAN, MD†**

Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

**DICKS, BRIAN, MD†**

Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-22

**DICKS, BRIAN, MD**

Provider ID: N/A

11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128  
Effective as of 01-FEB-24

**HOLDEN, MARC, MD†**

Provider ID: N/A

11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128  
Effective as of 01-OCT-22

**HOLDEN, MARC, MD†**

Provider ID: N/A

11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128  
Effective as of 01-SEP-22

**HOLDEN, MARC, MD†**

Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

**HOLDEN, MARC, MD†**

Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

**HOLDEN, MARC, MD†**

Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-NOV-21

**JUMA, SAAD, MD**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-24

**JUMA, SAAD, MD**

Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

**JUMA, SAAD, MD**

Provider ID: N/A

11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128  
Effective as of 01-FEB-24

**KATZ, JONATHAN, MD**

Provider ID: N/A

16950 VIA TAZON  
SAN DIEGO, CA 92127  
Effective as of 01-JUN-23

**KEILLER, DANNY, MD**

Provider ID: N/A

11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128  
Effective as of 01-JAN-24

**KEILLER, DANNY, MD**

Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-FEB-24

**KEILLER, DANNY, MD**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-24

**KEILLER, DANNY, MD†**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

**NEUSTEIN, PAUL, MD**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-24

**NEUSTEIN, PAUL, MD**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-24

**NEUSTEIN, PAUL, MD**

Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-24

**NGUYEN, HUNG, MD**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123

Effective as of 01-FEB-24

**NGUYEN, HUNG, MD**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123

Effective as of 01-FEB-24

**NGUYEN, HUNG, MD**

Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103

Effective as of 01-FEB-24

**NGUYEN, HUNG, MD†**

Provider ID: N/A

11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128

Teleservice

Effective as of 01-JAN-24

**NGUYEN, HUNG, MD†**

Provider ID: N/A

11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128

Teleservice

Effective as of 01-NOV-22

**NGUYEN, HUNG, MD†**

Provider ID: N/A

11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128

Teleservice

Effective as of 01-SEP-21

**PE, MARK-RALLY, MD**

Provider ID: N/A

11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128

Effective as of 01-JAN-24

**PE, MARK-RALLY, MD**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123

Effective as of 01-FEB-24

**PE, MARK-RALLY, MD**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123

Effective as of 01-JAN-24

**ROBERTS, JAMES, MD†**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123

Effective as of 01-JAN-21

**ROBERTS, JAMES, MD**

Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103

Effective as of 01-JAN-24

**ROBERTS, JAMES, MD†**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123

Effective as of 01-SEP-22

**ROBERTS, JAMES, MD**

Provider ID: N/A

11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128

Effective as of 01-JAN-24

**SAIDIAN, AVA, MD†**

Provider ID: N/A

200 W ARBOR DR

SAN DIEGO, CA 92103

Effective as of 01-SEP-21

**SALEM, CAROL, MD†**

Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103

Effective as of 01-NOV-21

**SALEM, CAROL, MD†**

Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103

Effective as of 01-OCT-07

**SALEM, CAROL, MD†**

Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103

Effective as of 01-OCT-19

**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

3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123

Effective as of 01-FEB-24

**SALEM, CAROL, MD**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123

Effective as of 01-JAN-24

**SALEM, CAROL, MD†**

Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103

Effective as of 01-JAN-21

**SALEM, CAROL, MD†**

Provider ID: N/A

☒ 4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-JAN-21

**SALEM, CAROL, MD†**

Provider ID: N/A

☒ 4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-22

**SALEM, CAROL, MD**

Provider ID: N/A

☒ 11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128  
Effective as of 01-JAN-24

**SALMASI, AMIRALI, MD**

Provider ID: N/A

☒ 11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128  
Effective as of 01-JAN-24

**SALMASI, AMIRALI, MD**

Provider ID: N/A

☒ 3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-24

**SALMASI, AMIRALI, MD**

Provider ID: N/A

☒ 3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123  
Effective as of 01-FEB-24

**SALMASI, AMIRALI, MD**

Provider ID: N/A

☒ 4060 4TH AVE STE 310

SAN DIEGO, CA 92103

Effective as of 01-JAN-24

**SANTOMAURO, MICHAEL, MD†**

Provider ID: N/A

☒ 3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123  
Effective as of 01-JAN-21

**SANTOMAURO, MICHAEL, MD†**

Provider ID: N/A

☒ 3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123  
Effective as of 01-AUG-23

**SANTOMAURO, MICHAEL, MD†**

Provider ID: N/A

☒ 3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123  
Effective as of 01-JUN-21

**SANTOMAURO, MICHAEL, MD†**

Provider ID: N/A

☒ 3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123  
Effective as of 01-JUL-21

**SANTOMAURO, MICHAEL, MD†**

Provider ID: N/A

☒ 3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123  
Effective as of 01-NOV-22

**SANTOMAURO, MICHAEL, MD†**

Provider ID: N/A

☒ 3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123  
Effective as of 01-NOV-22

**SANTOMAURO, MICHAEL, MD**

Provider ID: N/A

☒ 4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Effective as of 01-AUG-23

**SHEETZ, TYLER, MD**

Provider ID: N/A

☒ 200 W ARBOR DR  
SAN DIEGO, CA 92103  
Effective as of 01-SEP-23

**UNTERBERG, STEPHEN, MD†**

Provider ID: N/A

☒ 4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-NOV-21

**UNTERBERG, STEPHEN, MD†**

Provider ID: N/A

☒ 4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-DEC-21

**UNTERBERG, STEPHEN, MD†**

Provider ID: N/A

☒ 4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-AUG-21

**UNTERBERG, STEPHEN, MD†**

Provider ID: N/A

☒ 4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Teleservice  
Effective as of 01-JAN-21

**UNTERBERG, STEPHEN, MD†**

Provider ID: N/A

☒ 4060 4TH AVE STE 310  
SAN DIEGO, CA 92103

Teleservice

Effective as of 01-SEP-22

**UNTERBERG, STEPHEN, MD†**

Provider ID: N/A

11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128

Effective as of 01-SEP-22

**UNTERBERG, STEPHEN, MD†**

Provider ID: N/A

11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128

Effective as of 01-SEP-21

**UNTERBERG, STEPHEN, MD†**

Provider ID: N/A

11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128

Effective as of 01-DEC-21

**UNTERBERG, STEPHEN, MD†**

Provider ID: N/A

11770 BERNARDO PLAZA  
CT STE 270  
SAN DIEGO, CA 92128

Effective as of 01-JAN-21

**VAPNEK, EVAN, MD**

Provider ID: N/A

4060 4TH AVE STE 310  
SAN DIEGO, CA 92103

Effective as of 01-JAN-24

**VAPNEK, EVAN, MD†**

Provider ID: N/A

4033 3RD AVE STE 400  
SAN DIEGO, CA 92103

Effective as of 01-JAN-21

**VAPNEK, EVAN, MD**

Provider ID: N/A

230 PROSPECT PL STE 210  
SAN DIEGO, CA 92118

Effective as of 01-JAN-24

**VAPNEK, EVAN, MD†**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123

Effective as of 01-JAN-21

**VAPNEK, EVAN, MD†**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123

Effective as of 01-SEP-21

**VAPNEK, EVAN, MD†**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123

Effective as of 01-SEP-21

**VAPNEK, EVAN, MD†**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123

Effective as of 01-JAN-21

**VAPNEK, EVAN, MD†**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123

Effective as of 01-JUL-22

**VAPNEK, EVAN, MD†**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123

Effective as of 01-JAN-21

**VAPNEK, EVAN, MD†**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123

Effective as of 01-JAN-24

**VAPNEK, EVAN, MD†**

Provider ID: N/A

3444 KEARNY VILLA RD  
STE 202  
SAN DIEGO, CA 92123

Effective as of 01-JAN-23

**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**

**KALINIAN, HAYGOUSH, PhD**

Provider ID: N/A

30320 RANCHO VIEJO RD  
STE 102  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-AUG-23

**KALINIAN, HAYGOUSH, PhD**

Provider ID: N/A

30320 RANCHO VIEJO RD  
STE 102  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-AUG-23

**EMERGENCY MEDICINE**

**REZVAN, KAVEH, DO†**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-OCT-20

**FAMILY PRACTICE**

**LEWIS, GEORGE, MD**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-AUG-23

**LEWIS, GEORGE, MD**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-AUG-23

**LEWIS, GEORGE, MD**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-AUG-23

**OBZEJTA, NATALIA, MD†**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-APR-22

**OBZEJTA, NATALIA, MD†**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-APR-22

**OBZEJTA, NATALIA, MD†**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-APR-22

**PETERSON, TYLER, DO**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-OCT-23

**PETERSON, TYLER, DO**

Provider ID: N/A

31001 RANCHO VIEJO RD

STE 200

SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-OCT-23

**PETERSON, TYLER, DO**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-OCT-23

**RAD, SHERVIN, MD**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JAN-24

**RAD, SHERVIN, MD**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JAN-24

**RAD, SHERVIN, MD**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JAN-24

**TAKHAR, JASMINE, DO**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-DEC-23



**TAKHAR, JASMINE, DO**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-DEC-23

**TAKHAR, JASMINE, DO**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-DEC-23

**INTERNAL MEDICINE**

**CARABULEA, GABRIEL, MD**

Provider ID: N/A

30250 RANCHO VIEJO RD  
STE C  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-MAY-23

**CARABULEA, GABRIEL, MD**

Provider ID: N/A

30250 RANCHO VIEJO RD  
STE C  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-MAY-23

**KALE, RAHUL, MD†**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-SEP-19

**KOHLI, SANJIVAN, MD†**

Provider ID: N/A

30230 RANCHO VIEJO RD

STE 200

SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-OCT-20

**KOHLI, SANJIVAN, MD†**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-OCT-20

**KOHLI, SANJIVAN, MD†**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JUN-17

**SOONG, YEN-HUI, MD†**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-NOV-22

**SOONG, YEN-HUI, MD†**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-NOV-22

**INTERNAL MEDICINE**

**CRITICAL CARE MEDICINE**

**KALE, RAHUL, MD†**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,

CA 92675

Effective as of 01-JUN-17

**KALE, RAHUL, MD†**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-OCT-20

**KALE, RAHUL, MD†**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-OCT-20

**KOHLI, SANJIVAN, MD†**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-SEP-19

**REZVAN, KAVEH, DO†**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JAN-20

**NEPHROLOGY**

**LEE, BRIAN, MD†**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 100A  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JUN-22

**LEE, BRIAN, MD†**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 100A  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JUN-22

**LEE, BRIAN, MD†**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 100A  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JUN-22

**LEE, BRIAN, MD†**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 100A  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JUN-22

**LEE, BRIAN, MD†**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 100A  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JUN-22

**LEE, BRIAN, MD†**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 100A  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JAN-23

**PANG, JASON, MD†**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,

CA 92675

Effective as of 01-DEC-14

**PANG, JASON, MD†**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-NOV-14

**OPHTHALMOLOGY**

**KIM, ESTHER, MD**

Provider ID: N/A

31451 RANCHO VIEJO RD  
STE 101  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-OCT-23

**KIM, ESTHER, MD**

Provider ID: N/A

31451 RANCHO VIEJO RD  
STE 101  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JAN-23

**WILLIAMS, MARK, MD**

Provider ID: N/A

31451 RANCHO VIEJO RD  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-DEC-23

**WILLIAMS, MARK, MD**

Provider ID: N/A

31451 RANCHO VIEJO RD  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-DEC-23

**WILLIAMS, MARK, MD**

Provider ID: N/A

31451 RANCHO VIEJO RD  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-DEC-23

**PODIATRIST**

**ANGAROLA, JEFF, DPM**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JAN-22

**ANGAROLA, JEFF, DPM**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JAN-22

**ANGAROLA, JEFF, DPM**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JAN-22

**PSYCHIATRY**

**KURKJIAN, AZAD, MD†**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-MAY-18

**KURKJIAN, AZAD, MD†**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 200

SAN JUAN CAPISTRANO,  
CA 92675  
Effective as of 01-MAY-18

**PSYCHIATRY CHILD**

**KURKJIAN, AZAD, MD†**

Provider ID: N/A  
31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675  
Effective as of 01-MAY-18

**KURKJIAN, AZAD, MD†**

Provider ID: N/A  
31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675  
Effective as of 01-MAY-18

**PSYCHOLOGIST**

**HANSINK, RAYMOND, PhD†**

Provider ID: N/A  
30290 RANCHO VIEJO RD  
STE 104  
SAN JUAN CAPISTRANO,  
CA 92675  
Effective as of 01-DEC-20

**HANSINK, RAYMOND, PhD†**

Provider ID: N/A  
30290 RANCHO VIEJO RD  
STE 104  
SAN JUAN CAPISTRANO,  
CA 92675  
Effective as of 01-DEC-20

**HANSINK, RAYMOND, PhD†**

Provider ID: N/A  
30290 RANCHO VIEJO RD  
STE 104  
SAN JUAN CAPISTRANO,

CA 92675  
Effective as of 01-DEC-20

**HANSINK, RAYMOND, PhD†**

Provider ID: N/A  
30290 RANCHO VIEJO RD  
STE 104  
SAN JUAN CAPISTRANO,  
CA 92675  
Effective as of 01-DEC-20

**KALINIAN, HAYGOUSH, PhD**

Provider ID: N/A  
30320 RANCHO VIEJO RD  
STE 102  
SAN JUAN CAPISTRANO,  
CA 92675  
Effective as of 01-AUG-23

**KALINIAN, HAYGOUSH, PhD**

Provider ID: N/A  
30320 RANCHO VIEJO RD  
STE 102  
SAN JUAN CAPISTRANO,  
CA 92675  
Effective as of 01-AUG-23

**KALINIAN, HAYGOUSH, PhD**

Provider ID: N/A  
30320 RANCHO VIEJO RD  
STE 102  
SAN JUAN CAPISTRANO,  
CA 92675  
Effective as of 01-AUG-23

**KALINIAN, HAYGOUSH, PhD**

Provider ID: N/A  
30320 RANCHO VIEJO RD  
STE 102  
SAN JUAN CAPISTRANO,  
CA 92675  
Effective as of 01-AUG-23

**PULMONARY DISEASES**

**KALE, RAHUL, MD†**

Provider ID: N/A  
30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675  
Effective as of 01-JAN-18

**KALE, RAHUL, MD†**

Provider ID: N/A  
30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675  
Effective as of 01-JUN-17

**KALE, RAHUL, MD†**

Provider ID: N/A  
30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675  
Effective as of 01-NOV-19

**KOHLI, SANJIVAN, MD†**

Provider ID: N/A  
30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675  
Effective as of 01-JUN-17

**KOHLI, SANJIVAN, MD†**

Provider ID: N/A  
30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675  
Effective as of 01-JAN-20

**KOHLI, SANJIVAN, MD†**

Provider ID: N/A  
30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,

CA 92675  
Effective as of 01-JAN-18

**PATEL, JAY, MD†**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Teleservice

Effective as of 01-DEC-22

**PATEL, JAY, MD†**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Teleservice

Effective as of 01-DEC-22

**PATEL, JAY, MD†**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Teleservice

Effective as of 01-JUN-23

**PATEL, JAY, MD†**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Teleservice

Effective as of 01-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-NOV-22

**PATEL, JAY, MD†**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Teleservice

Effective as of 01-OCT-22

**REZVAN, KAVEH, DO†**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-OCT-20

**REZVAN, KAVEH, DO†**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-AUG-18

**REZVAN, KAVEH, DO†**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-AUG-18

**SOONG, YEN-HUI, MD†**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-FEB-21

**SOONG, YEN-HUI, MD†**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-FEB-21

**SOONG, YEN-HUI, MD†**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-MAY-21

**SOONG, YEN-HUI, MD†**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-DEC-20

**SOONG, YEN-HUI, MD†**

Provider ID: N/A

30230 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JAN-23

**YEAM, INCHEL, MD†**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-DEC-23

**YEAM, INCHEL, MD†**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,

CA 92675  
Effective as of 01-JUL-21

**YEAM, INCHEL, MD†**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JUL-21

**YEAM, INCHEL, MD†**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-OCT-16

**YEAM, INCHEL, MD†**

Provider ID: N/A

31001 RANCHO VIEJO RD  
STE 200  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-OCT-16

**SURGERY HAND**

**SOHN, ROGER, MD†**

Provider ID: N/A

31920 DEL OBISPO ST STE  
170  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-SEP-20

**SOHN, ROGER, MD†**

Provider ID: N/A

31920 DEL OBISPO ST STE  
170  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-SEP-20

**SURGERY ORTHOPEDIC**

**GVOZDYEV, BORYS, MD†**

Provider ID: N/A

31920 DEL OBISPO ST STE  
170  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JAN-23

**GVOZDYEV, BORYS, MD†**

Provider ID: N/A

31920 DEL OBISPO ST STE  
170  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-AUG-20

**GVOZDYEV, BORYS, MD†**

Provider ID: N/A

31920 DEL OBISPO ST STE  
170  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-AUG-20

**GVOZDYEV, BORYS, MD†**

Provider ID: N/A

31920 DEL OBISPO ST STE  
170  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-OCT-23

**GVOZDYEV, BORYS, MD†**

Provider ID: N/A

31920 DEL OBISPO ST STE  
170  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-AUG-20

**GVOZDYEV, BORYS, MD†**

Provider ID: N/A

31920 DEL OBISPO ST STE

170

SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-AUG-20

**HUO, KEUN-HENG, MD†**

Provider ID: N/A

31920 DEL OBISPO ST STE  
92675  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-AUG-20

**HUO, KEUN-HENG, MD†**

Provider ID: N/A

31920 DEL OBISPO ST STE  
92675  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-AUG-20

**HUO, KEUN-HENG, MD**

Provider ID: N/A

31920 DEL OBISPO ST STE  
170  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-OCT-23

**HUO, KEUN-HENG, MD†**

Provider ID: N/A

31920 DEL OBISPO ST STE  
92675  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-AUG-20

**HUO, KEUN-HENG, MD†**

Provider ID: N/A

31920 DEL OBISPO ST STE  
92675  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-AUG-20

**HUO, KEUN-HENG, MD**

Provider ID: N/A

31920 DEL OBISPO ST STE  
170  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JAN-23

**KIM-ORDEN, MICHAEL, MD**

Provider ID: N/A

31920 DEL OBISPO ST STE  
170  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-APR-23

**KIM-ORDEN, MICHAEL, MD**

Provider ID: N/A

31920 DEL OBISPO ST STE  
170  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-APR-23

**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  
STE 200  
SAN JUAN CAPISTRANO,

CA 92675

Effective as of 01-JAN-21

**SOHN, ROGER, MD†**

Provider ID: N/A

31920 DEL OBISPO ST STE  
170  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-SEP-21

**SOHN, ROGER, MD†**

Provider ID: N/A

31920 DEL OBISPO ST STE  
170  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-SEP-21

**SOHN, ROGER, MD†**

Provider ID: N/A

31920 DEL OBISPO ST STE  
170  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-OCT-23

**SOHN, ROGER, MD†**

Provider ID: N/A

31920 DEL OBISPO ST STE  
170  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-JAN-23

**SOHN, ROGER, MD†**

Provider ID: N/A

31920 DEL OBISPO ST STE  
170  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-FEB-20

**SOHN, ROGER, MD†**

Provider ID: N/A

31920 DEL OBISPO ST STE  
170  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-FEB-20

**SOHN, ROGER, MD†**

Provider ID: N/A

31920 DEL OBISPO ST STE  
170  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-FEB-20

**SOHN, ROGER, MD†**

Provider ID: N/A

31920 DEL OBISPO ST STE  
170  
SAN JUAN CAPISTRANO,  
CA 92675

Effective as of 01-FEB-20

**CARDIAC**

**ELECTROPHYSIOLOGY**

**LERNER, JONATHAN, MD**

Provider ID: N/A

955 BOARDWALK STE 100  
SAN MARCOS, CA 92078

Effective as of 01-JUL-23

**SHAH, ABHISHEK, MD†**

Provider ID: N/A

955 BOARDWALK STE 100  
SAN MARCOS, CA 92078

Effective as of 01-JAN-23

**CARDIOLOGY**

**DO, HULBERT, MD†**

Provider ID: N/A

150 VALPRED A RD  
SAN MARCOS, CA 92069

Effective as of 01-AUG-22

**LY, NANCY, MD†**

Provider ID: N/A

955 BOARDWALK  
SAN MARCOS, CA 92078  
Effective as of 01-JUL-22

**MOHAMEDALI, BURHAN, MD†**

Provider ID: N/A

955 BOARDWALK STE 100  
SAN MARCOS, CA 92078  
Teleservice  
Effective as of 01-JAN-21

**NARAYANAN, MEENA, MD†**

Provider ID: N/A

955 BOARDWALK STE 100  
SAN MARCOS, CA 92078\*  
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

**SUDHAKAR, DEEPTHI, MD†**

Provider ID: N/A

150 VALPREDA RD  
SAN MARCOS, CA 92069  
Effective as of 01-SEP-22

**CARDIOVASCULAR  
DISEASE**

**CARLSON, STEVEN, MD†**

Provider ID: N/A

955 BOARDWALK STE 100  
SAN MARCOS, CA 92078  
Teleservice  
Effective as of 01-SEP-22

**CARLSON, STEVEN, MD†**

Provider ID: N/A

955 BOARDWALK STE 100

SAN MARCOS, CA 92078  
Teleservice  
Effective as of 01-APR-21

**CARLSON, STEVEN, MD†**

Provider ID: N/A

955 BOARDWALK STE 100  
SAN MARCOS, CA 92078  
Teleservice  
Effective as of 01-JAN-21

**DO, HULBERT, MD**

Provider ID: N/A

955 BOARDWALK STE 100  
SAN MARCOS, CA 92078  
Effective as of 01-OCT-23

**MOHAMEDALI, BURHAN, MD†**

Provider ID: N/A

955 BOARDWALK STE 100  
SAN MARCOS, CA 92078  
Teleservice  
Effective as of 01-SEP-22

**NARAYANAN, MEENA, MD†**

Provider ID: N/A

955 BOARDWALK STE 100  
SAN MARCOS, CA 92078  
Effective as of 01-SEP-22

**NARAYANAN, MEENA, MD†**

Provider ID: N/A

955 BOARDWALK STE 100  
SAN MARCOS, CA 92078  
Effective as of 01-APR-21

**PARIKH, MILIND, DO†**

Provider ID: N/A

955 BOARDWALK STE 100  
SAN MARCOS, CA 92078  
Effective as of 01-SEP-22

**SARSAM, LUAY, MD**

Provider ID: N/A

955 BOARDWALK STE 100  
SAN MARCOS, CA 92078  
Effective as of 01-JUL-23

**SARSAM, LUAY, MD**

Provider ID: N/A

955 BOARDWALK STE 100  
SAN MARCOS, CA 92078  
Effective as of 01-JUL-23

**SHAH, KULIN, MD†**

Provider ID: N/A

955 BOARDWALK STE 100  
SAN MARCOS, CA 92078  
Effective as of 01-JAN-23

**SHAH, ABHISHEK, MD†**

Provider ID: N/A

955 BOARDWALK STE 100  
SAN MARCOS, CA 92078  
Effective as of 01-SEP-22

**SUDHAKAR, DEEPTHI, MD†**

Provider ID: N/A

955 BOARDWALK STE 100  
SAN MARCOS, CA 92078  
Effective as of 01-JAN-23

**CERTIFIED  
ACUPUNCTURIST**

**GONZALEZ, ANDRES, LAC**

Provider ID: N/A

1595 GRAND AVE STE 100  
SAN MARCOS, CA 92078  
Effective as of 01-MAY-23

**CERTIFIED NURSE  
PRACTITIONER**


**ANDREW, SHIRLEY, NP†**

Provider ID: N/A


838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069

Teleservice  
Effective as of 01-SEP-22


**FAIQ, JAMILA, NP†**

Provider ID: N/A  
 838 NORDAHL RD STE 300  
 SAN MARCOS, CA 92069  
 Teleservice  
 Effective as of 01-JAN-21


**FAIQ, JAMILA, NP†**

Provider ID: N/A  
 838 NORDAHL RD STE 300  
 SAN MARCOS, CA 92069  
 Teleservice  
 Effective as of 01-NOV-22


**FODDA, RAMI, NPF**

Provider ID: N/A  
 1595 GRAND AVE STE 106  
 SAN MARCOS, CA 92078  
 Effective as of 01-FEB-23


**HACINAS, REYNALDO, NP†**

Provider ID: N/A  
 150 VALPRED A RD  
 SAN MARCOS, CA 92069  
 Effective as of 01-NOV-22

**KOHOUT, KATHRYN, NP†**

Provider ID: N/A  
 150 VALPRED A RD  
 SAN MARCOS, CA 92069  
 Effective as of 01-SEP-22

**KROCHMAL, RACHEL, NP**


Provider ID: N/A  
 120 CRAVEN RD STE 101  
 SAN MARCOS, CA 92078  
 Effective as of 01-OCT-23

**MAROSOK, MICHELLE, NP**


Provider ID: N/A  
 838 NORDAHL RD STE 300

SAN MARCOS, CA 92069  
 Teleservice  
 Effective as of 01-NOV-23


**MOONEY, PATRICIA, NP†**

Provider ID: N/A  
 838 NORDAHL RD STE 300  
 SAN MARCOS, CA 92069  
 Teleservice  
 Effective as of 01-JUL-21


**MOONEY, PATRICIA, NP†**

Provider ID: N/A  
 838 NORDAHL RD STE 300  
 SAN MARCOS, CA 92069  
 Teleservice  
 Effective as of 01-MAY-21


**MWAURA, WAIRIMU, NP†**

Provider ID: N/A  
 838 NORDAHL RD STE 300  
 SAN MARCOS, CA 92069  
 Teleservice  
 Effective as of 01-JUN-21


**MWAURA, WAIRIMU, NP†**

Provider ID: N/A  
 838 NORDAHL RD STE 300  
 SAN MARCOS, CA 92069  
 Teleservice  
 Effective as of 01-SEP-22


**ONUOHA, NOJA, NP†**

Provider ID: N/A  
 150 VALPRED A RD  
 SAN MARCOS, CA 92069  
 Effective as of 01-SEP-22


**PARSONS, MEKRAE, NP**

Provider ID: N/A  
 150 VALPRED A RD  
 SAN MARCOS, CA 92069  
 Effective as of 01-DEC-23


**VAHDAT, VALERIE, NP†**

Provider ID: N/A  
 2085 MONTIEL RD STE 102  
 SAN MARCOS, CA 92069  
 Effective as of 01-NOV-22

**VICK, ALINA, NP**


Provider ID: N/A  
 314 S TWIN OAKS VALLEY  
 RD STE 114  
 SAN MARCOS, CA 92078  
 Teleservice  
 Effective as of 01-NOV-23

**WILLEY, MARTI, NP†**


Provider ID: N/A  
 838 NORDAHL RD STE 300  
 SAN MARCOS, CA 92069  
 Teleservice  
 Effective as of 01-JUN-21

***CERTIFIED REGISTERED  
NURSE MIDWIFE***


**BELANGER, TANYA, CRNM†**

Provider ID: N/A  
 150 VALPRED A RD  
 SAN MARCOS, CA 92069  
 Effective as of 01-JUL-22

**MATEO, MARIE, CRNM†**

Provider ID: N/A  
 150 VALPRED A RD  
 SAN MARCOS, CA 92069  
 Effective as of 01-JUL-22

**NGUYEN, DIANA, CRNM**

Provider ID: N/A  
 150 VALPRED A RD  
 SAN MARCOS, CA 92069  
 Effective as of 01-JUL-22

***CHIROPRACTOR***



**HINES, TAYTE, DC**

Provider ID: N/A  
 2085 MONTIEL RD STE 102  
 SAN MARCOS, CA 92069  
 Effective as of 01-JAN-24

**JEPPESEN, LANCE, DC**

Provider ID: N/A  
 1146 SAN MARINO DR STE L  
 SAN MARCOS, CA 92078  
 Effective as of 01-JAN-01

**LOVERN, JENNIFER, DC†**

Provider ID: N/A  
 150 VALPREDA RD  
 SAN MARCOS, CA 92069  
 Effective as of 01-JUL-22

**MAUSER, JILL ELLEN, DC**

Provider ID: N/A  
 1146 SAN MARINO DR  
 SAN MARCOS, CA 92078  
 Effective as of 01-JUN-21

**TRAINER, JASON, DC**

Provider ID: N/A  
 1595 GRAND AVE STE 100  
 SAN MARCOS, CA 92078  
 Effective as of 01-MAR-24

**TRAINER, JASON, DC†**

Provider ID: N/A  
 150 VALPREDA RD  
 SAN MARCOS, CA 92069  
 Effective as of 01-JUL-22

**DERMATOLOGY**

**ANGRA, KUNAL, MD†**

Provider ID: N/A  
 838 NORDAHL RD STE 250  
 SAN MARCOS, CA 92069  
 Effective as of 01-DEC-21

**GILBOA, RUTH, MD†**

Provider ID: N/A  
 838 NORDAHL RD STE 250  
 SAN MARCOS, CA 92069  
 Effective as of 01-AUG-21

**SIRICHOTIRATANA, MELISSA, MD†**

Provider ID: N/A  
 838 NORDAHL RD STE 250  
 SAN MARCOS, CA 92069  
 Effective as of 01-JAN-23

**VENKAT, ARUN, MD†**

Provider ID: N/A  
 838 NORDAHL RD STE 250  
 SAN MARCOS, CA 92069  
 Effective as of 01-JUL-22

**VENKAT, ARUN, MD†**

Provider ID: N/A  
 838 NORDAHL RD STE 250  
 SAN MARCOS, CA 92069  
 Effective as of 01-AUG-20

**VENKAT, ARUN, MD†**

Provider ID: N/A  
 838 NORDAHL RD STE 250  
 SAN MARCOS, CA 92069  
 Effective as of 01-SEP-22

**VENKAT, ARUN, MD†**

Provider ID: N/A  
 838 NORDAHL RD STE 250  
 SAN MARCOS, CA 92069  
 Effective as of 01-MAR-17

**WAGNER, MEREDITH, MD†**

Provider ID: N/A  
 838 NORDAHL RD STE 250  
 SAN MARCOS, CA 92069  
 Effective as of 01-JUL-22

**FAMILY PRACTICE**

**DAUGIRDAS, ANDREA, MD**

Provider ID: N/A  
 150 VALPREDA RD  
 SAN MARCOS, CA 92069  
 Effective as of 01-APR-23

**NATH, DEVARSHI, MD**

Provider ID: N/A  
 1595 GRAND AVE STE 106  
 SAN MARCOS, CA 92078  
 Effective as of 01-FEB-23

**OTANEZ CERVANTES, JORGE, MD†**

Provider ID: N/A  
 150 VALPREDA RD  
 SAN MARCOS, CA 92069  
 Effective as of 01-AUG-22

**HEMATOLOGY /  
ONCOLOGY**

**BESSUDO, ALBERTO, MD†**

Provider ID: N/A  
 838 NORDAHL RD STE 300  
 SAN MARCOS, CA 92069  
 Teleservice  
 Effective as of 01-JAN-21

**BESSUDO, ALBERTO, MD†**

Provider ID: N/A  
 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

**SINCLAIR, JAMES, MD†**

Provider ID: N/A

838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069  
Effective as of 01-JAN-21

**SULLIVAN, JESSICA, DO<sup>+</sup>**  
Provider ID: N/A

838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069  
Effective as of 01-OCT-22

### **INTERNAL MEDICINE**

**PONIACHIK, SAMUEL, MD**  
Provider ID: N/A

1595 GRAND AVE STE 100  
SAN MARCOS, CA 92078  
Effective as of 01-JUN-23

### **INTERVENTIONAL CARDIOLOGY**

**JOHN, ALAN, MD**  
Provider ID: N/A

955 BOARDWALK STE 100  
SAN MARCOS, CA 92078  
Effective as of 01-MAY-23

**RUBIO GARCIA, MANOLO, MD<sup>+</sup>**  
Provider ID: N/A

955 BOARDWALK STE 100  
SAN MARCOS, CA 92078  
Effective as of 01-MAY-23

**RUBIO GARCIA, MANOLO, MD<sup>+</sup>**  
Provider ID: N/A

955 BOARDWALK STE 100  
SAN MARCOS, CA 92078  
Effective as of 01-DEC-22

**SHAH, KULIN, MD<sup>+</sup>**  
Provider ID: N/A

955 BOARDWALK STE 100  
SAN MARCOS, CA 92078  
Effective as of 01-APR-23

**SUDHAKAR, DEEPTHI, MD<sup>+</sup>**  
Provider ID: N/A

955 BOARDWALK STE 100  
SAN MARCOS, CA 92078  
Effective as of 01-APR-23

### **LICENSED CLINICAL SOCIAL WORKER**

**MARTINEZ, NORAYMA, LCSW<sup>+</sup>**  
Provider ID: N/A

1510 E MISSION RD STE  
RV035  
SAN MARCOS, CA 92069  
Effective as of 01-NOV-22

### **NEONATAL / PERINATAL MEDICINE**

**IMRIE, DRU, MD<sup>+</sup>**  
Provider ID: N/A

150 VALPREDA RD  
SAN MARCOS, CA 92069  
Effective as of 01-JUL-22

**MEIXEL, ANTONIE, MD<sup>+</sup>**  
Provider ID: N/A

150 VALPREDA RD  
SAN MARCOS, CA 92069  
Effective as of 01-JUL-22

### **NEPHROLOGY**

**AFSHAR, MASOUD, MD<sup>+</sup>**  
Provider ID: N/A

960 W SAN MARCOS BLVD  
STE 210  
SAN MARCOS, CA 92078

Teleservice  
Effective as of 01-OCT-23

**AFSHAR, MASOUD, MD<sup>+</sup>**  
Provider ID: N/A

960 W SAN MARCOS BLVD

STE 210  
SAN MARCOS, CA 92078  
Teleservice  
Effective as of 01-MAY-22

**KAYAL, ANAS, MD<sup>+</sup>**  
Provider ID: N/A

960 W SAN MARCOS BLVD  
STE 210  
SAN MARCOS, CA 92078  
Effective as of 01-MAY-22

**KAYAL, ANAS, MD<sup>+</sup>**  
Provider ID: N/A

960 W SAN MARCOS BLVD  
STE 210  
SAN MARCOS, CA 92078  
Effective as of 01-OCT-23

### **NEUROLOGY**

**ANDER, AZIZ, MD<sup>+</sup>**  
Provider ID: N/A

838 NORDAHL RD STE 310  
SAN MARCOS, CA 92069  
Effective as of 01-NOV-21

**ANDER, AZIZ, MD<sup>+</sup>**  
Provider ID: N/A

838 NORDAHL RD STE 310  
SAN MARCOS, CA 92069  
Effective as of 01-JUL-22

**FARHIDVASH, FARIBA, MD<sup>+</sup>**  
Provider ID: N/A

838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069  
Effective as of 01-DEC-22

**GRATIANNE, ROBERTO, MD<sup>+</sup>**  
Provider ID: N/A

838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069  
Effective as of 01-JUN-22

**GUPTA, MONIKA, MD†**

Provider ID: N/A

838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069  
Effective as of 01-JUN-22

**HOSSEIN ZADEH MALEKI,  
ANA, MD**

Provider ID: N/A

838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069  
Teleservice  
Effective as of 01-MAR-24

**HOSSEIN ZADEH MALEKI,  
ANA, MD**

Provider ID: N/A

838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069  
Teleservice  
Effective as of 01-MAR-24

**HUISA-GARATE, BRANKO, MD†**

Provider ID: N/A

838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069  
Effective as of 01-JUN-22

**HUISA-GARATE, BRANKO, MD†**

Provider ID: N/A

838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069  
Effective as of 01-MAR-24

**KAYAL, ANAS, MD†**

Provider ID: N/A

334 VIA VERA CRUZ STE 251  
SAN MARCOS, CA 92078  
Teleservice  
Effective as of 01-SEP-22

**MAREK, MAKSYM, MD**

Provider ID: N/A

838 NORDAHL RD STE 200

SAN MARCOS, CA 92069

Teleservice

Effective as of 01-MAR-24

**MAREK, MAKSYM, MD**

Provider ID: N/A

838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069  
Teleservice  
Effective as of 01-OCT-23

**MCGEHRIN, KEVIN, MD**

Provider ID: N/A

838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069  
Teleservice  
Effective as of 01-MAR-24

**MCGEHRIN, KEVIN, MD**

Provider ID: N/A

838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069  
Teleservice  
Effective as of 01-AUG-23

**OLENSKI, KLARI, DO†**

Provider ID: N/A

838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069  
Effective as of 01-JUN-22

**PHAM, ALISE, DO**

Provider ID: N/A

838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069  
Teleservice  
Effective as of 01-AUG-23

**PHAM, ALISE, DO**

Provider ID: N/A

838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069  
Teleservice  
Effective as of 01-MAR-24

**SILVER, BRENT, MD†**

Provider ID: N/A

838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069  
Teleservice  
Effective as of 01-DEC-22

**SORIA LOPEZ, JOSE, MD†**

Provider ID: N/A

838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069  
Effective as of 01-JUN-22

**WU, MELANIE, DO†**

Provider ID: N/A

838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069  
Effective as of 01-JAN-23

***OBSTETRICS /  
GYNECOLOGY***

**CIZMAR, BRANISLAV, MD**

Provider ID: N/A

120 CRAVEN RD STE 101  
SAN MARCOS, CA 92078  
Effective as of 01-JAN-24

**POUNTNEY, MARLENE, MD†**

Provider ID: N/A

150 VALPRED A RD  
SAN MARCOS, CA 92069  
Effective as of 01-JUL-22

**POUNTNEY, MARLENE, MD†**

Provider ID: N/A

150 VALPRED A RD  
SAN MARCOS, CA 92069  
Effective as of 01-APR-14

***ONCOLOGY MEDICAL***

**FRAKES, LAURIE, MD†**

Provider ID: N/A

838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069  
Teleservice  
Effective as of 01-JAN-21

**FRAKES, LAURIE, MD†**

Provider ID: N/A

838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069  
Teleservice  
Effective as of 01-OCT-22

**MCCLAY, EDWARD, MD†**

Provider ID: N/A

838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069  
Effective as of 01-FEB-21

**OPHTHALMOLOGY**

**GARFF, KEVIN, MD†**

Provider ID: N/A

100 N RANCHO SANTA FE  
RD STE 126  
SAN MARCOS, CA 92069  
Effective as of 01-MAR-24

**GUAN, HOWARD, MD**

Provider ID: N/A

100 N RANCHO SANTA FE  
RD STE 126  
SAN MARCOS, CA 92069  
Effective as of 01-FEB-24

**PRESTERA, TORY, MD†**

Provider ID: N/A

100 N RANCHO SANTA FE  
RD STE 126  
SAN MARCOS, CA 92069  
Effective as of 01-JAN-21

**PRESTERA, TORY, MD†**

Provider ID: N/A

100 N RANCHO SANTA FE  
RD STE 126

SAN MARCOS, CA 92069  
Effective as of 01-JAN-21

**PRESTERA, TORY, MD†**

Provider ID: N/A

100 N RANCHO SANTA FE  
RD STE 126  
SAN MARCOS, CA 92069  
Effective as of 01-JUL-22

**PEDIATRICS**

**LUM HO, RACHEL, MD**

Provider ID: N/A

150 VALPRED A RD  
SAN MARCOS, CA 92069  
Effective as of 01-NOV-23

**QUINTERO, CAROLYN, MD**

Provider ID: N/A

150 VALPRED A RD  
SAN MARCOS, CA 92069  
Effective as of 01-NOV-23

**ZACHRY, ALISON, MD†**

Provider ID: N/A

150 VALPRED A RD  
SAN MARCOS, CA 92069  
Effective as of 01-SEP-22

**PHYSICIANS ASSISTANT**

**BASIN, NATALIE, PA**

Provider ID: N/A

838 NORDAHL RD STE 250  
SAN MARCOS, CA 92069  
Teleservice  
Effective as of 01-AUG-23

**BERNARDO, RACHELLE, PA**

Provider ID: N/A

1595 GRAND AVE STE 100  
SAN MARCOS, CA 92078  
Effective as of 01-MAR-23

**BERNARDO, RACHELLE, PA**

Provider ID: N/A

1595 GRAND AVE STE 106  
SAN MARCOS, CA 92078  
Effective as of 01-FEB-23

**ESCALANTE, JUVY, PA**

Provider ID: N/A

2085 MONTIEL RD STE 102  
SAN MARCOS, CA 92069  
Effective as of 01-FEB-23

**POLLEY, SHANNON, PA**

Provider ID: N/A

150 VALPRED A RD  
SAN MARCOS, CA 92069  
Effective as of 01-MAR-23

**SACRAMENTO, CZAR, PA**

Provider ID: N/A

1595 GRAND AVE STE 106  
SAN MARCOS, CA 92078  
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

**PSYCHIATRY**

**MCGEHRIN, KEVIN, MD**

Provider ID: N/A

838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069  
Teleservice

Effective as of 01-MAR-24

**MCGEHRIN, KEVIN, MD**

Provider ID: N/A

838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069

Teleservice

Effective as of 01-AUG-23

**MCGEHRIN, KEVIN, MD**

Provider ID: N/A

838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069

Teleservice

Effective as of 01-AUG-23

**MCGEHRIN, KEVIN, MD**

Provider ID: N/A

838 NORDAHL RD STE 200  
SAN MARCOS, CA 92069

Teleservice

Effective as of 01-MAR-24

**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-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

**WALKER, SHAYNA, MD†**

Provider ID: N/A

150 VALPREDA RD  
SAN MARCOS, CA 92069

Effective as of 01-JUL-22

**WALKER, SHAYNA, MD†**

Provider ID: N/A

150 VALPREDA RD  
SAN MARCOS, CA 92069

Effective as of 01-JUL-22

**PSYCHOLOGIST**

**CARLTON PENN, CORNELIA,  
PhD**

Provider ID: N/A

1510 E MISSION RD SPC  
RV035  
SAN MARCOS, CA 92069

Effective as of 01-NOV-22

**CARLTON PENN, CORNELIA,  
PhD**

Provider ID: N/A

1510 E MISSION RD SPC  
RV035  
SAN MARCOS, CA 92069

Effective as of 01-NOV-22

**LOVE, YVONNE, PSYD**

Provider ID: N/A

2085 MONTIEL RD STE 102  
SAN MARCOS, CA 92069

Effective as of 01-JUL-23

**LOVE, YVONNE, PSYD**

Provider ID: N/A

2085 MONTIEL RD STE 102  
SAN MARCOS, CA 92069

Effective as of 01-JUL-23

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

2115 MONTIEL RD STE 103  
SAN MARCOS, CA 92069

Effective as of 01-JAN-24

**RHEUMATOLOGY**

**AL NAHLAWI, BASMA, MD†**

Provider ID: N/A

960 W SAN MARCOS BLVD  
STE 210  
SAN MARCOS, CA 92078

Effective as of 01-MAY-22

**AL NAHLAWI, BASMA, MD†**

Provider ID: N/A

334 VIA VERA CRUZ STE 251  
SAN MARCOS, CA 92078

Effective as of 01-OCT-21

**AL NAHLAWI, BASMA, MD†**

Provider ID: N/A

334 VIA VERA CRUZ STE 251  
SAN MARCOS, CA 92078

Effective as of 01-OCT-21

Provider ID: N/A

960 W SAN MARCOS BLVD  
STE 210  
SAN MARCOS, CA 92078  
Effective as of 01-OCT-23

**AL NAHLAWI, BASMA, MD†**

Provider ID: N/A

334 VIA VERA CRUZ STE 251  
SAN MARCOS, CA 92078  
Teleservice  
Effective as of 01-SEP-22

**AL NAHLAWI, BASMA, MD†**

Provider ID: N/A

334 VIA VERA CRUZ STE 251  
SAN MARCOS, CA 92078  
Teleservice  
Effective as of 01-JUL-22

**DIKRANIAN, ARA, MD**

Provider ID: N/A

960 W SAN MARCOS BLVD  
STE 210  
SAN MARCOS, CA 92078  
Effective as of 01-MAR-24

**ANESTHESIOLOGY**

**FONTANA, LOUIS, MD†**

Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-APR-23

**CARDIOLOGY**

**PONCE, SONIA, MD†**

Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-JUL-22

**CARDIOVASCULAR**

**DISEASE**

**AIZIN, VITALI, MD†**

Provider ID: N/A

4630 BORDER VILLAGE RD  
STE H  
SAN YSIDRO, CA 92173  
Effective as of 01-JAN-21

**AIZIN, VITALI, MD†**

Provider ID: N/A

4630 BORDER VILLAGE RD  
STE H  
SAN YSIDRO, CA 92173  
Effective as of 01-FEB-21

**CERTIFIED NURSE  
PRACTITIONER**

**CELIZ, ADRIANA, NP†**

Provider ID: N/A

3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-JAN-21

**DRISCOLL, SUSAN, NP†**

Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-JAN-21

**HACINAS, REYNALDO, NP†**

Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-JAN-21

**KANTAS, PARIS, NP†**

Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-MAY-22

**LIEBER, CAROL, NP†**

Provider ID: N/A

1601 PRECISION PARK LN  
SAN YSIDRO, CA 92173  
Effective as of 01-JAN-21

**VAZQUEZ-ERLBECK, MARTHA,  
NP**

Provider ID: N/A

3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-DEC-21

**CHIROPRACTOR**

**KELCHNER, MATTHEW, DC†**

Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-JUL-22

**FAMILY PRACTICE**

**ALVAREZ-ESTRADA, MIGUEL,  
MD†**

Provider ID: N/A

4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-DEC-22

**ARRIETA, NOEMI, DO**

Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Teleservice  
Effective as of 01-APR-23

**CORONADO, MYRNA, MD†**

Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173\*  
Teleservice  
Effective as of 01-APR-23

**CORONADO, MYRNA, MD**

Provider ID: N/A

☒ 4050 BEYER BLVD  
SAN YSIDRO, CA 92173\*  
Teleservice  
Effective as of 01-APR-23

**DALUGDUGAN, ESTHER, MD**

Provider ID: N/A

☒ 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-NOV-23

**ESTRADA, JOHANNA, MD†**

Provider ID: N/A

☒ 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Teleservice  
Effective as of 01-JUL-22

**LEUTE, ERIC, MD**

Provider ID: N/A

☒ 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-FEB-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  
Effective as of 01-NOV-23

**HOSPITALIST MD/DO**

**MUSINSKI, SCOTT, MD†**

Provider ID: N/A

☒ 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-JUL-22

**INFECTIOUS DISEASE**

**ALDOUS, JEANNETTE, MD†**

Provider ID: N/A

☒ 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-JUL-22

**PARK, DANIEL, MD†**

Provider ID: N/A

☒ 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Teleservice  
Effective as of 01-JUL-22

**PROMER, KATHERINE, MD†**

Provider ID: N/A

☒ 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-APR-23

**INTERNAL MEDICINE**

**HURST, MICHAEL, DO†**

Provider ID: N/A

☒ 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Teleservice  
Effective as of 01-SEP-22

**LAMANTIA, MICHELE, MD**

Provider ID: N/A

☒ 4004 BEYER BLVD  
SAN YSIDRO, CA 92173\*  
Effective as of 01-AUG-23

**PROMER, KATHERINE, MD†**

Provider ID: N/A

☒ 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-SEP-22

**INTERNAL MEDICINE  
GERIATRIC MEDICINE**

**CHAU, DIANE, MD†**

Provider ID: N/A

☒ 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-JUL-22

**CHAU, DIANE, MD†**

Provider ID: N/A

☒ 3364 BEYER BLVD STE 101  
SAN YSIDRO, CA 92173  
Effective as of 01-JUL-22

**LICENSED CLINICAL  
SOCIAL WORKER**

**JENNINGS, AMY, LCSW†**

Provider ID: N/A

☒ 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Teleservice  
Effective as of 01-SEP-22

**LOPEZ, MARIBEL, LCSW**

Provider ID: N/A

☒ 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-APR-23

**MARRIAGE FAMILY  
THERAPIST**

**ALVAREZ, IRAIDA, MFT**

Provider ID: N/A

1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173

Teleservice

Effective as of 01-DEC-22

**BALTRUS, JUSTINE, MFT**

Provider ID: N/A

1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173

Teleservice

Effective as of 01-NOV-22

**BURCIAGA, HENRY, MFT**

Provider ID: N/A

1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173

Effective as of 01-FEB-24

**ESTAVILLO, SAUL, MFT**

Provider ID: N/A

1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173

Effective as of 01-OCT-22

**JIMENEZ, NANCY, MFT**

Provider ID: N/A

1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173

Effective as of 01-FEB-24

**NEONATAL / PERINATAL  
MEDICINE**

**GOMEZ, DANIELA, MD**

Provider ID: N/A

4004 BEYER BLVD STE 400  
SAN YSIDRO, CA 92173

Teleservice

Effective as of 01-OCT-22

**GOMEZ, DANIELA, MD**

Provider ID: N/A

4050 BEYER BLVD  
SAN YSIDRO, CA 92173

Teleservice

Effective as of 01-OCT-22

**NEPHROLOGY**

**SOLTERO, RICARDO, MD†**

Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Effective as of 01-JAN-21

**OBSTETRICS /  
GYNECOLOGY**

**BERGGREN, ERICA, MD†**

Provider ID: N/A

4050 BEYER BLVD  
SAN YSIDRO, CA 92173

Effective as of 01-SEP-21

**CALDERON, JORGE, MD†**

Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Effective as of 01-JUL-22

**CARR, MIANDA, MD†**

Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Effective as of 01-JAN-21

**CARSON, LATISA, MD†**

Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Effective as of 01-JUL-22

**DANESHMAND, SHAHRAM,  
MD†**

Provider ID: N/A

4050 BEYER BLVD  
SAN YSIDRO, CA 92173

Teleservice

Effective as of 01-JUL-22

**DANESHMAND, SHAHRAM,  
MD†**

Provider ID: N/A

4050 BEYER BLVD  
SAN YSIDRO, CA 92173

Teleservice

Effective as of 01-SEP-21

**DINH, MY, DO†**

Provider ID: N/A

4050 BEYER BLVD  
SAN YSIDRO, CA 92173

Effective as of 01-JUL-22

**GOLDSTEIN, EDWARD, MD†**

Provider ID: N/A

4050 BEYER BLVD  
SAN YSIDRO, CA 92173

Effective as of 01-JAN-21

**GOLDSTEIN, EDWARD, MD†**

Provider ID: N/A

4050 BEYER BLVD  
SAN YSIDRO, CA 92173

Effective as of 01-JUL-22

**JENKINS, ENCHANTA, MD†**

Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Effective as of 01-JUL-22

**MAJERSKI GONZALEZ,  
MANDY, MD†**

Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Teleservice

Effective as of 01-JUL-22



**MAJERSKI GONZALEZ,  
MANDY, MD†**

Provider ID: N/A

4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-JUL-22

**MAJERSKI GONZALEZ,  
MANDY, MD†**

Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Teleservice  
Effective as of 01-JUN-21

**MENDEZ, DIEGO, MD†**

Provider ID: N/A

4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
Teleservice  
Effective as of 01-NOV-21

**OCCUPATIONAL  
THERAPIST**

**BROWN, JOHNNY, OT**

Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-JUL-22

**OPHTHALMOLOGY**

**DE SILVA, NIHAL, MD†**

Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-JUL-22

**SKAF, AYHAM, MD†**

Provider ID: N/A

3364 BEYER BLVD STE  
102-103  
SAN YSIDRO, CA 92173

Effective as of 01-JUL-22

**PEDIATRICS**

**DILLON, BENEDICT, MD†**

Provider ID: N/A

4050 BEYER BLVD  
SAN YSIDRO, CA 92173\*  
Effective as of 01-FEB-24

**TAYLOR, TASHA, MD†**

Provider ID: N/A

4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-JUL-22

**PHYSICIANS ASSISTANT**

**BUCKNER, JOSEPH, PA**

Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-FEB-22

**HARMIS, NATASHA, PA†**

Provider ID: N/A

3364 BEYER BLVD STE 102  
SAN YSIDRO, CA 92173  
Teleservice  
Effective as of 01-MAY-21

**MARTINEZ MURGUIA, IRENE,  
PA**

Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-FEB-24

**PORTO MADURSKI, KRISTINE,  
PA†**

Provider ID: N/A

4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-JAN-21

**ROSENBLATT, SHERI, PA†**

Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-JAN-21

**SMITH, DOUGLAS, PA†**

Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Teleservice  
Effective as of 01-MAY-21

**SUNA SITTO, MOHEEN, PA†**

Provider ID: N/A

3364 BEYER BLVD STE 102  
SAN YSIDRO, CA 92173  
Teleservice  
Effective as of 01-FEB-21

**TRUJILLO, MIGUEL, PA†**

Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-JAN-21

**PODIATRIST**

**MANCHEL, BRUCE, DPM†**

Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-JAN-21

**MANCHEL, BRUCE, DPM†**

Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-JUL-22

**PSYCHIATRY**

**BERGGREN, ERICA, MD†**

Provider ID: N/A

4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-JUL-22

**BERGGREN, ERICA, MD†**  
Provider ID: N/A

4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-JUL-22

**CRAWFORD-DAY, ANN, MD**  
Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-APR-23

**CRAWFORD-DAY, ANN, MD**  
Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-APR-23

**FONTANA, LOUIS, MD†**  
Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-APR-23

**FONTANA, LOUIS, MD†**  
Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-APR-23

**JAMES, CHRISTINE, DO**  
Provider ID: N/A

1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173  
Effective as of 01-FEB-24

**JAMES, CHRISTINE, DO**  
Provider ID: N/A

1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173  
Effective as of 01-FEB-24

**OJHA, PRITI, MD**

Provider ID: N/A

1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173  
Effective as of 01-JUN-23

**OJHA, PRITI, MD**

Provider ID: N/A

1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173  
Effective as of 01-JUN-23

### **REGISTERED PHYSICAL THERAPIST**

**DESOUSA, MICHELLE, PT†**

Provider ID: N/A

3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-JUL-22

### **SPEECH PATHOLOGIST**

**HILL, CARLA, SP†**

Provider ID: N/A

3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
Teleservice

Effective as of 01-MAY-22

### **SURGERY ORTHOPEDIC**

**ROSENFELD, ALAN, MD†**

Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
Effective as of 01-JAN-21

### **UROLOGY**

**SALEM, CAROL, MD†**

Provider ID: N/A

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Effective as of 01-JAN-21

### **CHIROPRACTOR**

**KELCHNER, MATTHEW, DC†**

Provider ID: N/A

120 TOWN CENTER PKWY  
SANTEE, CA 92071  
Effective as of 01-JUL-22

**KELCHNER, MATTHEW, DC†**

Provider ID: N/A

120 TOWN CENTER PKWY  
SANTEE, CA 92071  
Effective as of 01-DEC-22

### **GASTROENTEROLOGY**

**REDDY, ANANTHRAM, MD†**

Provider ID: N/A

9456 CUYAMACA ST STE  
102  
SANTEE, CA 92071  
Effective as of 01-JAN-21

**REDDY, ANANTHRAM, MD†**

Provider ID: N/A

9456 CUYAMACA ST STE  
102  
SANTEE, CA 92071  
Effective as of 01-JUL-22

### **INTERNAL MEDICINE**

**CORBIN, DAVID, MD†**

Provider ID: N/A

120 TOWN CENTER PKWY  
SANTEE, CA 92071  
Teleservice

Effective as of 01-NOV-23

### **LICENSED CLINICAL**

### **SOCIAL WORKER**

**MEAGHER, RAISHELLE, LCSW**

Provider ID: N/A

120 TOWN CENTER PKWY  
SANTEE, CA 92071

Teleservice

Effective as of 01-NOV-23

### **PEDIATRICS**

**IKE, ERICA, DO†**

Provider ID: N/A

120 TOWN CENTER PKWY  
SANTEE, CA 92071

Effective as of 01-JAN-21

### **PHYSICIANS ASSISTANT**

**ROSENBLATT, SHERI, PA†**

Provider ID: N/A

120 TOWN CENTER PKWY  
SANTEE, CA 92071

Teleservice

Effective as of 01-OCT-21

### **PSYCHIATRY**

**CHAUDHRI, YASHWANT, MD†**

Provider ID: N/A

8770 CUYAMACA ST STE 4  
SANTEE, CA 92071

Effective as of 01-MAY-22

**CHAUDHRI, YASHWANT, MD†**

Provider ID: N/A

8770 CUYAMACA ST STE 4  
SANTEE, CA 92071

Effective as of 01-MAY-22

### **RADIOLOGY DIAGNOSTIC**

**MOORE, BRIAN, MD†**

Provider ID: N/A

9640 MISSION GORGE RD  
STE H  
SANTEE, CA 92071

Effective as of 01-JAN-21

**VENKATESH, VIJAY, MD†**

Provider ID: N/A

9640 MISSION GORGE RD  
STE H  
SANTEE, CA 92071

Effective as of 01-SEP-22

### **REGISTERED PHYSICAL THERAPIST**

**BOUTELLE, BARBARA, PT**

Provider ID: N/A

9830 PROSPECT AVE STE A  
SANTEE, CA 92071

Effective as of 01-JAN-24

**BOUTELLE, DAVID, PT**

Provider ID: N/A

9830 PROSPECT AVE STE A  
SANTEE, CA 92071

Effective as of 01-JAN-21

### **DERMATOLOGY**

**AGUIRRE, KRISTEN, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
STE D  
SOLANA BEACH, CA 92075

Effective as of 01-JUN-22

**AGUIRRE, KRISTEN, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
STE D  
SOLANA BEACH, CA 92075

Effective as of 01-JAN-23

**GILBOA, RUTH, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
STE D  
SOLANA BEACH, CA 92075

Effective as of 01-JUN-22

**GILBOA, RUTH, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
STE 8  
SOLANA BEACH, CA 92075

Effective as of 01-FEB-21

**GILBOA, RUTH, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
STE D  
SOLANA BEACH, CA 92075

Effective as of 01-AUG-08

**GILBOA, RUTH, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
STE D  
SOLANA BEACH, CA 92075

Effective as of 01-JUL-22

**GILBOA, RUTH, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
STE D  
SOLANA BEACH, CA 92075

Effective as of 01-SEP-22

**ROSS, ANDREW, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
STE D  
SOLANA BEACH, CA 92075

Effective as of 01-SEP-22

**ROSS, ANDREW, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
STE D  
SOLANA BEACH, CA 92075

Effective as of 01-JUL-22

**ROSS, ANDREW, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
STE D  
SOLANA BEACH, CA 92075  
Effective as of 01-AUG-20

**ROSS, ANDREW, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
STE D  
SOLANA BEACH, CA 92075  
Effective as of 01-JUN-22

**SIRICHOTIRATANA, MELISSA, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
STE D  
SOLANA BEACH, CA 92075  
Effective as of 01-JAN-23

**THIELE, JENS, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
STE D  
SOLANA BEACH, CA 92075  
Effective as of 01-JUN-22

**THIELE, JENS, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
STE D  
SOLANA BEACH, CA 92075  
Effective as of 01-SEP-09

**TSE, YARDY, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
STE D  
SOLANA BEACH, CA 92075  
Effective as of 01-JUN-22

**VENKAT, ARUN, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
STE 8

SOLANA BEACH, CA 92075  
Effective as of 01-FEB-21

**VENKAT, ARUN, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
STE D  
SOLANA BEACH, CA 92075  
Effective as of 01-JUL-22

**VENKAT, ARUN, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
STE D  
SOLANA BEACH, CA 92075  
Effective as of 01-MAR-16

**VENKAT, ARUN, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
STE D  
SOLANA BEACH, CA 92075  
Effective as of 01-MAR-16

**VENKAT, ARUN, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
STE D  
SOLANA BEACH, CA 92075  
Effective as of 01-SEP-22

**ENDOCRINOLOGY  
METABOLISM DIABETES**

**ARGOUD, GEORGES, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
STE 8  
SOLANA BEACH, CA 92075  
Effective as of 01-JUL-22

**ARGOUD, GEORGES, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
STE 8

SOLANA BEACH, CA 92075\*  
Effective as of 01-JAN-24

**ARGOUD, GEORGES, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
STE 8  
SOLANA BEACH, CA 92075  
Effective as of 01-JAN-21

**ARGOUD, GEORGES, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
STE 8  
SOLANA BEACH, CA 92075  
Effective as of 01-JAN-21

**ARGOUD, GEORGES, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
STE 8  
SOLANA BEACH, CA 92075  
Effective as of 01-MAR-15

**ARGOUD, GEORGES, MD†**

Provider ID: N/A

530 LOMAS SANTA FE DR  
STE 8  
SOLANA BEACH, CA 92075  
Effective as of 01-MAR-15

**PHYSICIANS ASSISTANT**

**GIBSON, JULIA, PA**

Provider ID: N/A

380 STEVENS AVE STE 310  
SOLANA BEACH, CA 92075  
Effective as of 01-MAY-23

**LEE, MYUNGHEE, PA**

Provider ID: N/A

530 LOMAS SANTA FE DR  
STE 8  
SOLANA BEACH, CA 92075  
Teleservice

Effective as of 01-NOV-23

**ROBINSON, JENELLE, PA**

Provider ID: N/A

530 LOMAS SANTA FE DR  
STE 8  
SOLANA BEACH, CA 92075

Effective as of 01-NOV-23

**CERTIFIED NURSE  
PRACTITIONER**

**CISTRONE, MONICA, NPF**

Provider ID: N/A

9239 CAMPO RD STE A  
SPRING VALLEY, CA 91977

Teleservice

Effective as of 01-JUL-23

**GORDON, DANIELLE, NP†**

Provider ID: N/A

9239 CAMPO RD STE A  
SPRING VALLEY, CA 91977

Teleservice

Effective as of 01-MAR-22

**ALLERGY IMMUNOLOGY**

**BROWN, HOSEA, MD†**

Provider ID: N/A

26960 CHERRY HILLS  
BLVD STE D  
SUN CITY, CA 92586

Effective as of 01-FEB-22

**AUDIOLOGIST**

**ACEVEDO-FREY, SYLVIA, AuD**

Provider ID: N/A

28071 BRADLEY RD  
SUN CITY, CA 92586

Effective as of 01-JUN-23

**CARDIOVASCULAR**

**DISEASE**

**AGGARWAL, SAURABH, MD†**

Provider ID: N/A

26962 CHERRY HILLS  
BLVD STE A  
SUN CITY, CA 92586

Effective as of 01-DEC-21

**SARSAM, SINAN, MD†**

Provider ID: N/A

26960 CHERRY HILLS  
BLVD STE C  
SUN CITY, CA 92586

Effective as of 01-JUN-21

**GASTROENTEROLOGY**

**RAGHUWANSHI, NAISHADH,  
MD†**

Provider ID: N/A

26960 CHERRY HILLS  
BLVD  
SUN CITY, CA 92586

Effective as of 01-FEB-11

**RAGHUWANSHI, NAISHADH,  
MD†**

Provider ID: N/A

26960 CHERRY HILLS  
BLVD  
SUN CITY, CA 92586

Effective as of 01-SEP-09

**MARRIAGE FAMILY  
THERAPIST**

**PORTER, TERRY, MFT†**

Provider ID: N/A

28125 BRADLEY RD STE 220  
SUN CITY, CA 92586

Effective as of 01-JAN-23

**PORTER, TERRY, MFT†**

Provider ID: N/A

28125 BRADLEY RD STE 220  
SUN CITY, CA 92586

Effective as of 01-JAN-23

**NEPHROLOGY**

**ISHAK, SALAM, MD†**

Provider ID: N/A

28125 BRADLEY RD STE 270  
SUN CITY, CA 92586

Effective as of 01-SEP-12

**ISHAK, SALAM, MD†**

Provider ID: N/A

28125 BRADLEY RD STE 270  
SUN CITY, CA 92586

Effective as of 01-JUN-12

**OPHTHALMOLOGY**

**JACOBSON, ARTHUR, MD†**

Provider ID: N/A

29826 HAUN RD STE 100  
SUN CITY, CA 92586

Effective as of 01-JUL-23

**LEE, JOHN, MD†**

Provider ID: N/A

28125 BRADLEY RD STE 189  
SUN CITY, CA 92586

Effective as of 01-FEB-11

**OPTOMETRIST**

**LANE, KEVIN, OD†**

Provider ID: N/A

29826 HAUN RD STE 100  
SUN CITY, CA 92586

Effective as of 01-JUL-23

**RADIOLOGY DIAGNOSTIC**

**BURROUGHS, GLORIA, MD†**

Provider ID: N/A

26870 CHERRY HILLS  
BLVD  
SUN CITY, CA 92586  
Effective as of 01-OCT-17

**BURROUGHS, GLORIA, MD†**

Provider ID: N/A

26870 CHERRY HILLS  
BLVD  
SUN CITY, CA 92586  
Effective as of 01-OCT-17

**BURROUGHS, GLORIA, MD†**

Provider ID: N/A

26870 CHERRY HILLS  
BLVD  
SUN CITY, CA 92586  
Effective as of 01-OCT-17

**ALLERGY IMMUNOLOGY**

**GUPTA, SAMEER, MD†**

Provider ID: N/A

41715 WINCHESTER RD STE  
206  
TEMECULA, CA 92590  
Effective as of 01-FEB-15

**GUPTA, SAMEER, MD†**

Provider ID: N/A

41715 WINCHESTER RD STE  
206  
TEMECULA, CA 92590  
Effective as of 01-DEC-21

**GUPTA, SAMEER, MD†**

Provider ID: N/A

41715 WINCHESTER RD STE  
206  
TEMECULA, CA 92590  
Effective as of 01-JUL-23

**GUPTA, SAMEER, MD†**

Provider ID: N/A

41715 WINCHESTER RD STE

206  
TEMECULA, CA 92590  
Effective as of 01-JAN-16

**ANESTHESIOLOGY**

**DORAISWAMY, ARUL, MD†**

Provider ID: N/A

28975 OLD TOWN FRONT  
ST STE 200  
TEMECULA, CA 92590  
Effective as of 01-JUL-17

**DORAISWAMY, ARUL, MD†**

Provider ID: N/A

28975 OLD TOWN FRONT  
ST STE 200  
TEMECULA, CA 92590  
Effective as of 01-JUL-17

**GUIANG, RAINIER, MD†**

Provider ID: N/A

27450 YNEZ RD STE 128  
TEMECULA, CA 92591  
Effective as of 01-SEP-19

**HYUN, SUZANNE, MD**

Provider ID: N/A

27450 YNEZ RD STE 128  
TEMECULA, CA 92591  
Effective as of 01-MAR-24

**JEDAMSKI, WALDTRAUT, MD**

Provider ID: N/A

28975 OLD TOWN FRONT  
ST STE 200  
TEMECULA, CA 92590  
Effective as of 01-OCT-19

**KANU, ABDUL, MD**

Provider ID: N/A

27699 JEFFERSON AVE  
TEMECULA, CA 92590  
Teleservice  
Effective as of 01-AUG-20

**PANG, GARY, MD†**

Provider ID: N/A

27450 YNEZ RD STE 128  
TEMECULA, CA 92591  
Effective as of 01-MAR-24

**ANESTHESIOLOGY PAIN  
MANAGEMENT**

**CHEN, HAMILTON, MD†**

Provider ID: N/A

27450 YNEZ RD STE 128  
TEMECULA, CA 92591  
Effective as of 01-SEP-19

**CHEN, HAMILTON, MD†**

Provider ID: N/A

27450 YNEZ RD STE 128  
TEMECULA, CA 92591  
Effective as of 01-SEP-19

**CHEN, HAMILTON, MD**

Provider ID: N/A

27450 YNEZ RD STE 202  
TEMECULA, CA 92591  
Effective as of 01-SEP-23

**DADACHANJI, CYRUS, MD**

Provider ID: N/A

27699 JEFFERSON AVE STE  
305  
TEMECULA, CA 92590  
Effective as of 01-JUL-23

**DORAISWAMY, ARUL, MD†**

Provider ID: N/A

28975 OLD TOWN FRONT  
ST STE 200  
TEMECULA, CA 92590  
Effective as of 01-JUL-17


**GUIANG, RAINIER, MD**

Provider ID: N/A


27450 YNEZ RD STE 202

TEMECULA, CA 92591  
Effective as of 01-SEP-23


**GUIANG, RAINIER, MD†**

Provider ID: N/A  
 27450 YNEZ RD STE 128  
TEMECULA, CA 92591  
Effective as of 01-MAR-24


**LEIER, TIM, MD**

Provider ID: N/A  
 27699 JEFFERSON AVE STE  
201  
TEMECULA, CA 92590  
Effective as of 01-MAY-18


**LEIER, TIM, MD**

Provider ID: N/A  
 27699 JEFFERSON AVE STE  
201  
TEMECULA, CA 92590  
Effective as of 01-SEP-19

**LEIER, TIM, MD**


Provider ID: N/A  
 27699 JEFFERSON AVE STE  
201  
TEMECULA, CA 92590  
Effective as of 01-JUN-21

**MOELLER-BERTRAM, TOBIAS,  
MD†**

Provider ID: N/A  
 27699 JEFFERSON AVE STE  
201  
TEMECULA, CA 92590  
Effective as of 01-JUN-18


**CARDIOLOGY**

**MESSENGER, BRADLEY, MD**

Provider ID: N/A  
 31515 RANCHO PUEBLO RD  
STE 103  
TEMECULA, CA 92592


Effective as of 01-JUN-23

**PATANKAR, KAUSTUBH, MD†**


Provider ID: N/A  
 31515 RANCHO PUEBLO RD  
STE 103  
TEMECULA, CA 92592  
Effective as of 01-JUN-23

**CARDIOVASCULAR  
DISEASE**


**ALFAY, WISAM, MD**

Provider ID: N/A  
 28780 SINGLE OAK DR STE  
290  
TEMECULA, CA 92590  
Effective as of 01-JAN-22


**ALFAY, WISAM, MD**

Provider ID: N/A  
 27450 YNEZ RD STE 109  
TEMECULA, CA 92591  
Effective as of 01-MAR-22


**AMIN, JATIN, MD†**

Provider ID: N/A  
 31515 RANCHO PUEBLO RD  
STE 103  
TEMECULA, CA 92592  
Effective as of 01-JUN-23


**ATTIA, NADER, DO†**

Provider ID: N/A  
 31515 RANCHO PUEBLO RD  
STE 103  
TEMECULA, CA 92592  
Effective as of 01-JUN-23


**ATTIA, NADER, DO†**

Provider ID: N/A  
 31515 RANCHO PUEBLO RD  
STE 103  
TEMECULA, CA 92592  
Effective as of 01-JUL-22


**ATTIA, NADER, DO†**

Provider ID: N/A  
 31515 RANCHO PUEBLO RD  
STE 103  
TEMECULA, CA 92592  
Effective as of 01-JUN-23


**BISWAS, MIMI, MD**

Provider ID: N/A  
 31515 RANCHO PUEBLO RD  
STE 103  
TEMECULA, CA 92592  
Effective as of 01-JUN-23


**COX, JEREMY, DO**

Provider ID: N/A  
 31515 RANCHO PUEBLO RD  
STE 103  
TEMECULA, CA 92592  
Effective as of 01-MAR-24


**COX, JEREMY, DO**

Provider ID: N/A  
 31515 RANCHO PUEBLO RD  
STE 103  
TEMECULA, CA 92592  
Effective as of 01-MAR-24

**PAREKH, NIRAJ, MD†**

Provider ID: N/A  
 31515 RANCHO PUEBLO RD  
STE 103  
TEMECULA, CA 92592  
Effective as of 01-MAY-21

**PAREKH, NIRAJ, MD†**

Provider ID: N/A  
 31515 RANCHO PUEBLO RD  
STE 103  
TEMECULA, CA 92592  
Effective as of 01-JUN-23

**PAREKH, NIRAJ, MD†**

Provider ID: N/A

31515 RANCHO PUEBLO RD  
STE 103  
TEMECULA, CA 92592  
Effective as of 01-JUN-23

**PATANKAR, KAUSTUBH, MD†**

Provider ID: N/A

31515 RANCHO PUEBLO RD  
STE 103  
TEMECULA, CA 92592  
Effective as of 01-FEB-22

**SANGODKAR, SANDEEP, DO**

Provider ID: N/A

31515 RANCHO PUEBLO RD  
STE 103  
TEMECULA, CA 92592  
Effective as of 01-JUN-23

**SARSAM, SINAN, MD†**

Provider ID: N/A

27450 YNEZ RD STE 109  
TEMECULA, CA 92591  
Effective as of 01-MAR-22

**SARSAM, SINAN, MD†**

Provider ID: N/A

27450 YNEZ RD STE 109  
TEMECULA, CA 92591  
Effective as of 01-MAR-22

**CERTIFIED  
ACUPUNCTURIST**

**LEE, KYUNG, LAC**

Provider ID: N/A

27455 TIERRA ALTA WAY  
STE A  
TEMECULA, CA 92590  
Effective as of 01-MAR-21

**LEE, KYUNG, LAC**

Provider ID: N/A

27455 TIERRA ALTA WAY  
STE A

TEMECULA, CA 92590  
Effective as of 01-MAR-21

**WACHNER, KRISTELYN, LAC†**

Provider ID: N/A

41840 ENTERPRISE CIR N  
TEMECULA, CA 92590  
Effective as of 01-OCT-22

**WACHNER, KRISTELYN, LAC†**

Provider ID: N/A

41840 ENTERPRISE CIR N  
TEMECULA, CA 92590  
Effective as of 01-OCT-22

**CERTIFIED NURSE  
PRACTITIONER**

**AGORRILLA, MARIA, NP**

Provider ID: N/A

44274 GEORGE CUSHMAN  
CT STE 212  
TEMECULA, CA 92592  
Effective as of 01-OCT-23

**ALVAREZ, ARMANDA, NP**

Provider ID: N/A

27555 YNEZ RD STE 102  
TEMECULA, CA 92591  
Effective as of 01-FEB-24

**BEDFORD, RONALD, NP†**

Provider ID: N/A

44605 AVENIDA DE  
MISSIONES STE 202  
TEMECULA, CA 92592  
Effective as of 01-SEP-22

**BEDFORD, RONALD, NP†**

Provider ID: N/A

44605 AVENIDA DE  
MISSIONES STE 202  
TEMECULA, CA 92592  
Effective as of 01-SEP-22

**BEDFORD, RONALD, NP†**

Provider ID: N/A

44605 AVENIDA DE  
MISSIONES STE 202  
TEMECULA, CA 92592  
Effective as of 01-MAY-22

**BEDFORD, RONALD, NP†**

Provider ID: N/A

44605 AVENIDA DE  
MISSIONES STE 202  
TEMECULA, CA 92592  
Effective as of 01-MAY-22

**BEDFORD, RONALD, NP†**

Provider ID: N/A

44605 AVENIDA DE  
MISSIONES STE 202  
TEMECULA, CA 92592  
Effective as of 01-MAY-22

**DONLON, RYAN, NPF**

Provider ID: N/A

31150 TEMECULA PKWY  
TEMECULA, CA 92592  
Effective as of 01-MAR-24

**DONLON, RYAN, NPF**

Provider ID: N/A

31150 TEMECULA PKWY  
TEMECULA, CA 92592  
Effective as of 01-MAR-24

**DONLON, RYAN, NPF**

Provider ID: N/A

31150 TEMECULA PKWY  
TEMECULA, CA 92592  
Effective as of 01-MAR-24

**DONLON, RYAN, NPF**

Provider ID: N/A

31150 TEMECULA PKWY  
TEMECULA, CA 92592  
Effective as of 01-MAR-24



**GEISINGER, TERESA, NP**

Provider ID: N/A

31625 DE PORTOLA RD STE 101  
TEMECULA, CA 92592  
Effective as of 01-APR-23

**HARTMAN, JULIE, NPF**

Provider ID: N/A

31170 TEMECULA PKWY STE 100  
TEMECULA, CA 92592  
Effective as of 01-SEP-23

**HASAN, BUSHRA, NP**

Provider ID: N/A

31170 TEMECULA PKWY STE 100  
TEMECULA, CA 92592  
Effective as of 01-OCT-22

**HUERTA, CARMEN, NP†**

Provider ID: N/A

44605 AVENIDA DE MISSIONES STE 202  
TEMECULA, CA 92592  
Effective as of 01-OCT-22

**HUERTA, CARMEN, NP†**

Provider ID: N/A

44605 AVENIDA DE MISSIONES STE 202  
TEMECULA, CA 92592  
Effective as of 01-MAY-22

**HUERTA, CARMEN, NP†**

Provider ID: N/A

44605 AVENIDA DE MISSIONES STE 202  
TEMECULA, CA 92592  
Effective as of 01-DEC-22

**LIRA, SHANNON, NPF**

Provider ID: N/A

31625 DE PORTOLA RD STE

101

TEMECULA, CA 92592

Effective as of 01-FEB-24

**LUCACI, BIANCA, NP**

Provider ID: N/A

27555 YNEZ RD STE 400  
TEMECULA, CA 92591  
Effective as of 01-SEP-22

**ONUOHA, NOJA, NP†**

Provider ID: N/A

29645 RANCHO CALIFORNIA RD STE 213  
TEMECULA, CA 92591\*  
Effective as of 01-NOV-22

**ONUOHA, NOJA, NP†**

Provider ID: N/A

29645 RANCHO CALIFORNIA RD STE 213  
TEMECULA, CA 92591\*  
Effective as of 01-NOV-22

**SMITH, PAIGE, NP**

Provider ID: N/A

27555 YNEZ RD STE 400  
TEMECULA, CA 92591  
Effective as of 01-OCT-23

**THOMAS, STEPHEN, NPF†**

Provider ID: N/A

31537 RANCHO PUEBLO RD STE 201  
TEMECULA, CA 92592  
Effective as of 01-AUG-22

**THOMAS, STEPHEN, NPF†**

Provider ID: N/A

31537 RANCHO PUEBLO RD STE 201  
TEMECULA, CA 92592  
Effective as of 01-OCT-23

**THOMAS, STEPHEN, NPF†**

Provider ID: N/A

31537 RANCHO PUEBLO RD STE 201  
TEMECULA, CA 92592  
Effective as of 01-MAR-21

**ZELEDON, JAIME, NP**

Provider ID: N/A

27699 JEFFERSON AVE STE 201  
TEMECULA, CA 92590  
Effective as of 01-MAY-18

**CERTIFIED REGISTERED  
NURSE MIDWIFE**

**ZAMORA-FLYR, MARIA, CRNM**

Provider ID: N/A

41840 ENTERPRISE CIR N  
TEMECULA, CA 92590  
Effective as of 01-JUL-22

**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

**ROJAS, RAYMOND, DC†**

Provider ID: N/A

41840 ENTERPRISE CIR N  
TEMECULA, CA 92590  
Effective as of 01-JUL-22

**DERMATOLOGY**

**JACOBS, RANDOLPH, MD**

Provider ID: N/A

40971 WINCHESTER RD  
TEMECULA, CA 92591  
Effective as of 01-DEC-18

**JACOBS, RANDOLPH, MD**

Provider ID: N/A

40971 WINCHESTER RD  
TEMECULA, CA 92591  
Effective as of 01-JUL-97

**KHERADMAND, SHIVA, DO†**

Provider ID: N/A

44605 AVENIDA DE  
MISSIONES STE 202  
TEMECULA, CA 92592  
Effective as of 01-JAN-22

**KHERADMAND, SHIVA, DO†**

Provider ID: N/A

44605 AVENIDA DE  
MISSIONES STE 202  
TEMECULA, CA 92592  
Effective as of 01-APR-22

**KHERADMAND, SHIVA, DO†**

Provider ID: N/A

44605 AVENIDA DE  
MISSIONES STE 202  
TEMECULA, CA 92592  
Effective as of 01-APR-22

**KHERADMAND, SHIVA, DO†**

Provider ID: N/A

44605 AVENIDA DE  
MISSIONES STE 202  
TEMECULA, CA 92592  
Effective as of 01-DEC-21

**KHERADMAND, SHIVA, DO†**

Provider ID: N/A

44605 AVENIDA DE  
MISSIONES STE 202  
TEMECULA, CA 92592  
Effective as of 01-DEC-21

**KHERADMAND, SHIVA, DO†**

Provider ID: N/A

44605 AVENIDA DE  
MISSIONES STE 202  
TEMECULA, CA 92592  
Effective as of 01-DEC-21

**KHERADMAND, SHIVA, DO†**

Provider ID: N/A

44605 AVENIDA DE  
MISSIONES STE 202  
TEMECULA, CA 92592  
Effective as of 01-DEC-21

**MITCHELL, JESSE, MD†**

Provider ID: N/A

31150 TEMECULA PKWY  
STE 104  
TEMECULA, CA 92592  
Effective as of 01-FEB-22

**MITCHELL, JESSE, MD†**

Provider ID: N/A

31150 TEMECULA PKWY  
STE 104  
TEMECULA, CA 92592

Effective as of 01-JUL-21

**MITCHELL, JESSE, MD†**

Provider ID: N/A

31150 TEMECULA PKWY  
STE 104  
TEMECULA, CA 92592  
Effective as of 01-JUL-21

**MITCHELL, JESSE, MD†**

Provider ID: N/A

31150 TEMECULA PKWY  
STE 104  
TEMECULA, CA 92592  
Effective as of 01-OCT-20

**MITCHELL, JESSE, MD†**

Provider ID: N/A

31150 TEMECULA PKWY  
STE 104  
TEMECULA, CA 92592  
Effective as of 01-OCT-20

**MITCHELL, JESSE, MD†**

Provider ID: N/A

31150 TEMECULA PKWY  
STE 104  
TEMECULA, CA 92592  
Effective as of 01-OCT-20

**MITCHELL, JESSE, MD†**

Provider ID: N/A

31150 TEMECULA PKWY  
STE 104  
TEMECULA, CA 92592  
Effective as of 01-OCT-20

**MUNYON, THOMAS, MD†**

Provider ID: N/A

44605 AVENIDA DE  
MISSIONES STE 202  
TEMECULA, CA 92592  
Teleservice  
Effective as of 01-MAR-24

**ROSS, ANDREW, MD†**

Provider ID: N/A

31515 RANCHO PUEBLO RD  
STE 102  
TEMECULA, CA 92592  
Effective as of 01-JUL-22

**SAIED, NAGI, MD**

Provider ID: N/A

44605 AVENIDA DE  
MISSIONES STE 202  
TEMECULA, CA 92592  
Teleservice  
Effective as of 01-NOV-23

**EMERGENCY MEDICINE**

**ELLIS, JOHN, MD†**

Provider ID: N/A

40949 WINCHESTER RD  
TEMECULA, CA 92591  
Effective as of 01-SEP-22

**WARD, NICHOLAS, MD†**

Provider ID: N/A

31700 TEMECULA PKWY  
TEMECULA, CA 92592  
Effective as of 01-MAR-21

**WARD, NICHOLAS, MD†**

Provider ID: N/A

31700 TEMECULA PKWY  
TEMECULA, CA 92592  
Effective as of 01-MAR-21

**WARD, NICHOLAS, MD†**

Provider ID: N/A

31700 TEMECULA PKWY  
TEMECULA, CA 92592  
Effective as of 01-MAR-21

**ENDOCRINOLOGY**

**METABOLISM DIABETES**

**JOO, KATHY, MD†**

Provider ID: N/A

29645 RANCHO  
CALIFORNIA RD STE 134  
TEMECULA, CA 92591  
Effective as of 01-JUL-23

**JOO, KATHY, MD†**

Provider ID: N/A

29645 RANCHO  
CALIFORNIA RD STE 134  
TEMECULA, CA 92591  
Effective as of 01-JUN-16

**JOO, KATHY, MD†**

Provider ID: N/A

29645 RANCHO  
CALIFORNIA RD STE 134  
TEMECULA, CA 92591  
Effective as of 01-JUN-16

**JOO, KATHY, MD†**

Provider ID: N/A

29645 RANCHO  
CALIFORNIA RD STE 134  
TEMECULA, CA 92591  
Effective as of 01-JUN-16

**JOU, BILL, MD**

Provider ID: N/A

31515 RANCHO PUEBLO RD  
STE 205  
TEMECULA, CA 92592  
Effective as of 01-FEB-17

**JOU, BILL, MD**

Provider ID: N/A

31515 RANCHO PUEBLO RD  
STE 205  
TEMECULA, CA 92592  
Effective as of 01-FEB-17

**FAMILY PRACTICE**

**SPORTS MEDICINE**

**CHEUNG, SUNNY, MD**

Provider ID: N/A

28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590  
Effective as of 01-FEB-23

**CHEUNG, SUNNY, MD**

Provider ID: N/A

28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590  
Effective as of 01-FEB-23

**CHEUNG, SUNNY, MD**

Provider ID: N/A

28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590  
Effective as of 01-FEB-23

**CHEUNG, SUNNY, MD**

Provider ID: N/A

28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590  
Effective as of 01-FEB-23

**GASTROENTEROLOGY**

**ARDIGO, GREGORY, MD**

Provider ID: N/A

29645 RANCHO  
CALIFORNIA RD STE 209  
TEMECULA, CA 92591  
Effective as of 01-AUG-23

**DINH, JACK, MD**

Provider ID: N/A

29645 RANCHO  
CALIFORNIA RD STE 209  
TEMECULA, CA 92591  
Effective as of 01-AUG-23

**KEMMERLY, THOMAS, MD**

Provider ID: N/A

29645 RANCHO CALIFORNIA RD STE 209 TEMECULA, CA 92591  
Effective as of 01-AUG-23

**SAUNDERS, ANGELA, DO†**  
Provider ID: N/A

31625 DE PORTOLA RD SUITE 101 TEMECULA, CA 92592  
Effective as of 01-MAY-23

**SAUNDERS, ANGELA, DO†**  
Provider ID: N/A

31625 DE PORTOLA RD SUITE 101 TEMECULA, CA 92592  
Effective as of 01-MAR-24

**SAUNDERS, ANGELA, DO†**  
Provider ID: N/A

31625 DE PORTOLA RD SUITE 101 TEMECULA, CA 92592  
Effective as of 01-DEC-22

**SAUNDERS, ANGELA, DO†**  
Provider ID: N/A

31625 DE PORTOLA RD SUITE 101 TEMECULA, CA 92592  
Effective as of 01-NOV-23

**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

**INTERNAL MEDICINE**

**AL HARASH, ABDALHAMID, MD†**  
Provider ID: N/A

31565 RANCHO PUEBLO RD STE 205 TEMECULA, CA 92592  
Effective as of 01-OCT-22

**AL HARASH, ABDALHAMID, MD†**  
Provider ID: N/A

31565 RANCHO PUEBLO RD STE 205 TEMECULA, CA 92592  
Effective as of 01-OCT-22

**AL HARASH, ABDALHAMID, MD†**  
Provider ID: N/A

31565 RANCHO PUEBLO RD STE 205 TEMECULA, CA 92592  
Effective as of 01-OCT-22

**ALTRIKI, MOHAMAD, MD†**  
Provider ID: N/A

31537 RANCHO PUEBLO RD STE 201 TEMECULA, CA 92592  
Effective as of 01-OCT-20

**ALTRIKI, MOHAMAD, MD†**  
Provider ID: N/A

31537 RANCHO PUEBLO RD STE 201 TEMECULA, CA 92592  
Effective as of 01-OCT-20

**ALTRIKI, MOHAMAD, MD†**  
Provider ID: N/A

31537 RANCHO PUEBLO

RD STE 201  
TEMECULA, CA 92592  
Effective as of 01-NOV-20

**ALTRIKI, MOHAMAD, MD†**

Provider ID: N/A  
31537 RANCHO PUEBLO  
RD STE 201  
TEMECULA, CA 92592  
Effective as of 01-NOV-20

**ALTRIKI, MOHAMAD, MD†**

Provider ID: N/A  
31537 RANCHO PUEBLO  
RD STE 201  
TEMECULA, CA 92592  
Effective as of 01-MAR-21

**ALTRIKI, MOHAMAD, MD†**

Provider ID: N/A  
31537 RANCHO PUEBLO  
RD STE 201  
TEMECULA, CA 92592  
Effective as of 01-JAN-22

**COX, JEREMY, DO**

Provider ID: N/A  
31515 RANCHO PUEBLO RD  
STE 103  
TEMECULA, CA 92592  
Effective as of 01-JUN-23

**HADDADIN, HASSAN, MD†**

Provider ID: N/A  
27699 JEFFERSON AVE STE  
204  
TEMECULA, CA 92590  
Effective as of 01-SEP-22

**HADDADIN, HASSAN, MD†**

Provider ID: N/A  
27699 JEFFERSON AVE STE  
204  
TEMECULA, CA 92590  
Effective as of 01-SEP-22

**HADDADIN, HASSAN, MD†**

Provider ID: N/A  
27699 JEFFERSON AVE STE  
204  
TEMECULA, CA 92590  
Effective as of 01-SEP-22

**JACOBS, NATALIA, MD**

Provider ID: N/A  
40971 WINCHESTER RD  
TEMECULA, CA 92591  
Effective as of 01-MAY-23

**WHITE, XUANHA, DO†**

Provider ID: N/A  
44605 AVENIDA DE  
MISSIONES STE 206  
TEMECULA, CA 92592  
Effective as of 01-FEB-22

**YU, JERRY, MD†**

Provider ID: N/A  
31537 RANCHO PUEBLO  
RD STE 201  
TEMECULA, CA 92592  
Effective as of 01-DEC-23

**YU, JERRY, MD†**

Provider ID: N/A  
31537 RANCHO PUEBLO  
RD STE 201  
TEMECULA, CA 92592  
Effective as of 01-MAR-21

**YU, JERRY, MD†**

Provider ID: N/A  
31537 RANCHO PUEBLO  
RD STE 201  
TEMECULA, CA 92592  
Effective as of 01-JUL-18

**YU, JERRY, MD†**

Provider ID: N/A  
31537 RANCHO PUEBLO

RD STE 201  
TEMECULA, CA 92592  
Effective as of 01-JUL-18

**YU, JERRY, MD†**

Provider ID: N/A  
31537 RANCHO PUEBLO  
RD STE 201  
TEMECULA, CA 92592  
Effective as of 01-AUG-18

**INTERNAL MEDICINE  
CRITICAL CARE MEDICINE**

**SALEK, MUNIF, MD†**

Provider ID: N/A  
27699 JEFFERSON AVE STE  
204  
TEMECULA, CA 92590  
Effective as of 01-FEB-22

**SALEK, MUNIF, MD†**

Provider ID: N/A  
27699 JEFFERSON AVE STE  
204  
TEMECULA, CA 92590  
Effective as of 01-FEB-22

**SALEK, MUNIF, MD†**

Provider ID: N/A  
27699 JEFFERSON AVE STE  
204  
TEMECULA, CA 92590  
Effective as of 01-FEB-22

**VEGA, RICARDO, MD†**

Provider ID: N/A  
27699 JEFFERSON AVE STE  
204  
TEMECULA, CA 92590  
Effective as of 01-JAN-22

**VEGA, RICARDO, MD†**

Provider ID: N/A  
27699 JEFFERSON AVE STE

204  
TEMECULA, CA 92590  
Effective as of 01-MAR-22

**INTERVENTIONAL  
CARDIOLOGY**

**SEAMAN, CHRISTOPHER, MD**

Provider ID: N/A  
31515 RANCHO PUEBLO RD  
STE 103  
TEMECULA, CA 92592  
Effective as of 01-JUN-23

**LICENSED CLINICAL  
SOCIAL WORKER**

**CARTWRIGHT, SHANIQUA,  
LCSW**

Provider ID: N/A  
41840 ENTERPRISE CIR N  
TEMECULA, CA 92590  
Effective as of 01-NOV-23

**JONES, VALORIA, LCSW**

Provider ID: N/A  
29645 RANCHO  
CALIFORNIA RD STE 213  
TEMECULA, CA 92591  
Effective as of 01-JUL-23

**JONES, VALORIA, LCSW**

Provider ID: N/A  
29645 RANCHO  
CALIFORNIA RD STE 213  
TEMECULA, CA 92591  
Effective as of 01-JUL-23

**JONES, VALORIA, LCSW**

Provider ID: N/A  
29645 RANCHO  
CALIFORNIA RD STE 213  
TEMECULA, CA 92591  
Effective as of 01-JUL-23

**LURINKS GARCIA, MARIA,  
LCSW**

Provider ID: N/A  
41840 ENTERPRISE CIR N  
TEMECULA, CA 92590  
Effective as of 01-JAN-21

**ROBLEDO, DAMIAN, LCSW**

Provider ID: N/A  
41840 ENTERPRISE CIR N  
TEMECULA, CA 92590  
Effective as of 01-APR-23

**THOMAS, PAULA, LCSW**

Provider ID: N/A  
41840 ENTERPRISE CIR N  
TEMECULA, CA 92590  
Effective as of 01-APR-23

**VALDEZ-HERNANDEZ, ISRAEL,  
LCSW†**

Provider ID: N/A  
29645 RANCHO  
CALIFORNIA RD STE 213  
TEMECULA, CA 92591  
Effective as of 01-JAN-23

**VALDEZ-HERNANDEZ, ISRAEL,  
LCSW†**

Provider ID: N/A  
29645 RANCHO  
CALIFORNIA RD STE 213  
TEMECULA, CA 92591  
Effective as of 01-APR-23

**VALDEZ-HERNANDEZ, ISRAEL,  
LCSW†**

Provider ID: N/A  
29645 RANCHO  
CALIFORNIA RD STE 213  
TEMECULA, CA 92591  
Effective as of 01-APR-23

**VALDEZ-HERNANDEZ, ISRAEL,**

**LCSW†**

Provider ID: N/A  
29645 RANCHO  
CALIFORNIA RD STE 213  
TEMECULA, CA 92591  
Effective as of 01-JAN-23

**NEPHROLOGY**

**ALTRIKI, MOHAMAD, MD†**

Provider ID: N/A  
31565 RANCHO PUEBLO  
RD STE 205  
TEMECULA, CA 92592  
Effective as of 01-JAN-20

**CHANG, DAVID, MD†**

Provider ID: N/A  
31537 RANCHO PUEBLO  
RD STE 201  
TEMECULA, CA 92592  
Effective as of 01-DEC-23

**CHANG, DAVID, MD†**

Provider ID: N/A  
31537 RANCHO PUEBLO  
RD STE 201  
TEMECULA, CA 92592  
Effective as of 01-DEC-23

**CHANG, DAVID, MD†**

Provider ID: N/A  
31537 RANCHO PUEBLO  
RD STE 201  
TEMECULA, CA 92592  
Effective as of 01-DEC-23

**CHANG, DAVID, MD†**

Provider ID: N/A  
31537 RANCHO PUEBLO  
RD STE 201  
TEMECULA, CA 92592  
Effective as of 01-JUL-23

**CHANG, DAVID, MD†**

Provider ID: N/A

☐ 31537 RANCHO PUEBLO  
RD STE 201  
TEMECULA, CA 92592  
Effective as of 01-MAY-23

**CHANG, DAVID, MD†**

Provider ID: N/A

☐ 31537 RANCHO PUEBLO  
RD STE 201  
TEMECULA, CA 92592  
Effective as of 01-MAY-23

**CHANG, DAVID, MD†**

Provider ID: N/A

☐ 31537 RANCHO PUEBLO  
RD STE 201  
TEMECULA, CA 92592  
Effective as of 01-APR-15

**CHANG, DAVID, MD†**

Provider ID: N/A

☐ 31537 RANCHO PUEBLO  
RD STE 201  
TEMECULA, CA 92592  
Effective as of 01-DEC-23

**NANDI, SHANKHA, DO†**

Provider ID: N/A

☐ 31537 RANCHO PUEBLO  
RD STE 201  
TEMECULA, CA 92592  
Effective as of 01-DEC-23

**NANDI, SHANKHA, DO†**

Provider ID: N/A

☐ 31537 RANCHO PUEBLO  
RD STE 201  
TEMECULA, CA 92592  
Effective as of 01-AUG-20

**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-JUN-23

**NANDI, SHANKHA, DO†**

Provider ID: N/A

☐ 31537 RANCHO PUEBLO  
RD STE 201  
TEMECULA, CA 92592  
Effective as of 01-MAR-21

**YAN, ERIC, MD†**

Provider ID: N/A

☐ 31537 RANCHO PUEBLO  
RD STE 201  
TEMECULA, CA 92592

Teleservice

Effective as of 01-JUL-18

**YAN, ERIC, MD†**

Provider ID: N/A

☐ 31537 RANCHO PUEBLO  
RD STE 201  
TEMECULA, CA 92592

Teleservice

Effective as of 01-JUL-18

**YAN, ERIC, MD†**

Provider ID: N/A

☐ 31537 RANCHO PUEBLO  
RD STE 201  
TEMECULA, CA 92592

Teleservice

Effective as of 01-JUL-18

**YAN, ERIC, MD†**

Provider ID: N/A

☐ 31537 RANCHO PUEBLO  
RD STE 201  
TEMECULA, CA 92592

Teleservice

Effective as of 01-JUL-23

**YAN, ERIC, MD†**

Provider ID: N/A

☐ 31537 RANCHO PUEBLO  
RD STE 201  
TEMECULA, CA 92592

Teleservice

Effective as of 01-JUL-23

**YAN, ERIC, MD†**

Provider ID: N/A

☐ 31537 RANCHO PUEBLO  
RD STE 201  
TEMECULA, CA 92592

Teleservice

Effective as of 01-MAY-20

**NEUROLOGY**

**CHOUDRY, BILAL, MD†**

Provider ID: N/A

☐ 31515 RANCHO PUEBLO RD  
STE 104  
TEMECULA, CA 92592

Effective as of 01-MAY-23

**CHOUDRY, BILAL, MD†**

Provider ID: N/A

31515 RANCHO PUEBLO RD STE 104  
TEMECULA, CA 92592  
Effective as of 01-JUN-21

**DELANEY, MICHAEL, MD†**  
Provider ID: N/A

31515 RANCHO PUEBLO RD STE 104  
TEMECULA, CA 92592  
Teleservice  
Effective as of 01-MAY-23

**DELANEY, MICHAEL, MD†**  
Provider ID: N/A

31515 RANCHO PUEBLO RD STE 104  
TEMECULA, CA 92592  
Teleservice  
Effective as of 01-MAR-21

**DELANEY, MICHAEL, MD†**  
Provider ID: N/A

31515 RANCHO PUEBLO RD STE 104  
TEMECULA, CA 92592  
Teleservice  
Effective as of 01-OCT-21

**FARHIDVASH, FARIBA, MD†**  
Provider ID: N/A

44045 MARGARITA RD STE 106  
TEMECULA, CA 92592  
Effective as of 01-NOV-22

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

44045 MARGARITA RD STE 106  
TEMECULA, CA 92592  
Effective as of 01-JUN-22

**GUPTA, MONIKA, MD†**  
Provider ID: N/A

44045 MARGARITA RD STE 106  
TEMECULA, CA 92592  
Effective as of 01-OCT-19

**HALL, JACOB, MD†**  
Provider ID: N/A

31515 RANCHO PUEBLO RD STE 104  
TEMECULA, CA 92592  
Effective as of 01-MAY-23

**HALL, JACOB, MD†**  
Provider ID: N/A

31515 RANCHO PUEBLO RD STE 104  
TEMECULA, CA 92592  
Effective as of 01-OCT-21

**HALL, JACOB, MD†**  
Provider ID: N/A

31515 RANCHO PUEBLO RD STE 104  
TEMECULA, CA 92592  
Effective as of 01-JAN-21

**HOSSEIN ZADEH MALEKI, ANA, MD**  
Provider ID: N/A

44045 MARGARITA RD STE 106  
TEMECULA, CA 92592  
Effective as of 01-FEB-24

**HUOTT, PATRICK, MD**  
Provider ID: N/A

31515 RANCHO PUEBLO RD STE 104  
TEMECULA, CA 92592  
Effective as of 01-FEB-24

**HUOTT, PATRICK, MD**  
Provider ID: N/A

31515 RANCHO PUEBLO RD STE 104

TEMECULA, CA 92592  
Effective as of 01-FEB-24

**MAREK, MAKSYM, MD**  
Provider ID: N/A

44045 MARGARITA RD STE 106  
TEMECULA, CA 92592  
Effective as of 01-DEC-23

**MCGEHRIN, KEVIN, MD**  
Provider ID: N/A

44045 MARGARITA RD STE 106  
TEMECULA, CA 92592  
Effective as of 01-JUL-23

**PHAM, ALISE, DO**  
Provider ID: N/A

44045 MARGARITA RD STE 106  
TEMECULA, CA 92592  
Effective as of 01-DEC-23

**SAHAGIAN, GREGORY, MD**  
Provider ID: N/A

31515 RANCHO PUEBLO RD STE 104  
TEMECULA, CA 92592  
Effective as of 01-MAY-23

**SILVER, BRENT, MD†**  
Provider ID: N/A

44045 MARGARITA RD STE 106  
TEMECULA, CA 92592  
Effective as of 01-NOV-22

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

44045 MARGARITA RD STE 106  
TEMECULA, CA 92592  
Effective as of 01-MAR-21



**TALANKI, VARUN, MD**

Provider ID: N/A

31565 RANCHO PUEBLO  
RD STE 205  
TEMECULA, CA 92592

Effective as of 01-DEC-22

**WU, MELANIE, DO†**

Provider ID: N/A

44045 MARGARITA RD STE  
106  
TEMECULA, CA 92592

Effective as of 01-JAN-20

**NEUROLOGY CHILD**

**OLENSKI, KLARI, DO†**

Provider ID: N/A

44045 MARGARITA RD STE  
106  
TEMECULA, CA 92592

Effective as of 01-MAR-22

**OBSTETRICS /  
GYNECOLOGY**

**ELFELT, TIMOTHY, MD†**

Provider ID: N/A

28780 SINGLE OAK DR STE  
160  
TEMECULA, CA 92590

Effective as of 01-AUG-19

**GOMEZ, GUILLERMO, MD†**

Provider ID: N/A

27625 JEFFERSON AVE STE  
101  
TEMECULA, CA 92590

Effective as of 01-JUL-21

**GOMEZ, GUILLERMO, MD†**

Provider ID: N/A

27625 JEFFERSON AVE STE  
101  
TEMECULA, CA 92590

Effective as of 01-JUL-21

**NEAL, JAMES, MD†**

Provider ID: N/A

31170 TEMECULA PKWY  
STE 201  
TEMECULA, CA 92592

Effective as of 01-JUL-23

**RIZVI, SYED, MD†**

Provider ID: N/A

31493 RANCHO PUEBLO  
RD STE 201  
TEMECULA, CA 92592

Effective as of 01-MAR-22

**OPHTHALMOLOGY**

**BAKHTIARY, PEJMAN, MD†**

Provider ID: N/A

41877 ENTERPRISE CIR N  
STE 110  
TEMECULA, CA 92590

Effective as of 01-SEP-21

**BAKHTIARY, PEJMAN, MD†**

Provider ID: N/A

41877 ENTERPRISE CIR N  
STE 110  
TEMECULA, CA 92590

Effective as of 01-SEP-21

**BEKENDAM, PETER, MD†**

Provider ID: N/A

41877 ENTERPRISE CIR N  
STE 110  
TEMECULA, CA 92590

Effective as of 01-NOV-20

**BEKENDAM, PAMELA, MD†**

Provider ID: N/A

41877 ENTERPRISE CIR N  
STE 110  
TEMECULA, CA 92590

Effective as of 01-NOV-20

**BEKENDAM, PETER, MD†**

Provider ID: N/A

41877 ENTERPRISE CIR N  
STE 110  
TEMECULA, CA 92590

Effective as of 01-AUG-20

**BEKENDAM, PAMELA, MD†**

Provider ID: N/A

41877 ENTERPRISE CIR N  
STE 110  
TEMECULA, CA 92590

Effective as of 01-AUG-20

**BEKENDAM, PETER, MD†**

Provider ID: N/A

41877 ENTERPRISE CIR N  
STE 110  
TEMECULA, CA 92590

Effective as of 01-JUL-23

**BIRO, NICOLAS, MD**

Provider ID: N/A

41877 ENTERPRISE CIR N  
STE 110  
TEMECULA, CA 92590

Effective as of 01-JUN-23

**BIRO, NICOLAS, MD**

Provider ID: N/A

41877 ENTERPRISE CIR N  
STE 110  
TEMECULA, CA 92590

Effective as of 01-JUN-23

**BURNS, RICHARD, MD†**

Provider ID: N/A

41637 MARGARITA RD STE  
100  
TEMECULA, CA 92591

Effective as of 01-JUL-23

**BURNS, RICHARD, MD†**

Provider ID: N/A

41637 MARGARITA RD STE

100  
TEMECULA, CA 92591  
Effective as of 01-NOV-08

**BURNS, RICHARD, MD†**

Provider ID: N/A  
41637 MARGARITA RD STE  
100  
TEMECULA, CA 92591  
Effective as of 01-SEP-09

**CHING, ANDREA SHERYL, MD†**

Provider ID: N/A  
41877 ENTERPRISE CIR N  
STE 110  
TEMECULA, CA 92590  
Effective as of 01-AUG-20

**CHOW, JASON, MD†**

Provider ID: N/A  
31950 TEMECULA PKWY  
STE B-7  
TEMECULA, CA 92592  
Effective as of 01-JUL-23

**JACOBSON, ARTHUR, MD†**

Provider ID: N/A  
41637 MARGARITA RD STE  
100  
TEMECULA, CA 92591  
Effective as of 01-JUL-23

**JACOBSON, ARTHUR, MD†**

Provider ID: N/A  
41637 MARGARITA RD STE  
100  
TEMECULA, CA 92591  
Effective as of 01-SEP-09

**JOSEPH, JEFFREY, MD†**

Provider ID: N/A  
31950 TEMECULA PKWY  
TEMECULA, CA 92592  
Effective as of 01-JUL-23

**LAZZARINI, THOMAS, MD**

Provider ID: N/A  
41900 WINCHESTER RD  
STE 201  
TEMECULA, CA 92590  
Effective as of 01-FEB-24

**LAZZARINI, THOMAS, MD**

Provider ID: N/A  
41900 WINCHESTER RD  
STE 201  
TEMECULA, CA 92590  
Effective as of 01-FEB-24

**LAZZARINI, THOMAS, MD**

Provider ID: N/A  
41900 WINCHESTER RD  
STE 201  
TEMECULA, CA 92590  
Effective as of 01-FEB-24

**LAZZARINI, THOMAS, MD**

Provider ID: N/A  
41900 WINCHESTER RD  
STE 201  
TEMECULA, CA 92590  
Effective as of 01-FEB-24

**LEE, JOHN, MD†**

Provider ID: N/A  
41637 MARGARITA RD STE  
100  
TEMECULA, CA 92591  
Effective as of 01-JUL-23

**LIN, THEODORE, MD†**

Provider ID: N/A  
41900 WINCHESTER RD  
STE 201  
TEMECULA, CA 92590\*  
Effective as of 01-APR-24

**LIN, THEODORE, MD†**

Provider ID: N/A  
41900 WINCHESTER RD

STE 201  
TEMECULA, CA 92590\*  
Effective as of 01-APR-24

**LIN, THEODORE, MD†**

Provider ID: N/A  
41900 WINCHESTER RD  
STE 201  
TEMECULA, CA 92590  
Effective as of 01-SEP-17

**SATTERFIELD, KELLIE, MD**

Provider ID: N/A  
41877 ENTERPRISE CIR N  
STE 110  
TEMECULA, CA 92590  
Effective as of 01-DEC-23

**SAVAR, AARON, MD†**

Provider ID: N/A  
41877 ENTERPRISE CIR N  
STE 110  
TEMECULA, CA 92590  
Effective as of 01-AUG-20

**SAVAR, LOUIS, MD†**

Provider ID: N/A  
41877 ENTERPRISE CIR N  
STE 110  
TEMECULA, CA 92590  
Effective as of 01-AUG-20

**SAVAR, AARON, MD†**

Provider ID: N/A  
41877 ENTERPRISE CIR N  
STE 110  
TEMECULA, CA 92590  
Effective as of 01-NOV-20

**SAVAR, LOUIS, MD†**

Provider ID: N/A  
41877 ENTERPRISE CIR N  
STE 110  
TEMECULA, CA 92590  
Effective as of 01-NOV-20

**SHEILS, CATHERINE, MD**

Provider ID: N/A

41877 ENTERPRISE CIR N  
STE 110  
TEMECULA, CA 92590  
Effective as of 01-JAN-24

**SHELTON, RAYMOND, MD**

Provider ID: N/A

41637 MARGARITA RD STE  
100  
TEMECULA, CA 92591  
Effective as of 01-MAY-23

**SMITH, WILLIAM, MD†**

Provider ID: N/A

41877 ENTERPRISE CIR N  
STE 110  
TEMECULA, CA 92590  
Effective as of 01-NOV-20

**SONI, NISHANT, MD†**

Provider ID: N/A

41877 ENTERPRISE CIR N  
STE 110  
TEMECULA, CA 92590  
Effective as of 01-NOV-20

**SONI, NISHANT, MD†**

Provider ID: N/A

41877 ENTERPRISE CIR N  
STE 110  
TEMECULA, CA 92590  
Effective as of 01-AUG-20

**SONI, NISHANT, MD†**

Provider ID: N/A

41877 ENTERPRISE CIR N  
STE 110  
TEMECULA, CA 92590  
Effective as of 01-AUG-23

**SORENSEN, ROBERT, MD†**

Provider ID: N/A

31950 US HWY 79 S B7  
TEMECULA, CA 92592  
Effective as of 01-JUL-23

**WARNER, MICHAEL, MD†**

Provider ID: N/A

41637 MARGARITA RD STE  
100  
TEMECULA, CA 92591  
Teleservice

Effective as of 01-JUL-23

**YUNG, EDWARD, MD†**

Provider ID: N/A

41877 ENTERPRISE CIR N  
STE 110  
TEMECULA, CA 92590  
Effective as of 01-AUG-20

**YUNG, EDWARD, MD†**

Provider ID: N/A

41877 ENTERPRISE CIR N  
STE 110  
TEMECULA, CA 92590  
Effective as of 01-NOV-20

**OPHTHALMOLOGY /  
OTOLOGY /  
LARYNGOLOGY /  
RHINOLOGY**

**ISSA, REDA, MD†**

Provider ID: N/A

41900 WINCHESTER RD  
STE 201  
TEMECULA, CA 92590  
Effective as of 01-DEC-21

**ZHOU, SIWEI, MD†**

Provider ID: N/A

31950 TEMECULA PKWY  
STE B-7  
TEMECULA, CA 92592  
Effective as of 01-JUL-23

**OPTOMETRIST**

**ARCHIBALD, JOHN, OD†**

Provider ID: N/A

31950 TEMECULA PKWY  
STE B-7  
TEMECULA, CA 92592  
Effective as of 01-DEC-23

**ARCHIBALD, JOHN, OD†**

Provider ID: N/A

31950 TEMECULA PKWY  
STE B-7  
TEMECULA, CA 92592  
Effective as of 01-JUL-23

**AZIZ AWAD AWADALLA,  
MARINAEMAD, OD†**

Provider ID: N/A

41877 ENTERPRISE CIR N  
STE 110  
TEMECULA, CA 92590  
Effective as of 01-JUN-23

**AZIZ AWAD AWADALLA,  
MARINAEMAD, OD†**

Provider ID: N/A

41877 ENTERPRISE CIR N  
STE 110  
TEMECULA, CA 92590  
Effective as of 01-FEB-22

**AZIZ AWAD AWADALLA,  
MARINAEMAD, OD†**

Provider ID: N/A

41877 ENTERPRISE CIR N  
STE 110  
TEMECULA, CA 92590  
Effective as of 01-FEB-22

**BARR, AUSTIN, OD**

Provider ID: N/A

41637 MARGARITA RD STE  
100

TEMECULA, CA 92591  
Effective as of 01-MAR-23

**BARR, AUSTIN, OD**

Provider ID: N/A

41637 MARGARITA RD STE  
100

TEMECULA, CA 92591  
Effective as of 01-NOV-22

**BARR, AUSTIN, OD**

Provider ID: N/A

41637 MARGARITA RD STE  
100

TEMECULA, CA 92591  
Effective as of 01-NOV-22

**BARR, AUSTIN, OD**

Provider ID: N/A

41637 MARGARITA RD STE  
100

TEMECULA, CA 92591  
Effective as of 01-NOV-22

**COLEMAN, BROOKE, OD†**

Provider ID: N/A

31950 TEMECULA PKWY  
STE B-7

TEMECULA, CA 92592  
Effective as of 01-FEB-22

**COOPER, MICHAEL, OD†**

Provider ID: N/A

31950 TEMECULA PKWY  
STE B-7

TEMECULA, CA 92592  
Effective as of 01-SEP-22

**FARAMARZI, FARNAZ, OD**

Provider ID: N/A

41877 ENTERPRISE CIR N  
STE 110

TEMECULA, CA 92590  
Effective as of 01-JUL-23

**FARAMARZI, FARNAZ, OD**

Provider ID: N/A

41877 ENTERPRISE CIR N  
STE 110

TEMECULA, CA 92590  
Effective as of 01-JUL-23

**FARAMARZI, FARNAZ, OD**

Provider ID: N/A

41877 ENTERPRISE CIR N  
STE 110

TEMECULA, CA 92590  
Effective as of 01-DEC-23

**FARAMARZI, FARNAZ, OD**

Provider ID: N/A

41877 ENTERPRISE CIR N  
STE 110

TEMECULA, CA 92590  
Effective as of 01-JUN-23

**LANE, KEVIN, OD†**

Provider ID: N/A

41637 MARGARITA RD STE  
100

TEMECULA, CA 92591  
Effective as of 01-SEP-09

**LANE, KEVIN, OD†**

Provider ID: N/A

41637 MARGARITA RD STE  
100

TEMECULA, CA 92591  
Effective as of 01-JUL-23

**LANE, KEVIN, OD†**

Provider ID: N/A

41637 MARGARITA RD STE  
100

TEMECULA, CA 92591  
Effective as of 01-FEB-11

**LARSON, BRETT, OD†**

Provider ID: N/A

31950 TEMECULA PKWY

STE B-7

TEMECULA, CA 92592  
Effective as of 01-FEB-22

**LARSON, BRETT, OD†**

Provider ID: N/A

31950 TEMECULA PKWY  
STE B-7

TEMECULA, CA 92592  
Effective as of 01-AUG-20

**MC DIARMID, JOHN, OD†**

Provider ID: N/A

31950 TEMECULA PKWY  
STE B-7

TEMECULA, CA 92592  
Effective as of 01-FEB-22

**MCINTYRE, DEBRA, OD†**

Provider ID: N/A

41637 MARGARITA RD STE  
100

TEMECULA, CA 92591  
Effective as of 01-DEC-17

**MCINTYRE, DEBRA, OD†**

Provider ID: N/A

41637 MARGARITA RD STE  
100

TEMECULA, CA 92591  
Effective as of 01-DEC-17

**MCINTYRE, DEBRA, OD†**

Provider ID: N/A

41637 MARGARITA RD STE  
100

TEMECULA, CA 92591  
Effective as of 01-DEC-17

**MCINTYRE, DEBRA, OD†**

Provider ID: N/A

41637 MARGARITA RD STE  
100

TEMECULA, CA 92591  
Effective as of 01-JUL-23

**ULIBARRI, MATTHEW, OD†**

Provider ID: N/A

41637 MARGARITA RD STE 100  
TEMECULA, CA 92591  
Effective as of 01-JUL-23

**ULIBARRI, MATTHEW, OD†**

Provider ID: N/A

41637 MARGARITA RD STE 100  
TEMECULA, CA 92591  
Effective as of 01-JAN-22

**OTOLARYNGOLOGY**

**GIAMMANCO, PIERRE, MD**

Provider ID: N/A

27455 TIERRA ALTA WAY STE A  
TEMECULA, CA 92590  
Effective as of 01-SEP-22

**GIAMMANCO, PIERRE, MD**

Provider ID: N/A

27455 TIERRA ALTA WAY STE A  
TEMECULA, CA 92590  
Effective as of 01-SEP-22

**TINT, DERRICK, MD†**

Provider ID: N/A

40285 WINCHESTER RD STE 104  
TEMECULA, CA 92591  
Effective as of 01-AUG-21

**PHYSICAL MEDICINE / REHABILITATION**

**AILINANI, HARY, MD**

Provider ID: N/A

27699 JEFFERSON AVE STE 201

TEMECULA, CA 92590  
Effective as of 01-MAY-21

**CHEN, HAMILTON, MD†**

Provider ID: N/A

27450 YNEZ RD STE 128  
TEMECULA, CA 92591  
Effective as of 01-MAR-24

**PHYSICIANS ASSISTANT**

**ASHIER, SAURABH, PA†**

Provider ID: N/A

31573 RANCHO PUEBLO RD STE 210  
TEMECULA, CA 92592  
Effective as of 01-AUG-22

**ASHIER, SAURABH, PA†**

Provider ID: N/A

31573 RANCHO PUEBLO RD STE 210  
TEMECULA, CA 92592  
Effective as of 01-JUL-23

**ASHIER, SAURABH, PA†**

Provider ID: N/A

31573 RANCHO PUEBLO RD STE 210  
TEMECULA, CA 92592  
Effective as of 01-JUL-23

**BAKER, ROBERT, PA**

Provider ID: N/A

27699 JEFFERSON AVE STE 201  
TEMECULA, CA 92590  
Effective as of 01-MAR-24

**BAKER, ROBERT, PA**

Provider ID: N/A

27699 JEFFERSON AVE STE 201  
TEMECULA, CA 92590  
Effective as of 01-MAR-24

**BAKER, ROBERT, PA**

Provider ID: N/A

27699 JEFFERSON AVE STE 201  
TEMECULA, CA 92590  
Effective as of 01-MAR-24

**BAKER, ROBERT, PA**

Provider ID: N/A

27699 JEFFERSON AVE STE 201  
TEMECULA, CA 92590  
Effective as of 01-MAR-24

**BAKER, ROBERT, PA**

Provider ID: N/A

27699 JEFFERSON AVE STE 201  
TEMECULA, CA 92590  
Effective as of 01-MAR-24

**BASIN, NATALIE, PA**

Provider ID: N/A

31515 RANCHO PUEBLO RD STE 102  
TEMECULA, CA 92592  
Teleservice  
Effective as of 01-AUG-23

**CAGATAY, HARRIER, PA†**

Provider ID: N/A

27699 JEFFERSON AVE STE 201  
TEMECULA, CA 92590  
Effective as of 01-AUG-20

**FELIX, FRANCISCO, PA**

Provider ID: N/A

27699 JEFFERSON AVE STE 201  
TEMECULA, CA 92590  
Effective as of 01-AUG-23

**FELIX, FRANCISCO, PA**

Provider ID: N/A

☐ 27699 JEFFERSON AVE STE 201  
TEMECULA, CA 92590  
Effective as of 01-MAR-23

**KAUFMAN, BRITNEY, PA†**

Provider ID: N/A

☐ 44605 AVENIDA DE MISSIONES  
TEMECULA, CA 92592  
Effective as of 01-MAY-22

**LYNCH, GREGORY, PA†**

Provider ID: N/A

☐ 31150 TEMECULA PKWY STE 104  
TEMECULA, CA 92592  
Effective as of 01-OCT-20

**LYNCH, GREGORY, PA†**

Provider ID: N/A

☐ 31150 TEMECULA PKWY STE 104  
TEMECULA, CA 92592  
Effective as of 01-OCT-20

**LYNCH, GREGORY, PA†**

Provider ID: N/A

☐ 31150 TEMECULA PKWY STE 104  
TEMECULA, CA 92592  
Effective as of 01-OCT-20

**MITCHELL, PAUL, PA**

Provider ID: N/A

☐ 27699 JEFFERSON AVE STE 201  
TEMECULA, CA 92590  
Effective as of 01-JUN-18

**ROWAN, RYAN, PA†**

Provider ID: N/A

☐ 44054 MARGARITA RD STE 1  
TEMECULA, CA 92592

**PODIATRIST**

**NEGRON, RICARDO, DPM**

Provider ID: N/A

☐ 41840 ENTERPRISE CIR N  
TEMECULA, CA 92590  
Effective as of 01-JUL-21

**NEGRON, RICARDO, DPM**

Provider ID: N/A

☐ 41840 ENTERPRISE CIR N  
TEMECULA, CA 92590  
Effective as of 01-JUL-22

**NEGRON, RICARDO, DPM**

Provider ID: N/A

☐ 41840 ENTERPRISE CIR N  
TEMECULA, CA 92590  
Effective as of 01-JUL-21

**PSYCHIATRY**

**ANDERSEN, CLAIRE, MD**

Provider ID: N/A

☐ 41840 ENTERPRISE CIR N  
TEMECULA, CA 92590  
Effective as of 01-DEC-20

**ANDERSEN, CLAIRE, MD**

Provider ID: N/A

☐ 41840 ENTERPRISE CIR N  
TEMECULA, CA 92590  
Effective as of 01-DEC-20

**JAKKULA, JAGAN, MD†**

Provider ID: N/A

☐ 29645 RANCHO CALIFORNIA RD STE 213  
TEMECULA, CA 92591  
Effective as of 01-AUG-22

**JAKKULA, JAGAN, MD†**

Provider ID: N/A

☐ 29645 RANCHO CALIFORNIA RD STE 213  
TEMECULA, CA 92591  
Effective as of 01-NOV-23

**JAKKULA, JAGAN, MD†**

Provider ID: N/A

☐ 29645 RANCHO CALIFORNIA RD STE 213  
TEMECULA, CA 92591  
Effective as of 01-AUG-22

**JAKKULA, JAGAN, MD†**

Provider ID: N/A

☐ 29645 RANCHO CALIFORNIA RD STE 213  
TEMECULA, CA 92591  
Effective as of 01-NOV-23

**KANUKUNTLA, TULASI, MD†**

Provider ID: N/A

☐ 29645 RANCHO CALIFORNIA RD STE 213  
TEMECULA, CA 92591  
Effective as of 01-OCT-23

**KANUKUNTLA, TULASI, MD†**

Provider ID: N/A

☐ 29645 RANCHO CALIFORNIA RD STE 213  
TEMECULA, CA 92591  
Effective as of 01-AUG-22

**KANUKUNTLA, TULASI, MD†**

Provider ID: N/A

☐ 29645 RANCHO CALIFORNIA RD STE 213  
TEMECULA, CA 92591  
Effective as of 01-OCT-23

**KANUKUNTLA, TULASI, MD†**

Provider ID: N/A

☐ 29645 RANCHO CALIFORNIA RD STE 213  
TEMECULA, CA 92591

Effective as of 01-AUG-22

**MCGEHRIN, KEVIN, MD**

Provider ID: N/A

44045 MARGARITA RD STE 106  
TEMECULA, CA 92592

Effective as of 01-JUL-23

**MCGEHRIN, KEVIN, MD**

Provider ID: N/A

44045 MARGARITA RD STE 106  
TEMECULA, CA 92592

Effective as of 01-JUL-23

**PERSAUD, PRIA, MD**

Provider ID: N/A

41840 ENTERPRISE CIR N  
TEMECULA, CA 92590

Effective as of 01-AUG-20

**PERSAUD, PRIA, MD**

Provider ID: N/A

41840 ENTERPRISE CIR N  
TEMECULA, CA 92590

Effective as of 01-AUG-20

**PHAM, ALISE, DO**

Provider ID: N/A

44045 MARGARITA RD STE 106  
TEMECULA, CA 92592

Effective as of 01-DEC-23

**PHAM, ALISE, DO**

Provider ID: N/A

44045 MARGARITA RD STE 106  
TEMECULA, CA 92592

Effective as of 01-DEC-23

**PUCHAKAYALA, NANDITA, MD†**

Provider ID: N/A

29645 RANCHO CALIFORNIA RD STE 213  
TEMECULA, CA 92591

Effective as of 01-AUG-22

**PUCHAKAYALA, NANDITA, MD†**

Provider ID: N/A

29645 RANCHO CALIFORNIA RD STE 213  
TEMECULA, CA 92591

Effective as of 01-SEP-23

**PUCHAKAYALA, NANDITA, MD†**

Provider ID: N/A

29645 RANCHO CALIFORNIA RD STE 213  
TEMECULA, CA 92591

Effective as of 01-AUG-22

**PUCHAKAYALA, NANDITA, MD†**

Provider ID: N/A

29645 RANCHO CALIFORNIA RD STE 213  
TEMECULA, CA 92591

Effective as of 01-SEP-23

**PSYCHIATRY CHILD**

**ANDERSEN, CLAIRE, MD**

Provider ID: N/A

41840 ENTERPRISE CIR N  
TEMECULA, CA 92590

Effective as of 01-DEC-20

**ANDERSEN, CLAIRE, MD**

Provider ID: N/A

41840 ENTERPRISE CIR N  
TEMECULA, CA 92590

Effective as of 01-DEC-20

**PSYCHOLOGIST**

**THODE, LAURA, PSYD**

Provider ID: N/A

31720 TEMECULA PKWY STE 200  
TEMECULA, CA 92592

Effective as of 01-MAR-24

**THODE, LAURA, PSYD**

Provider ID: N/A

41840 ENTERPRISE CIR N  
TEMECULA, CA 92590

Effective as of 01-MAR-24

**THODE, LAURA, PSYD**

Provider ID: N/A

31720 TEMECULA PKWY STE 200  
TEMECULA, CA 92592

Effective as of 01-MAR-24

**THODE, LAURA, PSYD**

Provider ID: N/A

41840 ENTERPRISE CIR N  
TEMECULA, CA 92590

Effective as of 01-MAR-24

**WERNER, KRISTINE, PhD**

Provider ID: N/A

27699 JEFFERSON AVE STE 201  
TEMECULA, CA 92590

Effective as of 01-MAY-18

**WERNER, KRISTINE, PhD**

Provider ID: N/A

27699 JEFFERSON AVE STE 201  
TEMECULA, CA 92590

Effective as of 01-MAY-18

**WOODWORTH, JENNIFER, PSYD**

Provider ID: N/A

43385 BUSINESS PARK DR  
STE 110

TEMECULA, CA 92590  
Effective as of 01-JAN-21

**WOODWORTH, JENNIFER,  
PSYD**

Provider ID: N/A  
☑ 41840 ENTERPRISE CIR N  
TEMECULA, CA 92590  
Effective as of 01-JAN-21

**WOODWORTH, JENNIFER,  
PSYD**

Provider ID: N/A  
☑ 41840 ENTERPRISE CIR N  
TEMECULA, CA 92590  
Effective as of 01-JAN-21

**WOODWORTH, JENNIFER,  
PSYD**

Provider ID: N/A  
☑ 43385 BUSINESS PARK DR  
STE 110  
TEMECULA, CA 92590  
Effective as of 01-JAN-21

***PULMONARY DISEASES***

**CHUA, WILLY, MD**

Provider ID: N/A  
☑ 44605 AVENIDA DE  
MISSIONES STE 206  
TEMECULA, CA 92592  
Effective as of 01-APR-22

**HADDADIN, HASSAN, MD†**

Provider ID: N/A  
☑ 27699 JEFFERSON AVE STE  
204  
TEMECULA, CA 92590  
Effective as of 01-APR-22

**HADDADIN, HASSAN, MD†**

Provider ID: N/A  
☑ 27699 JEFFERSON AVE STE  
204

TEMECULA, CA 92590  
Effective as of 01-APR-22

**HADDADIN, HASSAN, MD†**

Provider ID: N/A  
☑ 27699 JEFFERSON AVE STE  
204  
TEMECULA, CA 92590  
Effective as of 01-JUL-22

**VEGA, RICARDO, MD†**

Provider ID: N/A  
☑ 27699 JEFFERSON AVE STE  
204  
TEMECULA, CA 92590  
Effective as of 01-AUG-22

**VEGA, RICARDO, MD†**

Provider ID: N/A  
☑ 27699 JEFFERSON AVE STE  
204  
TEMECULA, CA 92590  
Effective as of 01-AUG-22

**VEGA, RICARDO, MD†**

Provider ID: N/A  
☑ 27699 JEFFERSON AVE STE  
204  
TEMECULA, CA 92590  
Effective as of 01-AUG-22

***REGISTERED PHYSICAL  
THERAPIST***

**AGENA, CYAN, PT†**

Provider ID: N/A  
☑ 27699 JEFFERSON AVE STE  
202  
TEMECULA, CA 92590  
Effective as of 01-NOV-21

**AGENA, CYAN, PT†**

Provider ID: N/A  
☑ 27699 JEFFERSON AVE STE  
202

TEMECULA, CA 92590  
Effective as of 01-NOV-21

**ATKINS, WILLIAM, PT**

Provider ID: N/A  
☑ 27699 JEFFERSON AVE STE  
202  
TEMECULA, CA 92590  
Effective as of 01-JUN-23

**ATKINS, WILLIAM, PT**

Provider ID: N/A  
☑ 27699 JEFFERSON AVE STE  
202  
TEMECULA, CA 92590  
Effective as of 01-JUN-23

**ATKINS, WILLIAM, PT**

Provider ID: N/A  
☑ 31515 RANCHO PUEBLO RD  
STE 101  
TEMECULA, CA 92592  
Effective as of 01-JUN-23

**ATKINS, WILLIAM, PT**

Provider ID: N/A  
☑ 31515 RANCHO PUEBLO RD  
STE 101  
TEMECULA, CA 92592  
Effective as of 01-JUN-23

**BRYANS, BRIANNA, PT†**

Provider ID: N/A  
☑ 29645 RANCHO  
CALIFORNIA RD  
TEMECULA, CA 92591  
Effective as of 01-JAN-22

**BRYANS, BRIANNA, PT†**

Provider ID: N/A  
☑ 29645 RANCHO  
CALIFORNIA RD  
TEMECULA, CA 92591  
Effective as of 01-JAN-22



<p><b>BURRUEL, KAYLA, PT</b> Provider ID: N/A 27699 JEFFERSON AVE STE 202 TEMECULA, CA 92590 Effective as of 01-SEP-23</p>	<p>202 TEMECULA, CA 92590 Effective as of 01-MAY-23</p>	<p><b>HORN, TREVOR, PT†</b> Provider ID: N/A 31515 RANCHO PUEBLO RD STE 101 TEMECULA, CA 92592 Effective as of 01-APR-20</p>
<p><b>BURRUEL, KAYLA, PT</b> Provider ID: N/A 27699 JEFFERSON AVE STE 202 TEMECULA, CA 92590 Effective as of 01-SEP-23</p>	<p><b>ESTELLE, KIRA, PT</b> Provider ID: N/A 27699 JEFFERSON AVE STE 202 TEMECULA, CA 92590 Effective as of 01-MAY-23</p>	<p><b>HORN, TREVOR, PT†</b> Provider ID: N/A 27699 JEFFERSON AVE STE 202 TEMECULA, CA 92590 Effective as of 01-APR-20</p>
<p><b>BURRUEL, KAYLA, PT</b> Provider ID: N/A 31515 RANCHO PUEBLO RD STE 101 TEMECULA, CA 92592 Effective as of 01-SEP-23</p>	<p><b>HANSON, ADRIENNE, PT</b> Provider ID: N/A 31515 RANCHO PUEBLO RD STE 101 TEMECULA, CA 92592 Effective as of 01-JUL-23</p>	<p><b>HORN, TREVOR, PT†</b> Provider ID: N/A 27699 JEFFERSON AVE STE 202 TEMECULA, CA 92590 Effective as of 01-APR-20</p>
<p><b>BURRUEL, KAYLA, PT</b> Provider ID: N/A 31515 RANCHO PUEBLO RD STE 101 TEMECULA, CA 92592 Effective as of 01-SEP-23</p>	<p><b>HANSON, ADRIENNE, PT</b> Provider ID: N/A 31515 RANCHO PUEBLO RD STE 101 TEMECULA, CA 92592 Effective as of 01-JUL-23</p>	<p><b>ROLTSCH, IAN, PT</b> Provider ID: N/A 27699 JEFFERSON AVE STE 202 TEMECULA, CA 92590 Effective as of 01-MAY-23</p>
<p><b>BURRUEL, KAYLA, PT</b> Provider ID: N/A 31515 RANCHO PUEBLO RD STE 101 TEMECULA, CA 92592 Effective as of 01-SEP-23</p>	<p><b>HANSON, ADRIENNE, PT</b> Provider ID: N/A 27699 JEFFERSON AVE STE 202 TEMECULA, CA 92590 Effective as of 01-JUL-23</p>	<p><b>ROLTSCH, IAN, PT</b> Provider ID: N/A 27699 JEFFERSON AVE STE 202 TEMECULA, CA 92590 Effective as of 01-MAY-23</p>
<p><b>ESTELLE, KIRA, PT</b> Provider ID: N/A 31515 RANCHO PUEBLO RD STE 101 TEMECULA, CA 92592 Effective as of 01-MAY-23</p>	<p><b>HANSON, ADRIENNE, PT</b> Provider ID: N/A 27699 JEFFERSON AVE STE 202 TEMECULA, CA 92590 Effective as of 01-JUL-23</p>	<p><b>ROLTSCH, IAN, PT</b> Provider ID: N/A 31515 RANCHO PUEBLO RD STE 101 TEMECULA, CA 92592 Effective as of 01-MAY-23</p>
<p><b>ESTELLE, KIRA, PT</b> Provider ID: N/A 31515 RANCHO PUEBLO RD STE 101 TEMECULA, CA 92592 Effective as of 01-MAY-23</p>	<p><b>HORN, TREVOR, PT†</b> Provider ID: N/A 31515 RANCHO PUEBLO RD STE 101 TEMECULA, CA 92592 Effective as of 01-APR-20</p>	<p><b>ROLTSCH, IAN, PT</b> Provider ID: N/A</p>

31515 RANCHO PUEBLO RD STE 101  
TEMECULA, CA 92592  
Effective as of 01-MAY-23  
**SABIN, SCOTT, PT†**  
Provider ID: N/A

31515 RANCHO PUEBLO RD STE 101  
TEMECULA, CA 92592  
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-FEB-19  
**SIVA, ANDREW, PT†**  
Provider ID: N/A

27699 JEFFERSON AVE STE 202  
TEMECULA, CA 92590  
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  
**SIVA, ANDREW, PT†**  
Provider ID: N/A

31515 RANCHO PUEBLO RD STE 101  
TEMECULA, CA 92592  
Effective as of 01-JUN-21  
**SIVA, ANDREW, PT†**  
Provider ID: N/A

27699 JEFFERSON AVE STE 202  
TEMECULA, CA 92590  
Effective as of 01-JUN-20  
**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 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-JUN-21  
**SIVA, ANDREW, PT†**  
Provider ID: N/A

29645 RANCHO CALIFORNIA RD STE 4  
TEMECULA, CA 92591  
Effective as of 01-JUN-21  
**SIVA, ANDREW, PT†**  
Provider ID: N/A

29645 RANCHO CALIFORNIA RD STE 234  
TEMECULA, CA 92591  
Effective as of 01-JUN-20  
**VIZCARRA, DAVID, PT†**  
Provider ID: N/A

29645 RANCHO CALIFORNIA RD STE 234  
TEMECULA, CA 92591  
Effective as of 01-JUN-20  
**VIZCARRA, DAVID, PT†**  
Provider ID: N/A

Provider ID: N/A

31515 RANCHO PUEBLO RD STE 101  
TEMECULA, CA 92592  
Effective as of 01-JUN-20  
**VIZCARRA, DAVID, PT†**  
Provider ID: N/A

31515 RANCHO PUEBLO RD STE 101  
TEMECULA, CA 92592  
Effective as of 01-JUN-20  
**RHEUMATOLOGY**

**AL HARASH, ABDALHAMID, MD†**  
Provider ID: N/A

31565 RANCHO PUEBLO RD STE 205  
TEMECULA, CA 92592  
Effective as of 01-AUG-23  
**AL HARASH, ABDALHAMID, MD†**  
Provider ID: N/A

31565 RANCHO PUEBLO RD STE 205  
TEMECULA, CA 92592  
Effective as of 01-AUG-23  
**BRAVO, ARLENE, MD†**  
Provider ID: N/A

31515 RANCHO PUEBLO RD STE 203  
TEMECULA, CA 92592  
Effective as of 01-APR-21  
**COLBURN, KEITH, MD†**  
Provider ID: N/A

31515 RANCHO PUEBLO RD STE 203  
TEMECULA, CA 92592  
Effective as of 01-MAR-21

**MEHTA, AMAL, MD†**

Provider ID: N/A

31515 RANCHO PUEBLO RD  
STE 203  
TEMECULA, CA 92592  
Effective as of 01-SEP-18

**MEHTA, CHANDRAKANT, MD†**

Provider ID: N/A

31515 RANCHO PUEBLO RD  
STE 203  
TEMECULA, CA 92592  
Effective as of 01-SEP-18

**MEHTA, CHANDRAKANT, MD†**

Provider ID: N/A

31515 RANCHO PUEBLO RD  
STE 203  
TEMECULA, CA 92592  
Effective as of 01-MAR-21

**MEHTA, AMAL, MD†**

Provider ID: N/A

31515 RANCHO PUEBLO RD  
STE 203  
TEMECULA, CA 92592  
Effective as of 01-JUL-23

**PHILLPOTTS, MARC, MD†**

Provider ID: N/A

31515 RANCHO PUEBLO RD  
STE 203  
TEMECULA, CA 92592  
Effective as of 01-JUL-21

**RAMASWAMY,  
DHARMARAJAN, MD†**

Provider ID: N/A

31515 RANCHO PUEBLO RD  
STE 203  
TEMECULA, CA 92592  
Effective as of 01-SEP-18

**TRIVEDI, JANKI, MD†**

Provider ID: N/A

31515 RANCHO PUEBLO RD  
STE 203  
TEMECULA, CA 92592  
Effective as of 01-SEP-18

**SPEECH PATHOLOGIST**

**O'DORAN, KAYLA, SP**

Provider ID: N/A

40764 WINCHESTER RD  
STE 590  
TEMECULA, CA 92591

Teleservice

Effective as of 01-JUN-22

**O'DORAN, KAYLA, SP**

Provider ID: N/A

40764 WINCHESTER RD  
STE 590  
TEMECULA, CA 92591

Teleservice

Effective as of 01-JUN-22

**WIRTH, LAURA, SP**

Provider ID: N/A

40764 WINCHESTER RD  
STE 590  
TEMECULA, CA 92591

Effective as of 01-JUN-22

**WIRTH, LAURA, SP**

Provider ID: N/A

40764 WINCHESTER RD  
STE 590  
TEMECULA, CA 92591

Effective as of 01-JUN-22

**SURGERY**

**CARDIOVASCULAR**

**RASI, ALFREDO, MD†**

Provider ID: N/A

31573 RANCHO PUEBLO  
RD STE 210  
TEMECULA, CA 92592

**SURGERY COLON  
SURGERY**

**GORSKI, TITO, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-APR-15

**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-MAY-22

**SURGERY GENERAL**

**BARRERA, KAYLENE, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-APR-22

**BARRERA, KAYLENE, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-MAY-22

**BARRERA, KAYLENE, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO

RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-MAY-22

**BARRERA, KAYLENE, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-SEP-22

**CARRILLO, ROBERT, MD**

Provider ID: N/A

27555 YNEZ RD STE 400  
TEMECULA, CA 92591  
Teleservice  
Effective as of 01-JUN-23

**CARRILLO, ROBERT, MD**

Provider ID: N/A

27555 YNEZ RD STE 400  
TEMECULA, CA 92591  
Teleservice  
Effective as of 01-JUN-23

**CORDERO, RAYMUND, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-MAY-22

**CORDERO, RAYMUND, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-SEP-22

**CORDERO, RAYMUND, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-APR-15

**CORDERO, RAYMUND, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-DEC-21

**DADA, STEPHEN, MD**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-SEP-23

**ESSIEN, FRANCIS, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-SEP-15

**ESSIEN, FRANCIS, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-SEP-16

**ESSIEN, FRANCIS, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-APR-15

**ESSIEN, FRANCIS, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-APR-22

**ESSIEN, FRANCIS, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-MAY-22

**ESSIEN, FRANCIS, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-SEP-22

**GORSKI, TITO, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-SEP-22

**GORSKI, TITO, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-AUG-16

**GORSKI, TITO, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-APR-22

**GORSKI, YARA, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-SEP-16

**GORSKI, YARA, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD STE 202  
TEMECULA, CA 92592

Effective as of 01-SEP-22

**JOHNSEN, HEGE, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO RD STE 202 TEMECULA, CA 92592

Effective as of 01-SEP-16

**JOHNSEN, HEGE, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO RD STE 202 TEMECULA, CA 92592

Effective as of 01-APR-22

**JOHNSEN, HEGE, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO RD STE 202 TEMECULA, CA 92592

Effective as of 01-DEC-17

**JOHNSEN, HEGE, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO RD STE 202 TEMECULA, CA 92592

Effective as of 01-AUG-16

**JOHNSEN, HEGE, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO RD STE 202 TEMECULA, CA 92592

Effective as of 01-MAY-22

**JOHNSEN, HEGE, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO RD STE 202 TEMECULA, CA 92592

Effective as of 01-MAY-22

**JOHNSEN, 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-APR-20

**NAFIU, BOLAJI, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO RD STE 202 TEMECULA, CA 92592

Effective as of 01-SEP-22

**NOURI, SARVENAZ, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO RD STE 202 TEMECULA, CA 92592

Effective as of 01-NOV-22

**ROGHANI, REZA, MD**

Provider ID: N/A

40949 WINCHESTER RD TEMECULA, CA 92591

Effective as of 01-MAR-23

**SHAPER, EMANUEL, MD**

Provider ID: N/A

31625 DE PORTOLA RD STE 101 TEMECULA, CA 92592

Effective as of 01-FEB-24

**TIU, BRIAN, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO RD STE 202 TEMECULA, CA 92592

Effective as of 01-SEP-22

**TIU, BRIAN, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO RD STE 202 TEMECULA, CA 92592

Effective as of 01-AUG-18

**VU, STEVE, MD**

Provider ID: N/A

27699 JEFFERSON AVE STE 305 TEMECULA, CA 92590

Effective as of 01-APR-23

**VU, STEVE, MD**

Provider ID: N/A

27699 JEFFERSON AVE STE 305 TEMECULA, CA 92590

Effective as of 01-APR-23

**VU, STEVE, MD**

Provider ID: N/A

27699 JEFFERSON AVE STE 305 TEMECULA, CA 92590

Effective as of 01-APR-23

**VU, STEVE, MD**

Provider ID: N/A

27699 JEFFERSON AVE STE 305  
TEMECULA, CA 92590  
Effective as of 01-APR-23

**WANG, NAN, MD†**

Provider ID: N/A

31573 RANCHO PUEBLO RD STE 210  
TEMECULA, CA 92592  
Effective as of 01-AUG-22

**WANG, XIUJIE, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-DEC-21

**WANG, XIUJIE, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-SEP-19

**WANG, NAN, MD†**

Provider ID: N/A

31573 RANCHO PUEBLO RD STE 210  
TEMECULA, CA 92592  
Effective as of 01-JUL-22

**WANG, XIUJIE, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-MAR-20

**SURGERY GENERAL  
VASCULAR**

**GORSKI, YARA, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-MAY-22

**GORSKI, YARA, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-AUG-16

**GORSKI, YARA, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-JUN-15

**GREWAL, PRABHJOT, MD†**

Provider ID: N/A

27290 MADISON AVE STE 102  
TEMECULA, CA 92590  
Effective as of 01-NOV-20

**GREWAL, PRABHJOT, MD†**

Provider ID: N/A

27290 MADISON AVE STE 102  
TEMECULA, CA 92590  
Effective as of 01-JUN-20

**KARMUR, AMIT, DO†**

Provider ID: N/A

31537 RANCHO PUEBLO RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-MAY-22

**KARMUR, AMIT, DO†**

Provider ID: N/A

31537 RANCHO PUEBLO RD STE 202

TEMECULA, CA 92592  
Effective as of 01-MAY-22

**NAFIU, BOLAJI, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-MAY-22

**NAFIU, BOLAJI, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-DEC-21

**TIU, BRIAN, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-APR-22

**TIU, BRIAN, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-MAY-22

**TIU, BRIAN, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-MAY-22

**WANG, XIUJIE, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO RD STE 202  
TEMECULA, CA 92592  
Effective as of 01-OCT-20

**WANG, XIUJIE, MD†**

Provider ID: N/A  
 31537 RANCHO PUEBLO RD STE 202  
 TEMECULA, CA 92592  
 Effective as of 01-OCT-20

**WANG, XIUJIE, MD†**

Provider ID: N/A  
 31537 RANCHO PUEBLO RD STE 202  
 TEMECULA, CA 92592  
 Effective as of 01-MAY-22

**SURGERY HAND**

**KIM, KEVIN, DO**

Provider ID: N/A  
 28780 SINGLE OAK DR STE 270  
 TEMECULA, CA 92590  
 Effective as of 01-FEB-23

**KIM, KEVIN, DO**

Provider ID: N/A  
 28780 SINGLE OAK DR STE 270  
 TEMECULA, CA 92590  
 Effective as of 01-FEB-23

**KIM, KEVIN, DO**

Provider ID: N/A  
 28780 SINGLE OAK DR STE 270  
 TEMECULA, CA 92590  
 Effective as of 01-FEB-23

**KIM, KEVIN, DO**

Provider ID: N/A  
 28780 SINGLE OAK DR STE 270  
 TEMECULA, CA 92590  
 Effective as of 01-FEB-23

**MONEYHON, MICHAEL, MD**

Provider ID: N/A  
 28780 SINGLE OAK DR STE 270  
 TEMECULA, CA 92590  
 Effective as of 01-FEB-23

**MONEYHON, MICHAEL, MD**

Provider ID: N/A  
 28780 SINGLE OAK DR STE 270  
 TEMECULA, CA 92590  
 Effective as of 01-FEB-23

**MONEYHON, MICHAEL, MD**

Provider ID: N/A  
 28780 SINGLE OAK DR STE 270  
 TEMECULA, CA 92590  
 Effective as of 01-FEB-23

**MONEYHON, MICHAEL, MD**

Provider ID: N/A  
 28780 SINGLE OAK DR STE 270  
 TEMECULA, CA 92590  
 Effective as of 01-FEB-23

**TRAN, TUAN, MD**

Provider ID: N/A  
 28780 SINGLE OAK DR STE 270  
 TEMECULA, CA 92590  
 Effective as of 01-APR-23

**TRAN, TUAN, MD**

Provider ID: N/A  
 28780 SINGLE OAK DR STE 270  
 TEMECULA, CA 92590  
 Effective as of 01-APR-23

**TRAN, TUAN, MD**

Provider ID: N/A  
 28780 SINGLE OAK DR STE 270

TEMECULA, CA 92590  
 Effective as of 01-FEB-23

**TRAN, TUAN, MD**

Provider ID: N/A  
 28780 SINGLE OAK DR STE 270  
 TEMECULA, CA 92590  
 Effective as of 01-APR-23

**SURGERY ORTHOPEDIC**

**ABITBOL, JEAN JACQUES, MD†**

Provider ID: N/A  
 28975 OLD TOWN FRONT ST STE 200  
 TEMECULA, CA 92590  
 Effective as of 01-JUN-22

**AMERI, BIJAN, DO**

Provider ID: N/A  
 28780 SINGLE OAK DR STE 270  
 TEMECULA, CA 92590  
 Effective as of 01-FEB-23

**AMERI, BIJAN, DO**

Provider ID: N/A  
 28780 SINGLE OAK DR STE 270  
 TEMECULA, CA 92590  
 Effective as of 01-FEB-23

**AMERI, BIJAN, DO**

Provider ID: N/A  
 28780 SINGLE OAK DR STE 270  
 TEMECULA, CA 92590  
 Effective as of 01-FEB-23

**BIAMA, RICHARD, MD**

Provider ID: N/A  
 28780 SINGLE OAK DR STE 270  
 TEMECULA, CA 92590

Effective as of 01-FEB-23

**BIAMA, RICHARD, MD**

Provider ID: N/A

28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590

Effective as of 01-FEB-23

**BIAMA, RICHARD, MD**

Provider ID: N/A

28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590

Effective as of 01-FEB-23

**BIAMA, RICHARD, MD**

Provider ID: N/A

28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590

Effective as of 01-FEB-23

**ELLIS, JOHN, MD†**

Provider ID: N/A

40949 WINCHESTER RD  
TEMECULA, CA 92591

Effective as of 01-JUL-23

**ELLIS, JOHN, MD†**

Provider ID: N/A

40949 WINCHESTER RD  
TEMECULA, CA 92591

Effective as of 01-JUN-21

**ELLIS, JOHN, MD†**

Provider ID: N/A

40949 WINCHESTER RD  
TEMECULA, CA 92591

Effective as of 01-SEP-22

**FOSTER, ANDREW DAVID, MD**

Provider ID: N/A

28780 SINGLE OAK DR STE  
270

TEMECULA, CA 92590

Effective as of 01-FEB-23

**FOSTER, ANDREW DAVID, MD**

Provider ID: N/A

28780 SINGLE OAK DR STE  
270

TEMECULA, CA 92590

Effective as of 01-FEB-23

**FOSTER, ANDREW DAVID, MD**

Provider ID: N/A

28780 SINGLE OAK DR STE  
270

TEMECULA, CA 92590

Effective as of 01-FEB-23

**FOSTER, ANDREW DAVID, MD**

Provider ID: N/A

28780 SINGLE OAK DR STE  
270

TEMECULA, CA 92590

Effective as of 01-FEB-23

**FRENCH, MICHAEL, DO†**

Provider ID: N/A

40949 WINCHESTER RD  
TEMECULA, CA 92591

Effective as of 01-DEC-22

**FRENCH, MICHAEL, DO†**

Provider ID: N/A

40949 WINCHESTER RD  
TEMECULA, CA 92591

Effective as of 01-JUL-21

**FRENCH, MICHAEL, DO†**

Provider ID: N/A

40949 WINCHESTER RD  
TEMECULA, CA 92591

Effective as of 01-JUL-23

**FRENCH, MICHAEL, DO†**

Provider ID: N/A

40949 WINCHESTER RD

TEMECULA, CA 92591

Effective as of 01-OCT-22

**KELLEY, STEVEN, MD**

Provider ID: N/A

40949 WINCHESTER RD  
TEMECULA, CA 92591

Effective as of 01-DEC-22

**KELLEY, STEVEN, MD**

Provider ID: N/A

40949 WINCHESTER RD  
TEMECULA, CA 92591

Effective as of 01-DEC-22

**KELLEY, STEVEN, MD**

Provider ID: N/A

40949 WINCHESTER RD  
TEMECULA, CA 92591

Effective as of 01-JUN-21

**KELLEY, STEVEN, MD**

Provider ID: N/A

40949 WINCHESTER RD  
TEMECULA, CA 92591

Effective as of 01-JUL-23

**LE, VU, MD**

Provider ID: N/A

28780 SINGLE OAK DR STE  
270

TEMECULA, CA 92590

Effective as of 01-FEB-23

**LE, VU, MD**

Provider ID: N/A

28780 SINGLE OAK DR STE  
270

TEMECULA, CA 92590

Effective as of 01-FEB-23

**LE, VU, MD**

Provider ID: N/A

28780 SINGLE OAK DR STE  
270



TEMECULA, CA 92590  
Effective as of 01-FEB-23

**LE, VU, MD**

Provider ID: N/A

28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590  
Effective as of 01-FEB-23

**LIN, RICHARD, DO†**

Provider ID: N/A

40949 WINCHESTER RD  
TEMECULA, CA 92591  
Effective as of 01-DEC-22

**LIN, RICHARD, DO†**

Provider ID: N/A

40949 WINCHESTER RD  
TEMECULA, CA 92591  
Effective as of 01-DEC-22

**LUNA, MARIO, MD†**

Provider ID: N/A

28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590\*  
Effective as of 01-JUL-20

**LUNA, MARIO, MD†**

Provider ID: N/A

28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590  
Effective as of 01-JUL-16

**MARGER, MICHAEL, MD†**

Provider ID: N/A

27455 TIERRA ALTA WAY  
STE A  
TEMECULA, CA 92590  
Effective as of 01-SEP-22

**MARGER, MICHAEL, MD†**

Provider ID: N/A

27455 TIERRA ALTA WAY  
STE A  
TEMECULA, CA 92590  
Effective as of 01-SEP-22

**MARGER, MICHAEL, MD†**

Provider ID: N/A

27455 TIERRA ALTA WAY  
STE A  
TEMECULA, CA 92590  
Effective as of 01-SEP-22

**RICHTER, ALEXANDER, MD**

Provider ID: N/A

28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590  
Effective as of 01-FEB-23

**RICHTER, ALEXANDER, MD**

Provider ID: N/A

28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590  
Effective as of 01-FEB-23

**RICHTER, ALEXANDER, MD**

Provider ID: N/A

28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590  
Effective as of 01-FEB-23

**RICHTER, ALEXANDER, MD**

Provider ID: N/A

28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590  
Effective as of 01-FEB-23

**ROBINSON, MATTHEW, DO†**

Provider ID: N/A

40949 WINCHESTER RD  
TEMECULA, CA 92591  
Effective as of 01-JUL-22

**ROBINSON, MATTHEW, DO†**

Provider ID: N/A

40949 WINCHESTER RD  
TEMECULA, CA 92591  
Effective as of 01-JUL-22

**ROBINSON, MATTHEW, DO†**

Provider ID: N/A

40949 WINCHESTER RD  
TEMECULA, CA 92591  
Effective as of 01-JUN-21

**ROBINSON, MATTHEW, DO†**

Provider ID: N/A

40949 WINCHESTER RD  
TEMECULA, CA 92591\*  
Effective as of 01-JUL-23

**ROGHANI, REZA, MD**

Provider ID: N/A

40949 WINCHESTER RD  
TEMECULA, CA 92591  
Effective as of 01-MAR-23

**ROGHANI, REZA, MD**

Provider ID: N/A

40949 WINCHESTER RD  
TEMECULA, CA 92591  
Effective as of 01-MAR-23

**ROGHANI, REZA, MD**

Provider ID: N/A

40949 WINCHESTER RD  
TEMECULA, CA 92591\*  
Effective as of 01-JUN-23

**ROGHANI, REZA, MD**

Provider ID: N/A

40949 WINCHESTER RD  
TEMECULA, CA 92591\*  
Effective as of 01-JUN-23

**ROGHANI, REZA, MD**

Provider ID: N/A

40949 WINCHESTER RD  
TEMECULA, CA 92591\*  
Effective as of 01-JUN-23

**ROSENBERG, GARY, DO**

Provider ID: N/A

28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590  
Effective as of 01-FEB-23

**ROSENBERG, GARY, DO**

Provider ID: N/A

28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590  
Effective as of 01-FEB-23

**ROSENBERG, GARY, DO**

Provider ID: N/A

28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590  
Effective as of 01-FEB-23

**ROSENBERG, GARY, DO**

Provider ID: N/A

28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590  
Effective as of 01-FEB-23

**ROWSHAN, KASRA, MD**

Provider ID: N/A

28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590  
Effective as of 01-FEB-23

**ROWSHAN, KASRA, MD**

Provider ID: N/A

28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590  
Effective as of 01-FEB-23

**ROWSHAN, KASRA, MD**

Provider ID: N/A

28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590  
Effective as of 01-FEB-23

**ROWSHAN, KASRA, MD**

Provider ID: N/A

28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590  
Effective as of 01-FEB-23

**SCHULTZEL, MARK, MD†**

Provider ID: N/A

31170 TEMECULA PKWY  
STE 100  
TEMECULA, CA 92592

Teleservice

Effective as of 01-OCT-22

**THOLCKE, LOREN, DO**

Provider ID: N/A

40949 WINCHESTER RD  
TEMECULA, CA 92591  
Effective as of 01-AUG-23

**THOLCKE, LOREN, DO**

Provider ID: N/A

40949 WINCHESTER RD  
TEMECULA, CA 92591  
Effective as of 01-JAN-24

**THOLCKE, LOREN, DO**

Provider ID: N/A

40949 WINCHESTER RD  
TEMECULA, CA 92591  
Effective as of 01-JAN-24

**UPPAL, GURVINDER, MD**

Provider ID: N/A

28780 SINGLE OAK DR STE  
270

TEMECULA, CA 92590

Effective as of 01-FEB-23

**UPPAL, GURVINDER, MD**

Provider ID: N/A

28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590  
Effective as of 01-FEB-23

**UPPAL, GURVINDER, MD**

Provider ID: N/A

28780 SINGLE OAK DR STE  
270  
TEMECULA, CA 92590  
Effective as of 01-FEB-23

**SURGERY PLASTIC**

**CHAO, JAMES, MD†**

Provider ID: N/A

27699 JEFFERSON AVE STE  
201  
TEMECULA, CA 92590  
Effective as of 01-APR-20

**MUDGE, BRADLEY, MD†**

Provider ID: N/A

44605 AVENIDA DE  
MISSIONES STE 202  
TEMECULA, CA 92592

Teleservice

Effective as of 01-NOV-19

**MUDGE, BRADLEY, MD†**

Provider ID: N/A

44605 AVENIDA DE  
MISSIONES STE 202  
TEMECULA, CA 92592

Teleservice

Effective as of 01-OCT-19

**URIAS, DANIEL, MD**

Provider ID: N/A

27699 JEFFERSON AVE STE

305  
TEMECULA, CA 92590  
Effective as of 01-OCT-23

**URIAS, DANIEL, MD**

Provider ID: N/A  
27699 JEFFERSON AVE STE  
305  
TEMECULA, CA 92590  
Effective as of 01-OCT-23

**URIAS, DANIEL, MD**

Provider ID: N/A  
27699 JEFFERSON AVE STE  
305  
TEMECULA, CA 92590  
Effective as of 01-OCT-23

**URIAS, DANIEL, MD**

Provider ID: N/A  
27699 JEFFERSON AVE STE  
305  
TEMECULA, CA 92590  
Effective as of 01-OCT-23

**VU, STEVE, MD**

Provider ID: N/A  
27699 JEFFERSON AVE STE  
305  
TEMECULA, CA 92590  
Effective as of 01-JUN-23

**VU, STEVE, MD**

Provider ID: N/A  
27699 JEFFERSON AVE STE  
305  
TEMECULA, CA 92590  
Effective as of 01-JUN-23

**SURGERY THORACIC**

**BANSAL, NEERAJ, MD**

Provider ID: N/A  
31573 RANCHO PUEBLO  
RD STE 210

TEMECULA, CA 92592  
Effective as of 01-APR-23

**BANSAL, NEERAJ, MD**

Provider ID: N/A  
31573 RANCHO PUEBLO  
RD STE 210  
TEMECULA, CA 92592  
Effective as of 01-MAY-23

**UROLOGY**

**CONNER, RICHARD, MD†**

Provider ID: N/A  
31565 RANCHO PUEBLO  
RD STE 102B  
TEMECULA, CA 92592  
Effective as of 01-MAY-20

**CRISELL, MONISHA, MD†**

Provider ID: N/A  
31565 RANCHO PUEBLO  
RD STE 102B  
TEMECULA, CA 92592  
Effective as of 01-MAY-20

**LUTTGE, SCOTT, MD**

Provider ID: N/A  
31565 RANCHO PUEBLO  
RD STE 205  
TEMECULA, CA 92592  
Effective as of 01-MAY-23

**TALANKI, VARUN, MD**

Provider ID: N/A  
31565 RANCHO PUEBLO  
RD STE 102B  
TEMECULA, CA 92592  
Effective as of 01-MAY-22

**TALANKI, VARUN, MD**

Provider ID: N/A  
31565 RANCHO PUEBLO  
RD STE 102B  
TEMECULA, CA 92592

Effective as of 01-MAY-22

**FAMILY PRACTICE**

**RAY, ANNE, MD**

Provider ID: N/A  
31951 DOVE CANYON DR  
TRABUCO CANYON, CA  
92679  
Effective as of 01-DEC-23

**CERTIFIED REGISTERED  
NURSE MIDWIFE**

**ALLEN, ANNE, CRNM†**

Provider ID: N/A  
28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082  
Effective as of 01-JUL-22

**ONEILL, THERESE, CRNM**

Provider ID: N/A  
28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082  
Effective as of 01-NOV-23

**FAMILY PRACTICE**

**CASTANER, ZALYA, MD†**

Provider ID: N/A  
28477 LIZARD ROCKS RD  
VALLEY CENTER, CA  
92082\*  
Teleservice  
Effective as of 01-FEB-24

**MCHENRY, KATHRYN, DO**

Provider ID: N/A  
28477 LIZARD ROCKS RD  
VALLEY CENTER, CA  
92082\*  
Effective as of 01-FEB-24

**PATEL, JITENBHAI, MD**

Provider ID: N/A

28477 LIZARD ROCKS RD  
VALLEY CENTER, CA  
92082\*

Effective as of 01-FEB-24

**PATEL, RAKESH, MD**

Provider ID: N/A

28477 LIZARD ROCKS RD  
VALLEY CENTER, CA  
92082\*

Effective as of 01-FEB-24

**SCHULTZ, JAMES, MD**

Provider ID: N/A

28477 LIZARD ROCKS RD  
VALLEY CENTER, CA  
92082\*

Effective as of 01-FEB-24

**PHYSICIANS ASSISTANT**

**AGUEY, OMAR, PA†**

Provider ID: N/A

28477 LIZARD ROCKS RD  
VALLEY CENTER, CA  
92082\*

Effective as of 01-FEB-24

**AGUEY, OMAR, PA†**

Provider ID: N/A

28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082

Effective as of 01-DEC-20

**WICKWARE, TRACY, PA**

Provider ID: N/A

28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082

Effective as of 01-MAY-23

**ALLERGY IMMUNOLOGY**

**VOLPP, HEATHER, MD†**

Provider ID: N/A

2067 W VISTA WAY

VISTA, CA 92083  
Effective as of 01-JAN-24

**VOLPP, HEATHER, MD†**

Provider ID: N/A

2067 W VISTA WAY  
VISTA, CA 92083

Effective as of 01-MAR-14

**ZIERING, ROBERT, MD†**

Provider ID: N/A

2067 W VISTA WAY STE 140  
VISTA, CA 92083

Effective as of 01-SEP-21

**ZIERING, ROBERT, MD†**

Provider ID: N/A

2067 W VISTA WAY STE 140  
VISTA, CA 92083

Effective as of 01-SEP-22

**ZIERING, ROBERT, MD†**

Provider ID: N/A

2067 W VISTA WAY STE 140  
VISTA, CA 92083

Effective as of 01-AUG-20

**ZIERING, ROBERT, MD†**

Provider ID: N/A

2067 W VISTA WAY STE 140  
VISTA, CA 92083

Effective as of 01-JUL-01

**CARDIAC**

**ELECTROPHYSIOLOGY**

**BUI, HANH, MD**

Provider ID: N/A

906 SYCAMORE AVE STE  
104  
VISTA, CA 92081

Teleservice

Effective as of 01-MAY-23

**CARDIOLOGY**

**BUI, HANH, MD**

Provider ID: N/A

906 SYCAMORE AVE STE  
104  
VISTA, CA 92081

Teleservice

Effective as of 01-JAN-24

**DO, HULBERT, MD†**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-24

**KABRA, ASHISH, MD**

Provider ID: N/A

906 SYCAMORE AVE STE  
104  
VISTA, CA 92081

Effective as of 01-JAN-24

**MOUSSAVIAN, MEHRAN, DO†**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JUL-22

**MOUSSAVIAN, MEHRAN, DO†**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-24

**PARIKH, MILIND, DO†**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JUL-22

**CARDIOVASCULAR  
DISEASE**

**BUI, HANH, MD**

Provider ID: N/A

906 SYCAMORE AVE STE  
104  
VISTA, CA 92081

Teleservice

Effective as of 01-MAY-23

**DO, HULBERT, MD<sup>†</sup>**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JUL-22

**DO, HULBERT, MD<sup>†</sup>**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JUL-22

**MOUSSAVIAN, MEHRAN, DO<sup>†</sup>**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-OCT-21

**MOUSSAVIAN, MEHRAN, DO<sup>†</sup>**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-OCT-21

**PARIKH, MILIND, DO<sup>†</sup>**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-24

**PARKS, MONICA, MD**

Provider ID: N/A

906 SYCAMORE AVE STE  
104  
VISTA, CA 92081

Teleservice

Effective as of 01-JAN-24

**CERTIFIED**

**ACUPUNCTURIST**

**SCARLETT, YVONNE, LAC**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-24

**SONG, CAROL, LAC**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-24

**CERTIFIED NURSE  
PRACTITIONER**

**ALVAREZ, LISA, NP**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-OCT-21

**ALVAREZ, LISA, NP**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-OCT-21

**ALVAREZ, LISA, NP**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-SEP-22

**BAEK, KILHYO, NP**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-FEB-24

**BAEK, KILHYO, NP**

Provider ID: N/A

134 GRAPEVINE RD

VISTA, CA 92083

Effective as of 01-FEB-24

**BAEZ, ELIZABETH, NP**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-24

**BATES, TYLER, NP**

Provider ID: N/A

204 S SANTA FE AVE  
VISTA, CA 92084

Effective as of 01-MAR-23

**BRAAMSE, CHLOE, NP**

Provider ID: N/A

204 S SANTA FE AVE  
VISTA, CA 92084

Teleservice

Effective as of 01-JUN-23

**CARDINELL, ANNA, NP<sup>†</sup>**

Provider ID: N/A

910 SYCAMORE AVE STE  
270  
VISTA, CA 92081

Effective as of 01-AUG-22

**CHAMBERLIN, KALIANA, NP**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-21

**CHATHAM, OLIVIA, NP<sup>†</sup>**

Provider ID: N/A

950 CIVIC CENTER DR STE  
A  
VISTA, CA 92083

Teleservice

Effective as of 01-NOV-22

**CHATHAM, OLIVIA, NP<sup>†</sup>**

Provider ID: N/A

950 CIVIC CENTER DR STE A  
VISTA, CA 92083  
Teleservice  
Effective as of 01-MAY-21

**CHILAKA, SAMUEL, NP**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-24

**CHILAKA, SAMUEL, NP**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083  
Effective as of 01-JAN-24

**CHRISTY, TYLER, NPF**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083  
Effective as of 01-JAN-24

**CHRISTY, TYLER, NPF**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-24

**CHRISTY, TYLER, NPF**

Provider ID: N/A

105 DURIAN ST STE A  
VISTA, CA 92083  
Effective as of 01-JAN-24

**CHRISTY, TYLER, NPF**

Provider ID: N/A

517 N HORNE ST  
VISTA, CA 92083  
Effective as of 01-JAN-24

**CLARK, CYNTHIA, NP†**

Provider ID: N/A

134 GRAPEVINE RD

VISTA, CA 92083  
Effective as of 01-JAN-21

**CORY, ALLISON, NP**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083  
Effective as of 01-JAN-21

**CORY, ALLISON, NP**

Provider ID: N/A

105 DURIAN ST STE B  
VISTA, CA 92083  
Effective as of 01-FEB-24

**CORY, ALLISON, NP**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-24

**CROTTEAU, ALEX, NP**

Provider ID: N/A

204 S SANTA FE AVE  
VISTA, CA 92084  
Effective as of 01-MAY-21

**DEKKERS-O'HARE, INGRID, NP†**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-21

**DO, JACKIE, NP**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083  
Effective as of 01-JAN-24

**EKLUND, BONNIE, NP†**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-24

**EKLUND, BONNIE, NP†**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083  
Effective as of 01-JAN-24

**HALGEDAHL, YI, NP**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-21

**HALGEDAHL, YI, NP**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083  
Effective as of 01-JAN-24

**HOWELL, AMANDA, NP**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083  
Effective as of 01-JAN-24

**HOWELL, AMANDA, NP**

Provider ID: N/A

105 DURIAN ST STE A  
VISTA, CA 92083  
Effective as of 01-JAN-24

**HOWELL, AMANDA, NP**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-24

**JONES, STACY, NP**

Provider ID: N/A

204 S SANTA FE AVE  
VISTA, CA 92084  
Effective as of 01-MAY-21

**KAYE, ALYSON, NP**

Provider ID: N/A

105 DURIAN ST  
VISTA, CA 92083  
Effective as of 01-FEB-24

**KAYE, ALYSON, NP**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-OCT-21

**KELLEHER, BRIDGET, NP**

Provider ID: N/A

105 DURIAN ST STE B  
VISTA, CA 92083  
Effective as of 01-FEB-24

**KESSLER, JENNIFER, NP**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-DEC-23

**KESSLER, JENNIFER, NP**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083  
Effective as of 01-DEC-23

**KORMANIK, PATRICIA, NP†**

Provider ID: N/A

910 SYCAMORE AVE STE  
102  
VISTA, CA 92081  
Effective as of 01-JUL-21

**MERRITT, MARISA, NP**

Provider ID: N/A

204 S SANTA FE AVE  
VISTA, CA 92084  
Teleservice

Effective as of 01-AUG-22

**NAVA, PETER, NP**

Provider ID: N/A

1000 VALE TERRACE DR

VISTA, CA 92084  
Effective as of 01-JAN-24

**NAVA, PETER, NP**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083  
Effective as of 01-JAN-24

**NICHOLAS, ESTELA, NP**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-21

**PATEMAN, CAROLYN, NP**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-21

**PATEMAN, CAROLYN, NP**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083  
Effective as of 01-JAN-24

**PRITZKER, JOELY, NP**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083  
Effective as of 01-FEB-24

**PRITZKER, JOELY, NP**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-21

**ROSS, BRIDGET, NPF**

Provider ID: N/A

204 S SANTA FE AVE  
VISTA, CA 92084  
Teleservice

Effective as of 01-DEC-21

**SCHAEPE, RHODORA, NP**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-MAR-24

**SERRATO, ANTHONY, NP**

Provider ID: N/A

906 SYCAMORE AVE STE  
104  
VISTA, CA 92081  
Effective as of 01-MAY-23

**SHAHBAZ, LINNAE, NPF**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-MAR-24

**SRILASAK, MICHELE, NP†**

Provider ID: N/A

910 SYCAMORE AVE STE  
102  
VISTA, CA 92081  
Effective as of 01-JUL-21

**TABARANZA, PHOEBE, NPF**

Provider ID: N/A

204 S SANTA FE AVE  
VISTA, CA 92084  
Teleservice

Effective as of 01-OCT-22

**WAGNER, TASIA, NP**

Provider ID: N/A

105 DURIAN ST  
VISTA, CA 92083  
Effective as of 01-FEB-24

**WILLIAMS, JINA, NP**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083  
Effective as of 01-SEP-22

**WINDHAM, SUZONNE, NP**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-JAN-24

**WINDHAM, SUZONNE, NP**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-24

**YCASAS, EMILY, NP**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-24

**YCASAS, EMILY, NP**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-MAY-23

**YOUNG, JENNIFER, NPF**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-OCT-21

**CERTIFIED REGISTERED  
NURSE MIDWIFE**

**GUIDI, CASEY, CRNM**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JUN-23

**MATEO, MARIE, CRNM†**

Provider ID: N/A

161 THUNDER DR STE 210  
VISTA, CA 92083

Effective as of 01-JUL-22

**ZAMORA-FLYR, MARIA, CRNM**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JUL-22

**ZAMORA-FLYR, MARIA, CRNM**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-24

**ZAMORA-FLYR, MARIA, CRNM**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-JUL-22

**ZAMORA-FLYR, MARIA, CRNM**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-JAN-24

**CHIROPRACTOR**

**CORTEZ, JAIME, DC†**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JUL-22

**CORTEZ, JAIME, DC†**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-OCT-21

**JU, NATHANIEL, DC†**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-OCT-21

**JU, NATHANIEL, DC†**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-24

**JU, NATHANIEL, DC†**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JUL-22

**JU, NATHANIEL, DC†**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-JUL-22

**JU, NATHANIEL, DC†**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-JAN-24

**OLSON, ROBERT, DC**

Provider ID: N/A

906 SYCAMORE AVE STE  
210

VISTA, CA 92081

Effective as of 01-SEP-21

**DERMATOLOGY**

**GRUSHCHAK, SOLOMIYA, MD**

Provider ID: N/A

1934 VIA CTR STE B  
VISTA, CA 92081

Effective as of 01-JAN-24

**GRUSHCHAK, SOLOMIYA, MD**

Provider ID: N/A

1934 VIA CTR STE B  
VISTA, CA 92081

Effective as of 01-JAN-24



**GRUSHCHAK, SOLOMIYA, MD**

Provider ID: N/A

1934 VIA CTR STE B  
VISTA, CA 92081

Effective as of 01-JAN-24

**GRUSHCHAK, SOLOMIYA, MD**

Provider ID: N/A

1934 VIA CTR STE B  
VISTA, CA 92081

Effective as of 01-JAN-24

**HENDERSON, GREGORY, MD<sup>†</sup>**

Provider ID: N/A

1934 VIA CTR STE B  
VISTA, CA 92081

Effective as of 01-SEP-21

**HENDERSON, GREGORY, MD<sup>†</sup>**

Provider ID: N/A

2395 S MELROSE DR  
VISTA, CA 92081

Effective as of 01-SEP-21

**STEIN, ALEXANDER, MD**

Provider ID: N/A

2067 W VISTA WAY  
VISTA, CA 92083

Effective as of 01-JUL-23

**FAMILY PRACTICE**

**DONNELL, MARTI, MD**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084\*

Effective as of 01-NOV-23

**DONNELL, MARTI, MD**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083\*

Effective as of 01-NOV-23

**HIKES, RYAN, MD**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-AUG-22

**MARTINEZ, LESLY, MD**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084\*

Effective as of 01-APR-23

**MARTINEZ, LESLY, MD**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083\*

Effective as of 01-APR-23

**PUDOL, CHRISTOPHER, DO**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084\*

Teleservice

Effective as of 01-MAR-24

**PUDOL, CHRISTOPHER, DO**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083\*

Teleservice

Effective as of 01-MAR-24

**TRAN, DAO, DO**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-MAY-23

**TRAN, DAO, DO**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-MAY-23

**VIDAL, MONICA, DO<sup>†</sup>**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-AUG-22

**VIDAL, MONICA, DO<sup>†</sup>**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-AUG-22

**ZIMMERMAN, DAVID, MD**

Provider ID: N/A

145 THUNDER DR  
VISTA, CA 92083\*

Effective as of 01-MAR-23

**GENERAL PRACTICE**

**TANUS, DEBORAH, DO**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084\*

Effective as of 01-NOV-23

**WALKER, BRADLEY, MD**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084\*

Effective as of 01-MAY-23

**GYNECOLOGIC**

**ONCOLOGY**

**ESKANDER, RAMEZ, MD<sup>†</sup>**

Provider ID: N/A

910 SYCAMORE AVE STE  
102

VISTA, CA 92081

Effective as of 01-JUL-21

**HEMATOLOGY /**

**ONCOLOGY**

**ANDREY, JEFFREY, MD<sup>†</sup>**

Provider ID: N/A

2067 W VISTA WAY STE 295  
VISTA, CA 92083  
Effective as of 01-SEP-22

**ANDREY, JEFFREY, MD†**

Provider ID: N/A

2067 W VISTA WAY STE 295  
VISTA, CA 92083\*  
Effective as of 01-APR-23

**BASERI, BABAK, MD**

Provider ID: N/A

1250 SUNSET DR STE 101  
VISTA, CA 92081  
Effective as of 01-APR-24

**BASERI, BABAK, MD†**

Provider ID: N/A

2067 W VISTA WAY STE 295  
VISTA, CA 92083  
Effective as of 01-JUL-22

**BASERI, BABAK, MD†**

Provider ID: N/A

2067 W VISTA WAY STE 295  
VISTA, CA 92083\*  
Effective as of 01-APR-23

**MARJON, PHILIP, MD†**

Provider ID: N/A

2067 W VISTA WAY STE 295  
VISTA, CA 92083  
Effective as of 01-JUL-22

**MARJON, PHILIP, MD†**

Provider ID: N/A

2067 W VISTA WAY STE 295  
VISTA, CA 92083\*  
Effective as of 01-APR-23

**PARSI, HOOMAN, MD**

Provider ID: N/A

2067 W VISTA WAY STE 295  
VISTA, CA 92083  
Effective as of 01-JUL-23

**SARWARI, NAWID, MD**

Provider ID: N/A

2067 W VISTA WAY STE 295  
VISTA, CA 92083  
Effective as of 01-JUL-23

**SAUNDERS, PHILLIP, DO†**

Provider ID: N/A

2067 W VISTA WAY STE 295  
VISTA, CA 92083\*  
Effective as of 01-APR-23

**SAUNDERS, PHILLIP, DO†**

Provider ID: N/A

2067 W VISTA WAY STE 295  
VISTA, CA 92083  
Effective as of 01-NOV-22

**SCHWERKOSKE, JOHN, MD†**

Provider ID: N/A

2067 W VISTA WAY STE 295  
VISTA, CA 92083  
Effective as of 01-SEP-22

**SCHWERKOSKE, JOHN, MD†**

Provider ID: N/A

2067 W VISTA WAY STE 295  
VISTA, CA 92083  
Effective as of 01-JUL-23

**SUBRAMANIAN, RUPA, MD†**

Provider ID: N/A

910 SYCAMORE AVE STE  
102  
VISTA, CA 92081  
Effective as of 01-AUG-20

**HOSPICE AND PALLIATIVE  
MEDICINE**

**RUBENSIK, TAMARA, MD†**

Provider ID: N/A

910 SYCAMORE AVE STE  
102

VISTA, CA 92081  
Effective as of 01-JUL-21

**HOSPITALIST MD/DO**

**LOPEZ, SANDRA, MD†**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-24

**INTERNAL MEDICINE**

**BAUTISTA, JENNIFER, MD**

Provider ID: N/A

2067 W VISTA WAY STE 160  
VISTA, CA 92083  
Effective as of 01-FEB-23

**CHEN, MAX, MD**

Provider ID: N/A

105 DURIAN ST STE B  
VISTA, CA 92083  
Effective as of 01-NOV-23

**INTERVENTIONAL  
CARDIOLOGY**

**PARKS, MONICA, MD**

Provider ID: N/A

906 SYCAMORE AVE STE  
104  
VISTA, CA 92081  
Teleservice  
Effective as of 01-OCT-23

**LICENSED CLINICAL  
SOCIAL WORKER**

**ACOSTA, AZUCENA, LCSW**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-24

**ACOSTA, AZUCENA, LCSW**

Provider ID: N/A

☞ 134 GRAPEVINE RD  
VISTA, CA 92083

Teleservice

Effective as of 01-JAN-24

**CRUZ, VANESSA, LCSW**

Provider ID: N/A

☞ 134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-JAN-21

**CRUZ, VANESSA, LCSW**

Provider ID: N/A

☞ 1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JUN-23

**CRUZ, VANESSA, LCSW**

Provider ID: N/A

☞ 1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-21

**DOUGHERTY, CHRISTINE,  
LCSW**

Provider ID: N/A

☞ 1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-24

**DOUGHERTY, CHRISTINE,  
LCSW**

Provider ID: N/A

☞ 1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-FEB-24

**DOUGHERTY, CHRISTINE,  
LCSW**

Provider ID: N/A

☞ 134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-JAN-24

**GODINEZ, BRENDA, LCSW**

Provider ID: N/A

☞ 134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-JAN-24

**GODINEZ, BRENDA, LCSW**

Provider ID: N/A

☞ 1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-24

**MENDEZ, ADRIANA, LCSW**

Provider ID: N/A

☞ 1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-24

**MENDEZ, ADRIANA, LCSW**

Provider ID: N/A

☞ 134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-JAN-24

**NEVILLE, MARGARET, LCSW**

Provider ID: N/A

☞ 134 GRAPEVINE RD  
VISTA, CA 92083

Teleservice

Effective as of 01-JUN-23

**NEVILLE, MARGARET, LCSW**

Provider ID: N/A

☞ 1000 VALE TERRACE DR  
VISTA, CA 92084

Teleservice

Effective as of 01-JAN-24

**NEVILLE, MARGARET, LCSW**

Provider ID: N/A

☞ 134 GRAPEVINE RD  
VISTA, CA 92083

Teleservice

Effective as of 01-JAN-24

**SANCHEZ, ADRIANA, LCSW**

Provider ID: N/A

☞ 1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-24

**SANCHEZ, ADRIANA, LCSW**

Provider ID: N/A

☞ 134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-JAN-24

**SMITH, SONYA, LCSW**

Provider ID: N/A

☞ 134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-JAN-24

**SMITH, SONYA, LCSW**

Provider ID: N/A

☞ 1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-24

**WILSON, CARLENE, LCSW**

Provider ID: N/A

☞ 1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-24

**WILSON, CARLENE, LCSW**

Provider ID: N/A

☞ 1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JUN-23

**ZAPPONE, ALIDA, LCSW**

Provider ID: N/A

☞ 1000 VALE TERRACE DR  
VISTA, CA 92084

Teleservice

Effective as of 01-JAN-24

**ZAPPONE, ALIDA, LCSW**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083

Teleservice

Effective as of 01-JAN-24

**MARRIAGE FAMILY  
THERAPIST**

**GROVE, VICKI, MFT**

Provider ID: N/A

2385 S MELROSE DR  
VISTA, CA 92081

Effective as of 01-JAN-24

**MEYERHOF, GRETA, MFT†**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-JAN-24

**MEYERHOF, GRETA, MFT†**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-24

**OBSTETRICS /  
GYNECOLOGY**

**ARRIETA, IRIS, MD†**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-OCT-21

**ARRIETA, IRIS, MD†**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-24

**ARRIETA, IRIS, MD†**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JUL-22

**BINDER, PRATIBHA, MD†**

Provider ID: N/A

910 SYCAMORE AVE STE  
102  
VISTA, CA 92081

Effective as of 01-JUL-21

**DIETERICH, FREDERICK, MD**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-24

**HAWKINS, MELISSA, MD†**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-SEP-14

**HAWKINS, MELISSA, MD†**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-24

**HAWKINS, MELISSA, MD†**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JUL-22

**KARANIKKIS, CHRISTOS, DO†**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JUL-22

**KARANIKKIS, CHRISTOS, DO†**

Provider ID: N/A

1000 VALE TERRACE DR

VISTA, CA 92084

Effective as of 01-OCT-21

**KARANIKKIS, CHRISTOS, DO†**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-MAR-18

**KARANIKKIS, CHRISTOS, DO†**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-24

**LEON, JOSUE, MD†**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JUN-21

**LEON, JOSUE, MD†**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-24

**LEON, JOSUE, 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-JAN-24

**LEONARD, LISA, MD†**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-OCT-21

**LOPEZ, SANDRA, MD†**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084\*  
Effective as of 01-APR-12

**MAZAREI, RAHELE, DO**

Provider ID: N/A

2067 W VISTA WAY STE 200  
VISTA, CA 92083  
Effective as of 01-JUN-23

**POUNTNEY, MARLENE, MD†**

Provider ID: N/A

161 THUNDER DR STE 210  
VISTA, CA 92083  
Effective as of 01-JUL-22

**QUAN, MARIA, MD†**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JUL-22

**QUAN, MARIA, MD†**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-24

**QUAN, MARIA, MD†**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-MAR-23

**SCHWEIKERT, SUZANNE, MD†**

Provider ID: N/A

161 THUNDER DR STE 210

VISTA, CA 92083  
Effective as of 01-JUL-22

**SUNTAY, BERK, MD**

Provider ID: N/A

2067 W VISTA WAY STE 200  
VISTA, CA 92083  
Effective as of 01-JUN-23

**OCCUPATIONAL  
THERAPIST**

**CHAVEZ SERRANO, VIOLETA,  
OT**

Provider ID: N/A

1840 WEST DR  
VISTA, CA 92083  
Effective as of 01-FEB-24

**MCPHATTER, JASMINE, OT†**

Provider ID: N/A

1840 WEST DR  
VISTA, CA 92083  
Teleservice  
Effective as of 01-SEP-22

**OPHTHALMOLOGY**

**AMINLARI, ARDALAN, MD**

Provider ID: N/A

1930 VIA CENTRE DR  
VISTA, CA 92081  
Effective as of 01-SEP-21

**CHEN, HEATHER, MD†**

Provider ID: N/A

2067 W VISTA WAY STE 120  
VISTA, CA 92083  
Effective as of 01-SEP-21

**CHEN, HEATHER, MD†**

Provider ID: N/A

2067 W VISTA WAY STE 120  
VISTA, CA 92083

Effective as of 01-NOV-21

**CHEN, HEATHER, MD†**

Provider ID: N/A

2067 W VISTA WAY STE 120  
VISTA, CA 92083  
Effective as of 01-FEB-21

**JOHNSTON, ERIC, MD**

Provider ID: N/A

1930 VIA CTR  
VISTA, CA 92081  
Effective as of 01-SEP-21

**STEPHENS, BENJAMIN, MD**

Provider ID: N/A

2067 W VISTA WAY STE 120  
VISTA, CA 92083  
Effective as of 01-JUN-23

**STEPHENS, BENJAMIN, MD**

Provider ID: N/A

2067 W VISTA WAY STE 120  
VISTA, CA 92083  
Effective as of 01-JUL-23

**ZAVERI, MAULIK, MD†**

Provider ID: N/A

2067 W VISTA WAY STE 120  
VISTA, CA 92083  
Effective as of 01-MAR-14

**ZAVERI, MAULIK, MD†**

Provider ID: N/A

2067 W VISTA WAY STE 120  
VISTA, CA 92083  
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-SEP-22

**GEE, JENNIFER, OD**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-SEP-22

**GEE, JENNIFER, OD**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-JUL-22

**GEE, JENNIFER, OD**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JUL-22

**GEE, JENNIFER, OD**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-OCT-21

**KASAI, SARAH, OD**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-DEC-23

**KASAI, SARAH, OD**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-24

**KASAI, SARAH, OD**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-DEC-23

**KIM, MICHAEL, OD**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083

Teleservice

Effective as of 01-JUL-22

**KIM, MICHAEL, OD**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-24

**KIM, MICHAEL, OD**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JUL-22

**KIM, MICHAEL, OD**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083

Teleservice

Effective as of 01-JAN-21

**KOUCHAK, YASMIN, OD†**

Provider ID: N/A

2067 W VISTA WAY STE 120

VISTA, CA 92083

Teleservice

Effective as of 01-JUL-23

**MORA, WENDY, OD**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-JUL-22

**MORA, WENDY, OD**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Teleservice

Effective as of 01-JUL-22

**MORA, WENDY, OD**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-JAN-24

**MORA, WENDY, OD**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Teleservice

Effective as of 01-JAN-21

**RICH, RYAN, OD**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-JAN-24

**RICH, RYAN, OD**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-21

**RICH, RYAN, OD**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JUL-22

**RICH, RYAN, OD**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083  
Effective as of 01-JUL-22

**TAM, EMILY, OD**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083  
Effective as of 01-JUL-22

**TAM, EMILY, OD**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JUL-22

**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-JAN-24

**TANG, ASHLEY, OD†**

Provider ID: N/A

2067 W VISTA WAY STE 120  
VISTA, CA 92083  
Teleservice  
Effective as of 01-NOV-21

**TRAN, JESSICA, OD**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-DEC-23

**OTOLARYNGOLOGY /  
OTOLOGY /  
LARYNGOLOGY /  
RHINOLOGY**

**BERRY, JULIE, MD†**

Provider ID: N/A

2023 W VISTA WAY STE J  
VISTA, CA 92083  
Effective as of 01-AUG-06

**KUSHNARYOV, ANTON, MD†**

Provider ID: N/A

2023 W VISTA WAY STE J  
VISTA, CA 92083  
Effective as of 01-OCT-17

**PEDIATRICS**

**KAISER, EMILY, MD**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084\*  
Effective as of 01-JAN-24

**RONAN, KEVIN, MD**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-MAY-23

**RONAN, KEVIN, MD**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083  
Effective as of 01-MAY-23

**PHYSICIANS ASSISTANT**

**GLASSER, DANIEL, PA**

Provider ID: N/A

1000 VALE TERRACE DR

VISTA, CA 92084  
Effective as of 01-JUL-22

**GLASSER, DANIEL, PA**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-24

**KUPIS, ROBERT, PA**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-24

**KUPIS, ROBERT, PA**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-SEP-22

**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-SEP-22

**THEPVONGSA, MELISSA, PA**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-24

**WALLACE, STEPHANIE, PA**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084  
Effective as of 01-JAN-21

**WEAVER, APRIL, PA**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-OCT-21

**WEAVER, APRIL, PA**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-OCT-21

**PODIATRIST**

**MILLER, JULIE, DPM**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JUL-22

**MILLER, JULIE, DPM**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-24

**MILLER, JULIE, DPM**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-FEB-24

**PREVENTATIVE MEDICINE  
GENERAL**

**DEPORTO, TANYA, MD**

Provider ID: N/A

204 S SANTA FE AVE  
VISTA, CA 92084

Teleservice

Effective as of 01-MAY-21

**PSYCHIATRY**

**BELL, JENNIFER, DO**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-FEB-24

**BELL, JENNIFER, DO**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-FEB-24

**BELL, JENNIFER, DO**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-FEB-24

**BELL, JENNIFER, DO**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-FEB-24

**CHRISTIANSON, WARREN, DO**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083

Effective as of 01-AUG-21

**CHRISTIANSON, WARREN, DO**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-AUG-21

**CHRISTIANSON, WARREN, DO**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-AUG-21

**CHRISTIANSON, WARREN, DO**

Provider ID: N/A

134 GRAPEVINE RD

VISTA, CA 92083

Effective as of 01-AUG-21

**PATEL, MITESH, MD**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083

Teleservice

Effective as of 01-JAN-24

**PATEL, MITESH, MD**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-24

**PATEL, MITESH, MD**

Provider ID: N/A

134 GRAPEVINE RD  
VISTA, CA 92083

Teleservice

Effective as of 01-JAN-24

**PATEL, MITESH, MD**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-JAN-24

**PSYCHOLOGIST**

**GUTIERREZ, VERONICA, PhD**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-FEB-24

**GUTIERREZ, VERONICA, PhD**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-FEB-24

**PUBLIC HEALTH**



**PREVENTATIVE MEDICINE**

**WALKER, BRADLEY, MD**

Provider ID: N/A

1000 VALE TERRACE DR  
VISTA, CA 92084

Effective as of 01-MAY-23

**PULMONARY DISEASES**

**HSING, ANDREW, MD**

Provider ID: N/A

2067 W VISTA WAY STE 160  
VISTA, CA 92083

Effective as of 01-FEB-23

**HSING, ANDREW, MD**

Provider ID: N/A

2067 W VISTA WAY STE 160  
VISTA, CA 92083

Effective as of 01-JAN-24

**MAGANA, MARISA, MD**

Provider ID: N/A

2067 W VISTA WAY STE 160  
VISTA, CA 92083

Effective as of 01-FEB-24

**PINO, ALEJANDRO, MD**

Provider ID: N/A

2067 W VISTA WAY STE 160  
VISTA, CA 92083

Effective as of 01-FEB-23

**ZHANG, MICHELLE, MD**

Provider ID: N/A

2067 W VISTA WAY STE D  
VISTA, CA 92083

Effective as of 01-SEP-23

**RADIOLOGY DIAGNOSTIC**

**PATEL, NIKHIL, MD**

Provider ID: N/A

906 SYCAMORE AVE STE

100  
VISTA, CA 92081  
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

**BARTOLAY, OLIVER, PT**

Provider ID: N/A

1840 WEST DR  
VISTA, CA 92083

Effective as of 01-JUL-23

**BOUCHARD, REID, PT**

Provider ID: N/A

1958 VIA CENTRE DR  
VISTA, CA 92081

Effective as of 01-OCT-21

**BOUTELLE, DAVID, PT**

Provider ID: N/A

2067 W VISTA WAY STE 185  
VISTA, CA 92083

Effective as of 01-FEB-24

**BOUTELLE, BARBARA, PT**

Provider ID: N/A

2067 W VISTA WAY STE 185  
VISTA, CA 92083

Effective as of 01-JAN-24

**DOULL, MATTHEW, PT**

Provider ID: N/A

1958 VIA CTR  
VISTA, CA 92081

Teleservice

Effective as of 01-JUN-23

**GARBER, MARC, PT**

Provider ID: N/A

1958 VIA CTR  
VISTA, CA 92081

Teleservice

Effective as of 01-OCT-21

**PENNINGTON, JENNIFER, PT**

Provider ID: N/A

1958 VIA CTR  
VISTA, CA 92081

Teleservice

Effective as of 01-OCT-21

**TAMAYO, SYDNIE, PT**

Provider ID: N/A

1958 VIA CTR  
VISTA, CA 92081

Teleservice

Effective as of 01-OCT-23

**WILSON, JENNIFER, PT**

Provider ID: N/A

1958 VIA CTR  
VISTA, CA 92081

Teleservice

Effective as of 01-OCT-21

**RHEUMATOLOGY**

**ANSARI, RASHAD, MD†**

Provider ID: N/A

2023 W VISTA WAY STE J  
VISTA, CA 92083

Effective as of 01-SEP-21

**ANSARI, RASHAD, MD†**

Provider ID: N/A

2023 W VISTA WAY STE J  
VISTA, CA 92083

Effective as of 01-JUL-22

**BEJKO, ETELEVA, MD†**

Provider ID: N/A

2023 W VISTA WAY STE H

VISTA, CA 92083  
Teleservice  
Effective as of 01-DEC-21

**BEJKO, ETLVA, MD†**

Provider ID: N/A  
2023 W VISTA WAY STE H  
VISTA, CA 92083  
Teleservice  
Effective as of 01-JUL-21

**BRION, PAUL, MD†**

Provider ID: N/A  
2023 W VISTA WAY STE H  
VISTA, CA 92083  
Effective as of 01-JUL-21

**BRION, PAUL, MD†**

Provider ID: N/A  
2023 W VISTA WAY STE H  
VISTA, CA 92083  
Effective as of 01-SEP-21

**SURGERY GENERAL**

**ARMANI, AVA, MD†**

Provider ID: N/A  
910 SYCAMORE AVE STE  
102  
VISTA, CA 92081  
Effective as of 01-JUL-21

**GROVE, JAY, MD†**

Provider ID: N/A  
2385 S MELROSE DR  
VISTA, CA 92081  
Effective as of 01-SEP-21

**GROVE, JAY, MD†**

Provider ID: N/A  
2385 S MELROSE DR  
VISTA, CA 92081  
Effective as of 01-JAN-21

**GROVE, JAY, MD†**

Provider ID: N/A  
2385 S MELROSE DR  
VISTA, CA 92081  
Effective as of 01-DEC-14

**HANNA, KAREN, MD†**

Provider ID: N/A  
2385 S MELROSE DR  
VISTA, CA 92081  
Teleservice  
Effective as of 01-DEC-14

**HANNA, KAREN, MD†**

Provider ID: N/A  
2385 S MELROSE DR  
VISTA, CA 92081  
Teleservice  
Effective as of 01-JAN-21

**SURGERY GENERAL  
VASCULAR**

**BUNKE, NISHA, MD**

Provider ID: N/A  
906 SYCAMORE AVE STE  
100  
VISTA, CA 92081  
Teleservice  
Effective as of 01-JUN-23

**SURGERY**

**NEUROLOGICAL**

**STERN, MARK, MD**

Provider ID: N/A  
326 S MELROSE DR STE  
200  
VISTA, CA 92081  
Effective as of 01-SEP-23

**SURGERY THORACIC**

**GREWAL, NAVROSE, MD†**

Provider ID: N/A

161 THUNDER DR  
VISTA, CA 92083  
Effective as of 01-DEC-21

**ANESTHESIOLOGY**

**KRAUSE, MARTIN, MD†**

Provider ID: N/A  
36485 INLAND VALLEY DR  
WILDOMAR, CA 92595  
Effective as of 01-FEB-22

**ANESTHESIOLOGY**

**CRITICAL CARE MEDICINE**

**RODRIGUEZ-MINETTE,  
JESSICA, MD†**

Provider ID: N/A  
36485 INLAND VALLEY DR  
WILDOMAR, CA 92595  
Effective as of 01-JAN-21

**CERTIFIED NURSE  
PRACTITIONER**

**IHEMEDU, AMARACHI, NPF**

Provider ID: N/A  
36320 INLAND VALLEY DR  
STE 303  
WILDOMAR, CA 92595  
Effective as of 01-JAN-23

**IHEMEDU, AMARACHI, NPF**

Provider ID: N/A  
36320 INLAND VALLEY DR  
STE 303  
WILDOMAR, CA 92595  
Effective as of 01-JAN-23

**IHEMEDU, MAGNUS, NPF**

Provider ID: N/A  
36320 INLAND VALLEY DR  
STE 303  
WILDOMAR, CA 92595

Effective as of 01-APR-23

**IHEMEDU, MAGNUS, NPF**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 303

WILDOMAR, CA 92595

Effective as of 01-APR-23

**IHEMEDU, MAGNUS, NPF**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 303

WILDOMAR, CA 92595

Effective as of 01-APR-23

**ONUOHA, NOJA, NP†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 303

WILDOMAR, CA 92595\*

Effective as of 01-NOV-22

**ONUOHA, NOJA, NP†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 303

WILDOMAR, CA 92595\*

Effective as of 01-NOV-22

**THOMAS, STEPHEN, NPF†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 308

WILDOMAR, CA 92595

Effective as of 01-MAR-21

**CHIROPRACTOR**

**ADAMS, CONRAD, LAC**

Provider ID: N/A

32475 CLINTON KEITH RD  
STE 108

WILDOMAR, CA 92595

Effective as of 01-MAR-23

**GASTROENTEROLOGY**

**CHANGCHIEN, ERIC, MD†**

Provider ID: N/A

36243 INLAND VALLEY DR  
STE 280

WILDOMAR, CA 92595

Effective as of 01-MAR-19

**INTERNAL MEDICINE**

**CHANG, DAVID, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 308

WILDOMAR, CA 92595

Effective as of 01-MAR-19

**CHANG, DAVID, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 308

WILDOMAR, CA 92595

Effective as of 01-MAY-15

**NANDI, SHANKHA, DO†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 308

WILDOMAR, CA 92595

Effective as of 01-JUN-15

**NANDI, SHANKHA, DO†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 308

WILDOMAR, CA 92595

Effective as of 01-JUN-15

**WANG, WENG-LIH, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 308

WILDOMAR, CA 92595

Effective as of 01-OCT-19

**YU, JERRY, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 308

WILDOMAR, CA 92595

Effective as of 01-MAR-19

**YU, JERRY, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 308

WILDOMAR, CA 92595

Effective as of 01-MAR-21

**YU, JERRY, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 307

WILDOMAR, CA 92595

Effective as of 01-DEC-23

**YU, JERRY, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 307

WILDOMAR, CA 92595

Effective as of 01-DEC-23

**YU, JERRY, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 307

WILDOMAR, CA 92595

Effective as of 01-DEC-23

**YU, JERRY, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 307

WILDOMAR, CA 92595

Effective as of 01-DEC-23

**INTERNAL MEDICINE**

**CRITICAL CARE MEDICINE**

**JAFFE, GILAD, MD**

Provider ID: N/A

36485 INLAND VALLEY DR  
WILDOMAR, CA 92595

Effective as of 01-SEP-23

**PATEL, SAGAR, MD†**

Provider ID: N/A

36485 INLAND VALLEY DR  
WILDOMAR, CA 92595

Effective as of 01-AUG-21

**LICENSED CLINICAL  
SOCIAL WORKER**

**JONES, VALORIA, LCSW†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 303  
WILDOMAR, CA 92595

Effective as of 01-JUL-23

**JONES, VALORIA, LCSW†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 303  
WILDOMAR, CA 92595

Effective as of 01-JAN-23

**JONES, VALORIA, LCSW†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 303  
WILDOMAR, CA 92595

Effective as of 01-JUL-23

**JONES, VALORIA, LCSW†**

Provider ID: N/A

36320 INLAND VALLEY DR  
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-15

**CHANG, DAVID, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 308

WILDOMAR, CA 92595

Effective as of 01-MAY-23

**CHANG, DAVID, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 308

WILDOMAR, CA 92595

Effective as of 01-MAY-09

**CHANG, DAVID, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 307

WILDOMAR, CA 92595

Effective as of 01-DEC-23

**CHANG, DAVID, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 307

WILDOMAR, CA 92595

Effective as of 01-DEC-23

**CHANG, DAVID, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 307

WILDOMAR, CA 92595

Effective as of 01-DEC-23

**CHANG, DAVID, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 307

WILDOMAR, CA 92595

Effective as of 01-DEC-23

**CHANG, DAVID, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 307

WILDOMAR, CA 92595

Effective as of 01-DEC-23

**LAC, PETER, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 307

WILDOMAR, CA 92595

Effective as of 01-DEC-23

**LAC, PETER, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 307

WILDOMAR, CA 92595

Effective as of 01-DEC-23

**LAC, PETER, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 307

WILDOMAR, CA 92595

Effective as of 01-DEC-23

**LAC, PETER, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 307

WILDOMAR, CA 92595

Effective as of 01-DEC-23

**LAC, PETER, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 307  
WILDOMAR, CA 92595

Effective as of 01-DEC-23

**LAC, PETER, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 308  
WILDOMAR, CA 92595

Effective as of 01-MAR-21

**LAC, PETER, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 308  
WILDOMAR, CA 92595

Effective as of 01-NOV-16

**LAC, PETER, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 308  
WILDOMAR, CA 92595

Effective as of 01-NOV-19

**LAC, PETER, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 307  
WILDOMAR, CA 92595

Effective as of 01-DEC-23

**LAC, PETER, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 308  
WILDOMAR, CA 92595

Effective as of 01-JUL-23

**NANDI, SHANKHA, DO†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 308  
WILDOMAR, CA 92595

Effective as of 01-JUN-15

**NANDI, SHANKHA, DO†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 308  
WILDOMAR, CA 92595

Effective as of 01-JUN-15

**NANDI, SHANKHA, DO†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 308  
WILDOMAR, CA 92595

Effective as of 01-JUN-15

**NANDI, SHANKHA, DO†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 308  
WILDOMAR, CA 92595

Effective as of 01-AUG-20

**NANDI, SHANKHA, DO†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 308  
WILDOMAR, CA 92595

Effective as of 01-MAR-21

**NANDI, SHANKHA, DO†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 308  
WILDOMAR, CA 92595

Effective as of 01-MAR-19

**NANDI, SHANKHA, DO†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 308

WILDOMAR, CA 92595

Effective as of 01-JUN-23

**NANDI, SHANKHA, DO**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 307  
WILDOMAR, CA 92595

Effective as of 01-DEC-23

**NANDI, SHANKHA, DO**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 307  
WILDOMAR, CA 92595

Effective as of 01-DEC-23

**NANDI, SHANKHA, DO**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 307  
WILDOMAR, CA 92595

Effective as of 01-DEC-23

**NANDI, SHANKHA, DO**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 307  
WILDOMAR, CA 92595

Effective as of 01-DEC-23

**NANDI, SHANKHA, DO**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 307  
WILDOMAR, CA 92595

Effective as of 01-DEC-23

**NANDI, SHANKHA, DO**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 307  
WILDOMAR, CA 92595

Effective as of 01-DEC-23

**WANG, WENG-LIH, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 307  
WILDOMAR, CA 92595  
Effective as of 01-DEC-23

**WANG, WENG-LIH, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 307  
WILDOMAR, CA 92595  
Effective as of 01-DEC-23

**WANG, WENG-LIH, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 308  
WILDOMAR, CA 92595  
Effective as of 01-MAR-21

**WANG, WENG-LIH, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 308  
WILDOMAR, CA 92595  
Effective as of 01-MAY-15

**WANG, WENG-LIH, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 308  
WILDOMAR, CA 92595  
Effective as of 01-MAY-15

**WANG, WENG-LIH, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 308  
WILDOMAR, CA 92595  
Effective as of 01-MAY-09

**WANG, WENG-LIH, MD**

Provider ID: N/A

36320 INLAND VALLEY DR

STE 307  
WILDOMAR, CA 92595  
Effective as of 01-DEC-23

**WANG, WENG-LIH, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 308  
WILDOMAR, CA 92595  
Effective as of 01-JAN-20

**YU, JERRY, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 307  
WILDOMAR, CA 92595  
Effective as of 01-DEC-23

**YU, JERRY, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 307  
WILDOMAR, CA 92595  
Effective as of 01-DEC-23

**PSYCHIATRY**

**JAKKULA, JAGAN, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 303  
WILDOMAR, CA 92595  
Effective as of 01-JUL-22

**JAKKULA, JAGAN, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 303  
WILDOMAR, CA 92595  
Effective as of 01-NOV-23

**JAKKULA, JAGAN, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 303

WILDOMAR, CA 92595  
Effective as of 01-NOV-23

**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-OCT-23

**KANUKUNTLA, TULASI, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 303  
WILDOMAR, CA 92595  
Effective as of 01-JUL-22

**KANUKUNTLA, TULASI, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 303  
WILDOMAR, CA 92595  
Effective as of 01-OCT-23

**KANUKUNTLA, TULASI, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 303  
WILDOMAR, CA 92595  
Effective as of 01-JUL-22

**KUNAM, SYAM, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 303  
WILDOMAR, CA 92595  
Effective as of 01-NOV-23

**KUNAM, SYAM, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 303  
WILDOMAR, CA 92595  
Effective as of 01-JUN-23

**KUNAM, SYAM, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 303  
WILDOMAR, CA 92595  
Effective as of 01-NOV-23

**KUNAM, SYAM, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 303  
WILDOMAR, CA 92595  
Effective as of 01-JUN-23

**PUCHAKAYALA, NANDITA,  
MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 303  
WILDOMAR, CA 92595  
Effective as of 01-SEP-23

**PUCHAKAYALA, NANDITA,  
MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 300  
WILDOMAR, CA 92595  
Effective as of 01-AUG-22

**PUCHAKAYALA, NANDITA,  
MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 303  
WILDOMAR, CA 92595  
Effective as of 01-AUG-22

**PUCHAKAYALA, NANDITA,  
MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 303  
WILDOMAR, CA 92595  
Effective as of 01-SEP-23

**PUCHAKAYALA, NANDITA,  
MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 300  
WILDOMAR, CA 92595  
Effective as of 01-AUG-22

**PUCHAKAYALA, NANDITA,  
MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 303  
WILDOMAR, CA 92595  
Effective as of 01-AUG-22

***PULMONARY DISEASES***

**KUMAR, AVNEE, MD**

Provider ID: N/A

36485 INLAND VALLEY DR  
WILDOMAR, CA 92595  
Effective as of 01-JUL-23

**SURI, RAJAT, MD†**

Provider ID: N/A

36485 INLAND VALLEY DR  
WILDOMAR, CA 92595  
Effective as of 01-AUG-21

***RADIATION ONCOLOGY***

**CHUNG, ARTHUR, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 207

WILDOMAR, CA 92595  
Effective as of 01-JUN-23

**CHUNG, ARTHUR, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 207  
WILDOMAR, CA 92595  
Effective as of 01-JUN-23

**CHUNG, ARTHUR, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 207  
WILDOMAR, CA 92595  
Effective as of 01-SEP-23

**KANG, JOSEPH, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 207  
WILDOMAR, CA 92595  
Effective as of 01-JUN-23

**KANG, JOSEPH, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 207  
WILDOMAR, CA 92595  
Effective as of 01-JUL-23

**KANG, JOSEPH, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 207  
WILDOMAR, CA 92595  
Effective as of 01-DEC-23

**KANG, JOSEPH, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 207  
WILDOMAR, CA 92595  
Effective as of 01-JUN-23

**LAWRENSON, LESLEY, MD**  
Provider ID: N/A  
36320 INLAND VALLEY DR  
STE 207  
WILDOMAR, CA 92595  
Effective as of 01-NOV-23

**MASON, JAMES, MD†**  
Provider ID: N/A  
36450 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-MAR-10

**MASON, JAMES, MD†**  
Provider ID: N/A  
36450 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-SEP-14

**MASON, JAMES, MD†**  
Provider ID: N/A  
36450 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-SEP-14

**MASON, JAMES, MD†**  
Provider ID: N/A  
36450 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-SEP-14

**MERLO, CLIFFORD, MD**  
Provider ID: N/A  
36320 INLAND VALLEY DR  
STE 207  
WILDOMAR, CA 92595  
Effective as of 01-JUN-23

**MERLO, CLIFFORD, MD**  
Provider ID: N/A  
36320 INLAND VALLEY DR

STE 207  
WILDOMAR, CA 92595  
Effective as of 01-JUN-23

**RHA, JANICE, MD†**  
Provider ID: N/A  
36320 INLAND VALLEY DR  
STE 105  
WILDOMAR, CA 92595  
Effective as of 01-AUG-23

**RHA, JANICE, MD†**  
Provider ID: N/A  
36320 INLAND VALLEY DR  
STE 105  
WILDOMAR, CA 92595  
Effective as of 01-MAR-19

**SUN, JASON, MD**  
Provider ID: N/A  
36320 INLAND VALLEY DR  
STE 207  
WILDOMAR, CA 92595  
Effective as of 01-JUN-23

**SUN, JASON, MD**  
Provider ID: N/A  
36320 INLAND VALLEY DR  
STE 207  
WILDOMAR, CA 92595  
Effective as of 01-JUL-23

**SUN, JASON, MD**  
Provider ID: N/A  
36320 INLAND VALLEY DR  
STE 207  
WILDOMAR, CA 92595  
Effective as of 01-NOV-23

**REGISTERED DIETITIAN /  
NUTRITIONIST**

**ATTOBRA, TATIANA, RD**  
Provider ID: N/A  
36320 INLAND VALLEY DR

STE 301  
WILDOMAR, CA 92595  
Effective as of 01-DEC-22

**REGISTERED PHYSICAL  
THERAPIST**

**ALY, DILYANA, PT†**  
Provider ID: N/A  
36243 INLAND VALLEY DR  
STE 110  
WILDOMAR, CA 92595  
Effective as of 01-JUL-19

**ALY, DILYANA, PT†**  
Provider ID: N/A  
36243 INLAND VALLEY DR  
STE 110  
WILDOMAR, CA 92595  
Effective as of 01-JUL-19

**CASTELLON, SHAWN, PT**  
Provider ID: N/A  
32246 CLINTON KEITH RD  
STE 103  
WILDOMAR, CA 92595  
Effective as of 01-JUL-23

**CASTELLON, SHAWN, PT**  
Provider ID: N/A  
32246 CLINTON KEITH RD  
STE 103  
WILDOMAR, CA 92595  
Effective as of 01-JUL-23

**TSAI, CHIAHONG, PT**  
Provider ID: N/A  
32246 CLINTON KEITH RD  
STE 103  
WILDOMAR, CA 92595  
Effective as of 01-NOV-23

**TSAI, CHIAHONG, PT**  
Provider ID: N/A  
32246 CLINTON KEITH RD



STE 103  
WILDOMAR, CA 92595  
Effective as of 01-NOV-23

**SPEECH PATHOLOGIST**

**WIRTH, LAURA, SP**

Provider ID: N/A  
36330 HIDDEN SPRINGS  
RD STE E  
WILDOMAR, CA 92595  
Effective as of 01-JUN-22

**WIRTH, LAURA, SP**

Provider ID: N/A  
36330 HIDDEN SPRINGS  
RD STE E  
WILDOMAR, CA 92595  
Effective as of 01-JUN-22

**SURGERY COLON  
SURGERY**

**GORSKI, TITO, MD†**

Provider ID: N/A  
36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-MAR-19

**GORSKI, TITO, MD†**

Provider ID: N/A  
36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-MAY-22

**GORSKI, TITO, MD†**

Provider ID: N/A  
36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-SEP-16

**GORSKI, TITO, MD†**

Provider ID: N/A  
36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-SEP-16

**SURGERY GENERAL**

**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-MAY-23

**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-MAR-20

**ATCHISON, MARVIN, MD†**

Provider ID: N/A  
36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595  
Effective as of 01-JUL-21

**ATCHISON, MARVIN, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595  
Effective as of 01-JUL-21

**ATCHISON, MARVIN, MD†**

Provider ID: N/A  
36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595  
Effective as of 01-JUL-21

**ATCHISON, MARVIN, MD†**

Provider ID: N/A  
36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595  
Effective as of 01-DEC-21

**ATCHISON, MARVIN, MD†**

Provider ID: N/A  
36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595  
Effective as of 01-APR-20

**ATCHISON, MARVIN, MD†**

Provider ID: N/A  
36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595  
Effective as of 01-MAR-20

**ATCHISON, MARVIN, MD†**

Provider ID: N/A  
31537 RANCHO PUEBLO  
RD  
STE 202  
WILDOMAR, CA 92595  
Effective as of 01-SEP-22

**ATCHISON, MARVIN, MD†**

Provider ID: N/A  
31537 RANCHO PUEBLO  
RD

STE 202  
WILDOMAR, CA 92595  
Effective as of 01-MAY-22

**ATCHISON, MARVIN, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD  
STE 202  
WILDOMAR, CA 92595  
Effective as of 01-JUL-21

**ATCHISON, MARVIN, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD  
STE 202  
WILDOMAR, CA 92595  
Effective as of 01-MAR-20

**ATCHISON, MARVIN, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD  
STE 202  
WILDOMAR, CA 92595  
Effective as of 01-APR-20

**ATCHISON, MARVIN, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD  
STE 202  
WILDOMAR, CA 92595  
Effective as of 01-DEC-21

**ATCHISON, MARVIN, MD†**

Provider ID: N/A

31537 RANCHO PUEBLO  
RD  
STE 202  
WILDOMAR, CA 92595  
Effective as of 01-DEC-20

**ATCHISON, MARVIN, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595  
Effective as of 01-MAY-22

**ATCHISON, MARVIN, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595  
Effective as of 01-SEP-22

**ATCHISON, MARVIN, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595  
Effective as of 01-DEC-20

**BARRERA, KAYLENE, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-MAY-22

**BARRERA, KAYLENE, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-SEP-22

**BARRERA, KAYLENE, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-APR-22

**BARRERA, KAYLENE, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101

WILDOMAR, CA 92595  
Effective as of 01-MAY-22

**CORDERO, RAYMUND, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-MAR-19

**CORDERO, RAYMUND, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-SEP-16

**CORDERO, RAYMUND, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-SEP-22

**CORDERO, RAYMUND, MD†**

Provider ID: N/A

36485 INLAND VALLEY DR  
WILDOMAR, CA 92595  
Effective as of 01-FEB-21

**DADA, STEPHEN, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595  
Effective as of 01-DEC-23

**DADA, STEPHEN, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595  
Effective as of 01-DEC-23

**DADA, STEPHEN, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595  
Effective as of 01-NOV-23

**DADA, STEPHEN, MD**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-MAR-24

**DEARING, DAVID, MD†**

Provider ID: N/A

36243 INLAND VALLEY DR  
STE 280  
WILDOMAR, CA 92595  
Effective as of 01-DEC-12

**ESSIEN, FRANCIS, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595  
Effective as of 01-APR-22

**ESSIEN, FRANCIS, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595  
Effective as of 01-MAY-22

**ESSIEN, FRANCIS, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-SEP-22

**ESSIEN, FRANCIS, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101

WILDOMAR, CA 92595

Effective as of 01-SEP-16

**ESSIEN, FRANCIS, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-SEP-16

**ESSIEN, FRANCIS, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-SEP-16

**ESSIEN, FRANCIS, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595  
Effective as of 01-MAY-22

**ESSIEN, FRANCIS, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-SEP-16

**GORSKI, YARA, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-SEP-16

**GORSKI, TITO, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-SEP-22

**GORSKI, YARA, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-SEP-22

**GORSKI, TITO, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-DEC-23

**GORSKI, TITO, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-DEC-23

**HUSTED, JOHN, MD†**

Provider ID: N/A

36243 INLAND VALLEY DR  
STE 280  
WILDOMAR, CA 92595  
Effective as of 01-MAR-13

**JOHNSEN, HEGE, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-SEP-16

**JOHNSEN, HEGE, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595  
Effective as of 01-MAY-22

**JOHNSEN, HEGE, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR

STE 101  
WILDOMAR, CA 92595  
Effective as of 01-SEP-22

**JOHNSEN, HEGE, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-SEP-16

**JOHNSEN, HEGE, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595  
Effective as of 01-APR-22

**JOHNSEN, HEGE, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595  
Effective as of 01-MAY-22

**JOHNSEN, HEGE, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595  
Effective as of 01-MAR-19

**JOHNSEN, HEGE, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-DEC-17

**KARMUR, AMIT, DO†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-DEC-23

**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

**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-APR-23

**MAC, OLIVIA, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595  
Effective as of 01-MAR-23

**MAC, OLIVIA, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595  
Effective as of 01-MAR-23

**MAC, OLIVIA, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595  
Effective as of 01-DEC-22

**NAFIU, BOLAJI, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595  
Effective as of 01-DEC-19

**NAFIU, BOLAJI, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595  
Effective as of 01-APR-20

**NAFIU, BOLAJI, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595  
Effective as of 01-JAN-20

**NAFIU, BOLAJI, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595  
Effective as of 01-SEP-22

**NOURI, SARVENAZ, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595  
Effective as of 01-JAN-23

**NOURI, SARVENAZ, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595

Effective as of 01-JAN-23

**NOURI, SARVENAZ, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595

Effective as of 01-NOV-22

**NOURI, SARVENAZ, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595

Effective as of 01-NOV-22

**NOURI, SARVENAZ, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595

Effective as of 01-FEB-23

**TIU, BRIAN, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595

Effective as of 01-AUG-18

**TIU, BRIAN, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595

Effective as of 01-SEP-22

**WANG, XIUJIE, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595

Effective as of 01-DEC-21

**WANG, XIUJIE, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595

Effective as of 01-MAR-20

**WANG, XIUJIE, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595

Effective as of 01-SEP-19

**SURGERY GENERAL  
VASCULAR**

**GORSKI, YARA, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595

Effective as of 01-MAR-19

**GORSKI, YARA, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595

Effective as of 01-SEP-16

**GORSKI, YARA, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101  
WILDOMAR, CA 92595

Effective as of 01-SEP-16

**GORSKI, YARA, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595

Effective as of 01-MAY-22

**GORSKI, YARA, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595

Effective as of 01-MAY-22

**KARMUR, AMIT, DO†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595

Effective as of 01-MAY-22

**KARMUR, AMIT, DO†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595

Effective as of 01-MAY-22

**KARMUR, AMIT, DO†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595

Effective as of 01-JAN-22

**KARMUR, AMIT, DO†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A  
WILDOMAR, CA 92595

Effective as of 01-JUL-22

**KARMUR, AMIT, DO†**

Provider ID: N/A

31537 INLAND VALLEY DR,  
STE 202  
WILDOMAR, CA 92595

Effective as of 01-JAN-22

**NAFIU, BOLAJI, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A

WILDOMAR, CA 92595  
Effective as of 01-DEC-21

**NAFIU, BOLAJI, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A

WILDOMAR, CA 92595  
Effective as of 01-MAY-22

**TIU, BRIAN, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A

WILDOMAR, CA 92595  
Effective as of 01-MAY-22

**TIU, BRIAN, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101

WILDOMAR, CA 92595  
Effective as of 01-MAY-19

**TIU, BRIAN, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101A

WILDOMAR, CA 92595  
Effective as of 01-MAY-22

**TIU, BRIAN, MD†**

Provider ID: N/A

36320 INLAND VALLEY DR  
STE 101

WILDOMAR, CA 92595  
Effective as of 01-APR-22

**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-MAR-19

**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

**CAPISTRANO BEACH CARE CENTER**

35410 DEL REY  
CAPISTRANO BEACH, CA  
92624  
(949) 496-5786  
Effective as of 01-AUG-14

**CAPISTRANO BEACH EXTENDED CARE AND LIVING CTR**

35410 DEL REY  
CAPISTRANO BEACH, CA  
92624  
(949) 496-5786  
Effective as of 01-JAN-12

**BAYSHIRE CARLSBAD**

3140 EL CAMINO REAL  
CARLSBAD, CA 92008  
(760) 720-9898  
Effective as of 01-JUL-22

**LAS VILLAS DE CARLSBAD OPERATIONS LLC**

1088 LAGUNA DR  
CARLSBAD, CA 92008  
(760) 434-7116  
Effective as of 01-FEB-13

**SOUTH BAY POST ACUTE CARE**

553 F ST  
CHULA VISTA, CA 91910  
(619) 426-8611  
Effective as of 01-NOV-19

**AVOCADO POST ACUTE**

510 E WASHINGTON AVE  
EL CAJON, CA 92020  
(619) 440-1211  
Effective as of 01-JAN-20

**BRADLEY COURT SPECIAL CARE CENTER**

675 E BRADLEY AVE  
EL CAJON, CA 92021  
(619) 448-6633  
Effective as of 01-DEC-21

**COTTONWOOD CANYON HEALTHCARE CENTER**

1391 E MADISON AVE  
EL CAJON, CA 92021  
(619) 444-1107  
Effective as of 01-OCT-11

**COUNTRY HILLS POST ACUTE**

1580 BROADWAY  
EL CAJON, CA 92021  
(619) 441-8745  
Effective as of 15-NOV-20

**MAGNOLIA POST ACUTE CARE**

635 S MAGNOLIA AVE  
EL CAJON, CA 92020  
(616) 442-8826  
Effective as of 01-NOV-19

**MAGNOLIA SPECIAL CARE CENTER**

635 S MAGNOLIA AVE  
EL CAJON, CA 92020  
(619) 442-8826  
Effective as of 01-JAN-12

**MAGNOLIA SPECIAL CARE CTR**

635 S MAGNOLIA AVE  
EL CAJON, CA 92020  
(619) 442-8826  
Effective as of 01-JAN-12

**PARKSIDE HEALTH AND WELLNESS CENTER**

444 W LEXINGTON AVE  
EL CAJON, CA 92020  
(619) 442-7744  
Effective as of 01-NOV-19

**PARKSIDE SPECIAL CARE**

**CENTER**

444 W LEXINGTON AVE  
EL CAJON, CA 92020  
(619) 442-7744  
Effective as of 01-JAN-12

**SAN DIEGO POST ACUTE CENTER**

1201 S ORANGE AVE  
EL CAJON, CA 92020  
(619) 441-1988  
Effective as of 01-SEP-14

**SOMERSET SUBACUTE AND CARE**

151 CLAYDELLE AVE  
EL CAJON, CA 92020  
(619) 442-0245  
Effective as of 01-NOV-19

**VICTORIA POST ACUTE CARE**

654 S ANZA ST  
EL CAJON, CA 92020  
(619) 440-5005  
Effective as of 01-NOV-19

**VICTORIA SPECIAL CARE CTR**

654 S ANZA ST  
EL CAJON, CA 92020  
(619) 440-5005  
Effective as of 01-JAN-12

**VILLA LAS PALMAS HEALTHCARE CTR**

622 S ANZA ST  
EL CAJON, CA 92020  
(619) 442-0544  
Effective as of 01-OCT-11

**AVIARA HEALTHCARE CENTER**

944 REGAL RD  
ENCINITAS, CA 92024  
(760) 944-0331  
Effective as of 01-OCT-11

**ENCINITAS NURSING AND**

**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



**PARKWAY HILLS NURSING & REHAB**

7760 PARKWAY DR  
LA MESA, CA 91942  
(619) 469-0124  
Effective as of 01-APR-20

**LAGUNA HILLS HEALTH AND REHAB CTR**

24452 HEALTH CENTER DR  
LAGUNA HILLS, CA 92653  
(949) 837-8000  
Effective as of 01-APR-18

**PALM TERRACE HLTHCARE AND REHAB CTR**

24962 CALLE ARAGON  
LAGUNA WOODS, CA 92637  
(949) 587-9000  
Effective as of 01-NOV-11

**FREEDOM VILLAGE HEALTHCARE CTR**

23442 EL TORO RD  
LAKE FOREST, CA 92630  
(949) 472-8353  
Effective as of 01-JAN-12

**LAKE FOREST NURSING CENTER**

25652 OLD TRABUCO RD  
LAKE FOREST, CA 92630  
(949) 380-9380  
Effective as of 01-JAN-12

**BELLA VISTA HEALTH CENTER**

7922 PALM ST  
LEMON GROVE, CA 91945  
(619) 644-1000  
Effective as of 01-SEP-13

**LEMON GROVE CARE AND REHAB CTR**

8351 BROADWAY

LEMON GROVE, CA 91945  
(619) 463-0294  
Effective as of 01-NOV-11

**MURRIETA HEALTH AND REHABILITATION CENTER**

24100 MONROE AVE  
MURRIETA, CA 92562  
(951) 600-4640  
Effective as of 01-JAN-12

**CASTLE MANOR NURSING AND REHABILITATION CTR**

541 S V AVE  
NATIONAL CITY, CA 91950  
(619) 791-7900  
Effective as of 01-DEC-20

**FRIENDSHIP MANOR NURSING AND REHABILITATION CTR**

902 EUCLID AVE  
NATIONAL CITY, CA 91950  
(619) 791-7700  
Effective as of 01-DEC-20

**PARADISE VALLEY HEALTH CARE CENTER**

2575 E 8TH ST  
NATIONAL CITY, CA 91950  
(619) 470-6700  
Effective as of 01-OCT-20

**WINDSOR GARDENS CONV CTR OF SAN DIEGO**

220 E 24TH ST  
NATIONAL CITY, CA 91950  
(619) 474-6741  
Effective as of 01-JAN-12

**LA PALOMA HEALTHCARE CTR**

3232 THUNDER DR  
OCEANSIDE, CA 92056  
(760) 724-2193  
Effective as of 01-OCT-11

**BOULDER CREEK POST ACUTE**

12696 MONTE VISTA RD  
POWAY, CA 92064  
(858) 487-6242  
Effective as of 01-APR-20

**POWAY HEALTHCARE CENTER**

15632 POMERADO RD  
POWAY, CA 92064  
(858) 485-5153  
Effective as of 01-OCT-11

**THE VILLAS AT POWAY**

15615 POMERADO RD  
POWAY, CA 92064  
(858) 613-4545  
Effective as of 01-JAN-12

**VILLA MONTE VISTA**

12696 MONTE VISTA RD  
POWAY, CA 92064  
(858) 487-6242  
Effective as of 01-JAN-12

**ARROYO VISTA NURSING CTR**

3022 45TH ST  
SAN DIEGO, CA 92105  
(619) 283-5855  
Effective as of 01-NOV-11

**BRIGHTON PLACE SAN DIEGO**

1350 EUCLID AVE  
SAN DIEGO, CA 92105  
(619) 263-2166  
Effective as of 01-JAN-12

**CARMEL MOUNTAIN REHAB AND HEALTHCARE CTR**

11895 AVENUE OF INDUSTRY  
SAN DIEGO, CA 92128  
(858) 673-0101  
Effective as of 01-NOV-11

**CLAIREMONT HEALTHCARE AND WELLNESS CENTER LLC**

8060 FROST ST  
SAN DIEGO, CA 92123  
(858) 278-4750  
Effective as of 01-NOV-17

**GOLDEN HILL POST ACUTE**

1201 34TH ST  
SAN DIEGO, CA 92102  
(619) 232-2946  
Effective as of 01-MAY-23

**JACOB HEALTH CARE CENTER LLC**

4075 54TH ST  
SAN DIEGO, CA 92105  
(619) 582-5168  
Effective as of 01-APR-16

**KEARNY MESA CONVALESCENT AND NURSING HOME**

7675 FAMILY CIR  
SAN DIEGO, CA 92111  
(858) 278-8121  
Effective as of 01-DEC-20

**MISSION HILLS POST ACUTE CARE**

3680 REYNARD WAY  
SAN DIEGO, CA 92103  
(619) 297-4484  
Effective as of 01-NOV-19

**POINT LOMA CONVALESCENT HSP**

3232 DUKE ST  
SAN DIEGO, CA 92110  
(619) 224-4141  
Effective as of 01-JAN-12

**REO VISTA HEALTHCARE CTR**

6061 BANBURY ST  
SAN DIEGO, CA 92139

(619) 475-2211  
Effective as of 01-OCT-11

**ST PAULS HEALTH CARE CENTER**

235 NUTMEG ST  
SAN DIEGO, CA 92103  
(619) 677-3895  
Effective as of 01-JAN-18

**THE SHORES POST ACUTE**

2828 MEADOW LARK DR  
SAN DIEGO, CA 92123  
(858) 277-6460  
Effective as of 01-OCT-13

**THE SPRINGS AT PACIFIC REGENT**

3884 NOBEL DR  
SAN DIEGO, CA 92122  
(858) 625-8700  
Effective as of 01-NOV-11

**TORREY PINES SENIOR LIVING**

13101 HARTFIELD AVE  
SAN DIEGO, CA 92130  
(858) 259-2222  
Effective as of 01-JUN-16

**UNIVERSITY CARE CENTER**

5602 UNIVERSITY AVE  
SAN DIEGO, CA 92105  
(619) 583-1993  
Effective as of 01-OCT-11

**VILLA RANCHO BERNARDO CARE CENTER**

15720 BERNARDO CENTER DR  
SAN DIEGO, CA 92127  
(858) 672-3900  
Effective as of 01-JAN-12

**WINDSOR GARDENS CONV AND REHAB OF GOLDEN HILL**

1201 34TH ST  
SAN DIEGO, CA 92102  
(619) 232-2946  
Effective as of 01-JAN-12

**BROOKDALE SAN JUAN CAPISTRANO**

31741 RANCHO VIEJO RD  
SAN JUAN CAPISTRANO, CA 92675  
(949) 248-8855  
Effective as of 01-JUN-16

**STANFORD COURT SKILLED NURSING AND REHAB CENTER**

8778 CUYAMACA ST  
SANTEE, CA 92071  
(619) 449-5555  
Effective as of 01-DEC-20

**BRIGHTON PLACE EAST**

8625 LAMAR ST  
SPRING VALLEY, CA 91977  
(619) 461-3222  
Effective as of 01-JAN-12

**BRIGHTON PLACE SPRING VALLEY**


9009 CAMPO RD  
SPRING VALLEY, CA 91977  
(619) 460-2711  
Effective as of 01-JAN-12

**SUN CITY CONVALESCENT CENTER**



27600 ENCANTO DR  
SUN CITY, CA 92586  
(951) 679-6858  
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

**ALPINE**

**SAN YSIDRO HEALTH ALPINE  
 FAMILY MEDICINE**

Provider ID: 517802

1620 ALPINE BLVD STE 110  
 ALPINE, CA 91901-1103

Phone: 619-445-6200

After Hours Phone:  
 619-445-6200

License Number: 20A17296

Accepting 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.or  
 g

**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

Accepting 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.or  
 g

**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

Accepting 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.or  
 g

**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

Accepting 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.or  
 g

**SAN YSIDRO HEALTH ALPINE  
 FAMILY MEDICINE**

Provider ID: 517802

1620 ALPINE BLVD STE 110  
 ALPINE, CA 91901-1103

Phone: 619-662-4100

After Hours Phone:  
 619-662-4100

License Number: A97270

Accepting 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.or  
 g

**SAN YSIDRO HEALTH ALPINE  
 FAMILY MEDICINE**

Provider ID: 517802

1620 ALPINE BLVD STE 110  
 ALPINE, CA 91901-1103

Phone: 619-662-4100

After Hours Phone:  
 619-662-4100


License Number: NP95005999

Accepting New Patients: YES




Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

Accessibility: CONTACT

**PROVIDER**  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH ALPINE  
 FAMILY MEDICINE  
 Website: [www.mtnhealth.org](http://www.mtnhealth.org)


**SAN YSIDRO HEALTH ALPINE  
 FAMILY MEDICINE**

Provider ID: 517802  
 1620 ALPINE BLVD STE 110  
 ALPINE, CA 91901-1103  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100




License Number: NP95006360  
 Accepting New Patients: YES

Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: SAN  
 YSIDRO HEALTH ALPINE  
 FAMILY MEDICINE  
 Website: [www.mtnhealth.org](http://www.mtnhealth.org)

**SAN YSIDRO HEALTH ALPINE  
 FAMILY MEDICINE**


Provider ID: 517802  
 1620 ALPINE BLVD STE 110  
 ALPINE, CA 91901-1103  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100

License Number: PA20490  
 Accepting New Patients: YES




Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):

N  
 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA: SAN  
 YSIDRO HEALTH ALPINE  
 FAMILY MEDICINE  
 Website: [www.mtnhealth.org](http://www.mtnhealth.org)


**SAN YSIDRO HEALTH ALPINE  
 FAMILY MEDICINE**

Provider ID: 517802  
 1620 ALPINE BLVD STE 110  
 ALPINE, CA 91901-1103  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100




License Number: PA52347  
 Accepting New Patients: YES

Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: SAN  
 YSIDRO HEALTH ALPINE  
 FAMILY MEDICINE  
 Website: [www.mtnhealth.org](http://www.mtnhealth.org)

**SAN YSIDRO HEALTH ALPINE  
 FAMILY MEDICINE**

Provider ID: 517802  
 1620 ALPINE BLVD STE 110  
 ALPINE, CA 91901-1103  
 Phone: 619-662-4100  
 Fax: 619-205-6305  
 After Hours Phone:  
 619-662-4100

License Number: C172036



Accepting New Patients: YES


Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA: SAN  
 YSIDRO HEALTH ALPINE  
 FAMILY MEDICINE  
 Website: [www.mtnhealth.org](http://www.mtnhealth.org)


**SAN YSIDRO HEALTH ALPINE  
 FAMILY MEDICINE**

Provider ID: 517802  
 1620 ALPINE BLVD STE 110  
 ALPINE, CA 91901-1103  
 Phone: 619-662-4100  
 Fax: 619-205-6305



 After Hours Phone:  
 619-662-4100  
 License Number: DC28335  
 Accepting New Patients: YES

Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: SAN  
 YSIDRO HEALTH ALPINE  
 FAMILY MEDICINE  
 Website: [www.mtnhealth.org](http://www.mtnhealth.org)

**SAN YSIDRO HEALTH ALPINE  
 FAMILY MEDICINE**

Provider ID: 517802  
 1620 ALPINE BLVD STE 110  
 ALPINE, CA 91901  
 Phone: (619) 662-4100  
 Fax: (619) 320-3347

After Hours Phone: (619) 662-4100  
 License Number: 090000681  
 NPI: 1770124315  
 Accepting New Patients: Y  
 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






Website: N/A  
**TRUECARE**  
 Provider ID: 480120  
 1295 CARLSBAD VILLAGE DR, STE 100 CARLSBAD, CA 92008-1950  
 Phone: 760-736-6767  
 Fax: 760-720-7204  
 After Hours Phone: 760-736-6767  
 License Number: PA22667  
 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

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  
 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

**CARLSBAD**  
**TRUECARE**  
 Provider ID: 480120  
 1295 CARLSBAD VILLAGE DR, STE 100 CARLSBAD, CA 92008-1950  
 Phone: 760-736-6767  
 Fax: 760-720-7204  
 After Hours Phone: 760-736-6767  
 License Number: 80000630  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: TRUECARE

**TRUECARE**  
 Provider ID: 480120  
 1295 CARLSBAD VILLAGE DR, STE 100 CARLSBAD, CA 92008-1950  
 Phone: 760-736-6767  
 After Hours Phone: 760-736-6767  
 License Number: A131678  
 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**




**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  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: TRUECARE  
 Website: N/A  
**TRUECARE**  
 Provider ID: 480120  
 1295 CARLSBAD VILLAGE DR, STE 100 CARLSBAD, CA 92008-1950




 Phone: 760-736-6767  
 After Hours Phone:  
760-736-6767  
 License Number: G74757  
 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  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: TRUECARE  
 Website: N/A

### TRUECARE

Provider ID: 480120  
 1295 CARLSBAD VILLAGE  
 DR, STE 100  
 CARLSBAD, CA 92008-1950  
 Phone: 760-736-6767  
 Fax: 760-720-7204  
 After Hours Phone:  
760-736-6767







Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: TRUECARE  
 Website: N/A

### TRUECARE







Provider ID: 480120  
 1295 CARLSBAD VILLAGE  
 DR STE 100  
 CARLSBAD, CA 92008  
 Phone: (760) 736-6767  
 Fax: (760) 720-7204  
 After Hours Phone: (760)  
 736-6767  
 License Number: 080000630  
 NPI: 1245246917  
 Accepting New Patients: Y  
 Min/Max Age: 0\150  
 Site English Spoken: Y  
 Cultural Competency: N  
 Hours: M-F  
 8:00AM-5:00PM  
 SA 8:00AM-2:00PM  
 American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: IHP of  
 Southern Cal-PHP  
 Website: N/A

### CHULA VISTA






**CHULA VISTA FAMILY HLTH  
 CTR**  
 Provider ID: 206355  
 252 LANDIS AVE






CHULA VISTA, CA  
 91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
619-515-2500  
 License Number: A116680  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish  
 Cultural Competency: No  
 American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: CHULA  
 VISTA FAMILY HLTH CTR  
 Website: www.fhcsd.org






### SAN YSIDRO HEALTH CHULA VISTA





Provider ID: 427322  
 678 3RD AVE  
 CHULA VISTA, CA  
 91910-5736  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
 License Number: 20A11087  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH CHULA VISTA  
 Website: www.ihpsocal.org


### SAN YSIDRO HEALTH CHULA VISTA





Provider ID: 427322  
 678 3RD AVE  
 CHULA VISTA, CA  
 91910-5736  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: 20A12555  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH CHULA VISTA  
 Website: www.ihpsocal.org

**CHULA VISTA FAMILY HLTH  
 CTR**  
 Provider ID: 206355  
 251 LANDIS AVE  
 CHULA VISTA, CA  
 91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
 619-515-2500  
 License Number: G78814  
 Accepting New Patients: 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  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: CHULA  
 VISTA FAMILY HLTH CTR  
 Website: www.fhcsd.org

**CHULA VISTA FAMILY HLTH  
 CTR**  
 Provider ID: 206355  
 251 LANDIS AVE  
 CHULA VISTA, CA  
 91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
 619-515-2500  
 License Number: NP10943  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: CHULA  
 VISTA FAMILY HLTH CTR  
 Website: www.fhcsd.org

**CHULA VISTA FAMILY HLTH  
 CTR**  
 Provider ID: 206355  
 251 LANDIS AVE  
 CHULA VISTA, CA  
 91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
 619-515-2500  
 License Number: NP23687  
 Accepting New Patients: 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: NP95001492  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No






American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: CHULA VISTA FAMILY HLTH CTR  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

**CHULA VISTA FAMILY HLTH CTR**

Provider ID: 206355  
 251 LANDIS AVE  
 CHULA VISTA, CA  
 91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
 619-515-2500  
 License Number: NP95001705  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish




Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: CHULA VISTA FAMILY HLTH CTR  
 Website: [www.fhcsd.org](http://www.fhcsd.org)



**CHULA VISTA FAMILY HLTH CTR**

Provider ID: 206355  
 251 LANDIS AVE  
 CHULA VISTA, CA  
 91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
 619-515-2500  
 License Number: NP95001964  
 Accepting New Patients: YES



Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: CHULA VISTA FAMILY HLTH CTR  
 Website: [www.fhcsd.org](http://www.fhcsd.org)




**CHULA VISTA FAMILY HLTH CTR**

Provider ID: 206355  
 251 LANDIS AVE  
 CHULA VISTA, CA  
 91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
 619-515-2500  
 License Number: NP95013978  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish





Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: CHULA VISTA FAMILY HLTH CTR  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

**CHULA VISTA FAMILY HLTH CTR**

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






 After Hours Phone:  
 619-515-2500  
 License Number: PA21591  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: CHULA VISTA FAMILY HLTH CTR  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

**CHULA VISTA FAMILY HLTH CTR**






Provider ID: 206355  
 251 LANDIS AVE  
 CHULA VISTA, CA  
 91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
 619-515-2500  
 License Number: PT291706  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: CHULA VISTA FAMILY HLTH CTR  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

**CHULA VISTA FAMILY HLTH CTR**






Provider ID: 206355

 251 LANDIS AVE  
 CHULA VISTA, CA  
 91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
 619-515-2500  
 License Number: PT292823  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: CHULA  
 VISTA FAMILY HLTH CTR  
 Website: www.fhcsd.org





**CHULA VISTA FAMILY HLTH  
 CTR**

Provider ID: 206355  
 251 LANDIS AVE  
 CHULA VISTA, CA  
 91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
 619-515-2500  
 License Number: PT293536  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: CHULA  
 VISTA FAMILY HLTH CTR  
 Website: www.fhcsd.org

**CHULA VISTA FAMILY HLTH  
 CTR**





Provider ID: 206355  
 251 LANDIS AVE  
 CHULA VISTA, CA  
 91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
 619-515-2500  
 License Number: PT294245  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: CHULA  
 VISTA FAMILY HLTH CTR  
 Website: www.fhcsd.org

**CHULA VISTA FAMILY HLTH  
 CTR**

Provider ID: 206355  
 251 LANDIS AVE  
 CHULA VISTA, CA  
 91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
 619-515-2500  
 License Number: PT295173  
 Accepting New Patients: 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: PT37189  
 Accepting New Patients: 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  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No




American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: CHULA VISTA FAMILY HLTH CTR  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

**CHULA VISTA FAMILY HLTH CTR**

Provider ID: 206355  
 251 LANDIS AVE  
 CHULA VISTA, CA  
 91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
 619-515-2500  
 License Number: 20A11535  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish




Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: CHULA VISTA FAMILY HLTH CTR  
 Website: [www.fhcsd.org](http://www.fhcsd.org)



**CHULA VISTA FAMILY HLTH CTR**

Provider ID: 206355  
 251 LANDIS AVE  
 CHULA VISTA, CA  
 91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
 619-515-2500  
 License Number: 20A14919  
 Accepting New Patients: YES

Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: CHULA VISTA FAMILY HLTH CTR  
 Website: [www.fhcsd.org](http://www.fhcsd.org)



**CHULA VISTA FAMILY HLTH CTR**

Provider ID: 206355  
 251 LANDIS AVE  
 CHULA VISTA, CA  
 91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
 619-515-2500  
 License Number: A108228  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish






Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: CHULA VISTA FAMILY HLTH CTR  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

**CHULA VISTA FAMILY HLTH CTR**

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






 After Hours Phone:  
 619-515-2500  
 License Number: A113001  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: CHULA VISTA FAMILY HLTH CTR  
 Website: [www.fhcsd.org](http://www.fhcsd.org)






**CHULA VISTA FAMILY HLTH CTR**






Provider ID: 206355  
 251 LANDIS AVE  
 CHULA VISTA, CA  
 91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
 619-515-2500  
 License Number: A114181  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: CHULA VISTA FAMILY HLTH CTR  
 Website: [www.fhcsd.org](http://www.fhcsd.org)





**CHULA VISTA FAMILY HLTH CTR**


Provider ID: 206355






 251 LANDIS AVE  
 CHULA VISTA, CA  
 91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
 619-515-2500  
 License Number: A118095  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: CHULA  
 VISTA FAMILY HLTH CTR  
 Website: www.fhcsd.org




**CHULA VISTA FAMILY HLTH  
 CTR**  
 Provider ID: 206355  
 251 LANDIS AVE  
 CHULA VISTA, CA  
 91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
 619-515-2500  
 License Number: A119689  
 Accepting New Patients: 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: A148014  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: CHULA  
 VISTA FAMILY HLTH CTR  
 Website: www.fhcsd.org

**CHULA VISTA FAMILY HLTH  
 CTR**  
 Provider ID: 206355  
 251 LANDIS AVE  
 CHULA VISTA, CA  
 91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
 619-515-2500  
 License Number: A153344  
 Accepting New Patients: 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  
 Accepting New Patients: 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  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No



American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: CHULA VISTA FAMILY HLTH CTR  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

**CHULA VISTA FAMILY HLTH CTR**

Provider ID: 206355  
 251 LANDIS AVE  
 CHULA VISTA, CA  
 91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
 619-515-2500  
 License Number: A164859  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish




Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: CHULA VISTA FAMILY HLTH CTR  
 Website: [www.fhcsd.org](http://www.fhcsd.org)



**CHULA VISTA FAMILY HLTH CTR**

Provider ID: 206355  
 251 LANDIS AVE  
 CHULA VISTA, CA  
 91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
 619-515-2500  
 License Number: A177698  
 Accepting New Patients: YES

Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: CHULA VISTA FAMILY HLTH CTR  
 Website: [www.fhcsd.org](http://www.fhcsd.org)




**CHULA VISTA FAMILY HLTH CTR**

Provider ID: 206355  
 251 LANDIS AVE  
 CHULA VISTA, CA  
 91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
 619-515-2500  
 License Number: A178499  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish




Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: CHULA VISTA FAMILY HLTH CTR  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

**CHULA VISTA FAMILY HLTH CTR**

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






 After Hours Phone:  
 619-515-2500  
 License Number: A68463  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: CHULA VISTA FAMILY HLTH CTR  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

**CHULA VISTA FAMILY HLTH CTR**






Provider ID: 206355  
 251 LANDIS AVE  
 CHULA VISTA, CA  
 91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
 619-515-2500  
 License Number: A72005  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: CHULA VISTA FAMILY HLTH CTR  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

**CHULA VISTA FAMILY HLTH CTR**





Provider ID: 206355

 251 LANDIS AVE  
 CHULA VISTA, CA  
 91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
 619-515-2500  
 License Number: A73172  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: CHULA  
 VISTA FAMILY HLTH CTR  
 Website: www.fhcsd.org





**CHULA VISTA FAMILY HLTH  
 CTR**


Provider ID: 206355  
 251 LANDIS AVE  
 CHULA VISTA, CA  
 91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
 619-515-2500  
 License Number: A78355  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: CHULA  
 VISTA FAMILY HLTH CTR  
 Website: www.fhcsd.org

**CHULA VISTA FAMILY HLTH  
 CTR**






Provider ID: 206355  
 251 LANDIS AVE  
 CHULA VISTA, CA  
 91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
 619-515-2500  
 License Number: C174771  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: CHULA  
 VISTA FAMILY HLTH CTR  
 Website: www.fhcsd.org

**CHULA VISTA FAMILY HLTH  
 CTR**


Provider ID: 206355  
 251 LANDIS AVE  
 CHULA VISTA, CA  
 91910-2628  
 Phone: 619-515-2500  
 After Hours Phone:  
 619-515-2500  
 License Number: DC26269  
 Accepting New Patients: 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  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: CHULA  
 VISTA FAMILY HLTH CTR  
 Website: www.fhcsd.org

**SAN YSIDRO HEALTH CHULA  
 VISTA**


Provider ID: 427322  
 678 3RD AVE  
 CHULA VISTA, CA  
 91910-5736  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: 20A13225  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N

**Blue Shield Promise Medi-Cal فهرست ارائه‌دهندگان شبکه .D  
.D1. کلینیک‌های بهداشتی واجد صلاحیت فدرال**

 *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: SAN  
YSIDRO HEALTH CHULA VISTA*

 *Website: www.ihpsocal.org*

 *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: SAN  
YSIDRO HEALTH CHULA VISTA*

 *Website: www.ihpsocal.org*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: SAN  
YSIDRO HEALTH CHULA VISTA*


 *Website: www.ihpsocal.org*

**SAN YSIDRO HEALTH CHULA VISTA**

*Provider ID: 427322*

 *678 3RD AVE  
CHULA VISTA, CA  
91910-5736*

 *Phone: 619-662-4100*


 *After Hours Phone:  
619-662-4100*

*License Number: 20A14025*

*Accepting 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*

*Accepting 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: A114600*

*Accepting 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*


*Accepting New Patients: YES*


 *Site English Spoken: Yes  
Cultural Competency: No*

*American Sign Language (ASL):  
N*

**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*


*Accepting New Patients: YES*


 *Site English Spoken: Yes  
Cultural Competency: No*

*American Sign Language (ASL):  
N*

**SAN YSIDRO HEALTH CHULA VISTA**

*Provider ID: 427322*

 *678 3RD AVE  
CHULA VISTA, CA  
91910-5736*

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*



*License Number: A114893*



*Accepting New Patients: YES*



 *Site English Spoken: Yes  
Cultural Competency: No*

*American Sign Language (ASL):  
N*

**Blue Shield Promise Medi-Cal** فهرست ارائه‌دهندگان شبکه  
**.D1** .D1 کلینیکهای بهداشتی واجد صلاحیت فدرال


 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH CHULA VISTA  
 *Website: www.ihpsocal.org*



 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH CHULA VISTA  
 *Website: www.ihpsocal.org*

 *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*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH CHULA VISTA  
 *Website: www.ihpsocal.org*

**SAN YSIDRO HEALTH CHULA VISTA**


*Provider ID: 427322*  
 678 3RD AVE  
 CHULA VISTA, CA  
 91910-5736  
 *Phone: 619-662-4100*  
 *After Hours Phone: 619-662-4100*



*License Number: A120584*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH CHULA VISTA  
 *Website: www.ihpsocal.org*

**SAN YSIDRO HEALTH CHULA VISTA**


*Provider ID: 427322*  
 678 3RD AVE  
 CHULA VISTA, CA  
 91910-5736  
 *Phone: 619-662-4100*  
 *After Hours Phone: 619-662-4100*

*License Number: A121861*  
*Accepting 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*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*


**SAN YSIDRO HEALTH CHULA VISTA**

*Provider ID: 427322*  
 678 3RD AVE  
 CHULA VISTA, CA  
 91910-5736  
 *Phone: 619-662-4100*  
 *After Hours Phone: 619-662-4100*

*License Number: A120672*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*



**SAN YSIDRO HEALTH CHULA VISTA**



*Provider ID: 427322*  
 678 3RD AVE  
 CHULA VISTA, CA  
 91910-5736  
 *Phone: 619-662-4100*  
 *After Hours Phone: 619-662-4100*



*License Number: A123263*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*






**Blue Shield Promise Medi-Cal** فهرست ارائه‌دهندگان شبکه  
**.D1** .D1 کلینیکهای بهداشتی واجد صلاحیت فدرال

 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH CHULA VISTA  
 *Website: www.ihpsocal.org*



 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH CHULA VISTA  
 *Website: www.ihpsocal.org*

 *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: A123492*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH CHULA VISTA  
 *Website: www.ihpsocal.org*



**SAN YSIDRO HEALTH CHULA VISTA**

*Provider ID: 427322*  
 678 3RD AVE  
 CHULA VISTA, CA  
 91910-5736  
 *Phone: 619-662-4100*  
 *After Hours Phone: 619-662-4100*



*License Number: A127706*  
*Accepting 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*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*



 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH CHULA VISTA  
 *Website: www.ihpsocal.org*

**SAN YSIDRO HEALTH CHULA VISTA**

*Provider ID: 427322*  
 678 3RD AVE  
 CHULA VISTA, CA  
 91910-5736  
 *Phone: 619-662-4100*  
 *After Hours Phone: 619-662-4100*

*License Number: A123604*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*

**SAN YSIDRO HEALTH CHULA VISTA**

*Provider ID: 427322*  
 678 3RD AVE  
 CHULA VISTA, CA  
 91910-5736  
 *Phone: 619-662-4100*  
 *After Hours Phone: 619-662-4100*

*License Number: A134303*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*

**SAN YSIDRO HEALTH CHULA VISTA**

*Provider ID: 427322*  
 678 3RD AVE  
 CHULA VISTA, CA  
 91910-5736  
 *Phone: 619-662-4100*  
 *After Hours Phone: 619-662-4100*

*License Number: A138534*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*

Blue Shield Promise Medi-Cal فهرست ارائه دهندگان شبکه .D  
.D1. کلینیکهای بهداشتی واجد صلاحیت فدرال


 *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*

*Accepting 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*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA*


 *Website: www.ihpsocal.org*

**SAN YSIDRO HEALTH CHULA VISTA**

*Provider ID: 427322*

 *678 3RD AVE  
CHULA VISTA, CA  
91910-5736*

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: A163183*

*Accepting 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*


 *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*

*Accepting New Patients: YES*

 *Site English Spoken: Yes  
Cultural Competency: No*

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA*


 *Website: www.ihpsocal.org*

**SAN YSIDRO HEALTH CHULA VISTA**

*Provider ID: 427322*

 *678 3RD AVE  
CHULA VISTA, CA  
91910-5736*

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: A162816*


*Accepting New Patients: YES*


 *Site English Spoken: Yes  
Cultural Competency: No*


*American Sign Language (ASL):  
N*

**SAN YSIDRO HEALTH CHULA VISTA**

*Provider ID: 427322*

 *678 3RD AVE  
CHULA VISTA, CA  
91910-5736*

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: A164392*


*Accepting New Patients: YES*


 *Site English Spoken: Yes  
Cultural Competency: No*


*American Sign Language (ASL):  
N*

**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*

*Accepting New Patients: YES*

 *Site English Spoken: Yes  
Cultural Competency: No*

*American Sign Language (ASL):  
N*

**Blue Shield Promise Medi-Cal** فهرست ارائه‌دهندگان شبکه  
**.D1** .D1 کلینیک‌های بهداشتی واجد صلاحیت فدرال


 *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*

*Accepting 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*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA*


 *Website: www.ihpsocal.org*

**SAN YSIDRO HEALTH CHULA VISTA**

*Provider ID: 427322*

 *678 3RD AVE  
CHULA VISTA, CA  
91910-5736*

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: A47906*

*Accepting 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*


 *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*

*Accepting 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*


*Accepting New Patients: YES*


 *Site English Spoken: Yes  
Cultural Competency: No*


*American Sign Language (ASL):  
N*

**SAN YSIDRO HEALTH CHULA VISTA**

*Provider ID: 427322*

 *678 3RD AVE  
CHULA VISTA, CA  
91910-5736*

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: A50477*


*Accepting New Patients: YES*


 *Site English Spoken: Yes  
Cultural Competency: No*

*American Sign Language (ASL):  
N*

**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*

*Accepting New Patients: YES*

 *Site English Spoken: Yes  
Cultural Competency: No*

*American Sign Language (ASL):  
N*

**Blue Shield Promise Medi-Cal** فهرست ارائه‌دهندگان شبکه  
**.D1** .D1 کلینیک‌های بهداشتی واجد صلاحیت فدرال


 *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*

*Accepting 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*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA*


 *Website: www.ihpsocal.org*

**SAN YSIDRO HEALTH CHULA VISTA**

*Provider ID: 427322*

 *678 3RD AVE  
CHULA VISTA, CA  
91910-5736*

 *Phone: 619-662-4100*


 *After Hours Phone:  
619-662-4100*

*License Number: A80185*

*Accepting 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*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA*


 *Website: www.ihpsocal.org*

**SAN YSIDRO HEALTH CHULA VISTA**

*Provider ID: 427322*

 *678 3RD AVE  
CHULA VISTA, CA  
91910-5736*

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: A93785*

*Accepting New Patients: YES*

 *Site English Spoken: Yes  
Cultural Competency: No*

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA*

 *Website: www.ihpsocal.org*

**SAN YSIDRO HEALTH CHULA VISTA**

*Provider ID: 427322*

 *678 3RD AVE  
CHULA VISTA, CA  
91910-5736*

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: A77936*


*Accepting New Patients: YES*


 *Site English Spoken: Yes  
Cultural Competency: No*

*American Sign Language (ASL):  
N*

**SAN YSIDRO HEALTH CHULA VISTA**

*Provider ID: 427322*

 *678 3RD AVE  
CHULA VISTA, CA  
91910-5736*

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: A87650*


*Accepting New Patients: YES*


 *Site English Spoken: Yes  
Cultural Competency: No*

*American Sign Language (ASL):  
N*

**SAN YSIDRO HEALTH CHULA VISTA**

*Provider ID: 427322*

 *678 3RD AVE  
CHULA VISTA, CA  
91910-5736*

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: C55563*

*Accepting New Patients: YES*

 *Site English Spoken: Yes  
Cultural Competency: No*

*American Sign Language (ASL):  
N*

**Blue Shield Promise Medi-Cal فهرست ارائه‌دهندگان شبکه .D  
.D1. کلینیک‌های بهداشتی واجد صلاحیت فدرال**


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA*


 *Website: www.ihpsocal.org*

**SAN YSIDRO HEALTH CHULA VISTA**

*Provider ID: 427322*

 *678 3RD AVE  
CHULA VISTA, CA  
91910-5736*

 *Phone: 619-662-4100*


 *After Hours Phone:  
619-662-4100*

*License Number: DC20760*

*Accepting 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*


 *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*

*Accepting 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*


 *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*

*Accepting New Patients: YES*

 *Site English Spoken: Yes  
Cultural Competency: No*

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA*

 *Website: www.ihpsocal.org*

**SAN YSIDRO HEALTH CHULA VISTA**

*Provider ID: 427322*

 *678 3RD AVE  
CHULA VISTA, CA  
91910-5736*

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: DC31963*


*Accepting New Patients: YES*


 *Site English Spoken: Yes  
Cultural Competency: No*


*American Sign Language (ASL):  
N*

**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*


*Accepting New Patients: YES*


 *Site English Spoken: Yes  
Cultural Competency: No*

*American Sign Language (ASL):  
N*

**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*

*Accepting New Patients: YES*

 *Site English Spoken: Yes  
Cultural Competency: No*

*American Sign Language (ASL):  
N*

**Blue Shield Promise Medi-Cal فهرست ارائه‌دهندگان شبکه .D  
.D1. کلینیکهای بهداشتی واجد صلاحیت فدرال**


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA*


 *Website: www.ihpsocal.org*

**SAN YSIDRO HEALTH CHULA VISTA**

*Provider ID: 427322*

 *678 3RD AVE  
CHULA VISTA, CA  
91910-5736*

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: G59670*

*Accepting 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*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA*


 *Website: www.ihpsocal.org*

**SAN YSIDRO HEALTH CHULA VISTA**

*Provider ID: 427322*

 *678 3RD AVE  
CHULA VISTA, CA  
91910-5736*

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: G74728*

*Accepting 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*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA*


 *Website: www.ihpsocal.org*

**SAN YSIDRO HEALTH CHULA VISTA**

*Provider ID: 427322*

 *678 3RD AVE  
CHULA VISTA, CA  
91910-5736*

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: NP12112*

*Accepting New Patients: YES*

 *Site English Spoken: Yes  
Cultural Competency: No*

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA*

 *Website: www.ihpsocal.org*

**SAN YSIDRO HEALTH CHULA VISTA**

*Provider ID: 427322*

 *678 3RD AVE  
CHULA VISTA, CA  
91910-5736*

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: G72486*


*Accepting New Patients: YES*


 *Site English Spoken: Yes  
Cultural Competency: No*

*American Sign Language (ASL):  
N*

**SAN YSIDRO HEALTH CHULA VISTA**

*Provider ID: 427322*

 *678 3RD AVE  
CHULA VISTA, CA  
91910-5736*

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: G80234*


*Accepting New Patients: YES*


 *Site English Spoken: Yes  
Cultural Competency: No*

*American Sign Language (ASL):  
N*

**SAN YSIDRO HEALTH CHULA VISTA**

*Provider ID: 427322*

 *678 3RD AVE  
CHULA VISTA, CA  
91910-5736*

 *Phone: 619-662-4100*



 *After Hours Phone:  
619-662-4100*

*License Number: NP95015413*




*Accepting New Patients: YES*


 *Site English Spoken: Yes  
Cultural Competency: No*



*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA  
 *Website: www.ihpsocal.org*




**SAN YSIDRO HEALTH CHULA VISTA**


*Provider ID: 427322*  
 678 3RD AVE  
 CHULA VISTA, CA 91910-5736  
 *Phone: 619-662-4100*  
 *After Hours Phone: 619-662-4100*  
*License Number: PA54404*



*Accepting 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*



*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: SAN YSIDRO HEALTH CHULA VISTA  
 *Website: www.ihpsocal.org*




**SAN YSIDRO HEALTH CHULA VISTA**



*Provider ID: 427322*  
 678 3RD AVE  
 CHULA VISTA, CA 91910-5736  
 *Phone: 619-662-4100*  
*Fax: 619-425-1184*  
 *After Hours Phone: 619-662-4100*


*Accepting 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 91911-1353  
 *Phone: 619-662-4100*  
 *After Hours Phone: 619-662-4100*  
*License Number: A49591*



*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT*

*PROVIDER*  
 Medical Group/IPA: CHULA VISTA PEDIATRICS  
 *Website: www.ihpsocal.org*



**CHULA VISTA PEDIATRICS**


*Provider ID: 482034*  
 855 3RD AVE STE 2200  
 CHULA VISTA, CA 91911-1353  
 *Phone: 619-662-4100*  
 *After Hours Phone: 619-662-4100*  
*License Number: A82912*


*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: CHULA VISTA PEDIATRICS  
 *Website: www.ihpsocal.org*

**CHULA VISTA PEDIATRICS**

*Provider ID: 482034*  
 855 3RD AVE STE 2200  
 CHULA VISTA, CA 91911-1353  
 *Phone: 619-662-4100*  
 *After Hours Phone: 619-662-4100*  
*License Number: C51110*

*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: CHULA


**VISTA PEDIATRICS**

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


**CHULA VISTA PEDIATRICS**

Provider ID: 482034

 855 3RD AVE STE 2200  
 CHULA VISTA, CA  
 91911-1353

 Phone: 619-662-4100


Fax: 619-662-4196

 After Hours Phone:  
 619-662-4100

Accepting New Patients: YES

 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA: CHULA  
 VISTA PEDIATRICS


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

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

Provider ID: 417641

 352 L ST  
 CHULA VISTA, CA  
 91911-1208

 Phone: 619-515-2325


 After Hours Phone:  
 619-515-2325

License Number: A144995

Accepting New Patients: YES

 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA: FAMILY  
 HLTH CTR SAN DIEGO-RICE


**FAM HC**


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

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

Provider ID: 417641

 352 L ST  
 CHULA VISTA, CA  
 91911-1208

 Phone: 619-515-2325


 After Hours Phone:  
 619-515-2325

License Number: PA19306

Accepting New Patients: YES

 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N


 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA: FAMILY  
 HLTH CTR SAN DIEGO-RICE  
 FAM HC

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


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

Provider ID: 417641

 352 L ST  
 CHULA VISTA, CA  
 91911-1208

 Phone: 619-515-2325

Fax: 619-420-0660

 After Hours Phone:  
 619-515-2325

Accepting New Patients: YES

 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N


 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA: FAMILY  
 HLTH CTR SAN DIEGO-RICE  
 FAM HC

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


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

Provider ID: 417641

 352 L ST  
 CHULA VISTA, CA  
 91911-1208

 Phone: 619-515-2325

Fax: 619-420-0660

 After Hours Phone:  
 619-515-2325

License Number: 550002305

Accepting New Patients: YES

 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N


 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA: FAMILY  
 HLTH CTR SAN DIEGO-RICE  
 FAM HC


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

**OTAY FAMILY HEALTH CLINIC**

Provider ID: 314546

 1637 3RD AVE STE H  
 CHULA VISTA, CA  
 91911-5823

 Phone: 619-205-1360

 After Hours Phone:  
 619-205-1360



License Number: A95959

Accepting New Patients: YES

 Site English Spoken: Yes  
 Cultural Competency: No



American Sign Language (ASL):  
 N



 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: OTAY FAMILY HEALTH CLINIC  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**OTAY FAMILY HEALTH CLINIC**

Provider ID: 314546  
 1637 3RD AVE STE H  
 CHULA VISTA, CA 91911-5823  
 Phone: 619-205-1376  
 After Hours Phone: 619-205-1376  
 License Number: A179598  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: OTAY FAMILY HEALTH CLINIC  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**OTAY FAMILY HEALTH CLINIC**



Provider ID: 314546  
 1637 3RD AVE STE H  
 CHULA VISTA, CA 91911-5823  
 Phone: 619-662-4100  
 After Hours Phone: 619-662-4100  
 License Number: A123170  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

Medical Group/IPA: OTAY FAMILY HEALTH CLINIC  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)



**OTAY FAMILY HEALTH CLINIC**

Provider ID: 314546  
 1637 3RD AVE STE H  
 CHULA VISTA, CA 91911-5823  
 Phone: 619-662-4100  
 Fax: 619-336-2323  
 After Hours Phone: 619-662-4100  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL): N


 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: OTAY FAMILY HEALTH CLINIC  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)



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

Provider ID: 417641  
 352 L ST  
 CHULA VISTA, CA 91911  
 Phone: (619) 515-2325  
 Fax: (619) 420-0660  
 After Hours Phone: (619) 515-2325  
 License Number: 550002305  
 NPI: 1083959464  
 Accepting New Patients: Y  
 Min/Max Age: 0\150  
 Site English Spoken: Y  
 Cultural Competency: N  
 Hours: M-F 8:00AM-5:00PM  
 American Sign Language (ASL): Accepting New Patients: Y




N  
 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: Family Health Centers of San Diego  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [chantalt@fhcsd.org](mailto:chantalt@fhcsd.org)

**CHULA VISTA 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: Y  
 Min/Max Age: 0\150  
 Site English Spoken: Y  
 Cultural Competency: N  
 Hours: M-F 9:00AM-4:00PM  
 American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: IHP of Southern Cal-PHP  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**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: Y

Min/Max Age: 0\150  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 Cultural Competency: N  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: Family Health Centers of San Diego  
 Website: www.fhcsd.org  
 Email: MARTHAO@FHCSD.ORG

**SAN YSIDRO HEALTH CHULA VISTA**

Provider ID: 427322  
 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 Fax: (619) 425-6941  
 After Hours Phone: (619) 662-4100  
 NPI: 1326486861  
 Accepting New Patients: Y  
 Min/Max Age: 0\150  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish, Tagalog  
 Cultural Competency: Y  
 Hours: M-F 8:00AM-5:00PM  
 SA 8:00AM-4:00PM  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP of Southern Cal-PHP  
 Website: www.syhealth.org /clinics/chula- vista- medic

al- plaza

**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  
 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: 20A14222  
 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  
 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  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: LA

MAESTRA FAMILY CLINIC INC  
 Website: [www.lamaestra.org](http://www.lamaestra.org)

**LA MAESTRA FAMILY CLINIC INC**





Provider ID: 185267  
 165 S 1ST ST  
 EL CAJON, CA 92019-4795  
 Phone: 619-312-0347  
 After Hours Phone:  
 619-312-0347  
 License Number: A68184  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: LA  
 MAESTRA FAMILY CLINIC INC  
 Website: [www.lamaestra.org](http://www.lamaestra.org)

**LA MAESTRA FAMILY CLINIC INC**

Provider ID: 185267  
 165 S 1ST ST  
 EL CAJON, CA 92019-4795  
 Phone: 619-312-0347  
 After Hours Phone:  
 619-312-0347  
 License Number: PA58466  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: LA

MAESTRA FAMILY CLINIC INC  
 Website: [www.lamaestra.org](http://www.lamaestra.org)

**LA MAESTRA FAMILY CLINIC INC**


Provider ID: 185267  
 165 S 1ST ST  
 EL CAJON, CA 92019-4795  
 Phone: 619-312-0348  
 After Hours Phone:  
 619-312-0348  
 License Number: G45632  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: LA  
 MAESTRA FAMILY CLINIC INC  
 Website: [www.lamaestra.org](http://www.lamaestra.org)

**CENTRO MEDICO EL CAJON**






Provider ID: 478971  
 133 W MAIN ST STE 100  
 EL CAJON, CA 92020-3325  
 Phone: 619-873-8940  
 Fax: 619-401-0522  
 After Hours Phone:  
 619-873-8940  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: CENTRO  
 MEDICO EL CAJON

 Website: N/A

**CENTRO MEDICO EL CAJON**

Provider ID: 478971  
 133 W MAIN ST STE 100  
 EL CAJON, CA 92020-3325  
 Phone: 619-873-8940  
 Fax: 619-401-0522  
 After Hours Phone:  
 619-873-8940  
 License Number: 550000430  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: Yes  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: CENTRO  
 MEDICO EL CAJON  
 Website: N/A

**CENTRO MEDICO EL CAJON**

Provider ID: 478971  
 133 W MAIN ST STE 100  
 EL CAJON, CA 92020-3325  
 Phone: 619-873-8940  
 After Hours Phone:  
 619-873-8940  
 License Number: DPM1536  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: CENTRO  
 MEDICO EL CAJON  
 Website: N/A

**CENTRO MEDICO EL CAJON**

Provider ID: 478971  
 133 W MAIN ST STE 100  
 EL CAJON, CA 92020-3325  
 Phone: 619-873-8940  
 After Hours Phone:  
 619-873-8940  
 License Number: PA16673  
 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  
 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  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: CENTRO  
 MEDICO EL CAJON  
 Website: N/A

**CENTRO MEDICO EL CAJON**

Provider ID: 478971  
 133 W MAIN ST STE 100  
 EL CAJON, CA 92020-3325  
 Phone: 619-873-8940  
 After Hours Phone:  
 619-873-8940  
 License Number: A113241  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: CENTRO  
 MEDICO EL CAJON  
 Website: N/A

**CENTRO MEDICO EL CAJON**

Provider ID: 478971  
 133 W MAIN ST STE 100  
 EL CAJON, CA 92020-3325  
 Phone: 619-873-8940  
 After Hours Phone:  
 619-873-8940  
 License Number: A114674  
 Accepting New Patients: YES

Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: CENTRO  
 MEDICO EL CAJON  
 Website: N/A

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

Provider ID: 418340  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 Fax: 619-269-0191  
 After Hours Phone:  
 619-515-2498  
 License Number: 20A19473  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: FAMILY  
 HLTH CTR SAN DIEGO-EL  
 CAJON  
 Website: www.fhcsd.org

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

Provider ID: 418340  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 Fax: 619-269-0191  
 After Hours Phone:  
 619-515-2498  
 License Number: 550003553

Accepting New Patients: YES

Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON

Website: www.fhcsd.org

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

Provider ID: 418340

525 E MAIN ST  
 EL CAJON, CA 92020-4007

Phone: 619-515-2499

After Hours Phone: 619-515-2499

License Number: RN428876

Accepting New Patients: YES

Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON

Website: www.fhcsd.org

**CENTRO MEDICO EL CAJON**

Provider ID: 478971

133 W MAIN ST STE 100  
 EL CAJON, CA 92020-3325

Phone: 619-401-0404

After Hours Phone: 619-401-0404

License Number: A151547

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: A158569

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

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

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

**SAN YSIDRO HEALTH EL CAJON**

Provider ID: 569910

875 EL CAJON BLVD  
 EL CAJON, CA 92020-5714

Phone: 619-662-4100

After Hours Phone: 619-662-4100


License Number: A96002

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

**PROVIDER**  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH EL CAJON  
 Website: N/A




**SAN YSIDRO HEALTH EL CAJON**

Provider ID: 569910  
 875 EL CAJON BLVD  
 EL CAJON, CA 92020-5714  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: A79338  
 Accepting New Patients: YES



Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish, Tagalog  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
**PROVIDER**  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH EL CAJON  
 Website: N/A




**SAN YSIDRO HEALTH EL CAJON**

Provider ID: 569910  
 875 EL CAJON BLVD  
 EL CAJON, CA 92020-5714  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: A134995  
 Accepting New Patients: YES


Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish, Tagalog  
 Cultural Competency: No  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT  
**PROVIDER**  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH EL CAJON  
 Website: N/A




**SAN YSIDRO HEALTH EL CAJON**

Provider ID: 569910  
 875 EL CAJON BLVD  
 EL CAJON, CA 92020-5714  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: A40473  
 Accepting New Patients: YES



Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish, Tagalog  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
**PROVIDER**  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH EL CAJON  
 Website: N/A




**SAN YSIDRO HEALTH EL CAJON**

Provider ID: 569910  
 875 EL CAJON BLVD  
 EL CAJON, CA 92020-5714  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: A47906  
 Accepting New Patients: YES



Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish, Tagalog

Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
**PROVIDER**  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH EL CAJON  
 Website: N/A




**SAN YSIDRO HEALTH EL CAJON**

Provider ID: 569910  
 875 EL CAJON BLVD  
 EL CAJON, CA 92020-5714  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: C144411  
 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: G43179  
 Accepting New Patients: YES

Site English Spoken: Yes



 Site Languages(s) Spoken: Spanish, Tagalog  
 Cultural Competency: No  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: SAN YSIDRO HEALTH EL CAJON  
 Website: N/A



**SAN YSIDRO HEALTH EL CAJON**

Provider ID: 569910

 875 EL CAJON BLVD  
 EL CAJON, CA 92020-5714  
 Phone: 619-662-4100  
 After Hours Phone: 619-662-4100

License Number: A87650  
 Accepting New Patients: YES

 Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish, Tagalog  
 Cultural Competency: No  
 American Sign Language (ASL): N





 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: SAN YSIDRO HEALTH EL CAJON  
 Website: N/A

**SAN YSIDRO HEALTH EL CAJON**

Provider ID: 569910

 875 EL CAJON BLVD  
 EL CAJON, CA 92020-5714  
 Phone: 619-662-4100  
 After Hours Phone: 619-662-4100

License Number: NP95009329



Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish, Tagalog  
 Cultural Competency: No  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: SAN YSIDRO HEALTH EL CAJON  
 Website: N/A



**SAN YSIDRO HEALTH EL CAJON**

Provider ID: 569910

 875 EL CAJON BLVD  
 EL CAJON, CA 92020-5714  
 Phone: 619-662-4100  
 After Hours Phone: 619-662-4100

License Number: NP95012943  
 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  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish, Tagalog  
 Cultural Competency: No  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: SAN YSIDRO HEALTH EL CAJON  
 Website: N/A



**SAN YSIDRO HEALTH EL CAJON**

Provider ID: 569910

 875 EL CAJON BLVD  
 EL CAJON, CA 92020-5714  
 Phone: 619-662-4100  
 After Hours Phone: 619-662-4100

License Number: PT42665  
 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  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish, Tagalog  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH EL CAJON  
 Website: N/A

**SAN YSIDRO HEALTH EL  
 CAJON**








Provider ID: 569910  
 875 EL CAJON BLVD  
 EL CAJON, CA 92020-5714  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: 20A10964  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish, Tagalog  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH EL CAJON  
 Website: N/A

**SAN YSIDRO HEALTH EL  
 CAJON**








Provider ID: 569910  
 875 EL CAJON BLVD

EL CAJON, CA 92020-5714  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: 550002514  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish, Tagalog  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH EL CAJON  
 Website: N/A








**SAN YSIDRO HEALTH EL  
 CAJON**

Provider ID: 569910  
 875 EL CAJON BLVD  
 EL CAJON, CA 92020-5714  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: A101773  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish, Tagalog  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH EL CAJON  
 Website: N/A

**SAN YSIDRO HEALTH EL  
 CAJON**

Provider ID: 569910  
 875 EL CAJON BLVD  
 EL CAJON, CA 92020-5714  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: A101888  
 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  
 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

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

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

**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

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
 Spanish

Cultural Competency: No

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: CHASE  
 AVENUE FAMILY HEALTH  
 CTRS INC

Website: www.fhcsd.org

**CHASE AVENUE FAMILY HEALTH CTRS INC**

Provider ID: 206354

1111 W CHASE AVE  
 EL CAJON, CA 92020-5710

Phone: 619-515-2499

Fax: 619-593-7164

After Hours Phone:  
 619-515-2499

Accepting New Patients: 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

Accepting New Patients: YES

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: FAMILY  
 HLTH CTR SAN DIEGO-EL  
 CAJON

Website: www.fhcsd.org

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

Provider ID: 418340

525 E MAIN ST  
 EL CAJON, CA 92020-4007

Phone: 619-515-2498

After Hours Phone:  
 619-515-2498

License Number: 20A11535

Accepting New Patients: YES

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
 N

Accessibility: CONTACT

*PROVIDER*  
 Medical Group/IPA: FAMILY  
 HLTH CTR SAN DIEGO-EL  
 CAJON  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

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 Medical Group/IPA: FAMILY  
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 Website: [www.fhcsd.org](http://www.fhcsd.org)

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**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  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: FAMILY  
 HLTH CTR SAN DIEGO-EL  
 CAJON

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

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


Provider ID: 418340  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone:  
 619-515-2498

License Number: 20A14919  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: FAMILY  
 HLTH CTR SAN DIEGO-EL  
 CAJON

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

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

Provider ID: 418340  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone:  
 619-515-2498

License Number: A107093  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: FAMILY  
 HLTH CTR SAN DIEGO-EL  
 CAJON

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

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

Provider ID: 418340  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone:  
 619-515-2498

License Number: 20A13745  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

 Accessibility: CONTACT

**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  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

 Accessibility: CONTACT

**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  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N




 Accessibility: CONTACT

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 Medical Group/IPA: FAMILY  
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**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  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: FAMILY  
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**FAMILY HLTH CTR SAN  
 DIEGO-EL CAJON**

Provider ID: 418340  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone:  
 619-515-2498


License Number: A116680  
 Accepting 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  
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**FAMILY HLTH CTR SAN  
 DIEGO-EL CAJON**

Provider ID: 418340  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone:  
 619-515-2498

License Number: A127798  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: FAMILY  
 HLTH CTR SAN DIEGO-EL  
 CAJON  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

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

Provider ID: 418340  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone:  
 619-515-2498

License Number: A114181  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

 Accessibility: CONTACT

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

Provider ID: 418340  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone:  
 619-515-2498

License Number: A118095  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

 Accessibility: CONTACT

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

Provider ID: 418340  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone:  
 619-515-2498

License Number: A134303  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

 Accessibility: CONTACT

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 Medical Group/IPA: FAMILY  
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**FAMILY HLTH CTR SAN  
 DIEGO-EL CAJON**

Provider ID: 418340  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone:  
 619-515-2498

License Number: A138815  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: FAMILY  
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**FAMILY HLTH CTR SAN  
 DIEGO-EL CAJON**


Provider ID: 418340  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone:  
 619-515-2498

License Number: A146838  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: FAMILY  
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**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  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: FAMILY  
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**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  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

 Accessibility: CONTACT

**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  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

 Accessibility: CONTACT

**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  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

 Accessibility: CONTACT

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**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  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: FAMILY  
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**FAMILY HLTH CTR SAN  
 DIEGO-EL CAJON**

Provider ID: 418340  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone:  
 619-515-2498

License Number: A175325  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: FAMILY  
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**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  
 Accepting 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  
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**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  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

 Accessibility: CONTACT

**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  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

 Accessibility: CONTACT

**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  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

 Accessibility: CONTACT

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**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  
 Accepting 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

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


Provider ID: 418340  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone:  
 619-515-2498

License Number: DC33150  
 Accepting 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

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**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  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: FAMILY  
 HLTH CTR SAN DIEGO-EL  
 CAJON

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

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

Provider ID: 418340  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone:  
 619-515-2498

License Number: C174771  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

 Accessibility: CONTACT

**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  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

 Accessibility: CONTACT

**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  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

 Accessibility: CONTACT

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 Medical Group/IPA: FAMILY  
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**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  
 Accepting 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

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**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  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: FAMILY  
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 CAJON

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**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  
 Accepting 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

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

Provider ID: 418340  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone:  
 619-515-2498

License Number: NP15444  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

 Accessibility: CONTACT

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

Provider ID: 418340  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone:  
 619-515-2498

License Number: NP95007000  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

 Accessibility: CONTACT

**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  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

 Accessibility: CONTACT

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 Medical Group/IPA: FAMILY  
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**FAMILY HLTH CTR SAN  
 DIEGO-EL CAJON**

Provider ID: 418340  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone:  
 619-515-2498

License Number: NP95013978  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: FAMILY  
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**FAMILY HLTH CTR SAN  
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Provider ID: 418340  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone:  
 619-515-2498

License Number: PA20396  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: FAMILY  
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**FAMILY HLTH CTR SAN  
 DIEGO-EL CAJON**

Provider ID: 418340  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone:  
 619-515-2498

License Number: PT292482  
 Accepting 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  
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**FAMILY HLTH CTR SAN  
 DIEGO-EL CAJON**

Provider ID: 418340  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone:  
 619-515-2498

License Number: NP95021154  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

 Accessibility: CONTACT

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

Provider ID: 418340  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone:  
 619-515-2498

License Number: PA23258  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

 Accessibility: CONTACT

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

Provider ID: 418340  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone:  
 619-515-2498

License Number: PT295173  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No





American Sign Language (ASL):  
 N

 Accessibility: CONTACT







**PROVIDER**  
 Medical Group/IPA: FAMILY  
 HLTH CTR SAN DIEGO-EL  
 CAJON  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

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






Provider ID: 418340  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 After Hours Phone:  
 619-515-2498  
 License Number: RN810863  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: FAMILY  
 HLTH CTR SAN DIEGO-EL  
 CAJON  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

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




Provider ID: 418340  
 525 E MAIN ST  
 EL CAJON, CA 92020-4007  
 Phone: 619-515-2498  
 Fax: 619-269-0191  
 After Hours Phone:  
 619-515-2498  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT

**PROVIDER**  
 Medical Group/IPA: FAMILY  
 HLTH CTR SAN DIEGO-EL  
 CAJON  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

**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  
 Accepting New Patients: 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](http://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  
 Accepting New Patients: 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](http://www.fhcsd.org)

**CHASE AVENUE FAMILY  
 HEALTH CTRS INC**

Provider ID: 206354  
 1111 W CHASE AVE  
 EL CAJON, CA 92020-5710  
 Phone: 619-515-2499  
 After Hours Phone:  
 619-515-2499  
 License Number: A170055  
 Accepting New Patients: 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](http://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

Accepting New Patients: YES

☐ Site English Spoken: Yes

☐ Site Languages(s) Spoken: Spanish

Cultural Competency: No

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: CHASE AVENUE FAMILY HEALTH CTRS INC

🌐 Website: www.fhcsd.org

**CHASE AVENUE FAMILY HEALTH CTRS INC**

Provider ID: 206354

📍 1111 W CHASE AVE  
EL CAJON, CA 92020-5710

☎ Phone: 619-515-2499

🕒 After Hours Phone: 619-515-2499

License Number: A110192

Accepting New Patients: 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

**LA MAESTRA CHC EL CAJON BROADWAY**

Provider ID: 418501

📍 1032 BROADWAY  
EL CAJON, CA 92021-7416

☎ Phone: 619-795-5991

🕒 After Hours Phone: 619-795-5991

License Number: 20A14222

Accepting New Patients: YES

☐ Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: LA MAESTRA CHC EL CAJON BROADWAY

🌐 Website: www.lamaestra.org

**LA MAESTRA CHC EL CAJON BROADWAY**

Provider ID: 418501

📍 1032 BROADWAY  
EL CAJON, CA 92021-7416

☎ Phone: 619-795-5991

🕒 After Hours Phone: 619-795-5991

License Number: 20A6433

Accepting New Patients: YES

☐ Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: LA MAESTRA CHC EL CAJON BROADWAY

🌐 Website: www.lamaestra.org

**LA MAESTRA CHC EL CAJON BROADWAY**

Provider ID: 418501

📍 1032 BROADWAY  
EL CAJON, CA 92021-7416

☎ Phone: 619-795-5991

🕒 After Hours Phone: 619-795-5991

License Number: A123929

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: A160760

Accepting New Patients: YES

☐ Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Medical Group/IPA: LA MAESTRA CHC EL CAJON BROADWAY

🌐 Website: www.lamaestra.org

**LA MAESTRA CHC EL CAJON**

**BROADWAY**

Provider ID: 418501

1032 BROADWAY  
 EL CAJON, CA 92021-7416

Phone: 619-795-5991

After Hours Phone:  
 619-795-5991

License Number: G50634

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

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

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

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

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

Accepting New Patients: YES

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-EL  
CAJON

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

**LA MAESTRA CHC EL CAJON  
BROADWAY**

Provider ID: 418501

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: Y

Min/Max Age: 0\150

Site English Spoken: Y  
Cultural Competency: Y

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

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: La  
Maestra Family Clinic

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

**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: Y

Min/Max Age: 0\150

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

Cultural Competency: N

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: Family  
Health Centers of San Diego

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

Email: [jaquelinca@fhcsd.org](mailto:jaquelinca@fhcsd.org)

**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: Y

Min/Max Age: 0\150

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Arabic, Farsi,  
Russian, Latin

Cultural Competency: Y

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

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: IHP of  
Southern Cal-PHP

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

**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: Y

Min/Max Age: 0\999

Site English Spoken: Y  
Cultural Competency: Y

Hours: SU-SA  
8:00AM-8:00PM

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: BORREGO  
COMMUNITY HEALTH  
FOUNDATION

Website: N/A

Email:

[iselaocha@borregohealth.org](mailto:iselaocha@borregohealth.org)

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

Provider ID: 418340

525 E MAIN ST  
EL CAJON, CA 92020

Phone: (619) 515-2498

Fax: (619) 269-0191

After Hours Phone: (619)  
515-2498

License Number: 550003553

NPI: 1932561198





Accepting New Patients: Y

Min/Max Age: 0\150

Site English Spoken: Y  
Cultural Competency: N






 Hours: M-F  
 8:30AM-5:30PM  
 SA 8:30AM-5:30PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: Family  
 Health Centers of San Diego  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

**LA MAESTRA FAMILY CLINIC  
 INC**




Provider ID: 185267  
 165 S 1ST ST  
 EL CAJON, CA 92019  
 Phone: (619) 312-0347  
 Fax: (619) 749-5480  
 After Hours Phone: (619)  
 312-0347  
 NPI: 1336353721  
 Accepting New Patients: Y  
 Min/Max Age: 0\150  
 Site English Spoken: Y  
 Cultural Competency: Y

 Hours: M-TU  
 8:00AM-5:00PM  
 TH-F 8:00AM-5:00PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: La  
 Maestra Family Clinic  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
 Email:  
[aschmaltz@lamaestra.org](mailto: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: 20A17306  
 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: DC29074  
 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: NP21368  
 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: PA19437  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: TRUECARE  
 Website: N/A

**TRUECARE**

Provider ID: 480243  
 1130 2ND ST  
 ENCINITAS, CA  
 92024-5008  
 Phone: 760-736-6767  
 After Hours Phone:  
 760-736-6767  
 License Number: PA22667

**ENCINITAS**

**Blue Shield Promise Medi-Cal** فهرست ارائه‌دهندگان شبکه  
**.D1** کلینیک‌های بهداشتی واجد صلاحیت فدرال

Accepting New Patients: YES N

Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: TRUECARE Provider ID: 480243

Website: N/A

**TRUECARE**

Provider ID: 480243

1130 2ND ST  
 ENCINITAS, CA  
 92024-5008

Phone: 760-753-7842

After Hours Phone:  
 760-753-7842

License Number: A103940

Accepting New Patients: YES

Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: TRUECARE Provider ID: 480243

Website: N/A

**TRUECARE**

Provider ID: 480243

1130 2ND ST  
 ENCINITAS, CA  
 92024-5008

Phone: 760-753-7842

After Hours Phone:  
 760-753-7842

License Number: A116562

Accepting New Patients: YES

Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL): N

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: TRUECARE

Website: N/A

**TRUECARE**

Provider ID: 480243

1130 2ND ST  
 ENCINITAS, CA  
 92024-5008

Phone: 760-753-7842

After Hours Phone:  
 760-753-7842

License Number: C54157

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

Accepting New Patients: YES

Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: TRUECARE

Website: N/A

**TRUECARE**

Provider ID: 480243

1130 2ND ST  
 ENCINITAS, CA  
 92024-5008

Phone: 760-753-7842

Fax: 760-736-8740

After Hours Phone:  
 760-753-7842

License Number: 80000638

Accepting New Patients: YES

Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: TRUECARE

Website: N/A

**TRUECARE**

Provider ID: 480243

1130 2ND ST  
 ENCINITAS, CA 92024

Phone: (760) 753-7842

Fax: (760) 736-8740

After Hours Phone: (760)  
 753-7842

License Number: 080000638

NPI: 1245246917

Accepting New Patients: Y

Min/Max Age: 0\150

Site English Spoken: Y  
 Cultural Competency: N

Hours: M-TH  
 8:00AM-5:00PM

F 8:30AM-5:30PM

American Sign Language (ASL): N

Accessibility: CONTACT

PROVIDER  
 Medical Group/IPA: IHP of  
 Southern Cal-PHP  
 Website: N/A

**ESCONDIDO**

**SAN YSIDRO HEALTH  
 ESCONDIDO FAMILY  
 MEDICINE**

Provider ID: 588941  
 704 E GRAND AVE  
 ESCONDIDO, CA  
 92025-4405  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: C171064  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH ESCONDIDO  
 FAMILY MEDICINE  
 Website: N/A

**SAN YSIDRO HEALTH  
 ESCONDIDO FAMILY  
 MEDICINE**

Provider ID: 588941  
 704 E GRAND AVE  
 ESCONDIDO, CA  
 92025-4405  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: G58033  
 Accepting 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  
 Accepting 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  
 Accepting 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  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N


Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH ESCONDIDO  
 FAMILY MEDICINE  
 Website: N/A

**SAN YSIDRO HEALTH  
 ESCONDIDO FAMILY  
 MEDICINE**

Provider ID: 588941

 704 E GRAND AVE  
 ESCONDIDO, CA  
 92025-4405

 Phone: 619-662-4100


 After Hours Phone:  
 619-662-4100

License Number: PA52347

Accepting New Patients: YES

Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N


 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA: SAN  
 YSIDRO HEALTH ESCONDIDO  
 FAMILY MEDICINE

 Website: N/A


**SAN YSIDRO HEALTH  
 ESCONDIDO FAMILY  
 MEDICINE**

Provider ID: 588941

 704 E GRAND AVE  
 ESCONDIDO, CA  
 92025-4405

 Phone: 619-662-4100


Fax: 619-662-7952

 After Hours Phone:  
 619-662-4100

Accepting 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

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

Accepting New Patients: YES

Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

 Accessibility: CONTACT

PROVIDER


Medical Group/IPA:


NEIGHBORHOOD  
 HEALTHCARE PEDIATRICS  
 AND PRENATAL

 Website: N/A

**NEIGHBORHOOD  
 HEALTHCARE PEDIATRICS  
 AND PRENATAL**

Provider ID: 424775

 426 N DATE ST  
 ESCONDIDO, CA  
 92025-3409

 Phone: 760-690-5900

 After Hours Phone:  
 760-690-5900

License Number: A67626

Accepting New Patients: YES

Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N


 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA:  
 NEIGHBORHOOD  
 HEALTHCARE PEDIATRICS  
 AND PRENATAL


 Website: N/A

**NEIGHBORHOOD  
 HEALTHCARE PEDIATRICS  
 AND PRENATAL**

Provider ID: 424775

 426 N DATE ST  
 ESCONDIDO, CA  
 92025-3409

 Phone: 760-690-5900

 After Hours Phone:  
 760-690-5900

License Number: G83438



Accepting New Patients: YES

Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA:

NEIGHBORHOOD

HEALTHCARE PEDIATRICS

AND PRENATAL

Website: N/A

**NEIGHBORHOOD**

**HEALTHCARE PEDIATRICS**

**AND PRENATAL**

Provider ID: 424775

426 N DATE ST  
 ESCONDIDO, CA  
 92025-3409

Phone: 760-690-5900

After Hours Phone:  
 760-690-5900

License Number: NP4799

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

Accepting New Patients: YES

Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA:

NEIGHBORHOOD

HEALTHCARE PEDIATRICS

AND PRENATAL

Website: N/A

**NEIGHBORHOOD**

**HEALTHCARE PEDIATRICS**

**AND PRENATAL**

Provider ID: 424775

426 N DATE ST  
 ESCONDIDO, CA  
 92025-3409

Phone: 760-690-5900

Fax: 360-462-2747

After Hours Phone:  
 760-690-5900

License Number: 550000511

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 PIDS 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

Accepting New Patients: YES

Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA:

NEIGHBORHOOD

HEALTHCARE PIDS AND

PRENATAL

Website: www.ihpsocal.org

**NEIGHBORHOOD**

**HEALTHCARE PIDS AND**

**PRENATAL**

Provider ID: 206266

425 N DATE ST  
 ESCONDIDO, CA  
 92025-3413

Phone: 760-520-8340


After Hours Phone:  
 760-520-8340

License Number: A67626





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*  
*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*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*





N  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY*  
 *Website: N/A*

**NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY**

*Provider ID: 206271*  
 728 E VALLEY PKWY  
 ESCONDIDO, CA 92025-3052  
 *Phone: 760-737-6900*  
 *After Hours Phone: 760-737-6900*  
*License Number: A139490*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*


N  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY*  
 *Website: N/A*


**NEIGHBORHOOD HEALTHCARE VALLEY**

**PARKWAY**  
*Provider ID: 206271*  
 728 E VALLEY PKWY  
 ESCONDIDO, CA 92025-3052  
 *Phone: 760-737-6900*  
 *After Hours Phone: 760-737-6900*  
*License Number: A140398*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY*  
 *Website: N/A*

**NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY**

*Provider ID: 206271*  
 728 E VALLEY PKWY  
 ESCONDIDO, CA 92025-3052  
 *Phone: 760-737-6900*  
 *After Hours Phone: 760-737-6900*  
*License Number: A145349*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: NEIGHBORHOOD*


HEALTHCARE VALLEY  
 PARKWAY


 Website: N/A

**NEIGHBORHOOD  
 HEALTHCARE VALLEY  
 PARKWAY**

Provider ID: 206271

 728 E VALLEY PKWY  
 ESCONDIDO, CA  
 92025-3052

 Phone: 760-737-6900

 After Hours Phone:  
 760-737-6900

License Number: A161074

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

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

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

Accepting New Patients: YES

 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA:

NEIGHBORHOOD

HEALTHCARE VALLEY

PARKWAY


 Website: N/A

**NEIGHBORHOOD  
 HEALTHCARE VALLEY  
 PARKWAY**

Provider ID: 206271

 728 E VALLEY PKWY  
 ESCONDIDO, CA  
 92025-3052

 Phone: 760-737-6900

 After Hours Phone:  
 760-737-6900

License Number: NP8169

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

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

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 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

Accepting New Patients: YES

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA:

NEIGHBORHOOD

HEALTHCARE ESCONDIDO

Website: www.ihpsocal.org

**NEIGHBORHOOD  
 HEALTHCARE ESCONDIDO**

Provider ID: 206270

460 N ELM ST  
 ESCONDIDO, CA  
 92025-3002

Phone: 760-520-8100

After Hours Phone:  
 760-520-8100

License Number: A107557

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

Accepting New Patients: YES

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA:

NEIGHBORHOOD

HEALTHCARE ESCONDIDO

Website: www.ihpsocal.org

**NEIGHBORHOOD  
 HEALTHCARE ESCONDIDO**

Provider ID: 206270

460 N ELM ST  
 ESCONDIDO, CA  
 92025-3002

Phone: 760-520-8100

After Hours Phone:  
 760-520-8100

License Number: A119661

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*  
*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: A139490*

*Accepting New Patients: YES*  
*Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*  
 N  
*Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA:*  
 NEIGHBORHOOD  
 HEALTHCARE ESCONDIDO  
*Website: www.ihpsocal.org*

**NEIGHBORHOOD  
 HEALTHCARE ESCONDIDO**

*Provider ID: 206270*  
 460 N ELM ST  
 ESCONDIDO, CA  
 92025-3002  
*Phone: 760-520-8100*  
*After Hours Phone:*  
 760-520-8100  
*License Number: A152372*  
*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*  
*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*  
*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  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA:  
 NEIGHBORHOOD  
 HEALTHCARE ESCONDIDO  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**NEIGHBORHOOD  
 HEALTHCARE ESCONDIDO**




Provider ID: 206270  
 460 N ELM ST  
 ESCONDIDO, CA  
 92025-3002  
 Phone: 760-520-8100  
 After Hours Phone:  
 760-520-8100  
 License Number: A78116  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA:  
 NEIGHBORHOOD  
 HEALTHCARE ESCONDIDO  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**NEIGHBORHOOD  
 HEALTHCARE ESCONDIDO**






Provider ID: 206270  
 460 N ELM ST

ESCONDIDO, CA  
 92025-3002  
 Phone: 760-520-8100  
 After Hours Phone:  
 760-520-8100  
 License Number: A82173  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA:  
 NEIGHBORHOOD  
 HEALTHCARE ESCONDIDO  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)






**NEIGHBORHOOD  
 HEALTHCARE ESCONDIDO**

Provider ID: 206270  
 460 N ELM ST  
 ESCONDIDO, CA  
 92025-3002  
 Phone: 760-520-8100  
 After Hours Phone:  
 760-520-8100  
 License Number: A94128  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA:  
 NEIGHBORHOOD  
 HEALTHCARE ESCONDIDO  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**NEIGHBORHOOD  
 HEALTHCARE ESCONDIDO**

Provider ID: 206270  
 460 N ELM ST  
 ESCONDIDO, CA  
 92025-3002  
 Phone: 760-520-8100  
 After Hours Phone:  
 760-520-8100  
 License Number: DC12036  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA:  
 NEIGHBORHOOD  
 HEALTHCARE ESCONDIDO  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**NEIGHBORHOOD  
 HEALTHCARE ESCONDIDO**

Provider ID: 206270  
 460 N ELM ST  
 ESCONDIDO, CA  
 92025-3002  
 Phone: 760-520-8100  
 After Hours Phone:  
 760-520-8100  
 License Number: DC28605  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA:  
 NEIGHBORHOOD  
 HEALTHCARE ESCONDIDO  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**NEIGHBORHOOD**

**HEALTHCARE ESCONDIDO**

Provider ID: 206270

460 N ELM ST  
 ESCONDIDO, CA  
 92025-3002

Phone: 760-520-8100

After Hours Phone:  
 760-520-8100

License Number: G61829

Accepting New Patients: YES

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL): Accepting New Patients: YES

N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA:

NEIGHBORHOOD

HEALTHCARE ESCONDIDO

Website: www.ihpsocal.org

**NEIGHBORHOOD**

**HEALTHCARE ESCONDIDO**

Provider ID: 206270

460 N ELM ST  
 ESCONDIDO, CA  
 92025-3002

Phone: 760-520-8100

Fax: 360-466-2745

After Hours Phone:  
 760-520-8100

Accepting New Patients: YES

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL): Accepting New Patients: YES

N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA:

NEIGHBORHOOD

HEALTHCARE ESCONDIDO

Website: www.ihpsocal.org

**NEIGHBORHOOD**

**HEALTHCARE ESCONDIDO**

Provider ID: 206270

460 N ELM ST  
 ESCONDIDO, CA  
 92025-3002

Phone: 760-520-8100

Fax: 360-466-2745

After Hours Phone:  
 760-520-8100

License Number: 80000397

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 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

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

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: A94128

Accepting New Patients: YES

Site English Spoken: Yes




Cultural Competency: No



American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA:  
 NEIGHBORHOOD  
 HEALTHCARE GRAND AVE  
 *Website: www.ihpsocal.org*

**NEIGHBORHOOD  
 HEALTHCARE GRAND AVE**

*Provider ID: 206269*  
 1001 E GRAND AVE  
 ESCONDIDO, CA  
 92025-4604  
 *Phone: 760-520-8200*  
 *After Hours Phone:  
 760-520-8200*  
*License Number: PA51508*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):  
 N*

 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA:  
 NEIGHBORHOOD  
 HEALTHCARE GRAND AVE  
 *Website: www.ihpsocal.org*




**NEIGHBORHOOD  
 HEALTHCARE GRAND AVE**

*Provider ID: 206269*  
 1001 E GRAND AVE  
 ESCONDIDO, CA  
 92025-4604  
 *Phone: 760-520-8200*  
*Fax: 360-462-2749*  
 *After Hours Phone:  
 760-520-8200*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*

*American Sign Language (ASL): License Number: 80000397*  
*N*



 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA:  
 NEIGHBORHOOD  
 HEALTHCARE GRAND AVE  
 *Website: www.ihpsocal.org*


**NEIGHBORHOOD  
 HEALTHCARE GRAND AVE**

*Provider ID: 206269*  
 1001 E GRAND AVE  
 ESCONDIDO, CA  
 92025-4604  
 *Phone: 760-520-8200*  
*Fax: 360-462-2749*  
 *After Hours Phone:  
 760-520-8200*  
*License Number: 550000697*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):  
 N*

 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA:  
 NEIGHBORHOOD  
 HEALTHCARE GRAND AVE  
 *Website: www.ihpsocal.org*





**NEIGHBORHOOD  
 HEALTHCARE GRAND AVE**

*Provider ID: 206269*  
 1001 E GRAND AVE  
 ESCONDIDO, CA  
 92025-4604  
 *Phone: 760-520-8200*  
*Fax: 360-462-2749*  
 *After Hours Phone:  
 760-520-8200*

 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):  
 N*



 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA:  
 NEIGHBORHOOD  
 HEALTHCARE GRAND AVE  
 *Website: www.ihpsocal.org*

**NEIGHBORHOOD  
 HEALTHCARE GRAND AVE**

*Provider ID: 206269*  
 1001 E GRAND AVE  
 ESCONDIDO, CA  
 92025-4604  
 *Phone: 760-520-8200*  
*Fax: 360-462-2749*  
 *After Hours Phone:  
 760-520-8200*  
*License Number: 80000483*  
*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*

**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: Y  
 Min/Max Age: 0\999  
 🗣 Site English Spoken: Y  
 Cultural Competency: Y  
 🕒 Hours: SU 8:00AM-0:00PM  
 M-F 8:00AM-8:00PM  
 SA 8:00AM-0:00PM  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: BORREGO  
 COMMUNITY HEALTH  
 FOUNDTION  
 🌐 Website: N  
 Email:  
 iselaochoa@borregohealth.org

**NEIGHBORHOOD  
 HEALTHCARE VALLEY  
 PARKWAY**

Provider ID: 206271  
 📍 728 E VALLEY PKWY  
 ESCONDIDO, CA 92025  
 📞 Phone: (760) 737-6900  
 Fax: (360) 462-2748  
 ☎ After Hours Phone: (760)  
 737-6900  
 License Number: 080000158  
 NPI: 1720264641  
 Accepting New Patients: Y  
 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

**NEIGHBORHOOD  
 HEALTHCARE ESCONDIDO**

Provider ID: 206270  
 📍 460 N ELM ST  
 ESCONDIDO, CA 92025  
 📞 Phone: (760) 520-8100  
 Fax: (360) 466-2745  
 ☎ After Hours Phone: (760)  
 520-8100  
 License Number: 080000397  
 NPI: 1598703647  
 Accepting New Patients: Y  
 Min/Max Age: 0\150

🗣 Site English Spoken: Y  
 Cultural Competency: N  
 🕒 Hours: M-F  
 8:00AM-5:00PM  
 SA 8:00AM-0:00PM  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: IHP of  
 Southern Cal-PHP  
 🌐 Website: www.ihpsocal.org

**NEIGHBORHOOD  
 HEALTHCARE PEDIATRICS  
 AND PRENATAL**

Provider ID: 424775  
 📍 426 N DATE ST  
 ESCONDIDO, CA 92025  
 📞 Phone: (760) 690-5900  
 Fax: (360) 462-2747

☎ After Hours Phone: (760)  
 690-5900  
 License Number: 550000511  
 NPI: 1437335353  
 Accepting New Patients: Y  
 Min/Max Age: 0\21  
 🗣 Site English Spoken: Y  
 Cultural Competency: N  
 🕒 Hours: M-F  
 8:00AM-5:00PM  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: IHP of  
 Southern Cal-PHP  
 🌐 Website: N/A

**NEIGHBORHOOD  
 HEALTHCARE PIDS 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: Y  
 Min/Max Age: 0\21  
 🗣 Site English Spoken: Y  
 Cultural Competency: N  
 🕒 Hours: M-F  
 8:00AM-5:00PM  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: IHP of  
 Southern Cal-PHP  
 🌐 Website: www.ihpsocal.org

**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: Y  
 Min/Max Age: 0\999

Site English Spoken: Y  
 Cultural Competency: N

American Sign Language (ASL):  
 N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: Family Health Centers of San Diego

Website: N/A

**SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE**

Provider ID: 588941

704 E GRAND AVE  
 ESCONDIDO, CA 92025

Phone: (619) 662-4100  
 Fax: (619) 662-7952  
 After Hours Phone: (619) 662-4100

NPI: 1801438239

Accepting New Patients: Y  
 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

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

**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

Accepting New Patients: 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: 80000150

Accepting New Patients: YES

Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish  
 Cultural Competency: No

American Sign Language (ASL):  
 N

Accessibility: CONTACT PROVIDER

Medical Group/IPA:

FALLBROOK FAMILY HLTH CTR

Website: N/A

**FALLBROOK FAMILY HLTH CTR**

Provider ID: 183910

1328 S MISSION RD  
 FALLBROOK, CA 92028-4006

Phone: 760-451-4770  
 After Hours Phone:

Blue Shield Promise Medi-Cal فهرست ارائه‌دهندگان شبکه  
 D1. کلینیک‌های بهداشتی واجد صلاحیت فدرال

760-451-4770  
 License Number: A169529  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish  
 Cultural Competency: No  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: FALLBROOK FAMILY HLTH CTR  
 Website: N/A

**VISTA COMMUNITY CLINIC**

Provider ID: 624122  
 321 E ALVARADO ST  
 FALLBROOK, CA 92028  
 Phone: (760) 723-6200  
 After Hours Phone: (760) 723-6200  
 License Number: 080000002  
 NPI: 1316501562  
 Accepting New Patients: N  
 Min/Max Age: 0\999  
 Site English Spoken: Y  
 Cultural Competency: Y  
 Hours: M 8:00AM-4:00PM  
 TU 8:00AM-0:30PM  
 W-TH 8:00AM-5:00PM  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP of Southern Cal-PHP  
 Website: www.vistacommunityclinic.org

**VISTA COMMUNITY CLINIC**

Provider ID: 624122  
 321 E ALVARADO ST  
 FALLBROOK, CA 92028  
 Phone: (760) 723-6200  
 After Hours Phone: (760) 723-6200  
 License Number: 550003781  
 NPI: 1316501562  
 Accepting New Patients: N  
 Min/Max Age: 0\999  
 Site English Spoken: Y  
 Cultural Competency: Y  
 Hours: M 8:00AM-4:00PM  
 TU 8:00AM-0:30PM  
 W-TH 8:00AM-5:00PM  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP of Southern Cal-PHP  
 Website: www.vistacommunityclinic.org

**FALLBROOK FAMILY HLTH CTR**

Provider ID: 183910  
 1328 S MISSION RD  
 FALLBROOK, CA 92028  
 Phone: (760) 451-4720  
 Fax: (760) 451-4700  
 After Hours Phone: (760) 451-4720  
 License Number: 080000150  
 NPI: 1982756086  
 Accepting New Patients: Y  
 Min/Max Age: 0\999  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 Cultural Competency: N  
 Hours: M-F

8:00AM-5:00PM  
 SA 8:00AM-5:00PM  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP of Southern Cal-PHP  
 Website: N/A  
 Email: a.escobeclo@chsica.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: N  
 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: N  
 Min/Max Age: 0\999  
 Site English Spoken: Y  
 Cultural Competency: Y  
 Hours: M 8:00AM-4:00PM  
 TU 8:00AM-0:30PM  
 W-TH 8:00AM-5:00PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: IHP of  
 Southern Cal-PHP  
 Website: www.vistacommunityclinic.org

**VISTA COMMUNITY CLINIC**

Provider ID: 624122  
 321 E ALVARADO ST  
 FALLBROOK, CA 92028  
 Phone: (760) 723-6200  
 After Hours Phone: (760) 723-6200  
 License Number: 080000002  
 NPI: 1851300123  
 Accepting New Patients: N  
 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

nityclinic.org  
**VISTA COMMUNITY CLINIC**  
 Provider ID: 624122  
 321 E ALVARADO ST  
 FALLBROOK, CA 92028  
 Phone: (760) 723-6200  
 After Hours Phone: (760) 723-6200  
 License Number: 550003781  
 NPI: 1851300123  
 Accepting New Patients: N  
 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: N  
 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: N  
 Min/Max Age: 0\999  
 Site English Spoken: Y  
 Cultural Competency: Y  
 Hours: M 8:00AM-4:00PM  
 TU 8:00AM-0:30PM  
 W-TH 8:00AM-5:00PM  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: IHP of  
 Southern Cal-PHP  
 Website: www.vistacommunityclinic.org

**VISTA COMMUNITY CLINIC**

Provider ID: 624122  
 321 E ALVARADO ST  
 FALLBROOK, CA 92028  
 Phone: (760) 723-6200  
 After Hours Phone: (760) 723-6200

License Number: 550004110

NPI: 1316501562

Accepting New Patients: N

Min/Max Age: 0\999

Site English Spoken: Y

Cultural Competency: Y

Hours: M 8:00AM-4:00PM

TU 8:00AM-0:30PM

W-TH 8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP of Southern Cal-PHP

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

### IMPERIAL BEACH

#### IMPERIAL BEACH HEALTH CENTER

Provider ID: 179678

949 PALM AVE  
 IMPERIAL BEACH, CA  
 91932-1503

Phone: 619-429-3733

After Hours Phone:  
 619-429-3733

License Number: A51447

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

#### IMPERIAL BEACH HEALTH CENTER

Provider ID: 179678

949 PALM AVE  
 IMPERIAL BEACH, CA  
 91932-1503

Phone: 619-429-3733

After Hours Phone:  
 619-429-3733

License Number: A66830

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

#### IMPERIAL BEACH HEALTH CENTER

Provider ID: 179678

949 PALM AVE  
 IMPERIAL BEACH, CA 91932

Phone: (619) 429-3733

Fax: (619) 628-5550

After Hours Phone: (619)

429-3733

License Number: 090000119

NPI: 1790718351

Accepting New Patients: Y

Min/Max Age: 0\150

Site English Spoken: Y

Site Languages(s) Spoken:  
 Spanish, Tagalog

Cultural Competency: Y

Hours: M-F

8:00AM-5:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP of Southern Cal-PHP

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

### LA MESA

#### LA MESA PEDIATRICS

Provider ID: 480827

8881 FLETCHER PKWY STE  
 200

LA MESA, CA 91942-3135

Phone: 619-464-6434

After Hours Phone:  
 619-464-6434

License Number: NP95017921

Accepting New Patients: YES

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: LA MESA PEDIATRICS

Website: N/A

#### LA MESA PEDIATRICS

Provider ID: 480827

8881 FLETCHER PKWY STE  
 200

LA MESA, CA 91942-3135

Phone: 619-464-6434



Fax: 619-464-5109



After Hours Phone:  
 619-464-6434



Accepting New Patients: YES

Site English Spoken: Yes



**Blue Shield Promise Medi-Cal** فهرست ارائه‌دهندگان شبکه  
**.D1** کلینیک‌های بهداشتی واجد صلاحیت فدرال

*Cultural Competency: No*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: LA MESA PEDIATRICS*  
 *Website: N/A*






*Cultural Competency: Yes*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: LA MESA PEDIATRICS*  
 *Website: N/A*

*Cultural Competency: No*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: LA MESA PEDIATRICS*  
 *Website: N/A*


**LA MESA PEDIATRICS**

*Provider ID: 480827*  
 8881 FLETCHER PKWY STE 200  
 LA MESA, CA 91942-3135  
 *Phone: 619-464-6434*  
*Fax: 619-464-5109*  
 *After Hours Phone: 619-464-6434*  
*License Number: 20A11733*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: LA MESA PEDIATRICS*  
 *Website: N/A*



**LA MESA PEDIATRICS**

*Provider ID: 480827*  
 8881 FLETCHER PKWY STE 200  
 LA MESA, CA 91942-3135  
 *Phone: 619-464-6434*  
*Fax: 619-464-5109*  
 *After Hours Phone: 619-464-6434*  
*License Number: A113241*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: LA MESA PEDIATRICS*  
 *Website: N/A*





**LA MESA PEDIATRICS**

*Provider ID: 480827*  
 8881 FLETCHER PKWY STE 200  
 LA MESA, CA 91942-3135  
 *Phone: 619-464-6434*  
*Fax: 619-464-5109*  
 *After Hours Phone: 619-464-6434*  
*License Number: C133872*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: LA MESA PEDIATRICS*  
 *Website: N/A*


**LA MESA PEDIATRICS**



*Provider ID: 480827*  
 8881 FLETCHER PKWY STE 200  
 LA MESA, CA 91942-3135  
 *Phone: 619-464-6434*  
*Fax: 619-464-5109*  
 *After Hours Phone: 619-464-6434*  
*License Number: 550000430*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*






**LA MESA PEDIATRICS**






*Provider ID: 480827*  
 8881 FLETCHER PKWY STE 200  
 LA MESA, CA 91942-3135  
 *Phone: 619-464-6434*  
*Fax: 619-464-5109*  
 *After Hours Phone: 619-464-6434*  
*License Number: A89865*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*

**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: Y*







Min/Max Age: 0\21  
 Site English Spoken: Y  
 Cultural Competency: Y  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: BORREGO  
 COMMUNITY HEALTH  
 FOUNDTION  
 Website: N/A  
 Email:  
 iselaochoa@borregohealth.org







LAKESIDE, CA 92040-3120  
 Phone: 858-218-3000  
 After Hours Phone:  
 858-218-3000  
 License Number: A152372  
 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


LAKESIDE, CA 92040-3120  
 Phone: 858-218-3000  
 After Hours Phone:  
 858-218-3000  
 License Number: DC33688  
 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


**LAKESIDE**


**NEIGHBORHOOD  
 HEALTHCARE LAKESIDE**  
 Provider ID: 353843  
 10039 VINE ST  
 LAKESIDE, CA 92040-3120  
 Phone: 858-218-3000  
 After Hours Phone:  
 858-218-3000  
 License Number: A43914  
 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  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA:  
 NEIGHBORHOOD  
 HEALTHCARE LAKESIDE  
 Website: www.ihpsocal.org

**NEIGHBORHOOD  
 HEALTHCARE LAKESIDE**  
 Provider ID: 353843  
 10039 VINE ST  
 LAKESIDE, CA 92040-3120  
 Phone: 858-218-3000  
 Fax: 360-462-2744  
 After Hours Phone:  
 858-218-3000  
 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

**NEIGHBORHOOD  
 HEALTHCARE LAKESIDE**  
 Provider ID: 353843  
 10039 VINE ST

**NEIGHBORHOOD  
 HEALTHCARE LAKESIDE**  
 Provider ID: 353843  
 10039 VINE ST







LAKESIDE, CA 92040-3120  
 Phone: 858-218-3000  
 Fax: 360-462-2744  
 After Hours Phone:  
 858-218-3000  
 License Number: 80000483  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA:  
 NEIGHBORHOOD  
 HEALTHCARE LAKESIDE  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**NEIGHBORHOOD  
 HEALTHCARE LAKESIDE**






Provider ID: 353843  
 10039 VINE ST  
 LAKESIDE, CA 92040  
 Phone: (858) 218-3000  
 Fax: (360) 462-2744  
 After Hours Phone: (858)  
 218-3000  
 License Number: 080000483  
 NPI: 1932384120  
 Accepting New Patients: Y  
 Min/Max Age: 0\150  
 Site English Spoken: Y  
 Cultural Competency: N  
 Hours: M-F  
 8:00AM-5:00PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: IHP of  
 Southern Cal-PHP  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


**LEMON GROVE**

**LEMON GROVE FAMILY  
 HEALTH CENTER**







Provider ID: 419139  
 7592 BROADWAY  
 LEMON GROVE, CA  
 91945-1604  
 Phone: 619-515-2550  
 After Hours Phone:  
 619-515-2550  
 License Number: A72005  
 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  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: LEMON  
 GROVE FAMILY HEALTH  
 CENTER  
 Website: N/A



**LEMON GROVE FAMILY  
 HEALTH CENTER**

Provider ID: 419139  
 7592 BROADWAY  
 LEMON GROVE, CA  
 91945-1604  
 Phone: 619-515-2550  
 After Hours Phone:  
 619-515-2550  
 License Number: C174771  
 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  
 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: NP95001050*  
*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*  
*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*  
*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*  
*Accepting New Patients: YES*


 *Site English Spoken: Yes*  
*Cultural Competency: No*



 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER  
 *Website: N/A*




**LEMON GROVE FAMILY HEALTH CENTER**




*Provider ID: 419139*  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604  
 *Phone: 619-515-2550*  
 *After Hours Phone: 619-515-2550*  
*License Number: PA12416*  
*Accepting New Patients: YES*

 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*







 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER  
 *Website: N/A*

**LEMON GROVE FAMILY HEALTH CENTER**



*Provider ID: 419139*  
 7592 BROADWAY  
 LEMON GROVE, CA 91945-1604  
 *Phone: 619-515-2550*  
 *After Hours Phone: 619-515-2550*





License Number: PA56072  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: LEMON  
 GROVE FAMILY HEALTH  
 CENTER  
 Website: N/A

**LEMON GROVE FAMILY  
 HEALTH CENTER**







Provider ID: 419139  
 7592 BROADWAY  
 LEMON GROVE, CA  
 91945-1604  
 Phone: 619-515-2550  
 After Hours Phone:  
 619-515-2550  
 License Number: RN428876  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: LEMON  
 GROVE FAMILY HEALTH  
 CENTER  
 Website: N/A

**LEMON GROVE FAMILY  
 HEALTH CENTER**

Provider ID: 419139  
 7592 BROADWAY  
 LEMON GROVE, CA  
 91945-1604  
 Phone: 619-515-2550

Fax: 619-825-9577  
 After Hours Phone:  
 619-515-2550  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: LEMON  
 GROVE FAMILY HEALTH  
 CENTER  
 Website: N/A

**LEMON GROVE FAMILY  
 HEALTH CENTER**







Provider ID: 419139  
 7592 BROADWAY  
 LEMON GROVE, CA  
 91945-1604  
 Phone: 619-515-2550  
 Fax: 619-825-9577  
 After Hours Phone:  
 619-515-2550  
 License Number: 550001268  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: LEMON  
 GROVE FAMILY HEALTH  
 CENTER  
 Website: N/A

**LEMON GROVE FAMILY  
 HEALTH CENTER**

Provider ID: 419139

 7592 BROADWAY  
 LEMON GROVE, CA  
 91945-1604  
 Phone: 619-515-2500  
 After Hours Phone:  
 619-515-2500  
 License Number: G78814  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: LEMON  
 GROVE FAMILY HEALTH  
 CENTER  
 Website: N/A

**LEMON GROVE FAMILY  
 HEALTH CENTER**

Provider ID: 419139  
 7592 BROADWAY  
 LEMON GROVE, CA  
 91945-1604  
 Phone: 619-515-2550  
 After Hours Phone:  
 619-515-2550  
 License Number: 20A11535  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: LEMON  
 GROVE FAMILY HEALTH  
 CENTER  
 Website: N/A

**LEMON GROVE FAMILY**

**HEALTH CENTER**

Provider ID: 419139

7592 BROADWAY  
 LEMON GROVE, CA  
 91945-1604

Phone: 619-515-2550

After Hours Phone:  
 619-515-2550

License Number: 20A14919

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

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

Accepting New Patients: YES

Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: LEMON  
 GROVE FAMILY HEALTH  
 CENTER

Website: N/A

**LEMON GROVE FAMILY  
 HEALTH CENTER**

Provider ID: 419139

7592 BROADWAY  
 LEMON GROVE, CA  
 91945-1604

Phone: 619-515-2550

After Hours Phone:  
 619-515-2550

License Number: A108228

Accepting New Patients: YES

Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: LEMON  
 GROVE FAMILY HEALTH

**CENTER**

Website: N/A

**LEMON GROVE FAMILY  
 HEALTH CENTER**

Provider ID: 419139

7592 BROADWAY  
 LEMON GROVE, CA  
 91945-1604

Phone: 619-515-2550

After Hours Phone:  
 619-515-2550

License Number: A113001

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

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

Accepting New Patients: YES

 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER

 Website: N/A

**LEMON GROVE FAMILY HEALTH CENTER**

Provider ID: 419139

 7592 BROADWAY  
 LEMON GROVE, CA  
 91945-1604

 Phone: 619-515-2550


 After Hours Phone:  
 619-515-2550

License Number: A118095

Accepting New Patients: YES

 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER


 Website: N/A

**LEMON GROVE FAMILY HEALTH CENTER**

Provider ID: 419139

 7592 BROADWAY  
 LEMON GROVE, CA  
 91945-1604

 Phone: 619-515-2550

 After Hours Phone:  
 619-515-2550

License Number: A148014

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

Accepting New Patients: YES

 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: LEMON GROVE FAMILY HEALTH CENTER

 Website: N/A

**LEMON GROVE FAMILY HEALTH CENTER**

Provider ID: 419139

 7592 BROADWAY  
 LEMON GROVE, CA  
 91945-1604

 Phone: 619-515-2550

 After Hours Phone:  
 619-515-2550

License Number: A154838

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

Accepting New Patients: YES

☐ Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: LEMON  
 GROVE FAMILY HEALTH  
 CENTER  
 🌐 Website: N/A

**LEMON GROVE FAMILY  
 HEALTH CENTER**

Provider ID: 419139

📍 7592 BROADWAY  
 LEMON GROVE, CA  
 91945-1604

☎ Phone: 619-515-2550

🕒 After Hours Phone:  
 619-515-2550

License Number: A164859

Accepting New Patients: YES

☐ Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N

♿ Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: LEMON  
 GROVE FAMILY HEALTH  
 CENTER

🌐 Website: N/A

**LEMON GROVE FAMILY  
 HEALTH CENTER**

Provider ID: 419139

📍 7592 BROADWAY  
 LEMON GROVE, CA  
 91945-1604

☎ Phone: 619-515-2550

🕒 After Hours Phone:  
 619-515-2550

License Number: A165925  
 Accepting New Patients: YES

☐ Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N

♿ Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: LEMON  
 GROVE FAMILY HEALTH  
 CENTER

🌐 Website: N/A

**LEMON GROVE FAMILY  
 HEALTH CENTER**

Provider ID: 419139

📍 7592 BROADWAY  
 LEMON GROVE, CA  
 91945-1604

☎ Phone: 619-515-2550

🕒 After Hours Phone:  
 619-515-2550

License Number: A178499

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: A68463  
 Accepting New Patients: YES

☐ Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N

♿ Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: LEMON  
 GROVE FAMILY HEALTH  
 CENTER

🌐 Website: N/A

**LEMON GROVE FAMILY  
 HEALTH CENTER**

Provider ID: 419139

📍 7592 BROADWAY  
 LEMON GROVE, CA 91945

☎ Phone: (619) 515-2550

Fax: (619) 825-9577

🕒 After Hours Phone: (619)  
 515-2550

License Number: 550001268

NPI: 1427282466

Accepting New Patients: Y  
 Min/Max Age: 0\150

☐ Site English Spoken: Y  
 Cultural Competency: N

🕒 Hours: M-F  
 9:00AM-5:00PM

American Sign Language (ASL):  
 N

♿ Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA: Family  
 Health Centers of San Diego


🌐 Website: N/A

Email: valeriade@fhcsd.org

**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

Accepting New Patients: YES

 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N


 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA: SAN  
 YSIDRO HEALTH SOUTH BAY

 Website: [www.ihpsocal.org](http://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: A133539

Accepting New Patients: YES

 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N


 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA: SAN  
 YSIDRO HEALTH SOUTH BAY


 Website: [www.ihpsocal.org](http://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: G71855

Accepting New Patients: YES

 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N


 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA: SAN  
 YSIDRO HEALTH SOUTH BAY

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

**SAN YSIDRO HEALTH SOUTH BAY**

Provider ID: 361428

 330 E 8TH ST  
 NATIONAL CITY, CA  
 91950-2312

 Phone: 619-662-4100

Fax: 619-259-2807

 After Hours Phone:  
 619-662-4100

Accepting New Patients: YES

 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N


 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA: SAN  
 YSIDRO HEALTH SOUTH BAY


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

Accepting New Patients: YES

 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA: LA  
 MAESTRA FAMILY CLINIC INC


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

**LA MAESTRA FAMILY CLINIC INC**

Provider ID: 185270

 217 HIGHLAND AVE  
 NATIONAL CITY, CA  
 91950-1518

 Phone: 619-434-7308

 After Hours Phone:  
 619-434-7308

License Number: 20A6433

Accepting New Patients: YES

 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N


 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA: LA  
 MAESTRA FAMILY CLINIC INC


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

**LA MAESTRA FAMILY CLINIC INC**

Provider ID: 185270

 217 HIGHLAND AVE  
 NATIONAL CITY, CA  
 91950-1518

 Phone: 619-434-7308

 After Hours Phone:  
 619-434-7308

License Number: A123929

Accepting New Patients: YES

Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N


 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA: LA  
 MAESTRA FAMILY CLINIC INC

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


Accepting New Patients: YES

Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Tagalog, Lao, Spanish

Cultural Competency: No  
 American Sign Language (ASL):  
 N


 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA:  
 OPERATION SAMAHAN -  
 NATIONAL C

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


**OPERATION SAMAHAN - NATIONAL C**

Provider ID: 417102

 2743 HIGHLAND AVE  
 NATIONAL CITY, CA  
 91950-7410

 Phone: 844-200-2426

Fax: 619-474-3919

 After Hours Phone:  
 844-200-2426


License Number: 90000183  
 Accepting New Patients: YES

Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Tagalog, Lao, Spanish

Cultural Competency: No  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA:  
 OPERATION SAMAHAN -  
 NATIONAL C

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

**OPERATION SAMAHAN 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


Accepting New Patients: YES

Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N


 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA:  
 OPERATION SAMAHAN  
 GRANGER SCHOOL BASED

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


**OPERATION SAMAHAN GRANGER SCHOOL BASED**

Provider ID: 418302

 2101 GRANGER AVE  
 NATIONAL CITY, CA  
 91950-6208

 Phone: 844-200-2426

Fax: 619-434-8999

 After Hours Phone:  
 844-200-2426


Accepting New Patients: YES

Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER







Medical Group/IPA:  
 OPERATION SAMAHAN  
 GRANGER SCHOOL BASED

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







**OPERATION SAMAHAN GRANGER SCHOOL BASED**


Provider ID: 418302

 2101 GRANGER AVE








NATIONAL CITY, CA  
 91950-6208  
 Phone: 844-200-2426  
 Fax: 619-434-8999  
 After Hours Phone:  
 844-200-2426  
 License Number: 550002622  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA:  
 OPERATION SAMAHAN  
 GRANGER SCHOOL BASED  
 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

**OPERATION SAMAHAN - NATIONAL C**






Provider ID: 417102  
 2743 HIGHLAND AVE  
 NATIONAL CITY, CA  
 91950-7410  
 Phone: 844-200-2426  
 After Hours Phone:  
 844-200-2426  
 License Number: A74777  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Tagalog, Lao, Spanish  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA:  
 OPERATION SAMAHAN -  
 NATIONAL C

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

**OPERATION SAMAHAN - NATIONAL C**

Provider ID: 417102  
 2743 HIGHLAND AVE  
 NATIONAL CITY, CA  
 91950-7410  
 Phone: 844-200-2426  
 After Hours Phone:  
 844-200-2426  
 License Number: NP22974  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Tagalog, Lao, Spanish  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA:  
 OPERATION SAMAHAN -  
 NATIONAL C  
 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

**OPERATION SAMAHAN - NATIONAL C**


Provider ID: 417102  
 2743 HIGHLAND AVE  
 NATIONAL CITY, CA  
 91950-7410  
 Phone: 844-200-2426  
 After Hours Phone:  
 844-200-2426  
 License Number: NP95000203  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Tagalog, Lao, Spanish  
 Cultural Competency: No

American Sign Language (ASL):  
 N







 Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN -  
 NATIONAL C

 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

**LA MAESTRA FAMILY CLINIC INC**

Provider ID: 185270  
 217 HIGHLAND AVE  
 NATIONAL CITY, CA  
 91950-1518  
 Phone: 619-434-7308  
 After Hours Phone:  
 619-434-7308  
 License Number: C55979  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: LA  
 MAESTRA FAMILY CLINIC INC  
 Website: [www.lamaestra.org](http://www.lamaestra.org)

**LA MAESTRA FAMILY CLINIC INC**

Provider ID: 185270  
 217 HIGHLAND AVE  
 NATIONAL CITY, CA  
 91950-1518  
 Phone: 619-434-7308  
 After Hours Phone:  
 619-434-7308  
 License Number: G45632



Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: LA  
 MAESTRA FAMILY CLINIC INC  
 Website: [www.lamaestra.org](http://www.lamaestra.org)

**LA MAESTRA FAMILY CLINIC INC**

Provider ID: 185270  
 217 HIGHLAND AVE  
 NATIONAL CITY, CA  
 91950-1518  
 Phone: 619-434-7308  
 Fax: 619-434-7310  
 After Hours Phone:  
 619-434-7308  
 License Number: NP95013257  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: LA  
 MAESTRA FAMILY CLINIC INC  
 Website: [www.lamaestra.org](http://www.lamaestra.org)

**LA MAESTRA FAMILY CLINIC INC**

Provider ID: 185270  
 217 HIGHLAND AVE  
 NATIONAL CITY, CA  
 91950-1518  
 Phone: 619-564-8765

After Hours Phone:  
 619-564-8765  
 License Number: NP95009891  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: LA  
 MAESTRA FAMILY CLINIC INC  
 Website: [www.lamaestra.org](http://www.lamaestra.org)

**LA MAESTRA FAMILY CLINIC INC**

Provider ID: 185270  
 217 HIGHLAND AVE  
 NATIONAL CITY, CA  
 91950-1518  
 Phone: 619-798-3977  
 After Hours Phone:  
 619-798-3977  
 License Number: A41375  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: LA  
 MAESTRA FAMILY CLINIC INC  
 Website: [www.lamaestra.org](http://www.lamaestra.org)

**FAMILY HEALTH CTR SD NATIONAL CITY**

Provider ID: 418930  
 1000 EUCLID AVE  
 NATIONAL CITY, CA






91950-3856  
 Phone: 619-515-2399  
 After Hours Phone:  
 619-515-2399  
 License Number: 20A18460  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: FAMILY  
 HEALTH CTR SD NATIONAL  
 CITY  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

**FAMILY HEALTH CTR SD NATIONAL CITY**






Provider ID: 418930  
 1000 EUCLID AVE  
 NATIONAL CITY, CA  
 91950-3856  
 Phone: 619-515-2399  
 After Hours Phone:  
 619-515-2399  
 License Number: A163862  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: FAMILY  
 HEALTH CTR SD NATIONAL  
 CITY  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

**FAMILY HEALTH CTR SD NATIONAL CITY**

Provider ID: 418930






 1000 EUCLID AVE  
 NATIONAL CITY, CA  
 91950-3856  
 Phone: 619-515-2399  
 After Hours Phone:  
 619-515-2399  
 License Number: A176878  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: FAMILY  
 HEALTH CTR SD NATIONAL  
 CITY  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

**FAMILY HEALTH CTR SD  
 NATIONAL CITY**





Provider ID: 418930  
 1000 EUCLID AVE  
 NATIONAL CITY, CA  
 91950-3856  
 Phone: 619-515-2399  
 After Hours Phone:  
 619-515-2399  
 License Number: NP95010663  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: FAMILY  
 HEALTH CTR SD NATIONAL  
 CITY  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

**FAMILY HEALTH CTR SD**





**NATIONAL CITY**

Provider ID: 418930  
 1000 EUCLID AVE  
 NATIONAL CITY, CA  
 91950-3856  
 Phone: 619-515-2399  
 After Hours Phone:  
 619-515-2399  
 License Number: PA55660  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: FAMILY  
 HEALTH CTR SD NATIONAL  
 CITY  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

**FAMILY HEALTH CTR SD  
 NATIONAL CITY**

Provider ID: 418930  
 1000 EUCLID AVE  
 NATIONAL CITY, CA  
 91950-3856  
 Phone: 619-515-2399  
 Fax: 619-269-0053  
 After Hours Phone:  
 619-515-2399  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: FAMILY  
 HEALTH CTR SD NATIONAL  
 CITY  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

**FAMILY HEALTH CTR SD  
 NATIONAL CITY**




Provider ID: 418930  
 1000 EUCLID AVE  
 NATIONAL CITY, CA  
 91950-3856  
 Phone: 619-515-2399  
 Fax: 619-269-0053  
 After Hours Phone:  
 619-515-2399  
 License Number: 550000465  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: FAMILY  
 HEALTH CTR SD NATIONAL  
 CITY  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

**SAN YSIDRO HEALTH  
 PARADISE HILLS**


Provider ID: 227418  
 2400 E 8TH ST STE A  
 NATIONAL CITY, CA  
 91950-2956  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: A118227  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Tagalog, Spanish  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT


**PROVIDER**  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH PARADISE  
 HILLS  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**SAN YSIDRO HEALTH  
 PARADISE HILLS**




Provider ID: 227418  
 2400 E 8TH ST STE A  
 NATIONAL CITY, CA  
 91950-2956  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: A138534  
 Accepting New Patients: YES


Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Tagalog, Spanish  
 Cultural Competency: No

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: SAN  
 YSIDRO HEALTH PARADISE  
 HILLS  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**SAN YSIDRO HEALTH  
 PARADISE HILLS**

Provider ID: 227418  
 2400 E 8TH ST STE A  
 NATIONAL CITY, CA  
 91950-2956  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: A146819  
 Accepting New Patients: YES  
 Site English Spoken: Yes




 Site Languages(s) Spoken:  
 Tagalog, Spanish  
 Cultural Competency: No

American Sign Language (ASL):  
 N


 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA: SAN  
 YSIDRO HEALTH PARADISE  
 HILLS  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**SAN YSIDRO HEALTH  
 PARADISE HILLS**


Provider ID: 227418  
 2400 E 8TH ST STE A  
 NATIONAL CITY, CA  
 91950-2956  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100



License Number: A157488  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Tagalog, Spanish

Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: SAN  
 YSIDRO HEALTH PARADISE  
 HILLS  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


**SAN YSIDRO HEALTH  
 PARADISE HILLS**


Provider ID: 227418  
 2400 E 8TH ST STE A  
 NATIONAL CITY, CA  
 91950-2956

 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100




License Number: A167529  
 Accepting New Patients: YES

Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Tagalog, Spanish


Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA: SAN  
 YSIDRO HEALTH PARADISE  
 HILLS  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**SAN YSIDRO HEALTH  
 PARADISE HILLS**

Provider ID: 227418  
 2400 E 8TH ST STE A  
 NATIONAL CITY, CA  
 91950-2956  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100

License Number: G88347  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Tagalog, Spanish

Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: SAN  
 YSIDRO HEALTH PARADISE  
 HILLS  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**SAN YSIDRO HEALTH  
 PARADISE HILLS**

Provider ID: 227418

2400 E 8TH ST STE A  
 NATIONAL CITY, CA  
 91950-2956

Phone: 619-662-4100

Fax: 619-259-2806

After Hours Phone:  
 619-662-4100

License Number: 20A11518

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

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

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: A71304

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: 227412

1136 D AVE  
 NATIONAL CITY, CA  
 91950-3412

Phone: 619-336-2300

After Hours Phone:  
 619-336-2300

License Number: A78373

Accepting 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: 619-428-4463  
 After Hours Phone:  
 619-428-4463  
 License Number: G71855  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH NATIONAL  
 CITY  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**SAN YSIDRO HEALTH  
 NATIONAL CITY**







Provider ID: 227412  
 1136 D AVE  
 NATIONAL CITY, CA  
 91950-3412  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: A103218  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH NATIONAL  
 CITY  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**SAN YSIDRO HEALTH  
 NATIONAL CITY**







Provider ID: 227412

 1136 D AVE  
 NATIONAL CITY, CA  
 91950-3412  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: A138919  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH NATIONAL  
 CITY  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)







**SAN YSIDRO HEALTH  
 NATIONAL CITY**

Provider ID: 227412  
 1136 D AVE  
 NATIONAL CITY, CA  
 91950-3412  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: A165184  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH NATIONAL  
 CITY  
 Website: [www.ihpsocal.org](http://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  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH NATIONAL  
 CITY  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**SAN YSIDRO HEALTH  
 NATIONAL CITY**

Provider ID: 227412  
 1136 D AVE  
 NATIONAL CITY, CA  
 91950-3412  
 Phone: 619-662-4100  
 Fax: 619-336-2323  
 After Hours Phone:  
 619-662-4100  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH NATIONAL  
 CITY  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**SAN YSIDRO HEALTH  
 NATIONAL CITY**

Provider ID: 227412

1136 D AVE  
 NATIONAL CITY, CA  
 91950-3412

Phone: 619-662-4100

Fax: 619-336-2323

After Hours Phone:  
 619-662-4100

License Number: A112571

Accepting New Patients: YES

Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: SAN  
 YSIDRO HEALTH NATIONAL  
 CITY

Website: www.ihpsocal.org

**SAN YSIDRO HEALTH  
 NATIONAL CITY**

Provider ID: 227412

1136 D AVE  
 NATIONAL CITY, CA  
 91950-3412

Phone: 619-662-4100

Fax: 619-474-3722

After Hours Phone:  
 619-662-4100

License Number: A55469

Accepting New Patients: YES

Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: SAN  
 YSIDRO HEALTH NATIONAL  
 CITY

Website: www.ihpsocal.org

**SAN YSIDRO HEALTH  
 NATIONAL CITY**

Provider ID: 227412

1136 D AVE  
 NATIONAL CITY, CA  
 91950-3412

Phone: 619-662-4100

Fax: 619-474-3722

After Hours Phone:  
 619-662-4100

License Number: G46444

Accepting 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

Phone: (619) 662-4100

Fax: (619) 474-3722

After Hours Phone: (619)  
 662-4100

NPI: 1003869363

Accepting New Patients: Y

Min/Max Age: 0\150

Site English Spoken: Y

Site Languages(s) Spoken:

Spanish

Cultural Competency: Y

Hours: M-F  
 8:00AM-5:00PM

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: IHP of  
 Southern Cal-PHP

Website: syhealth.org/clinic  
 s/national- city- family- clin  
 ic- 1

**SAN YSIDRO HEALTH  
 PARADISE HILLS**

Provider ID: 227418

2400 E 8TH ST STE A  
 NATIONAL CITY, CA 91950

Phone: (619) 662-4100

Fax: (619) 259-2807

After Hours Phone: (619)  
 662-4100

NPI: 1598907487

Accepting New Patients: Y

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/clinic  
 s/paradise- hills- family- cli  
 nic

**FAMILY HEALTH CTR SD  
 NATIONAL CITY**

Provider ID: 418930

1000 EUCLID AVE  
 NATIONAL CITY, CA 91950

Phone: (619) 515-2399

Fax: (619) 269-0053

After Hours Phone: (619)  
 515-2399

License Number: 550000465

NPI: 1417409228

Accepting New Patients: Y

Min/Max Age: 0\150

Site English Spoken: Y  
 Cultural Competency: N

Hours: M 8:30AM-3:30PM  
 TU 10:30AM-5:30PM  
 W 8:30AM-3:30PM  
 TH 10:30AM-5:30PM  
 F 8:30AM-3:30PM

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: Family  
 Health Centers of San Diego

Website: www.fhcsd.org

Email: lucinaj@fhcsd.org

**SAN YSIDRO HEALTH SOUTH  
 BAY**

Provider ID: 361428

330 E 8TH ST  
 NATIONAL CITY, CA 91950

Phone: (619) 662-4100

Fax: (619) 434-3514

After Hours Phone: (619)  
 662-4100

NPI: 1851757215

Accepting New Patients: Y

Min/Max Age: 0\150

Site English Spoken: Y

Site Languages(s) Spoken: mahan.org  
 Spanish, Tagalog

Cultural Competency: Y

Hours: M-F  
 8:00AM-5:00PM

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: IHP of  
 Southern Cal-PHP

Website: www.syhealth.org

Email:  
 dinah.pierce@syhealth.org

**OPERATION SAMAHAN -  
 NATIONAL C**

Provider ID: 417102

2743 HIGHLAND AVE  
 NATIONAL CITY, CA 91950

Phone: (844) 200-2426

Fax: (619) 474-3919

After Hours Phone: (844)  
 200-2426

License Number: 090000183

NPI: 1801907449

Accepting New Patients: Y

Min/Max Age: 0\150

Site English Spoken: Y

Site Languages(s) Spoken:  
 Tagalog, Lao, Spanish

Cultural Competency: Y

Hours: M-TH  
 8:00AM-6:00PM  
 F 8:00AM-5:00PM

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: Operation  
 Samahan

Website: www.operationsa

**OPERATION SAMAHAN  
 GRANGER SCHOOL BASED**

Provider ID: 418302

2101 GRANGER AVE  
 NATIONAL CITY, CA 91950

Phone: (844) 200-2426

Fax: (619) 434-8999

After Hours Phone: (844)  
 200-2426

License Number: 550002622

NPI: 1205134517

Accepting New Patients: Y

Min/Max Age: 0\150

Site English Spoken: Y  
 Cultural Competency: N

Hours: M-F  
 8:00AM-5:00PM

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: Operation  
 Samahan

Website: www.operationsa  
 mahan.org

**LA MAESTRA FAMILY CLINIC  
 INC**

Provider ID: 185270

217 HIGHLAND AVE  
 NATIONAL CITY, CA 91950

Phone: (619) 434-7308

Fax: (619) 434-7310

After Hours Phone: (619)  
 434-7308

NPI: 1336353721

Accepting New Patients: Y

Min/Max Age: 0\150

Site English Spoken: Y  
 Cultural Competency: N

Hours: TH 8:00AM-2:00PM  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: La Maestra Family Clinic  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
 Email: [aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

License Number: A130883  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: VISTA COMMUNITY CLINIC  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: VISTA COMMUNITY CLINIC  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

**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: NP95009284  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: VISTA COMMUNITY CLINIC  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

**VISTA COMMUNITY CLINIC**

Provider ID: 206341  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057-6043  
 Phone: 760-631-5000  
 After Hours Phone: 760-631-5000  
 License Number: NP95016368  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: VISTA COMMUNITY CLINIC  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

**VISTA COMMUNITY CLINIC**

Provider ID: 206341  
 4700 N RIVER RD  
 OCEANSIDE, CA 2057-6043  
 Phone: 760-631-5000  
 After Hours Phone: 760-631-5000  
 License Number: 20A8949  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: VISTA COMMUNITY CLINIC  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

**VISTA COMMUNITY CLINIC**

Provider ID: 206341  
 4700 N RIVER RD  
 OCEANSIDE, CA 2057-6043  
 Phone: 760-631-5000  
 Fax: 760-414-3731  
 After Hours Phone: 760-631-5000

**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


**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  
 Accepting New Patients: YES  
 Site English Spoken: Yes



Cultural Competency: No

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: VISTA COMMUNITY CLINIC


 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

**VISTA COMMUNITY CLINIC**

Provider ID: 206341

 4700 N RIVER RD  
 OCEANSIDE, CA 2057-6043

 Phone: 760-631-5000

 After Hours Phone: 760-631-5000

License Number: NP95003571

Accepting New Patients: YES

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER

Medical Group/IPA: VISTA COMMUNITY CLINIC


 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

**TRUECARE**

Provider ID: 480315

 3220 MISSION AVE STE 1  
 OCEANSIDE, CA  
 92058-1354

 Phone: 760-433-3155


 After Hours Phone: 760-433-3155

License Number: PA19825

Accepting New Patients: YES


 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL): Medical Group/IPA: TRUECARE  
 Website: N/A


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: TRUECARE


 Website: N/A

**TRUECARE**

Provider ID: 480315

 3220 MISSION AVE STE 1  
 OCEANSIDE, CA  
 92058-1354

 Phone: 760-433-3155

 After Hours Phone: 760-433-3155

License Number: PA53036

Accepting New Patients: YES

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: TRUECARE

 Website: N/A


**TRUECARE**

Provider ID: 480315

 3220 MISSION AVE STE 1  
 OCEANSIDE, CA  
 92058-1354

 Phone: 760-433-3155

Fax: 760-736-8740

 After Hours Phone: 760-433-3155

Accepting New Patients: YES

 Site English Spoken: Yes


Cultural Competency: No


American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


**TRUECARE**

Provider ID: 480315

 3220 MISSION AVE STE 1  
 OCEANSIDE, CA  
 92058-1354

 Phone: 760-433-3155

Fax: 760-736-8740

 After Hours Phone: 760-433-3155

License Number: 80000240

Accepting New Patients: YES

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


Medical Group/IPA: TRUECARE


 Website: N/A

**TRUECARE**

Provider ID: 480315

 3220 MISSION AVE STE 1  
 OCEANSIDE, CA  
 92058-1354

 Phone: 760-736-6767

 After Hours Phone: 760-736-6767

License Number: NP21368

Accepting New Patients: YES

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: TRUECARE

 Website: N/A

**TRUECARE**

Provider ID: 480315

3220 MISSION AVE STE 1  
 OCEANSIDE, CA  
 92058-1354

Phone: 760-891-4667

After Hours Phone:  
 760-891-4667

License Number: A131678

Accepting New Patients: YES

Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: TRUECARE

Website: N/A

**VISTA COMMUNITY CLINIC  
 HORNE STREET**

Provider ID: 402436

517 N HORNE ST  
 OCEANSIDE, CA  
 92054-2518

Phone: 760-631-5000

After Hours Phone:  
 760-631-5000

License Number: 20A17371

Accepting New Patients: YES

Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: VISTA  
 COMMUNITY CLINIC HORNE  
 STREET

Website: N/A

**VISTA COMMUNITY CLINIC**

**HORNE STREET**

Provider ID: 402436

517 N HORNE ST  
 OCEANSIDE, CA  
 92054-2518

Phone: 760-631-5000

After Hours Phone:  
 760-631-5000

License Number: NP95006826

Accepting New Patients: YES

Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: VISTA  
 COMMUNITY CLINIC HORNE  
 STREET

Website: N/A

**VISTA COMMUNITY CLINIC  
 HORNE STREET**

Provider ID: 402436

517 N HORNE ST  
 OCEANSIDE, CA  
 92054-2518

Phone: 760-631-5000

After Hours Phone:  
 760-631-5000

License Number: NP95007885

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

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

Accepting New Patients: YES

Site English Spoken: Yes  
 Cultural Competency: Yes

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA: VISTA


**COMMUNITY CLINIC HORNE STREET**

 Website: N/A


**VISTA COMMUNITY CLINIC PIER VIEW WAY**

Provider ID: 402434

 818 PIER VIEW WAY  
 OCEANSIDE, CA  
 92054-2803

 Phone: 760-631-5000

Fax: 760-414-3892

 After Hours Phone:  
 760-631-5000

License Number: 80000510

Accepting New Patients: NO

Site English Spoken: Yes

Cultural Competency: Yes

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: VISTA COMMUNITY CLINIC PIER VIEW WAY

 Website: www.vistacommunityclinic.org

**VISTA COMMUNITY CLINIC PIER VIEW WAY**

Provider ID: 402434

 818 PIER VIEW WAY  
 OCEANSIDE, CA  
 92054-2803

 Phone: 760-631-5000

Fax: 760-414-3892

 After Hours Phone:  
 760-631-5000

Accepting New Patients: YES

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER

Medical Group/IPA: VISTA COMMUNITY CLINIC PIER VIEW WAY

 Website: www.vistacommunityclinic.org

**TRUECARE**

Provider ID: 296476

 605 CROUCH ST BLDG C  
 OCEANSIDE, CA  
 92054-4415

 Phone: 760-736-6767

 After Hours Phone:  
 760-736-6767

License Number: 20A7241

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: TRUECARE

 Website: www.ihpsocal.org

**TRUECARE**

Provider ID: 296476

 605 CROUCH ST BLDG C  
 OCEANSIDE, CA  
 92054-4415

 Phone: 760-736-6767

 After Hours Phone:  
 760-736-6767

License Number: A131678

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT PROVIDER


Medical Group/IPA: TRUECARE

 Website: www.ihpsocal.org

**TRUECARE**

Provider ID: 296476

 605 CROUCH ST BLDG C  
 OCEANSIDE, CA  
 92054-4415

 Phone: 760-736-6767

 After Hours Phone:  
 760-736-6767

License Number: NP95012681

Accepting New Patients: 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

Accepting New Patients: YES


Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: No

**Blue Shield Promise Medi-Cal** فهرست ارائه‌دهندگان شبکه  
**.D1** کلینیک‌های بهداشتی واجد صلاحیت فدرال

American Sign Language (ASL): N


N  
 Accessibility: CONTACT PROVIDER


Medical Group/IPA: TRUECARE  Website: www.ihpsocal.org


 Website: www.ihpsocal.org

**TRUECARE**

Provider ID: 296476

 605 CROUCH ST BLDG C  
 OCEANSIDE, CA  
 92054-4415

 Phone: 760-757-4566

 After Hours Phone:  
 760-757-4566

License Number: 20A15689


Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
 Spanish

Cultural Competency: No

American Sign Language (ASL): N


N  
 Accessibility: CONTACT PROVIDER


Medical Group/IPA: TRUECARE  Website: www.ihpsocal.org


 Website: www.ihpsocal.org

**TRUECARE**

Provider ID: 296476

 605 CROUCH ST BLDG C  
 OCEANSIDE, CA  
 92054-4415

 Phone: 760-757-4566

 After Hours Phone:  
 760-757-4566

License Number: C152937

Accepting New Patients: 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


 Website: www.ihpsocal.org

**TRUECARE**

Provider ID: 296476

 605 CROUCH ST BLDG C  
 OCEANSIDE, CA  
 92054-4415

 Phone: 760-757-4566

 After Hours Phone:  
 760-757-4566

License Number: PA22667


Accepting New Patients: 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

 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

Accepting New Patients: YES

Site English Spoken: Yes


Site Languages(s) Spoken:  
 Spanish

Cultural Competency: No

American Sign Language (ASL):


 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

Fax: 760-736-8740

 After Hours Phone:  
 760-757-4566

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
 Spanish

Cultural Competency: No

American Sign Language (ASL):


 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

Fax: 760-736-8740

 After Hours Phone:  
 760-757-4566

License Number: 80000240

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
 Spanish



Cultural Competency: No



American Sign Language (ASL):

N




**Blue Shield Promise Medi-Cal فهرست ارائه‌دهندگان شبکه .D  
.D1. کلینیک‌های بهداشتی واجد صلاحیت فدرال**

 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: TRUOCARE*  
 *Website: www.ihpsocal.org*

*N*  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: TRUOCARE*  
 *Website: www.ihpsocal.org*



 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: TRUOCARE*  
 *Website: www.ihpsocal.org*

**TRUOCARE**




*Provider ID: 296476*  
 *605 CROUCH ST BLDG C OCEANSIDE, CA 92054-4415*  
 *Phone: 760-757-4566*  
*Fax: 760-757-3004*  
 *After Hours Phone: 760-757-4566*  
*License Number: A66289*

*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
 *Site Languages(s) Spoken: Spanish*

*Cultural Competency: No*  
*American Sign Language (ASL): N*



 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: TRUOCARE*  
 *Website: www.ihpsocal.org*

**TRUOCARE**




*Provider ID: 296478*  
 *605 CROUCH ST BLDG C OCEANSIDE, CA 92054-4415*  
 *Phone: 760-757-4566*  
 *After Hours Phone: 760-757-4566*  
*License Number: NP21368*

*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
 *Site Languages(s) Spoken: Spanish*


*Cultural Competency: No*  
*American Sign Language (ASL): N*



 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: TRUOCARE*  
 *Website: www.ihpsocal.org*

**VISTA COMMUNITY CLINIC HORNE STREET**




*Provider ID: 402436*  
 *517 N HORNE ST OCEANSIDE, CA 92054*  
 *Phone: (760) 631-5000*  
*Fax: (760) 414-3892*  
 *After Hours Phone: (760) 631-5000*  
*License Number: 080000745*  
*NPI: 1609094036*

*Accepting New Patients: Y*  
*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*  
*Email: credentialing@vcc.org*




**TRUOCARE**

*Provider ID: 296477*  
 *605 CROUCH ST BLDG C OCEANSIDE, CA 92054-4415*  
 *Phone: 760-757-4566*  
*Fax: 760-757-3004*  
 *After Hours Phone: 760-757-4566*  
*License Number: A116562*

*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
 *Site Languages(s) Spoken: Spanish*

*Cultural Competency: No*  
*American Sign Language (ASL): N*




**TRUOCARE**

*Provider ID: 296479*  
 *605 CROUCH ST BLDG C OCEANSIDE, CA 92054-4415*  
 *Phone: 760-757-4566*  
 *After Hours Phone: 760-757-4566*  
*License Number: A64435*

*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
 *Site Languages(s) Spoken: Spanish*

*Cultural Competency: No*  
*American Sign Language (ASL): N*

**VISTA COMMUNITY CLINIC HORNE STREET**

*Provider ID: 402436*  
 *517 N HORNE ST OCEANSIDE, CA 92054*  
 *Phone: (760) 631-5000*  
*Fax: (760) 414-3892*  
 *After Hours Phone: (760) 631-5000*

License Number: 080000745

NPI: 1609094036

Accepting New Patients: Y

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

Email: credentialing@vcc.org

### VISTA COMMUNITY CLINIC

#### PIER VIEW WAY

Provider ID: 402434

818 PIER VIEW WAY

OCEANSIDE, CA 92054

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760) 631-5000

License Number: 080000510

NPI: 1629357355

Accepting New Patients: Y

Min/Max Age: 0\999

Site English Spoken: Y

Cultural Competency: Y

Hours: M-TU

8:00AM-5:00PM

W 8:00AM-7:00PM

TH-F 8:00AM-5:00PM

SA 9:00AM-4:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT

### PROVIDER

Medical Group/IPA: IHP of

Southern Cal-PHP

Website: www.vistacommunityclinic.org

Email: credentialing@vcc.org

### VISTA COMMUNITY CLINIC

#### PIER VIEW WAY

Provider ID: 402434

818 PIER VIEW WAY

OCEANSIDE, CA 92054

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760) 631-5000

License Number: 080000510

NPI: 1629357355

Accepting New Patients: Y

Min/Max Age: 0\999

Site English Spoken: Y

Cultural Competency: Y

Hours: M-TU

8:00AM-5:00PM

W 8:00AM-7:00PM

TH-F 8:00AM-5:00PM

SA 9:00AM-4:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Medical Group/IPA: IHP of

Southern Cal-PHP

Website: www.vistacommunityclinic.org

Email: credentialing@vcc.org

### VISTA COMMUNITY CLINIC

Provider ID: 206341

4700 N RIVER RD

OCEANSIDE, CA 92057

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760) 631-5000

License Number: 080000002

NPI: 1316501562

Accepting New Patients: Y

Min/Max Age: 0\999

Site English Spoken: Y

Cultural Competency: Y

Hours: M-F

8:00AM-5:00PM

SA 9:00AM-4:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Medical Group/IPA: IHP of

Southern Cal-PHP

Website: www.vistacommunityclinic.org

### VISTA COMMUNITY CLINIC

Provider ID: 206341

4700 N RIVER RD

OCEANSIDE, CA 92057

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760) 631-5000

License Number: 550003781

NPI: 1316501562

Accepting New Patients: Y

Min/Max Age: 0\999

Site English Spoken: Y

Cultural Competency: Y

Hours: M-F

8:00AM-5:00PM

SA 9:00AM-4:00PM

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Medical Group/IPA: IHP of  
 Southern Cal-PHP  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

**VISTA COMMUNITY CLINIC**

Provider ID: 206341  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 License Number: 550004110  
 NPI: 1316501562

Accepting New Patients: Y  
 Min/Max Age: 0\999

Site English Spoken: Y  
 Cultural Competency: Y  
 Hours: M-F  
 8:00AM-5:00PM  
 SA 9:00AM-4:00PM

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP of  
 Southern Cal-PHP  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

**VISTA COMMUNITY CLINIC**

Provider ID: 206341  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 License Number: 080000002  
 NPI: 1649662719

Accepting New Patients: Y

Min/Max Age: 0\999  
 Site English Spoken: Y  
 Cultural Competency: Y  
 Hours: M-F  
 8:00AM-5:00PM  
 SA 9:00AM-4:00PM

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP of  
 Southern Cal-PHP  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

**VISTA COMMUNITY CLINIC**

Provider ID: 206341  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 License Number: 550003781  
 NPI: 1649662719

Accepting New Patients: Y  
 Min/Max Age: 0\999

Site English Spoken: Y  
 Cultural Competency: Y  
 Hours: M-F  
 8:00AM-5:00PM  
 SA 9:00AM-4:00PM

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP of  
 Southern Cal-PHP  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

**VISTA COMMUNITY CLINIC**

Provider ID: 206341  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000

License Number: 550004110  
 NPI: 1649662719

Accepting New Patients: Y  
 Min/Max Age: 0\999

Site English Spoken: Y  
 Cultural Competency: Y  
 Hours: M-F  
 8:00AM-5:00PM  
 SA 9:00AM-4:00PM

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

Medical Group/IPA: IHP of  
 Southern Cal-PHP  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

**VISTA COMMUNITY CLINIC**

Provider ID: 206341  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 License Number: 080000002  
 NPI: 1851300123

Accepting New Patients: Y  
 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): 631-5000  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP of Southern Cal-PHP  
 Website: www.vistacommunityclinic.org  
 License Number: 550004110  
 NPI: 1851300123  
 Accepting New Patients: Y  
 Min/Max Age: 0\999  
 Site English Spoken: Y  
 Cultural Competency: Y  
 Hours: M-F 8:00AM-5:00PM  
 SA 9:00AM-4:00PM

**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: Y  
 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)

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP of Southern Cal-PHP  
 Website: www.vistacommunityclinic.org

**PAUMA VALLEY**

**NEIGHBORHOOD HEALTHCARE PAUMA VALLEY**

Provider ID: 206267  
 16650 HIGHWAY 76  
 PAUMA VALLEY, CA 92061-9524  
 Phone: 760-742-9919  
 After Hours Phone: 760-742-9919

License Number: A114419  
 Accepting New Patients: YES

Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

Medical Group/IPA:

NEIGHBORHOOD HEALTHCARE PAUMA VALLEY

Website: www.ihpsocal.org

**NEIGHBORHOOD HEALTHCARE PAUMA VALLEY**

Provider ID: 206267

16650 HIGHWAY 76  
 PAUMA VALLEY, CA 92061-9524

Phone: 760-742-9919

After Hours Phone: 760-742-9919

License Number: G61829  
 Accepting New Patients: YES

Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

Medical Group/IPA:

NEIGHBORHOOD HEALTHCARE PAUMA VALLEY

Website: www.ihpsocal.org

**NEIGHBORHOOD HEALTHCARE PAUMA VALLEY**

Provider ID: 206267

16650 HIGHWAY 76  
 PAUMA VALLEY, CA 92061-9524

Phone: 760-742-9919

Fax: 858-633-4696

After Hours Phone: 760-742-9919

Accepting New Patients: YES

Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

Medical Group/IPA:

NEIGHBORHOOD



HEALTHCARE PAUMA VALLEY  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**NEIGHBORHOOD**

HEALTHCARE PAUMA VALLEY

Provider ID: 206267

16650 HIGHWAY 76  
 PAUMA VALLEY, CA  
 92061-9524

Phone: 760-742-9919

Fax: 858-633-4696

After Hours Phone:  
 760-742-9919

License Number: 80000611

Accepting New Patients: YES

Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA:

NEIGHBORHOOD

HEALTHCARE PAUMA VALLEY

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**NEIGHBORHOOD**

HEALTHCARE PAUMA VALLEY

Provider ID: 206267

16650 HIGHWAY 76  
 PAUMA VALLEY, CA 92061

Phone: (760) 742-9919

Fax: (858) 633-4696

After Hours Phone: (760)  
 742-9919

License Number: 080000611

NPI: 1407031693

Accepting New Patients: Y

Min/Max Age: 0\150

Site English Spoken: Y  
 Cultural Competency: N

Hours: M-F

8:00AM-4:30PM

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: IHP of  
 Southern Cal-PHP

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**POWAY**

**NEIGHBORHOOD**

HEALTHCARE GOLD FAMILY

HEALTH CENTER

Provider ID: 481187

13010 POWAY RD  
 POWAY, CA 92064-4520

Phone: 858-218-3000

After Hours Phone:  
 858-218-3000

License Number: A119661

Accepting New Patients: YES

Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA:

NEIGHBORHOOD

HEALTHCARE GOLD FAMILY

HEALTH CENTER

Website: N/A

**NEIGHBORHOOD**

HEALTHCARE GOLD FAMILY

HEALTH CENTER

Provider ID: 481187

13010 POWAY RD  
 POWAY, CA 92064-4520

Phone: 858-218-3000

After Hours Phone:

858-218-3000

License Number: A120771

Accepting New Patients: YES

Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA:

NEIGHBORHOOD

HEALTHCARE GOLD FAMILY

HEALTH CENTER

Website: N/A

**NEIGHBORHOOD**

HEALTHCARE GOLD FAMILY

HEALTH CENTER

Provider ID: 481187

13010 POWAY RD  
 POWAY, CA 92064-4520

Phone: 858-218-3000

After Hours Phone:  
 858-218-3000

License Number: PA23310

Accepting New Patients: YES

Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA:

NEIGHBORHOOD

HEALTHCARE GOLD FAMILY

HEALTH CENTER

Website: N/A

**NEIGHBORHOOD**

HEALTHCARE GOLD FAMILY

HEALTH CENTER

Provider ID: 481187  
 13010 POWAY RD  
 POWAY, CA 92064-4520  
 Phone: 858-218-3000  
 Fax: 360-462-2742  
 After Hours Phone:  
 858-218-3000  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA:  
 NEIGHBORHOOD  
 HEALTHCARE GOLD FAMILY  
 HEALTH CENTER  
 Website: N/A

**NEIGHBORHOOD  
 HEALTHCARE GOLD FAMILY  
 HEALTH CENTER**  
 Provider ID: 481187  
 13010 POWAY RD  
 POWAY, CA 92064-4520  
 Phone: 858-218-3000  
 Fax: 360-462-2742  
 After Hours Phone:  
 858-218-3000  
 License Number: 550004321  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA:  
 NEIGHBORHOOD  
 HEALTHCARE GOLD FAMILY  
 HEALTH CENTER

Website: N/A  
**NEIGHBORHOOD  
 HEALTHCARE GOLD FAMILY  
 HEALTH CENTER**  
 Provider ID: 481187  
 13010 POWAY RD  
 POWAY, CA 92064  
 Phone: (858) 218-3000  
 Fax: (360) 462-2742  
 After Hours Phone: (858)  
 218-3000  
 License Number: 550004321  
 NPI: 1023518768  
 Accepting New Patients: Y  
 Min/Max Age: 0\150  
 Site English Spoken: Y  
 Cultural Competency: N  
 Hours: M-F  
 8:00AM-5:00PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: IHP of  
 Southern Cal-PHP  
 Website: N/A

**SAN DIEGO**

**OPERATION SAMAHAN - MIRA  
 MESA**  
 Provider ID: 432308  
 9855 ERMA RD STE 105  
 SAN DIEGO, CA 92131-1007  
 Phone: 844-200-2426  
 After Hours Phone:  
 844-200-2426  
 License Number: NP95010585  
 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.operationsa  
 mahan.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  
 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.operationsa  
 mahan.org

**OPERATION SAMAHAN - MIRA  
 MESA**  
 Provider ID: 432308  
 9855 ERMA RD STE 105  
 SAN DIEGO, CA 92131-1007  
 Phone: 844-200-2426  
 Fax: 858-536-8034  
 After Hours Phone:

844-200-2426  
 License Number: 80000146  
 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  
 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  
 Accepting New Patients: YES  
 Site English Spoken: yes  
 Site Languages(s) Spoken: Spanish  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA:  
 OPERATION SAMAHAN RANCHO PENASQUITOS  
 Website: www.operationsamahan.org

**OPERATION SAMAHAN  
 RANCHO PENASQUITOS**

Provider ID: 418535  
 9995 CARMEL MOUNTAIN RD STE B10 AND B11 SAN DIEGO, CA 92129-2889  
 Phone: 844-200-2426  
 After Hours Phone: 844-200-2426  
 License Number: PA19664  
 Accepting New Patients: 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  
 License Number: 550002478  
 Accepting New Patients: 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  
 Accepting New Patients: YES  
 Site English Spoken: yes  
 Site Languages(s) Spoken: Spanish  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N

**OPERATION SAMAHAN  
 RANCHO PENASQUITOS**

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

License Number: 550003857

Accepting New Patients: 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: A161105

Accepting New Patients: YES

Site English Spoken: yes

Site Languages(s) Spoken: Spanish, Tagalog

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN - MIRA

MESA

Website: www.operationsamahan.org

**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

Accepting New Patients: YES

Site English Spoken: yes

Site Languages(s) Spoken: Spanish, Tagalog

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN - MIRA MESA

Website: www.operationsamahan.org

**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: DC15775

Accepting New Patients: YES

Site English Spoken: yes

Site Languages(s) Spoken: Spanish, Tagalog

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT

**PROVIDER**

Medical Group/IPA:

OPERATION SAMAHAN - MIRA MESA

Website: www.operationsamahan.org

**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

Accepting New Patients: YES

Site English Spoken: yes

Site Languages(s) Spoken: Spanish, Tagalog

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN - MIRA MESA

Website: www.operationsamahan.org

**OPERATION SAMAHAN - MIRA MESA**

Provider ID: 417101

10737 CAMINO RUIZ STE 235

SAN DIEGO, CA 92126-2375

Phone: 844-200-2426

Fax: 858-578-4417

After Hours Phone: 844-200-2426

Accepting New Patients: YES

- Site English Spoken: yes
- Site Languages(s) Spoken: Spanish, Tagalog

Cultural Competency: No

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN - MIRA MESA

Website: [www.operationsamahan.org](http://www.operationsamahan.org)

**OPERATION SAMAHAN - MIRA MESA**

Provider ID: 417101

10737 CAMINO RUIZ STE 235  
 SAN DIEGO, CA 92126-2375

Phone: 844-200-2426

Fax: 858-578-4417

After Hours Phone: 844-200-2426

License Number: 80000146

Accepting New Patients: YES

- Site English Spoken: yes
- Site Languages(s) Spoken: Spanish, Tagalog

Cultural Competency: No

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN - MIRA MESA

Website: [www.operationsamahan.org](http://www.operationsamahan.org)

**OPERATION SAMAHAN - MIRA**

**MESA**

Provider ID: 432308

9855 ERMA RD STE 105  
 SAN DIEGO, CA 92131-1007

Phone: 844-200-2426

After Hours Phone: 844-200-2426

License Number: A71544

Accepting New Patients: YES

- Site English Spoken: yes
- Cultural Competency: No

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN - MIRA MESA

Website: [www.operationsamahan.org](http://www.operationsamahan.org)

**OPERATION SAMAHAN - MIRA MESA**

Provider ID: 432308

9855 ERMA RD STE 105  
 SAN DIEGO, CA 92131-1007

Phone: 844-200-2426

After Hours Phone: 844-200-2426

License Number: NP22974

Accepting New Patients: YES

- Site English Spoken: yes
- Cultural Competency: No

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN - MIRA MESA

Website: [www.operationsamahan.org](http://www.operationsamahan.org)

**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

Accepting New Patients: YES

- Site English Spoken: Yes
- Cultural Competency: No

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY

HLTH CTR SAN DIEGO-BEACH AREA

Website: [www.fhcsd.org](http://www.fhcsd.org)

**FAMILY HLTH CTR SAN DIEGO-BEACH AREA**

Provider ID: 402851

3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104

Phone: 619-515-2444

After Hours Phone: 619-515-2444

License Number: A108228

Accepting New Patients: YES

- Site English Spoken: Yes
- Cultural Competency: No

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY


HLTH CTR SAN DIEGO-BEACH AREA


Website: [www.fhcsd.org](http://www.fhcsd.org)

**FAMILY HLTH CTR SAN  
DIEGO-BEACH AREA**

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444


 After Hours Phone:  
619-515-2444

License Number: 20A11535

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-BEACH  
AREA


 Website: [www.fhcsd.org](http://www.fhcsd.org)

**FAMILY HLTH CTR SAN  
DIEGO-BEACH AREA**

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444


 After Hours Phone:  
619-515-2444

License Number: 20A14919

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-BEACH  
AREA


 Website: [www.fhcsd.org](http://www.fhcsd.org)

**FAMILY HLTH CTR SAN  
DIEGO-BEACH AREA**

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:  
619-515-2444

License Number: A114181

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-BEACH  
AREA


 Website: [www.fhcsd.org](http://www.fhcsd.org)

**FAMILY HLTH CTR SAN  
DIEGO-BEACH AREA**

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444


 After Hours Phone:  
619-515-2444

License Number: 20A13060

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-BEACH  
AREA


 Website: [www.fhcsd.org](http://www.fhcsd.org)

**FAMILY HLTH CTR SAN  
DIEGO-BEACH AREA**

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444


 After Hours Phone:  
619-515-2444

License Number: A113001

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-BEACH  
AREA


 Website: [www.fhcsd.org](http://www.fhcsd.org)

**FAMILY HLTH CTR SAN  
DIEGO-BEACH AREA**

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:  
619-515-2444

License Number: A116680

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-BEACH  
AREA


 Website: [www.fhcsd.org](http://www.fhcsd.org)

**FAMILY HLTH CTR SAN  
DIEGO-BEACH AREA**

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444


 After Hours Phone:  
619-515-2444

License Number: A118095

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-BEACH  
AREA


 Website: [www.fhcsd.org](http://www.fhcsd.org)

**FAMILY HLTH CTR SAN  
DIEGO-BEACH AREA**

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:  
619-515-2444

License Number: A154298

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-BEACH  
AREA


 Website: [www.fhcsd.org](http://www.fhcsd.org)

**FAMILY HLTH CTR SAN  
DIEGO-BEACH AREA**

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:  
619-515-2444

License Number: A163464

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-BEACH  
AREA


 Website: [www.fhcsd.org](http://www.fhcsd.org)

**FAMILY HLTH CTR SAN  
DIEGO-BEACH AREA**

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444


 After Hours Phone:  
619-515-2444

License Number: A148014

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-BEACH  
AREA


 Website: [www.fhcsd.org](http://www.fhcsd.org)

**FAMILY HLTH CTR SAN  
DIEGO-BEACH AREA**

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:  
619-515-2444

License Number: A154399

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-BEACH  
AREA


 Website: [www.fhcsd.org](http://www.fhcsd.org)

**FAMILY HLTH CTR SAN  
DIEGO-BEACH AREA**

Provider ID: 402851

 3705 MISSION BLVD  
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:  
619-515-2444

License Number: A164859

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HLTH CTR SAN DIEGO-BEACH  
AREA

 Website: [www.fhcsd.org](http://www.fhcsd.org)

**FAMILY HLTH CTR SAN DIEGO-BEACH AREA**

Provider ID: 402851

3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104

Phone: 619-515-2444

After Hours Phone:  
 619-515-2444

License Number: A178499

Accepting 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

**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

Accepting New Patients: YES

Site English Spoken: yes  
 Site Languages(s) Spoken:  
 Spanish

Cultural Competency: No

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA:

**OPERATION SAMAHAN RANCHO PENASQUITOS**

Website: www.operationsa  
 mahan.org

**OPERATION SAMAHAN RANCHO PENASQUITOS**

Provider ID: 418535

9995 CARMEL MOUNTAIN  
 RD STE B10 AND B11  
 SAN DIEGO, CA 92129-2889

Phone: 844-200-2426

After Hours Phone:  
 844-200-2426

License Number: DC29074

Accepting New Patients: YES

Site English Spoken: yes  
 Site Languages(s) Spoken:  
 Spanish

Cultural Competency: No

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA:

**OPERATION SAMAHAN RANCHO PENASQUITOS**

Website: www.operationsa  
 mahan.org

**OPERATION SAMAHAN RANCHO PENASQUITOS**

Provider ID: 418535

9995 CARMEL MOUNTAIN  
 RD STE B10 AND B11  
 SAN DIEGO, CA 92129-2889

Phone: 844-200-2426

After Hours Phone:  
 844-200-2426

License Number: NP22974

Accepting New Patients: YES

Site English Spoken: yes

Site Languages(s) Spoken:  
 Spanish

Cultural Competency: No

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA:

**OPERATION SAMAHAN RANCHO PENASQUITOS**

Website: www.operationsa  
 mahan.org

**FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937

4094 4TH AVE  
 SAN DIEGO, CA 92103-2143

Phone: 619-515-2400

After Hours Phone:  
 619-515-2400

License Number: 20A17836

Accepting New Patients: YES

Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: FAMILY  
 HLTH CTR SD HILLCREST

Website: www.fhcsd.org

**FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937

4094 4TH AVE  
 SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone:  
 619-515-2545

License Number: 20A11612



Accepting New Patients: YES

Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST

Website: www.fhcsd.org

**FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937

4094 4TH AVE  
 SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone: 619-515-2545

License Number: 20A12504

Accepting New Patients: YES

Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST

Website: www.fhcsd.org

**FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937

4094 4TH AVE  
 SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone: 619-515-2545

License Number: 20A14794

Accepting New Patients: YES

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST

Website: www.fhcsd.org

**FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937

4094 4TH AVE  
 SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone: 619-515-2545

License Number: 20A15413

Accepting New Patients: YES

Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST

Website: www.fhcsd.org

**FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937

4094 4TH AVE  
 SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone: 619-515-2545

License Number: 20A15459

Accepting New Patients: YES

Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST

Website: www.fhcsd.org

**FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937

4094 4TH AVE  
 SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone: 619-515-2545

License Number: 20A17702

Accepting New Patients: YES

Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST

Website: www.fhcsd.org

**FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937

4094 4TH AVE  
 SAN DIEGO, CA 92103-2143

Phone: 619-515-2545

After Hours Phone: 619-515-2545

License Number: 20A17926

Accepting New Patients: YES







Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL): N





Accessibility: CONTACT

**PROVIDER**  
 Medical Group/IPA: FAMILY  
 HLTH CTR SD HILLCREST  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

**FAMILY HLTH CTR SD  
 HILLCREST**







Provider ID: 417937  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:  
 619-515-2545  
 License Number: 20A17657  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: FAMILY  
 HLTH CTR SD HILLCREST  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

**FAMILY HLTH CTR SD  
 HILLCREST**







Provider ID: 417937  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:  
 619-515-2545  
 License Number: 20A19399  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: FAMILY

HLTH CTR SD HILLCREST  
 Website: [www.fhcsd.org](http://www.fhcsd.org)







**FAMILY HLTH CTR SD  
 HILLCREST**

Provider ID: 417937  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:  
 619-515-2545  
 License Number: A100333  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: FAMILY  
 HLTH CTR SD HILLCREST  
 Website: [www.fhcsd.org](http://www.fhcsd.org)







**FAMILY HLTH CTR SD  
 HILLCREST**

Provider ID: 417937  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:  
 619-515-2545  
 License Number: A109633  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: FAMILY  
 HLTH CTR SD HILLCREST  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

**FAMILY HLTH CTR SD  
 HILLCREST**

Provider ID: 417937  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:  
 619-515-2545  
 License Number: A119631  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: FAMILY  
 HLTH CTR SD HILLCREST  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

**LINDA VISTA HEALTH CARE  
 CTR**


Provider ID: 206046  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6342  
 Phone: 858-279-0925  
 After Hours Phone:  
 858-279-0925  
 License Number: DPM4434  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Vietnamese, Spanish,  
 Chinese, Lithuanian  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: LINDA  
 VISTA HEALTH CARE CTR


 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

**LINDA VISTA HEALTH CARE CTR**

Provider ID: 206046

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342

 Phone: 858-279-0925

 After Hours Phone:  
858-279-0925

License Number: G41532

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
Vietnamese, Spanish,  
Chinese, Lithuanian

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LINDA  
VISTA HEALTH CARE CTR


 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

**LINDA VISTA HEALTH CARE CTR**

Provider ID: 206046

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342

 Phone: 858-279-0925

 After Hours Phone:  
858-279-0925

License Number: G44807

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
Vietnamese, Spanish,  
Chinese, Lithuanian

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: LINDA  
VISTA HEALTH CARE CTR

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LINDA  
VISTA HEALTH CARE CTR

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)


**LINDA VISTA HEALTH CARE CTR**

Provider ID: 206046

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342

 Phone: 858-279-0925

Fax: 858-279-0377

 After Hours Phone:  
858-279-0925

License Number: A93812

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
Vietnamese, Spanish,  
Chinese, Lithuanian

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LINDA  
VISTA HEALTH CARE CTR

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)


**LINDA VISTA HEALTH CARE CTR**

Provider ID: 206046

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342

 Phone: 858-279-0925

Fax: 858-279-0377

 After Hours Phone:  
858-279-0925

License Number: G70886

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
Vietnamese, Spanish,  
Chinese, Lithuanian

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: LINDA  
VISTA HEALTH CARE CTR

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)


**LINDA VISTA HEALTH CARE CTR**

Provider ID: 206046

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111-6342

 Phone: 858-279-0925

Fax: 858-633-4680

 After Hours Phone:  
858-279-0925

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
Vietnamese, Spanish,  
Chinese, Lithuanian

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER






Medical Group/IPA: LINDA  
VISTA HEALTH CARE CTR






 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

**LINDA VISTA HEALTH CARE CTR**





Provider ID: 206046  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6342  
 Phone: 858-810-8700  
 After Hours Phone:  
 858-810-8700  
 License Number: 20A12402  
 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: 20A12402  
 Accepting New Patients: YES  
 Site English Spoken: yes  
 Site Languages(s) Spoken:  
 Lithuanian, Vietnamese,  
 Spanish, Chinese  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: SAN  
 DIEGO FAMILY CARE  
 Website: www.sdfamilycare






.org  
**SAN DIEGO FAMILY CARE**  
 Provider ID: 482070  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6307  
 Phone: 858-810-8700  
 After Hours Phone:  
 858-810-8700  
 License Number: A119010  
 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  
 Accepting New Patients: YES  
 Site English Spoken: yes  
 Site Languages(s) Spoken:  
 Lithuanian, Vietnamese,  
 Spanish, Chinese  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: SAN  
 DIEGO FAMILY CARE  
 Website: www.sdfamilycare  
 .org

**SAN DIEGO FAMILY CARE**

Provider ID: 482070  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6307  
 Phone: 858-810-8700  
 After Hours Phone:  
 858-810-8700  
 License Number: A61238  
 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  
 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: A92173*

*Accepting New Patients: YES*  
 *Site English Spoken: yes*  
 *Site Languages(s) Spoken: Lithuanian, Vietnamese, Spanish, Chinese*  
*Cultural Competency: No*  
*American Sign Language (ASL):*



N  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: SAN DIEGO FAMILY CARE*  
 *Website: www.sdfamilycare.org*

**SAN DIEGO FAMILY CARE**

*Provider ID: 482070*  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6307  
 *Phone: 858-810-8700*  
 *After Hours Phone: 858-810-8700*  
*License Number: A94449*

*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*

*Accepting New Patients: YES*  
 *Site English Spoken: yes*  
 *Site Languages(s) Spoken: Lithuanian, Vietnamese, Spanish, Chinese*  
*Cultural Competency: No*  
*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: SAN DIEGO FAMILY CARE*  
 *Website: www.sdfamilycare.org*

**SAN DIEGO FAMILY CARE**

*Provider ID: 482070*  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6307  
 *Phone: 858-810-8700*  
 *After Hours Phone: 858-810-8700*  
*License Number: G41532*

*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: G70886*

*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: NP16433  
 Accepting New Patients: YES  
 Site English Spoken: yes  
 Site Languages(s) Spoken:  
 Lithuanian, Vietnamese,  
 Spanish, Chinese  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: SAN  
 DIEGO FAMILY CARE  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)







#### SAN DIEGO FAMILY CARE

Provider ID: 482070  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6307  
 Phone: 858-810-8700  
 After Hours Phone:  
 858-810-8700  
 License Number: NP23847  
 Accepting New Patients: YES  
 Site English Spoken: yes  
 Site Languages(s) Spoken:  
 Lithuanian, Vietnamese,  
 Spanish, Chinese  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: SAN  
 DIEGO FAMILY CARE  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

#### FAMILY HLTH CTR SD

**HILLCREST**  
 Provider ID: 417937  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:  
 619-515-2545  
 License Number: A136616  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: FAMILY  
 HLTH CTR SD HILLCREST  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### FAMILY HLTH CTR SD HILLCREST







Provider ID: 417937  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:  
 619-515-2545  
 License Number: A140324  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: FAMILY  
 HLTH CTR SD HILLCREST  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### FAMILY HLTH CTR SD HILLCREST


Provider ID: 417937






 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:  
 619-515-2545  
 License Number: A154708  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: FAMILY  
 HLTH CTR SD HILLCREST  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### FAMILY HLTH CTR SD HILLCREST







Provider ID: 417937  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:  
 619-515-2545  
 License Number: A169207  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: FAMILY  
 HLTH CTR SD HILLCREST  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

#### FAMILY HLTH CTR SD HILLCREST


Provider ID: 417937  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545  
 After Hours Phone:  
 619-515-2545  
 License Number: A171135  
 Accepting 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  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: FAMILY  
 HLTH CTR SD HILLCREST  
 Website: www.fhcsd.org

**FAMILY HLTH CTR SD  
 HILLCREST**




Provider ID: 417937  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:




619-515-2545  
 License Number: A180044  
 Accepting 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: A70175  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: FAMILY  
 HLTH CTR SD HILLCREST  
 Website: www.fhcsd.org

**FAMILY HLTH CTR SD  
 HILLCREST**





Provider ID: 417937  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:  
 619-515-2545  
 License Number: A80153


Accepting 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: A80461  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: FAMILY  
 HLTH CTR SD HILLCREST  
 Website: www.fhcsd.org

**FAMILY HLTH CTR SD  
 HILLCREST**

Provider ID: 417937  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:  
 619-515-2545  
 License Number: C52451  
 Accepting 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: DC31024*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST*  
 *Website: www.fhcsd.org*

**FAMILY HLTH CTR SD HILLCREST**





*Provider ID: 417937*  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 *Phone: 619-515-2545*  
 *After Hours Phone: 619-515-2545*  
*License Number: DC33150*  
*Accepting 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: DC33688*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST*  
 *Website: www.fhcsd.org*

**FAMILY HLTH CTR SD HILLCREST**

*Provider ID: 417937*  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 *Phone: 619-515-2545*  
 *After Hours Phone: 619-515-2545*  
*License Number: G16236*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*





*PROVIDER*  
*Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST*  
 *Website: www.fhcsd.org*


**FAMILY HLTH CTR SD HILLCREST**

*Provider ID: 417937*  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 *Phone: 619-515-2545*  
 *After Hours Phone: 619-515-2545*  
*License Number: G80316*  
*Accepting 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: NP18098*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*

*N*  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: FAMILY*




*HLTH CTR SD HILLCREST*


 Website: [www.fhcsd.org](http://www.fhcsd.org)

**FAMILY HLTH CTR SD  
HILLCREST**

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545


 After Hours Phone:  
619-515-2545

License Number: NP7374

Accepting New Patients: YES

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HLTH CTR SD HILLCREST


 Website: [www.fhcsd.org](http://www.fhcsd.org)

**FAMILY HLTH CTR SD  
HILLCREST**

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545


 After Hours Phone:  
619-515-2545

License Number: NP95001899

Accepting New Patients: YES

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HLTH CTR SD HILLCREST

 Website: [www.fhcsd.org](http://www.fhcsd.org)

**FAMILY HLTH CTR SD  
HILLCREST**

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone:  
619-515-2545

License Number: NP95005103


Accepting New Patients: YES

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HLTH CTR SD HILLCREST


 Website: [www.fhcsd.org](http://www.fhcsd.org)

**FAMILY HLTH CTR SD  
HILLCREST**

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545


 After Hours Phone:  
619-515-2545

License Number: NP95005293

Accepting New Patients: YES

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HLTH CTR SD HILLCREST


 Website: [www.fhcsd.org](http://www.fhcsd.org)

**FAMILY HLTH CTR SD**

**HILLCREST**

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone:  
619-515-2545

License Number: PA21385

Accepting New Patients: YES

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: FAMILY  
HLTH CTR SD HILLCREST

 Website: [www.fhcsd.org](http://www.fhcsd.org)

**FAMILY HLTH CTR SD  
HILLCREST**

Provider ID: 417937

 4094 4TH AVE  
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone:  
619-515-2545

License Number: PA23231

Accepting New Patients: YES

 Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N







 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HLTH CTR SD HILLCREST







 Website: [www.fhcsd.org](http://www.fhcsd.org)

**FAMILY HLTH CTR SD  
HILLCREST**


Provider ID: 417937






 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:  
 619-515-2545  
 License Number: PT12930  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: FAMILY  
 HLTH CTR SD HILLCREST  
 Website: www.fhcsd.org

**FAMILY HLTH CTR SD  
 HILLCREST**







Provider ID: 417937  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:  
 619-515-2545  
 License Number: PT25155  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: FAMILY  
 HLTH CTR SD HILLCREST  
 Website: www.fhcsd.org

**FAMILY HLTH CTR SD  
 HILLCREST**


Provider ID: 417937  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545  
 After Hours Phone:  
 619-515-2545  
 License Number: PT28061  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: FAMILY  
 HLTH CTR SD HILLCREST  
 Website: www.fhcsd.org

**FAMILY HLTH CTR SD  
 HILLCREST**







Provider ID: 417937  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:  
 619-515-2545  
 License Number: PT292351  
 Accepting 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: PT292613  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: FAMILY  
 HLTH CTR SD HILLCREST  
 Website: www.fhcsd.org

**FAMILY HLTH CTR SD  
 HILLCREST**

Provider ID: 417937  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:  
 619-515-2545  
 License Number: PT293536  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: FAMILY  
 HLTH CTR SD HILLCREST  
 Website: www.fhcsd.org

**FAMILY HLTH CTR SD  
 HILLCREST**

Provider ID: 417937  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 Phone: 619-515-2545  
 After Hours Phone:  
 619-515-2545  
 License Number: PT295173

Accepting 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

**LINDA VISTA HEALTH CARE CTR**

Provider ID: 206046

6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6342

Phone: 858-279-0925

After Hours Phone:  
 858-279-0925

License Number: A144372

Accepting New Patients: YES

Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Vietnamese, Spanish,  
 Chinese, Lithuanian

Cultural Competency: No

American Sign Language (ASL):  
 N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: LINDA VISTA HEALTH CARE CTR

Website: www.sdfamilycare.org

**LINDA VISTA HEALTH CARE CTR**

Provider ID: 206046

6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6342

Phone: 858-279-0925

After Hours Phone:

858-279-0925

License Number: C174985

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: A68463

Accepting 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

Accepting 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: A76785

Accepting 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

**Blue Shield Promise Medi-Cal** فهرست ارائه‌دهندگان شبکه  
**.D1** کلینیک‌های بهداشتی واجد صلاحیت فدرال






SAN DIEGO, CA 92109-7104  
 Phone: 619-515-2444  
 After Hours Phone:  
 619-515-2444  
 License Number: C174771  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: FAMILY  
 HLTH CTR SAN DIEGO-BEACH  
 AREA  
 Website: [www.fhcsd.org](http://www.fhcsd.org)





SAN DIEGO, CA 92109-7104  
 Phone: 619-515-2444  
 After Hours Phone:  
 619-515-2444  
 License Number: DC20729  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: FAMILY  
 HLTH CTR SAN DIEGO-BEACH  
 AREA  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

SAN DIEGO, CA 92109-7104  
 Phone: 619-515-2444  
 After Hours Phone:  
 619-515-2444  
 License Number: G78814  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: FAMILY  
 HLTH CTR SAN DIEGO-BEACH  
 AREA  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

**FAMILY HLTH CTR SAN  
 DIEGO-BEACH AREA**

Provider ID: 402851  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
 Phone: 619-515-2444  
 After Hours Phone:  
 619-515-2444  
 License Number: C53623  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: FAMILY  
 HLTH CTR SAN DIEGO-BEACH  
 AREA  
 Website: [www.fhcsd.org](http://www.fhcsd.org)


**FAMILY HLTH CTR SAN  
 DIEGO-BEACH AREA**  
 Provider ID: 402851  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
 Phone: 619-515-2444  
 After Hours Phone:  
 619-515-2444  
 License Number: DPM4819  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: FAMILY  
 HLTH CTR SAN DIEGO-BEACH  
 AREA  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

**FAMILY HLTH CTR SAN  
 DIEGO-BEACH AREA**  
 Provider ID: 402851  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
 Phone: 619-515-2444  
 After Hours Phone:  
 619-515-2444  
 License Number: NM1662  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: FAMILY  
 HLTH CTR SAN DIEGO-BEACH  
 AREA  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

**FAMILY HLTH CTR SAN  
 DIEGO-BEACH AREA**






Provider ID: 402851  
 3705 MISSION BLVD

**FAMILY HLTH CTR SAN  
 DIEGO-BEACH AREA**

Provider ID: 402851  
 3705 MISSION BLVD

**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  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: FAMILY  
 HLTH CTR SAN DIEGO-BEACH  
 AREA  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

**FAMILY HLTH CTR SAN  
 DIEGO-BEACH AREA**






Provider ID: 402851

 3705 MISSION BLVD  
 SAN DIEGO, CA 92109-7104  
 Phone: 619-515-2444  
 Fax: 858-488-1394  
 After Hours Phone:  
 619-515-2444  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: FAMILY  
 HLTH CTR SAN DIEGO-BEACH  
 AREA  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

**FAMILY HLTH CTR SAN  
 DIEGO-BEACH AREA**








Provider ID: 402851

 3705 MISSION BLVD

SAN DIEGO, CA 92109-7104  
 Phone: 619-515-2444  
 Fax: 858-488-1394  
 After Hours Phone:  
 619-515-2444  
 License Number: 80000115  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: FAMILY  
 HLTH CTR SAN DIEGO-BEACH  
 AREA  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

**LINDA VISTA HEALTH CARE  
 CTR**

Provider ID: 206046

 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111-6342  
 Phone: 858-279-0925  
 After Hours Phone:  
 858-279-0925  
 License Number: A119010  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Vietnamese, Spanish,  
 Chinese, Lithuanian  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: LINDA  
 VISTA HEALTH CARE CTR  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)



**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  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: KING  
 CHAVEZ HEALTH CENTER  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**KING CHAVEZ HEALTH  
 CENTER**







Provider ID: 451167

 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: A79383  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: KING  
 CHAVEZ HEALTH CENTER  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


**KING CHAVEZ HEALTH  
 CENTER**






Provider ID: 451167  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: A96919  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: KING  
 CHAVEZ HEALTH CENTER  
 Website: www.ihpsocal.org

### KING CHAVEZ HEALTH CENTER







Provider ID: 451167  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: DC27523  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: KING  
 CHAVEZ HEALTH CENTER  
 Website: www.ihpsocal.org

### KING CHAVEZ HEALTH CENTER



Provider ID: 451167  
 950 S EUCLID AVE





SAN DIEGO, CA 92114-6201  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: NP15657  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: KING  
 CHAVEZ HEALTH CENTER  
 Website: www.ihpsocal.org

### KING CHAVEZ HEALTH CENTER







Provider ID: 451167  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: NP8563  
 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  
 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

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
 Phone: 619-515-2560  
 Fax: 619-263-2499  
 After Hours Phone:  
 619-515-2560  
 License Number: A100391  
 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

### KING CHAVEZ HEALTH CENTER

Provider ID: 451167  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201  
 Phone: 619-428-4463

☎ After Hours Phone:  
 619-428-4463  
 License Number: G71855  
 Accepting New Patients: YES  
 □ Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: KING  
 CHAVEZ HEALTH CENTER  
 🌐 Website: www.ihpsocal.org

**KING CHAVEZ HEALTH  
 CENTER**

Provider ID: 451167  
 📍 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201  
 ☎ Phone: 619-662-4100  
 ☎ After Hours Phone:  
 619-662-4100  
 License Number: 20A7435  
 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: 20A8204  
 Accepting New Patients: YES  
 □ Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: KING  
 CHAVEZ HEALTH CENTER  
 🌐 Website: www.ihpsocal.org

**KING CHAVEZ HEALTH  
 CENTER**

Provider ID: 451167  
 📍 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201  
 ☎ Phone: 619-662-4100  
 ☎ After Hours Phone:  
 619-662-4100  
 License Number: A101017  
 Accepting New Patients: YES  
 □ Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: KING  
 CHAVEZ HEALTH CENTER  
 🌐 Website: www.ihpsocal.org

**KING CHAVEZ HEALTH  
 CENTER**

Provider ID: 451167  
 📍 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201  
 ☎ Phone: 619-662-4100  
 ☎ After Hours Phone:  
 619-662-4100  
 License Number: A125329  
 Accepting New Patients: YES

□ Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: KING  
 CHAVEZ HEALTH CENTER  
 🌐 Website: www.ihpsocal.org

**KING CHAVEZ HEALTH  
 CENTER**

Provider ID: 451167  
 📍 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201  
 ☎ Phone: 619-662-4100  
 ☎ After Hours Phone:  
 619-662-4100  
 License Number: A134995  
 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  
 Accepting New Patients: YES  
 □ Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: KING CHAVEZ HEALTH CENTER  
 Website: www.ihpsocal.org

**KING CHAVEZ HEALTH CENTER**

Provider ID: 451167  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114-6201  
 Phone: 619-662-4100  
 After Hours Phone: 619-662-4100  
 License Number: A165432  
 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

**DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**

Provider ID: 206363  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
 Phone: 619-515-2560  
 After Hours Phone: 619-515-2560  
 License Number: A140912  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC  
 Website: www.fhcsd.org

**DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**

Provider ID: 206363  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
 Phone: 619-515-2560  
 After Hours Phone: 619-515-2560  
 License Number: A141057  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC  
 Website: www.fhcsd.org

**DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**

Provider ID: 206363  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
 Phone: 619-515-2560  
 After Hours Phone: 619-515-2560  
 License Number: A142743  
 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: A148014  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC  
 Website: www.fhcsd.org

**DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**

Provider ID: 206363  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
 Phone: 619-515-2560  
 After Hours Phone: 619-515-2560  
 License Number: A161373  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL): N



**Blue Shield Promise Medi-Cal فهرست ارائه‌دهندگان شبکه .D  
.D1. کلینیک‌های بهداشتی واجد صلاحیت فدرال**


 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC*  
 *Website: www.fhcsd.org*

 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC*  
 *Website: www.fhcsd.org*

 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC*  
 *Website: www.fhcsd.org*

**DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**


*Provider ID: 206363*  
 *4725 MARKET ST  
 SAN DIEGO, CA 92102-4715*  
 *Phone: 619-515-2560*  
 *After Hours Phone:  
 619-515-2560*

*License Number: A163464*  
*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*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC*  
 *Website: www.fhcsd.org*

**DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**


*Provider ID: 206363*  
 *4725 MARKET ST  
 SAN DIEGO, CA 92102-4715*  
 *Phone: 619-515-2560*  
 *After Hours Phone:  
 619-515-2560*

*License Number: A72005*  
*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*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*


**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*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*

**DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**

*Provider ID: 206363*  
 *4725 MARKET ST  
 SAN DIEGO, CA 92102-4715*  
 *Phone: 619-515-2560*  
 *After Hours Phone:  
 619-515-2560*

*License Number: C174538*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*

**Blue Shield Promise Medi-Cal فهرست ارائه‌دهندگان شبکه .D  
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 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC*  
 *Website: www.fhcsd.org*

 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC*  
 *Website: www.fhcsd.org*

 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC*  
 *Website: www.fhcsd.org*

**DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**


*Provider ID: 206363*  
 *4725 MARKET ST  
 SAN DIEGO, CA 92102-4715*  
 *Phone: 619-515-2560*  
 *After Hours Phone:  
 619-515-2560*

*License Number: C174771*  
*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*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC*  
 *Website: www.fhcsd.org*

**DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**


*Provider ID: 206363*  
 *4725 MARKET ST  
 SAN DIEGO, CA 92102-4715*  
 *Phone: 619-515-2560*  
 *After Hours Phone:  
 619-515-2560*

*License Number: MT2061555*  
*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*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*


**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*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*

**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*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*

**Blue Shield Promise Medi-Cal** فهرست ارائه‌دهندگان شبکه  
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 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC  
 *Website: www.fhcsd.org*

 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC  
 *Website: www.fhcsd.org*

 *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: NP17362*  
*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*  
*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: NP95005321*  
*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: NP19911*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*


**DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**

*Provider ID: 206363*  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
 *Phone: 619-515-2560*  
 *After Hours Phone: 619-515-2560*

*License Number: NP95001492*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*

**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*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*

**Blue Shield Promise Medi-Cal فهرست ارائه‌دهندگان شبکه .D  
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 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC*  
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 *Website: www.fhcsd.org*

**DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**


*Provider ID: 206363*  
 *4725 MARKET ST  
 SAN DIEGO, CA 92102-4715*  
 *Phone: 619-515-2560*  
 *After Hours Phone:  
 619-515-2560*

*License Number: NP95009292*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC*  
 *Website: www.fhcsd.org*

**DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**


*Provider ID: 206363*  
 *4725 MARKET ST  
 SAN DIEGO, CA 92102-4715*  
 *Phone: 619-515-2560*  
 *After Hours Phone:  
 619-515-2560*

*License Number: PA20378*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC*  
 *Website: www.fhcsd.org*

**DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**


*Provider ID: 206363*  
 *4725 MARKET ST  
 SAN DIEGO, CA 92102-4715*  
 *Phone: 619-515-2560*  
 *After Hours Phone:  
 619-515-2560*

*License Number: PA58505*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC*  
 *Website: www.fhcsd.org*


**DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**

*Provider ID: 206363*  
 *4725 MARKET ST  
 SAN DIEGO, CA 92102-4715*  
 *Phone: 619-515-2560*  
 *After Hours Phone:  
 619-515-2560*

*License Number: NP95021154*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*


**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*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*

**DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**



*Provider ID: 206363*  
 *4725 MARKET ST  
 SAN DIEGO, CA 92102-4715*  
 *Phone: 619-515-2560*  
 *After Hours Phone:  
 619-515-2560*

*License Number: PA60864*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*

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 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC  
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 Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC  
 *Website: www.fhcsd.org*

 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: SAN YSIDRO HEALTH CHC - OCEAN VIEW  
 *Website: www.ihpsocal.org*




**DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**


*Provider ID: 206363*  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
 *Phone: 619-515-2560*  
 *After Hours Phone: 619-515-2560*



*License Number: RN810863*  
*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*




**SAN YSIDRO HEALTH CHC - OCEAN VIEW**


*Provider ID: 227409*  
 3177 OCEAN VIEW BLVD  
 SAN DIEGO, CA 92113-1432  
 *Phone: 619-662-4100*  
 *After Hours Phone: 619-662-4100*



*License Number: A112379*  
*Accepting New Patients: YES*  
 *Site English Spoken: yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: SAN YSIDRO HEALTH CHC - OCEAN VIEW  
 *Website: www.ihpsocal.org*




**SAN YSIDRO HEALTH CHC - OCEAN VIEW**


*Provider ID: 227409*  
 3177 OCEAN VIEW BLVD  
 SAN DIEGO, CA 92113-1432  
 *Phone: 619-662-4100*  
 *After Hours Phone: 619-662-4100*

*License Number: A120576*  
*Accepting 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*  
*Fax: 619-263-2499*  
 *After Hours Phone: 619-515-2560*




*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*


**SAN YSIDRO HEALTH CHC - OCEAN VIEW**

*Provider ID: 227409*  
 3177 OCEAN VIEW BLVD  
 SAN DIEGO, CA 92113-1432  
 *Phone: 619-662-4100*  
 *After Hours Phone: 619-662-4100*


*License Number: A120447*  
*Accepting New Patients: YES*  
 *Site English Spoken: yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*

**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*  
*Accepting New Patients: YES*  
 *Site English Spoken: yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*

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*Medical Group/IPA: SAN YSIDRO HEALTH CHC - OCEAN VIEW*

 *Website: www.ihpsocal.org*

 *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*

*Accepting New Patients: YES*

 *Site English Spoken: yes  
Cultural Competency: No*

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: SAN YSIDRO HEALTH CHC - OCEAN VIEW*


 *Website: www.ihpsocal.org*

**SAN YSIDRO HEALTH CHC - OCEAN VIEW**

*Provider ID: 227409*

 *3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113-1432*

 *Phone: 619-662-4100*


 *After Hours Phone:  
619-662-4100*

*License Number: A78373*

*Accepting 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*

*Accepting New Patients: YES*

 *Site English Spoken: yes  
Cultural Competency: No*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*


*Medical Group/IPA: SAN YSIDRO HEALTH CHC - OCEAN VIEW*

 *Website: www.ihpsocal.org*

**SAN YSIDRO HEALTH CHC - OCEAN VIEW**

*Provider ID: 227409*

 *3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113-1432*

 *Phone: 619-662-4100*

 *After Hours Phone:  
619-662-4100*

*License Number: A162332*

*Accepting New Patients: YES*


 *Site English Spoken: yes  
Cultural Competency: No*

*American Sign Language (ASL):  
N*

**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*

*Accepting New Patients: YES*


 *Site English Spoken: yes  
Cultural Competency: No*

*American Sign Language (ASL):  
N*

**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*

*Accepting 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*



*N*  
 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: SAN YSIDRO HEALTH CHC - OCEAN VIEW  
 *Website: www.ihpsocal.org*

*N*  
 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC  
 *Website: www.fhcsd.org*



**SAN YSIDRO HEALTH CHC - OCEAN VIEW**

*Provider ID: 227409*  
 3177 OCEAN VIEW BLVD  
 SAN DIEGO, CA 92113-1432  
 *Phone: 619-662-4100*  
*Fax: 619-595-0258*  
 *After Hours Phone: 619-662-4100*  
*Accepting 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: 619-263-2499*  
 *After Hours Phone: 619-263-2499*  
*License Number: 20A7241*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC  
 *Website: www.fhcsd.org*

**DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC**

*Provider ID: 206363*  
 4725 MARKET ST  
 SAN DIEGO, CA 92102-4715  
 *Phone: 619-515-2420*  
 *After Hours Phone: 619-515-2420*  
*License Number: A113001*  
*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*

**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*  
*Accepting New Patients: YES*  
 *Site English Spoken: yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*

**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*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*

**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*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*

<p>N   <i>Accessibility: CONTACT PROVIDER</i>                      Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC   <i>Website: www.fhcsd.org</i></p>	<p>N   <i>Accessibility: CONTACT PROVIDER</i>                      Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC   <i>Website: www.fhcsd.org</i></p>	<p>N   <i>Accessibility: CONTACT PROVIDER</i>                      Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC   <i>Website: www.fhcsd.org</i></p>
<p><b>DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC</b>                      Provider ID: 206363   4725 MARKET ST                      SAN DIEGO, CA 92102-4715   <i>Phone: 619-515-2420</i>   <i>After Hours Phone: 619-515-2420</i>                      License Number: A68463                      Accepting New Patients: YES   <i>Site English Spoken: Yes</i>                      Cultural Competency: No                      American Sign Language (ASL):</p>	<p><b>DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC</b>                      Provider ID: 206363   4725 MARKET ST                      SAN DIEGO, CA 92102-4715   <i>Phone: 619-515-2560</i>   <i>After Hours Phone: 619-515-2560</i>                      License Number: 20A14772                      Accepting New Patients: YES   <i>Site English Spoken: Yes</i>                      Cultural Competency: No                      American Sign Language (ASL):</p>	<p><b>DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC</b>                      Provider ID: 206363   4725 MARKET ST                      SAN DIEGO, CA 92102-4715   <i>Phone: 619-515-2560</i>   <i>After Hours Phone: 619-515-2560</i>                      License Number: 20A15471                      Accepting New Patients: YES   <i>Site English Spoken: Yes</i>                      Cultural Competency: No                      American Sign Language (ASL):</p>
<p>N   <i>Accessibility: CONTACT PROVIDER</i>                      Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC   <i>Website: www.fhcsd.org</i></p>	<p>N   <i>Accessibility: CONTACT PROVIDER</i>                      Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC   <i>Website: www.fhcsd.org</i></p>	<p>N   <i>Accessibility: CONTACT PROVIDER</i>                      Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC   <i>Website: www.fhcsd.org</i></p>
<p><b>DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC</b>                      Provider ID: 206363   4725 MARKET ST                      SAN DIEGO, CA 92102-4715   <i>Phone: 619-515-2560</i>   <i>After Hours Phone: 619-515-2560</i>                      License Number: 20A13745                      Accepting New Patients: YES   <i>Site English Spoken: Yes</i>                      Cultural Competency: No                      American Sign Language (ASL):</p>	<p><b>DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC</b>                      Provider ID: 206363   4725 MARKET ST                      SAN DIEGO, CA 92102-4715   <i>Phone: 619-515-2560</i>   <i>After Hours Phone: 619-515-2560</i>                      License Number: 20A14919                      Accepting New Patients: YES   <i>Site English Spoken: Yes</i>                      Cultural Competency: No                      American Sign Language (ASL):</p>	<p><b>DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC</b>                      Provider ID: 206363   4725 MARKET ST                      SAN DIEGO, CA 92102-4715   <i>Phone: 619-515-2560</i>   <i>After Hours Phone: 619-515-2560</i>                      License Number: A108228                      Accepting New Patients: YES   <i>Site English Spoken: Yes</i>                      Cultural Competency: No                      American Sign Language (ASL):</p>



<p>N   <i>Accessibility: CONTACT PROVIDER</i>                      Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC   <i>Website: www.fhcsd.org</i></p>	<p>N   <i>Accessibility: CONTACT PROVIDER</i>                      Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC   <i>Website: www.fhcsd.org</i></p>	<p>N   <i>Accessibility: CONTACT PROVIDER</i>                      Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC   <i>Website: www.fhcsd.org</i></p>
<p><b>DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC</b>                      Provider ID: 206363   4725 MARKET ST                      SAN DIEGO, CA 92102-4715   <i>Phone: 619-515-2560</i>   <i>After Hours Phone: 619-515-2560</i>                      License Number: A113448                      Accepting New Patients: YES   <i>Site English Spoken: Yes</i>                      Cultural Competency: No                      American Sign Language (ASL):</p>	<p><b>DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC</b>                      Provider ID: 206363   4725 MARKET ST                      SAN DIEGO, CA 92102-4715   <i>Phone: 619-515-2560</i>   <i>After Hours Phone: 619-515-2560</i>                      License Number: A115598                      Accepting New Patients: YES   <i>Site English Spoken: Yes</i>                      Cultural Competency: No                      American Sign Language (ASL):</p>	<p><b>DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC</b>                      Provider ID: 206363   4725 MARKET ST                      SAN DIEGO, CA 92102-4715   <i>Phone: 619-515-2560</i>   <i>After Hours Phone: 619-515-2560</i>                      License Number: A118095                      Accepting New Patients: YES   <i>Site English Spoken: Yes</i>                      Cultural Competency: No                      American Sign Language (ASL):</p>
<p>N   <i>Accessibility: CONTACT PROVIDER</i>                      Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC   <i>Website: www.fhcsd.org</i></p>	<p>N   <i>Accessibility: CONTACT PROVIDER</i>                      Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC   <i>Website: www.fhcsd.org</i></p>	<p>N   <i>Accessibility: CONTACT PROVIDER</i>                      Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC   <i>Website: www.fhcsd.org</i></p>
<p><b>DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC</b>                      Provider ID: 206363   4725 MARKET ST                      SAN DIEGO, CA 92102-4715   <i>Phone: 619-515-2560</i>   <i>After Hours Phone: 619-515-2560</i>                      License Number: A114181                      Accepting New Patients: YES   <i>Site English Spoken: Yes</i>                      Cultural Competency: No                      American Sign Language (ASL):</p>	<p><b>DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC</b>                      Provider ID: 206363   4725 MARKET ST                      SAN DIEGO, CA 92102-4715   <i>Phone: 619-515-2560</i>   <i>After Hours Phone: 619-515-2560</i>                      License Number: A116680                      Accepting New Patients: YES   <i>Site English Spoken: Yes</i>                      Cultural Competency: No                      American Sign Language (ASL):</p>	<p><b>DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC</b>                      Provider ID: 206363   4725 MARKET ST                      SAN DIEGO, CA 92102-4715   <i>Phone: 619-515-2560</i>   <i>After Hours Phone: 619-515-2560</i>                      License Number: A119689                      Accepting New Patients: YES   <i>Site English Spoken: Yes</i>                      Cultural Competency: No                      American Sign Language (ASL):</p>



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*  
*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: A137260*  
*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*


**LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 *Phone: 619-515-2300*  
 *After Hours Phone: 619-515-2300*  
*License Number: NP95022452*  
*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*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER  
 *Website: www.fhcsd.org*

**LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 *Phone: 619-515-2300*  
 *After Hours Phone: 619-515-2300*  
*License Number: PA15227*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*





N  
 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER  
 *Website: www.fhcsd.org*

**LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 *Phone: 619-515-2300*  
 *After Hours Phone: 619-515-2300*  
*License Number: PA16245*  
*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*  
*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*  
*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*  
*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*  
*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: PA53788*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER  
 *Website: www.fhcsd.org*

**LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 *Phone: 619-515-2300*  
 *After Hours Phone: 619-515-2300*  
*License Number: PA54661*  
*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*

N  
 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER  
 *Website: www.fhcsd.org*

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*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*

**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*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*

**LOGAN HEIGHTS FAMILY HEALTH CENTER**  
*Provider ID: 206360*  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 *Phone: 619-515-2300*  
 *After Hours Phone: 619-515-2300*  
*License Number: RN486421*  
*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*

N  
 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER  
 *Website: www.fhcsd.org*

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*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*

**LOGAN HEIGHTS FAMILY HEALTH CENTER**  
*Provider ID: 206360*  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 *Phone: 619-515-2300*  
 *After Hours Phone: 619-515-2300*  
*License Number: PT33914*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*

**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*  
*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: SP27677*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 American Sign Language (ASL):




N  
 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER  
 *Website: www.fhcsd.org*

**LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 *Phone: 619-515-2300*  
*Fax: 619-515-2510*  
 *After Hours Phone: 619-515-2300*  
*License Number: A178494*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*




American Sign Language (ASL): American Sign Language (ASL):  
 N  
 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER  
 *Website: www.fhcsd.org*

**FAMILY HEALTH CTR SAN DIEGO-OAK PARK**

*Provider ID: 418142*  
 5160 FEDERAL BLVD  
 SAN DIEGO, CA 92105-5429  
 *Phone: 619-515-2454*  
 *After Hours Phone: 619-515-2454*  
*License Number: 20A12796*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
 American Sign Language (ASL):




N  
 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: FAMILY HEALTH CTR SAN DIEGO-OAK PARK  
 *Website: www.fhcsd.org*


**FAMILY HEALTH CTR SAN DIEGO-OAK PARK**

*Provider ID: 418142*  
 5160 FEDERAL BLVD  
 SAN DIEGO, CA 92105-5429  
 *Phone: 619-515-2454*  
 *After Hours Phone: 619-515-2454*  
*License Number: 20A14772*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*




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*  
*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*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*

<p><i>American Sign Language (ASL):</i> Cultural Competency: No                  N   <i>Accessibility: CONTACT PROVIDER</i>                  Medical Group/IPA: FAMILY HEALTH CTR SAN DIEGO-OAK PARK   <i>Website: www.fhcsd.org</i></p>	<p><i>American Sign Language (ASL):</i> Cultural Competency: No                  N   <i>Accessibility: CONTACT PROVIDER</i>                  Medical Group/IPA: FAMILY HEALTH CTR SAN DIEGO-OAK PARK   <i>Website: www.fhcsd.org</i></p>	<p><i>Cultural Competency: No</i>                  American Sign Language (ASL):                  N   <i>Accessibility: CONTACT PROVIDER</i>                  Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER   <i>Website: www.fhcsd.org</i></p>
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**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*  
*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: A163978*  
*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*  
*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*




**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*  
*Accepting New Patients: YES*  
 *Site English Spoken: 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: A164859*  
*Accepting New Patients: YES*  
 *Site English Spoken: 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: A163183*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*




**Blue Shield Promise Medi-Cal** فهرست ارائه‌دهندگان شبکه  
**.D1** کلینیکهای بهداشتی واجد صلاحیت فدرال

*Cultural Competency: No*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER*  
 *Website: www.fhcsd.org*



*Cultural Competency: No*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER*  
 *Website: www.fhcsd.org*

*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*  
*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*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER*  
 *Website: www.fhcsd.org*

**LOGAN HEIGHTS FAMILY HEALTH CENTER**  
*Provider ID: 206360*  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 *Phone: 619-515-2300*  
 *After Hours Phone: 619-515-2300*  
*License Number: A181809*  
*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*  
*Accepting New Patients: YES*  
 *Site English Spoken: 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: A164889*  
*Accepting New Patients: YES*  
 *Site English Spoken: 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: A178499*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*





**Blue Shield Promise Medi-Cal** فهرست ارائه‌دهندگان شبکه  
**.D1** کلینیک‌های بهداشتی واجد صلاحیت فدرال

*Cultural Competency: No*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER*  
 *Website: www.fhcsd.org*

*Cultural Competency: No*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER*  
 *Website: www.fhcsd.org*

*Cultural Competency: No*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER*  
 *Website: www.fhcsd.org*




**LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 *Phone: 619-515-2300*  
 *After Hours Phone: 619-515-2300*  
*License Number: A46161*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER*  
 *Website: www.fhcsd.org*

**LOGAN HEIGHTS FAMILY HEALTH CENTER**  
*Provider ID: 206360*  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 *Phone: 619-515-2300*  
 *After Hours Phone: 619-515-2300*  
*License Number: A68124*  
*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*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER*  
 *Website: www.fhcsd.org*

**LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 *Phone: 619-515-2300*  
 *After Hours Phone: 619-515-2300*  
*License Number: A61687*  
*Accepting New Patients: YES*  
 *Site English Spoken: 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: A68463*  
*Accepting New Patients: YES*  
 *Site English Spoken: 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: A72005*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*








Blue Shield Promise Medi-Cal فهرست ارائه‌دهندگان شبکه  
.D1. کلینیکهای بهداشتی واجد صلاحیت فدرال

*Cultural Competency: No*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER*  
 *Website: www.fhcsd.org*






*Cultural Competency: No*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER*  
 *Website: www.fhcsd.org*

*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*  
*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*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER*  
 *Website: www.fhcsd.org*




**LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
 *Phone: 619-515-2300*  
 *After Hours Phone: 619-515-2300*  
*License Number: A97036*  
*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*  
*Accepting New Patients: YES*  
 *Site English Spoken: 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: A95577*  
*Accepting New Patients: YES*  
 *Site English Spoken: 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: A93385*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*





**Blue Shield Promise Medi-Cal** فهرست ارائه‌دهندگان شبکه  
**.D1** کلینیک‌های بهداشتی واجد صلاحیت فدرال

*Cultural Competency: No*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER*  
 *Website: www.fhcsd.org*




*Cultural Competency: No*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER*  
 *Website: www.fhcsd.org*

*Cultural Competency: No*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER*  
 *Website: www.fhcsd.org*





**LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 *Phone: 619-515-2300*  
 *After Hours Phone: 619-515-2300*  
*License Number: C174771*  
*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: DPM5661*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER*  
 *Website: www.fhcsd.org*




**LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 *Phone: 619-515-2300*  
 *After Hours Phone: 619-515-2300*  
*License Number: G81658*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER*  
 *Website: www.fhcsd.org*




**LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 *Phone: 619-515-2300*  
 *After Hours Phone: 619-515-2300*  
*License Number: DPM4819*  
*Accepting New Patients: YES*  
 *Site English Spoken: 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: G78814*  
*Accepting New Patients: YES*  
 *Site English Spoken: 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: NM792*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*







Blue Shield Promise Medi-Cal فهرست ارائه‌دهندگان شبکه  
.D1 .D کلینیکهای بهداشتی واجد صلاحیت فدرال

*Cultural Competency: No*  
*American Sign Language (ASL):*  
N  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER*  
 *Website: www.fhcsd.org*







*Cultural Competency: No*  
*American Sign Language (ASL):*  
N  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER*  
 *Website: www.fhcsd.org*

*Cultural Competency: No*  
*American Sign Language (ASL):*  
N  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER*  
 *Website: www.fhcsd.org*

**LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
 *Phone: 619-515-2300*  
 *After Hours Phone: 619-515-2300*  
*License Number: NP10906*  
*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: NP17852*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*  
N  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER*  
 *Website: www.fhcsd.org*





**LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
 *Phone: 619-515-2300*  
 *After Hours Phone: 619-515-2300*  
*License Number: NP95000205*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*  
N  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER*  
 *Website: www.fhcsd.org*





**LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113-2113  
 *Phone: 619-515-2300*  
 *After Hours Phone: 619-515-2300*  
*License Number: NP11778*  
*Accepting New Patients: YES*  
 *Site English Spoken: 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: NP2286*  
*Accepting New Patients: YES*  
 *Site English Spoken: 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: NP95000602*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*

**Blue Shield Promise Medi-Cal** فهرست ارائه‌دهندگان شبکه  
**.D1** کلینیک‌های بهداشتی واجد صلاحیت فدرال

*Cultural Competency: No*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER*  
 *Website: www.fhcsd.org*

*Cultural Competency: No*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER*  
 *Website: www.fhcsd.org*

*Cultural Competency: No*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER*  
 *Website: www.fhcsd.org*




**LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 *Phone: 619-515-2300*  
 *After Hours Phone: 619-515-2300*  
*License Number: NP95001705*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER*  
 *Website: www.fhcsd.org*

**LOGAN HEIGHTS FAMILY HEALTH CENTER**  
*Provider ID: 206360*  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 *Phone: 619-515-2300*  
 *After Hours Phone: 619-515-2300*  
*License Number: NP95007253*  
*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*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER*  
 *Website: www.fhcsd.org*

**LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 *Phone: 619-515-2300*  
 *After Hours Phone: 619-515-2300*  
*License Number: NP95003689*  
*Accepting New Patients: YES*  
 *Site English Spoken: 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: NP95011254*  
*Accepting New Patients: YES*  
 *Site English Spoken: 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: NP95015780*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*




**Blue Shield Promise Medi-Cal** فهرست ارائه‌دهندگان شبکه  
**.D1** کلینیک‌های بهداشتی واجد صلاحیت فدرال

*Cultural Competency: No*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER*  
 *Website: www.fhcsd.org*






*Cultural Competency: No*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER*  
 *Website: www.fhcsd.org*

*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: 20A11535*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER*  
 *Website: www.fhcsd.org*




**LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 *Phone: 619-515-2300*  
 *After Hours Phone: 619-515-2300*  
*License Number: 20A12653*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER*  
 *Website: www.fhcsd.org*




**LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 *Phone: 619-515-2300*  
 *After Hours Phone: 619-515-2300*  
*License Number: 20A15743*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER*  
 *Website: www.fhcsd.org*




**LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 *Phone: 619-515-2300*  
 *After Hours Phone: 619-515-2300*  
*License Number: 20A12732*  
*Accepting New Patients: YES*  
 *Site English Spoken: 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: 20A14919*  
*Accepting New Patients: YES*  
 *Site English Spoken: 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: 20A17478*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*






**Blue Shield Promise Medi-Cal** فهرست ارائه‌دهندگان شبکه  
**.D1** کلینیک‌های بهداشتی واجد صلاحیت فدرال

*Cultural Competency: No*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER*  
 *Website: www.fhcsd.org*

*Cultural Competency: No*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER*  
 *Website: www.fhcsd.org*

*Cultural Competency: No*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER*  
 *Website: www.fhcsd.org*




**LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 *Phone: 619-515-2300*  
 *After Hours Phone: 619-515-2300*  
*License Number: 20A17072*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER*  
 *Website: www.fhcsd.org*

**LOGAN HEIGHTS FAMILY HEALTH CENTER**  
*Provider ID: 206360*  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 *Phone: 619-515-2300*  
 *After Hours Phone: 619-515-2300*  
*License Number: A103099*  
*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*  
*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*  
*Accepting New Patients: YES*  
 *Site English Spoken: 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: A118095*  
*Accepting New Patients: YES*  
 *Site English Spoken: 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: A121451*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*


**Blue Shield Promise Medi-Cal** فهرست ارائه‌دهندگان شبکه  
**.D1** کلینیکهای بهداشتی واجد صلاحیت فدرال

*Cultural Competency: No*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER*  
 *Website: www.fhcsd.org*

*Cultural Competency: No*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER*  
 *Website: www.fhcsd.org*

*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*  
*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*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER*  
 *Website: www.fhcsd.org*

**LOGAN HEIGHTS FAMILY HEALTH CENTER**  
*Provider ID: 206360*  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 *Phone: 619-515-2300*  
 *After Hours Phone: 619-515-2300*  
*License Number: A151631*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER*  
 *Website: www.fhcsd.org*

**LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 *Phone: 619-515-2300*  
 *After Hours Phone: 619-515-2300*  
*License Number: A114181*  
*Accepting New Patients: YES*  
 *Site English Spoken: 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: A154298*  
*Accepting New Patients: YES*  
 *Site English Spoken: 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: A148014*  
*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*


*Cultural Competency: No*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER*  
 *Website: www.fhcsd.org*

*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*  
*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*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER*  
 *Website: www.fhcsd.org*

**LOGAN HEIGHTS FAMILY HEALTH CENTER**  
*Provider ID: 206360*  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 *Phone: 619-515-2300*  
 *After Hours Phone: 619-515-2300*  
*License Number: A116680*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER*  
 *Website: www.fhcsd.org*

**LOGAN HEIGHTS FAMILY HEALTH CENTER**

*Provider ID: 206360*  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113-2113  
 *Phone: 619-515-2300*  
 *After Hours Phone: 619-515-2300*  
*License Number: A136616*  
*Accepting New Patients: YES*  
 *Site English Spoken: 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: A146111*  
*Accepting New Patients: YES*  
 *Site English Spoken: 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: A146838*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*







*Cultural Competency: No*  
*American Sign Language (ASL): N*  
 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*  
*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*

**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: PA58098*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*

*American Sign Language (ASL): 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: PA58905*  
*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: PA59481*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

**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*  
*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*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: FAMILY HEALTH CTR IBARRA*

 *Website: www.fhcsd.org*

**FAMILY HEALTH CTR IBARRA**

Provider ID: 417987

4874 POLK AVE  
 SAN DIEGO, CA 92105-2026

Phone: 619-515-2426

After Hours Phone:  
 619-515-2426

License Number: G149974

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

Accepting New Patients: YES

Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: FAMILY  
 HEALTH CTR IBARRA

Website: www.fhcsd.org

**FAMILY HEALTH CTR IBARRA**

Provider ID: 417987

4874 POLK AVE  
 SAN DIEGO, CA 92105-2026

Phone: 619-515-2426

After Hours Phone:  
 619-515-2426

License Number: NP95004443

Accepting New Patients: YES

Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: FAMILY  
 HEALTH CTR IBARRA

Website: www.fhcsd.org

**FAMILY HEALTH CTR IBARRA**

Provider ID: 417987

4874 POLK AVE  
 SAN DIEGO, CA 92105-2026

Phone: 619-515-2426

After Hours Phone:  
 619-515-2426

License Number: PA21385

Accepting New Patients: YES

Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: FAMILY  
 HEALTH CTR IBARRA

Website: www.fhcsd.org

**FAMILY HEALTH CTR OF  
 SDELM ST**

Provider ID: 419167

140 ELM ST  
 SAN DIEGO, CA 92101-2602

Phone: 619-515-2520

Fax: 619-231-0431

After Hours Phone:

619-515-2520

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

**FAMILY HEALTH CTR OF  
 SDELM ST**

Provider ID: 419167

140 ELM ST  
 SAN DIEGO, CA 92101-2602

Phone: 619-515-2520

Fax: 619-231-0431

After Hours Phone:  
 619-515-2520

License Number: 550002061

Accepting New Patients: YES

Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: FAMILY  
 HEALTH CTR OF SDELM ST

Website: www.fhcsd.org

**DOWNTOWN FAMILY CTR AT  
 CONNECTIONS**

Provider ID: 417782

1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368

Phone: 619-515-2430

After Hours Phone:  
 619-515-2430

License Number: 20A7147

Accepting New Patients: YES

Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA:

DOWNTOWN FAMILY CTR AT  
 CONNECTIONS

Website: [www.fhcsd.org](http://www.fhcsd.org)

**DOWNTOWN FAMILY CTR AT  
 CONNECTIONS**

Provider ID: 417782

1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101-4368

Phone: 619-515-2430

After Hours Phone:  
 619-515-2430

License Number: PA58826

Accepting New Patients: YES

Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA:

DOWNTOWN FAMILY CTR AT  
 CONNECTIONS

Website: [www.fhcsd.org](http://www.fhcsd.org)

**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

Accepting New Patients: YES

Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA:

DOWNTOWN FAMILY CTR AT  
 CONNECTIONS

Website: [www.fhcsd.org](http://www.fhcsd.org)

**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

Accepting New Patients: YES

Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA:

DOWNTOWN FAMILY CTR AT  
 CONNECTIONS

Website: [www.fhcsd.org](http://www.fhcsd.org)

**LA MAESTRA FAMILY CLINIC  
 INC**

Provider ID: 185268

4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105-1608

Phone: 619-255-9155

Fax: 619-749-5480

After Hours Phone:  
 619-255-9155

License Number: A81682

Accepting New Patients: YES

Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: LA

MAESTRA FAMILY CLINIC INC

Website: [www.lamaestra.org](http://www.lamaestra.org)

**LA MAESTRA FAMILY CLINIC  
 INC**

Provider ID: 185268

4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105-1608

Phone: 619-280-7072

After Hours Phone:  
 619-280-7072

License Number: 20A14222

Accepting New Patients: YES

Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: LA

MAESTRA FAMILY CLINIC INC

Website: [www.lamaestra.org](http://www.lamaestra.org)

**LA MAESTRA FAMILY CLINIC  
 INC**

Provider ID: 185268

4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105-1608

Phone: 619-564-8765

☎ After Hours Phone:  
 619-564-8765  
 License Number: NP95009891  
 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  
 Accepting New Patients: YES  
 🗣 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: LA  
 MAESTRA FAMILY CLINIC INC  
 🌐 Website: www.lamaestra.org

**SAN DIEGO AMERICAN INDIAN  
 HEALTH CENTER**

Provider ID: 207382  
 📍 2630 1ST AVE  
 SAN DIEGO, CA 92103-6599  
 ☎ Phone: 619-234-2158

Fax: 619-234-0206  
 ☎ After Hours Phone:  
 619-234-2158  
 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  
 Accepting New Patients: YES  
 🗣 Site English Spoken: yes  
 🗣 Site Languages(s) Spoken:  
 Korean, Spanish, Hindi  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: SAN

DIEGO AMERICAN INDIAN  
 HEALTH CENTER  
 🌐 Website: www.sdaihc.org

**FAMILY HEALTH CTR IBARRA**

Provider ID: 417987  
 📍 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
 ☎ Phone: 619-515-2426  
 ☎ After Hours Phone:  
 619-515-2426  
 License Number: 20A17577  
 Accepting New Patients: YES  
 🗣 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: FAMILY  
 HEALTH CTR IBARRA  
 🌐 Website: www.fhcsd.org



**FAMILY HEALTH CTR IBARRA**

Provider ID: 417987  
 📍 4874 POLK AVE  
 SAN DIEGO, CA 92105-2026  
 ☎ Phone: 619-515-2426  
 ☎ After Hours Phone:  
 619-515-2426  
 License Number: 20A19345  
 Accepting New Patients: YES  
 🗣 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: FAMILY  
 HEALTH CTR IBARRA  
 🌐 Website: www.fhcsd.org

**FAMILY HLTH CTR SAN  
 DIEGOCITY COLLEGE**

Provider ID: 417429  
 📍 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713






**Blue Shield Promise Medi-Cal** فهرست ارائه‌دهندگان شبکه  
**.D1** کلینیکهای بهداشتی واجد صلاحیت فدرال

 Phone: 619-515-2525  
 After Hours Phone:  
 619-515-2525  
 License Number: A128091  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: FAMILY  
 HLTH CTR SAN DIEGOCITY  
 COLLEGE  
 Website: [www.fhcsd.org](http://www.fhcsd.org)






 Phone: 619-515-2525  
 After Hours Phone:  
 619-515-2525  
 License Number: A76785  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: FAMILY  
 HLTH CTR SAN DIEGOCITY  
 COLLEGE  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

 Phone: 619-515-2525  
 After Hours Phone:  
 619-515-2525  
 License Number: NP95010814  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: FAMILY  
 HLTH CTR SAN DIEGOCITY  
 COLLEGE  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

**FAMILY HLTH CTR SAN  
 DIEGOCITY COLLEGE**

Provider ID: 417429  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713  
 Phone: 619-515-2525  
 After Hours Phone:  
 619-515-2525  
 License Number: A163977  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: FAMILY  
 HLTH CTR SAN DIEGOCITY  
 COLLEGE  
 Website: [www.fhcsd.org](http://www.fhcsd.org)


**FAMILY HLTH CTR SAN  
 DIEGOCITY COLLEGE**

Provider ID: 417429  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713  
 Phone: 619-515-2525  
 After Hours Phone:  
 619-515-2525  
 License Number: DPM4819  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: FAMILY  
 HLTH CTR SAN DIEGOCITY  
 COLLEGE  
 Website: [www.fhcsd.org](http://www.fhcsd.org)


**FAMILY HLTH CTR SAN  
 DIEGOCITY COLLEGE**

Provider ID: 417429  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713  
 Phone: 619-515-2525  
 After Hours Phone:  
 619-515-2525  
 License Number: PA22762  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: FAMILY  
 HLTH CTR SAN DIEGOCITY  
 COLLEGE  
 Website: [www.fhcsd.org](http://www.fhcsd.org)


**FAMILY HLTH CTR SAN  
 DIEGOCITY COLLEGE**

Provider ID: 417429  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713





**FAMILY HLTH CTR SAN  
 DIEGOCITY COLLEGE**

Provider ID: 417429  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713






**FAMILY HLTH CTR SAN  
 DIEGOCITY COLLEGE**

Provider ID: 417429  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713

**Blue Shield Promise Medi-Cal** فهرست ارائه‌دهندگان شبکه  
**.D1** کلینیک‌های بهداشتی واجد صلاحیت فدرال






 Phone: 619-515-2525  
 Fax: 619-501-5814  
 After Hours Phone:  
 619-515-2525  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: FAMILY  
 HLTH CTR SAN DIEGOCITY  
 COLLEGE  
 Website: www.fhcsd.org

**FAMILY HLTH CTR SAN  
 DIEGOCITY COLLEGE**






Provider ID: 417429  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101-5713  
 Phone: 619-515-2525  
 Fax: 619-501-5814  
 After Hours Phone:  
 619-515-2525  
 License Number: 550002865  
 Accepting 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  
 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  
 Accepting New Patients: YES  
 Site English Spoken: yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: ST  
 VINCENT DE PAUL VILLAGE  
 FAMILY HEALTH CENTER  
 Website: N/A

**ST VINCENT DE PAUL VILLAGE  
 FAMILY HEALTH CENTER**

Provider ID: 403583

 1501 IMPERIAL AVE  
 SAN DIEGO, CA 92101-7638  
 Phone: 619-233-8500  
 After Hours Phone:  
 619-233-8500  
 License Number: A115598  
 Accepting New Patients: YES  
 Site English Spoken: yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: ST  
 VINCENT DE PAUL VILLAGE  
 FAMILY HEALTH CENTER  
 Website: N/A







**ST VINCENT DE PAUL VILLAGE  
 FAMILY HEALTH CENTER**







Provider ID: 403583  
 1501 IMPERIAL AVE  
 SAN DIEGO, CA 92101-7638  
 Phone: 619-233-8500  
 After Hours Phone:  
 619-233-8500  
 License Number: A136275  
 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







**Blue Shield Promise Medi-Cal فهرست ارائه‌دهندگان شبکه .D  
D1. کلینیک‌های بهداشتی واجد صلاحیت فدرال**

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638  
 Phone: 619-233-8500  
 After Hours Phone:  
619-233-8500  
License Number: A42127  
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







 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638  
 Phone: 619-233-8500  
 After Hours Phone:  
619-233-8500  
License Number: A67762  
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

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638  
 Phone: 619-233-8500  
 After Hours Phone:  
619-233-8500  
License Number: A82123  
Accepting New Patients: YES  
 Site English Spoken: yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: ST  
VINCENT DE PAUL VILLAGE  
FAMILY HEALTH CENTER  
 Website: N/A

**ST VINCENT DE PAUL VILLAGE  
FAMILY HEALTH CENTER**

Provider ID: 403583  
 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638  
 Phone: 619-233-8500  
 After Hours Phone:  
619-233-8500  
License Number: A54702  
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  
Accepting New Patients: YES  
 Site English Spoken: yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: ST  
VINCENT DE PAUL VILLAGE  
FAMILY HEALTH CENTER  
 Website: N/A

**ST VINCENT DE PAUL VILLAGE  
FAMILY HEALTH CENTER**

Provider ID: 403583  
 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638  
 Phone: 619-233-8500  
 After Hours Phone:  
619-233-8500  
License Number: C53121  
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







**ST VINCENT DE PAUL VILLAGE  
FAMILY HEALTH CENTER**







Provider ID: 403583

**ST VINCENT DE PAUL VILLAGE  
FAMILY HEALTH CENTER**

Provider ID: 403583







**Blue Shield Promise Medi-Cal فهرست ارائه‌دهندگان شبکه .D  
D1. کلینیک‌های بهداشتی واجد صلاحیت فدرال**

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638  
 Phone: 619-233-8500  
 After Hours Phone:  
619-233-8500  
License Number: G29879  
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







 2391 ISLAND AVE  
SAN DIEGO, CA 92102-2941  
 Phone: 619-515-2435  
 After Hours Phone:  
619-515-2435  
License Number: PA16245  
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

 2391 ISLAND AVE  
SAN DIEGO, CA 92102-2941  
 Phone: 619-515-2435  
Fax: 619-515-2435  
 After Hours Phone:  
619-515-2435  
Accepting New Patients: YES  
 Site English Spoken: yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SHERMAN  
HEIGHTS FAMILY HLTH CTRS  
INC  
 Website: N/A

**ST VINCENT DE PAUL VILLAGE  
FAMILY HEALTH CENTER**

Provider ID: 403583  
 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638  
 Phone: 619-233-8500  
 After Hours Phone:  
619-233-8500  
License Number: G71080  
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

**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  
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  
Accepting New Patients: YES  
 Site English Spoken: yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH 25TH ST  
FAMILY MEDICINE  
 Website: N/A

**SHERMAN HEIGHTS FAMILY  
HLTH CTRS INC**

Provider ID: 356145







**SHERMAN HEIGHTS FAMILY  
HLTH CTRS INC**

Provider ID: 356145

**SAN YSIDRO HEALTH 25TH ST  
FAMILY MEDICINE**







Provider ID: 517403



 316 25TH ST  
 SAN DIEGO, CA 92102-3016  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: A156607  
 Accepting New Patients: YES  
 Site English Spoken: yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH 25TH ST  
 FAMILY MEDICINE  
 Website: N/A


**SAN YSIDRO HEALTH 25TH ST  
 FAMILY MEDICINE**

Provider ID: 517403

 316 25TH ST  
 SAN DIEGO, CA 92102-3016  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: NP20849  
 Accepting New Patients: YES  
 Site English Spoken: yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH 25TH ST  
 FAMILY MEDICINE  
 Website: N/A







**SAN YSIDRO HEALTH 25TH ST  
 FAMILY MEDICINE**

Provider ID: 517403

 316 25TH ST  
 SAN DIEGO, CA 92102-3016  
 Phone: 619-662-4100  
 Fax: 619-238-3807  
 After Hours Phone:  
 619-662-4100  
 Accepting 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 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  
 Accepting 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: PA20888  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: FAMILY  
 HLTH CTR OF SD SAN DIEGO  
 COMMERCIAL  
 Website: www.fhcsd.org

**FAMILY HLTH CTR OF SD SAN  
 DIEGO COMMERCIAL**

Provider ID: 419529

 2325 COMMERCIAL ST STE  
 1400  
 SAN DIEGO, CA 92113-1195  
 Phone: 619-515-2422  
 After Hours Phone:  
 619-515-2422  
 License Number: PA53788  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: FAMILY  
 HLTH CTR OF SD SAN DIEGO  
 COMMERCIAL  
 Website: www.fhcsd.org

**FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL**

Provider ID: 419529

2325 COMMERCIAL ST STE 1400

SAN DIEGO, CA 92113-1195

Phone: 619-515-2422

Fax: 619-269-0053

After Hours Phone: 619-515-2422

Accepting New Patients: YES

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL

Website: www.fhcsd.org

**FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL**

Provider ID: 419529

2325 COMMERCIAL ST STE 1400

SAN DIEGO, CA 92113-1195

Phone: 619-515-2422

Fax: 619-269-0053

After Hours Phone: 619-515-2422

License Number: 550003113

Accepting New Patients: YES

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HLTH CTR OF SD SAN DIEGO

**COMMERCIAL**

Website: www.fhcsd.org

**SHERMAN HEIGHTS FAMILY HLTH CTRS INC**

Provider ID: 356145

2391 ISLAND AVE

SAN DIEGO, CA 92102-2941

Phone: 619-515-2435

After Hours Phone: 619-515-2435

License Number: A80504

Accepting New Patients: YES

Site English Spoken: yes

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: SHERMAN HEIGHTS FAMILY HLTH CTRS INC

Website: N/A

**SHERMAN HEIGHTS FAMILY HLTH CTRS INC**

Provider ID: 356145

2391 ISLAND AVE

SAN DIEGO, CA 92102-2941

Phone: 619-515-2435

After Hours Phone: 619-515-2435

License Number: A97036

Accepting New Patients: YES

Site English Spoken: yes

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: SHERMAN HEIGHTS FAMILY HLTH CTRS

**INC**

Website: N/A

**SHERMAN HEIGHTS FAMILY HLTH CTRS INC**

Provider ID: 356145

2391 ISLAND AVE

SAN DIEGO, CA 92102-2941

Phone: 619-515-2435

After Hours Phone: 619-515-2435

License Number: NP95011254

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

**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

Accepting New Patients: YES

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY


**HLTH CTR OF SD SAN DIEGO  
COMMERCIAL**

 Website: [www.fhcsd.org](http://www.fhcsd.org)

**FAMILY HLTH CTR OF SD SAN  
DIEGO COMMERCIAL**

Provider ID: 419529

 2325 COMMERCIAL ST STE  
1400  
SAN DIEGO, CA 92113-1195

 Phone: 619-515-2422

 After Hours Phone:  
619-515-2422

License Number: A122238

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: FAMILY  
HLTH CTR OF SD SAN DIEGO  
COMMERCIAL


 Website: [www.fhcsd.org](http://www.fhcsd.org)


Medical Group/IPA: ST  
VINCENT DE PAUL VILLAGE  
FAMILY HEALTH CENTER


 Website: N/A

**ST VINCENT DE PAUL VILLAGE  
FAMILY HEALTH CENTER**

Provider ID: 403583

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638

 Phone: 619-233-8500

 After Hours Phone:  
619-233-8500

License Number: NP10769

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


Medical Group/IPA: ST  
VINCENT DE PAUL VILLAGE  
FAMILY HEALTH CENTER


 Website: N/A

**NORTH PARK FAMILY HEALTH  
CENTERS**

Provider ID: 206362

 3544 30TH ST  
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

 After Hours Phone:  
619-515-2424

License Number: A147758

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


Medical Group/IPA: NORTH  
PARK FAMILY HEALTH  
CENTERS

 Website: [www.fhcsd.org](http://www.fhcsd.org)

**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

Accepting New Patients: YES


Site English Spoken: yes  
Cultural Competency: No


American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

**ST VINCENT DE PAUL VILLAGE  
FAMILY HEALTH CENTER**

Provider ID: 403583

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101-7638

 Phone: 619-233-8500

 After Hours Phone:  
619-233-8500

License Number: PA54617

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: A148014

Accepting New Patients: YES

Site English Spoken: Yes  
Cultural Competency: No

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER






**Blue Shield Promise Medi-Cal فهرست ارائه‌دهندگان شبکه .D  
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*Medical Group/IPA: NORTH  
PARK FAMILY HEALTH  
CENTERS*  
 Website: [www.fhcsd.org](http://www.fhcsd.org)






*Medical Group/IPA: NORTH  
PARK FAMILY HEALTH  
CENTERS*  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

*Medical Group/IPA: NORTH  
PARK FAMILY HEALTH  
CENTERS*  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

**NORTH PARK FAMILY HEALTH CENTERS**

*Provider ID: 206362*  
 3544 30TH ST  
SAN DIEGO, CA 92104-4120  
 Phone: 619-515-2424  
 After Hours Phone:  
619-515-2424  
*License Number: A118095*  
*Accepting New Patients: YES*  
 Site English Spoken: Yes  
*Cultural Competency: No*  
*American Sign Language (ASL):*  
N  
 Accessibility: CONTACT  
PROVIDER  
*Medical Group/IPA: NORTH  
PARK FAMILY HEALTH  
CENTERS*  
 Website: [www.fhcsd.org](http://www.fhcsd.org)





**NORTH PARK FAMILY HEALTH CENTERS**

*Provider ID: 206362*  
 3544 30TH ST  
SAN DIEGO, CA 92104-4120  
 Phone: 619-515-2424  
 After Hours Phone:  
619-515-2424  
*License Number: A114181*  
*Accepting New Patients: YES*  
 Site English Spoken: Yes  
*Cultural Competency: No*  
*American Sign Language (ASL):*  
N  
 Accessibility: CONTACT  
PROVIDER  
*Medical Group/IPA: NORTH  
PARK FAMILY HEALTH  
CENTERS*  
 Website: [www.fhcsd.org](http://www.fhcsd.org)





**NORTH PARK FAMILY HEALTH CENTERS**

*Provider ID: 416831*  
 3514 30TH ST  
SAN DIEGO, CA 92104-4120  
 Phone: 619-515-2424  
*Fax: 619-683-7586*  
 After Hours Phone:  
619-515-2424  
*Accepting New Patients: YES*  
 Site English Spoken: Yes  
*Cultural Competency: No*  
*American Sign Language (ASL):*  
N  
 Accessibility: CONTACT  
PROVIDER  
*Medical Group/IPA: NORTH  
PARK FAMILY HEALTH  
CENTERS*  
 Website: [www.fhcsd.org](http://www.fhcsd.org)



**NORTH PARK FAMILY HEALTH CENTERS**

*Provider ID: 206362*  
 3544 30TH ST  
SAN DIEGO, CA 92104-4120  
 Phone: 619-515-2424  
 After Hours Phone:  
619-515-2424  
*License Number: A140646*  
*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: A116680*  
*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  
*Fax: 619-683-7586*  
 After Hours Phone:  
619-515-2424  
*License Number: 90000469*  
*Accepting New Patients: YES*  
 Site English Spoken: Yes  
*Cultural Competency: No*  
*American Sign Language (ASL):*  
N







**Blue Shield Promise Medi-Cal فهرست ارائه‌دهندگان شبکه .D**  
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 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS  
 *Website: www.fhcsd.org*




 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS  
 *Website: www.fhcsd.org*

 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS  
 *Website: www.fhcsd.org*







**NORTH PARK FAMILY HEALTH CENTERS**

*Provider ID: 206362*  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
 *Phone: 619-515-2424*  
 *After Hours Phone: 619-515-2424*  
*License Number: 20A11535*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS  
 *Website: www.fhcsd.org*





**NORTH PARK FAMILY HEALTH CENTERS**

*Provider ID: 206362*  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
 *Phone: 619-515-2424*  
 *After Hours Phone: 619-515-2424*  
*License Number: 20A14919*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS  
 *Website: www.fhcsd.org*





**NORTH PARK FAMILY HEALTH CENTERS**

*Provider ID: 206362*  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
 *Phone: 619-515-2424*  
 *After Hours Phone: 619-515-2424*  
*License Number: 20A15413*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS  
 *Website: www.fhcsd.org*





**NORTH PARK FAMILY HEALTH CENTERS**

*Provider ID: 206362*  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
 *Phone: 619-515-2424*  
 *After Hours Phone: 619-515-2424*  
*License Number: 20A14794*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*



**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*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*

**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*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*







**Blue Shield Promise Medi-Cal فهرست ارائه‌دهندگان شبکه .D  
.D1. کلینیک‌های بهداشتی واجد صلاحیت فدرال**

 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS*  
 *Website: www.fhcsd.org*







 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS*  
 *Website: www.fhcsd.org*

 *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*  
*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: A178499*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS*  
 *Website: www.fhcsd.org*





**NORTH PARK FAMILY HEALTH CENTERS**

*Provider ID: 416831*  
 *3514 30TH ST  
 SAN DIEGO, CA 92104-4120*  
 *Phone: 619-515-2424*  
 *After Hours Phone:  
 619-515-2424*  
*License Number: A68463*  
*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: A164859*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*



**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*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*



**NORTH PARK FAMILY HEALTH CENTERS**

*Provider ID: 416831*  
 *3514 30TH ST  
 SAN DIEGO, CA 92104-4120*  
 *Phone: 619-515-2424*  
 *After Hours Phone:  
 619-515-2424*  
*License Number: A72005*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*




**Blue Shield Promise Medi-Cal فهرست ارائه‌دهندگان شبکه .D  
.D1. کلینیک‌های بهداشتی واجد صلاحیت فدرال**


 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS*  
 *Website: www.fhcsd.org*

 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS*  
 *Website: www.fhcsd.org*



 *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*  
*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*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*

*American Sign Language (ASL): N*



 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS*  
 *Website: www.fhcsd.org*

**NORTH PARK FAMILY HEALTH CENTERS**



*Provider ID: 416831*  
 *3514 30TH ST  
 SAN DIEGO, CA 92104-4120*  
 *Phone: 619-515-2424*  
 *After Hours Phone:  
 619-515-2424*


*License Number: PA21042*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS*  
 *Website: www.fhcsd.org*

**NORTH PARK FAMILY HEALTH CENTERS**


*Provider ID: 416831*  
 *3514 30TH ST  
 SAN DIEGO, CA 92104-4120*  
 *Phone: 619-515-2424*  
 *After Hours Phone:  
 619-515-2424*

*License Number: C174771*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*

*American Sign Language (ASL): N*

**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*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*

*American Sign Language (ASL): N*

**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*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*






*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST*  
 *Website: www.fhcsd.org*

**FAMILY HLTH CTR SD HILLCREST**







*Provider ID: 417937*  
 4094 4TH AVE  
 SAN DIEGO, CA 92103-2143  
 *Phone: 619-515-2545*  
 *After Hours Phone: 619-515-2545*  
*License Number: PT40975*  
*Accepting 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*  
*Accepting 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: 550003099*  
*Accepting 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*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

*Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST*  
 *Website: www.fhcsd.org*

**SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED**

*Provider ID: 517998*  
 4690 EL CAJON BLVD  
 SAN DIEGO, CA 92115-4403  
 *Phone: 619-662-4100*  
 *After Hours Phone: 619-662-4100*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Medical Group/IPA: SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED*  
 *Website: N/A*

**SAN YSIDRO HEALTH COMMUNITY HEIGHTS FAMILY MED**

*Provider ID: 517998*  
 4690 EL CAJON BLVD  
 SAN DIEGO, CA 92115-4403  
 *Phone: 619-662-4100*  
 *After Hours Phone: 619-662-4100*  
*License Number: 20A7502*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*



Medical Group/IPA: SAN  
 YSIDRO HEALTH COMMUNITY  
 HEIGHTS FAMILY MED  
 Website: N/A

**SAN YSIDRO HEALTH  
 COMMUNITY HEIGHTS FAMILY  
 MED**

Provider ID: 517998  
 4690 EL CAJON BLVD  
 SAN DIEGO, CA 92115-4403  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: 550003882  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH COMMUNITY  
 HEIGHTS FAMILY MED  
 Website: N/A

**SAN YSIDRO HEALTH  
 COMMUNITY HEIGHTS FAMILY  
 MED**

Provider ID: 517998  
 4690 EL CAJON BLVD  
 SAN DIEGO, CA 92115-4403  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: NP95005999  
 Accepting 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  
 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  
 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  
 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: A108228  
 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*

N  
 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS  
 *Website: www.fhcsd.org*

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*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*

**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*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*

**NORTH PARK FAMILY HEALTH CENTERS**

*Provider ID: 416831*  
 3514 30TH ST  
 SAN DIEGO, CA 92104-4120  
 *Phone: 619-515-2424*  
 *After Hours Phone: 619-515-2424*  
*License Number: A126181*  
*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*

N  
 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS  
 *Website: www.fhcsd.org*

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: A114181*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*


**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*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*

**NORTH PARK FAMILY HEALTH CENTERS**

*Provider ID: 416831*  
 3514 30TH ST  
 SAN DIEGO, CA 92104-4120  
 *Phone: 619-515-2424*  
 *After Hours Phone: 619-515-2424*  
*License Number: A132576*  
*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*

N  
 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS  
 *Website: www.fhcsd.org*

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: A148014*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*

**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: A163464*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*

**NORTH PARK FAMILY HEALTH CENTERS**

*Provider ID: 206362*  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
 *Phone: 619-515-2424*  
 *After Hours Phone: 619-515-2424*  
*License Number: A173486*  
*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*

N  
 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS  
 *Website: www.fhcsd.org*

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: A154298*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*



**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*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*

**NORTH PARK FAMILY HEALTH CENTERS**



*Provider ID: 206362*  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
 *Phone: 619-515-2424*  
 *After Hours Phone: 619-515-2424*  
*License Number: A180044*  
*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*


N  
 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS  
 *Website: www.fhcsd.org*

N  
 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS  
 *Website: www.fhcsd.org*



**NORTH PARK FAMILY HEALTH CENTERS**


*Provider ID: 206362*  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
 *Phone: 619-515-2424*  
 *After Hours Phone: 619-515-2424*  
*License Number: A68463*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*


**NORTH PARK FAMILY HEALTH CENTERS**



*Provider ID: 206362*  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
 *Phone: 619-515-2424*  
 *After Hours Phone: 619-515-2424*  
*License Number: G78814*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*

**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*  
*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*

N  
 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS  
 *Website: www.fhcsd.org*

N  
 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS  
 *Website: www.fhcsd.org*


**NORTH PARK FAMILY HEALTH CENTERS**

*Provider ID: 206362*  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
 *Phone: 619-515-2424*  
 *After Hours Phone: 619-515-2424*  
*License Number: A72005*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*

**NORTH PARK FAMILY HEALTH CENTERS**



*Provider ID: 206362*  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
 *Phone: 619-515-2424*  
 *After Hours Phone: 619-515-2424*  
*License Number: NP95006792*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*

**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*  
*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: PA18746*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*





N  
 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS  
 *Website: www.fhcsd.org*



**NORTH PARK FAMILY HEALTH CENTERS**

*Provider ID: 206362*  
 3544 30TH ST  
 SAN DIEGO, CA 92104-4120  
 *Phone: 619-515-2424*  
*Fax: 619-501-0627*  
 *After Hours Phone: 619-515-2424*  
*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*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*





N  
 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: MID-CITY COMMUNITY CLINIC  
 *Website: www.sdfamilycare.org*

**MID-CITY COMMUNITY CLINIC**

*Provider ID: 233597*  
 4290 POLK AVE  
 SAN DIEGO, CA 92105-1524  
 *Phone: 619-563-0250*  
 *After Hours Phone: 619-563-0250*  
*License Number: A112176*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*





PROVIDER  
 Medical Group/IPA: MID-CITY COMMUNITY CLINIC  
 *Website: www.sdfamilycare.org*


**MID-CITY COMMUNITY CLINIC**

*Provider ID: 233597*  
 4290 POLK AVE  
 SAN DIEGO, CA 92105-1524  
 *Phone: 619-563-0250*  
 *After Hours Phone: 619-563-0250*  
*License Number: A163512*  
*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*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: MID-CITY


COMMUNITY CLINIC


 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

**MID-CITY COMMUNITY CLINIC**

Provider ID: 233597

 4290 POLK AVE  
 SAN DIEGO, CA 92105-1524

 Phone: 619-563-0250

 After Hours Phone:  
 619-563-0250

License Number: DPM4434

Accepting New Patients: YES

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL): N

N

 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA: MID-CITY  
 COMMUNITY CLINIC


 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

**MID-CITY COMMUNITY CLINIC**

Provider ID: 233597

 4290 POLK AVE  
 SAN DIEGO, CA 92105-1524

 Phone: 619-563-0250

 After Hours Phone:  
 619-563-0250

License Number: G60630

Accepting New Patients: YES

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL): N

N

 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA: MID-CITY  
 COMMUNITY CLINIC


 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)


.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

Accepting New Patients: YES

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL): N

N


 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA: MID-CITY  
 COMMUNITY CLINIC


 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

**MID-CITY COMMUNITY CLINIC**

Provider ID: 233532

 4305 UNIVERSITY AVE STE  
 150  
 SAN DIEGO, CA 92105-1690

 Phone: 619-280-2058

 After Hours Phone:  
 619-280-2058

License Number: A152267

Accepting New Patients: YES

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL): N

N

 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA: MID-CITY  
 COMMUNITY CLINIC


 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)


.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

Accepting New Patients: YES

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL): N

N


 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA: MID-CITY  
 COMMUNITY CLINIC


 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

**MID-CITY COMMUNITY CLINIC**

Provider ID: 233532

 4305 UNIVERSITY AVE STE  
 150  
 SAN DIEGO, CA 92105-1690

 Phone: 619-280-2058

 After Hours Phone:  
 619-280-2058

License Number: A61238

Accepting New Patients: YES

 Site English Spoken: Yes

Cultural Competency: No































American Sign Language (ASL): N





































N

 Accessibility: CONTACT  
 PROVIDER



























Medical Group/IPA: MID-CITY  
 COMMUNITY CLINIC

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

.org	.org	g
<p><b>MID-CITY COMMUNITY CLINIC</b>                      Provider ID: 233532   4305 UNIVERSITY AVE STE 150                      SAN DIEGO, CA 92105-1690   Phone: 619-280-2058   After Hours Phone: 619-280-2058                      License Number: A72833                      Accepting New Patients: YES  <input type="checkbox"/> Site English Spoken: Yes                      Cultural Competency: No                      American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER                      Medical Group/IPA: MID-CITY COMMUNITY CLINIC   Website: www.sdfamilycare.org</p>	<p><b>MID-CITY COMMUNITY CLINIC</b>                      Provider ID: 233532   4305 UNIVERSITY AVE STE 150                      SAN DIEGO, CA 92105-1690   Phone: 619-280-2058   After Hours Phone: 619-280-2058                      License Number: NP95019446                      Accepting New Patients: YES  <input type="checkbox"/> Site English Spoken: Yes                      Cultural Competency: No                      American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER                      Medical Group/IPA: MID-CITY COMMUNITY CLINIC   Website: www.sdfamilycare.org</p>	<p><b>LA MAESTRA FAMILY CLINIC INC</b>                      Provider ID: 185268   4060 FAIRMOUNT AVE                      SAN DIEGO, CA 92105-1608   Phone: 619-255-9154   After Hours Phone: 619-255-9154                      License Number: A163693                      Accepting New Patients: YES  <input type="checkbox"/> Site English Spoken: Yes                      Cultural Competency: No                      American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER                      Medical Group/IPA: LA MAESTRA FAMILY CLINIC INC   Website: www.lamaestra.org</p>
<p><b>MID-CITY COMMUNITY CLINIC</b>                      Provider ID: 233532   4305 UNIVERSITY AVE STE 150                      SAN DIEGO, CA 92105-1690   Phone: 619-280-2058   After Hours Phone: 619-280-2058                      License Number: A94449                      Accepting New Patients: YES  <input type="checkbox"/> Site English Spoken: Yes                      Cultural Competency: No                      American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER                      Medical Group/IPA: MID-CITY COMMUNITY CLINIC   Website: www.sdfamilycare.org</p>	<p><b>LA MAESTRA FAMILY CLINIC INC</b>                      Provider ID: 185268   4060 FAIRMOUNT AVE                      SAN DIEGO, CA 92105-1608   Phone: 619-255-9154   After Hours Phone: 619-255-9154                      License Number: A123929                      Accepting New Patients: YES  <input type="checkbox"/> Site English Spoken: Yes                      Cultural Competency: No                      American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER                      Medical Group/IPA: LA MAESTRA FAMILY CLINIC INC   Website: www.lamaestra.org</p>	<p><b>LA MAESTRA FAMILY CLINIC INC</b>                      Provider ID: 185268   4060 FAIRMOUNT AVE                      SAN DIEGO, CA 92105-1608   Phone: 619-255-9155   After Hours Phone: 619-255-9155                      License Number: A111170                      Accepting New Patients: YES  <input type="checkbox"/> Site English Spoken: Yes                      Cultural Competency: No                      American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER                      Medical Group/IPA: LA MAESTRA FAMILY CLINIC INC   Website: www.lamaestra.org</p>

<p><i>g</i></p> <p><b>LA MAESTRA FAMILY CLINIC INC</b>  <i>Provider ID: 185268</i>   4060 FAIRMOUNT AVE                  SAN DIEGO, CA 92105-1608   <i>Phone: 619-255-9155</i>   <i>After Hours Phone:</i>                  619-255-9155  <i>License Number: A75533</i>  <i>Accepting New Patients: YES</i>   <i>Site English Spoken: Yes</i>  <i>Cultural Competency: No</i>  <i>American Sign Language (ASL):</i>                  N   <i>Accessibility: CONTACT PROVIDER</i>  <i>Medical Group/IPA: LA MAESTRA FAMILY CLINIC INC</i>   <i>Website: www.lamaestra.org</i></p>	<p><i>g</i></p> <p><b>LA MAESTRA FAMILY CLINIC INC</b>  <i>Provider ID: 185268</i>   4060 FAIRMOUNT AVE                  SAN DIEGO, CA 92105-1608   <i>Phone: 619-255-9155</i>   <i>After Hours Phone:</i>                  619-255-9155  <i>License Number: C55979</i>  <i>Accepting New Patients: YES</i>   <i>Site English Spoken: Yes</i>  <i>Cultural Competency: No</i>  <i>American Sign Language (ASL):</i>                  N   <i>Accessibility: CONTACT PROVIDER</i>  <i>Medical Group/IPA: LA MAESTRA FAMILY CLINIC INC</i>   <i>Website: www.lamaestra.org</i></p>	<p><i>g</i></p> <p><b>LA MAESTRA FAMILY CLINIC INC</b>  <i>Provider ID: 185268</i>   4060 FAIRMOUNT AVE                  SAN DIEGO, CA 92105-1608   <i>Phone: 619-255-9155</i>   <i>After Hours Phone:</i>                  619-255-9155  <i>License Number: G45632</i>  <i>Accepting New Patients: YES</i>   <i>Site English Spoken: Yes</i>  <i>Cultural Competency: No</i>  <i>American Sign Language (ASL):</i>                  N   <i>Accessibility: CONTACT PROVIDER</i>  <i>Medical Group/IPA: LA MAESTRA FAMILY CLINIC INC</i>   <i>Website: www.lamaestra.org</i></p>
<p><b>LA MAESTRA FAMILY CLINIC INC</b>  <i>Provider ID: 185268</i>   4060 FAIRMOUNT AVE                  SAN DIEGO, CA 92105-1608   <i>Phone: 619-255-9155</i>   <i>After Hours Phone:</i>                  619-255-9155  <i>License Number: A82639</i>  <i>Accepting New Patients: YES</i>   <i>Site English Spoken: Yes</i>  <i>Cultural Competency: No</i>  <i>American Sign Language (ASL):</i>                  N   <i>Accessibility: CONTACT PROVIDER</i>  <i>Medical Group/IPA: LA MAESTRA FAMILY CLINIC INC</i>   <i>Website: www.lamaestra.org</i></p>	<p><b>LA MAESTRA FAMILY CLINIC INC</b>  <i>Provider ID: 185268</i>   4060 FAIRMOUNT AVE                  SAN DIEGO, CA 92105-1608   <i>Phone: 619-255-9155</i>   <i>After Hours Phone:</i>                  619-255-9155  <i>License Number: DC28966</i>  <i>Accepting New Patients: YES</i>   <i>Site English Spoken: Yes</i>  <i>Cultural Competency: No</i>  <i>American Sign Language (ASL):</i>                  N   <i>Accessibility: CONTACT PROVIDER</i>  <i>Medical Group/IPA: LA MAESTRA FAMILY CLINIC INC</i>   <i>Website: www.lamaestra.org</i></p>	<p><b>LA MAESTRA FAMILY CLINIC INC</b>  <i>Provider ID: 185268</i>   4060 FAIRMOUNT AVE                  SAN DIEGO, CA 92105-1608   <i>Phone: 619-255-9155</i>   <i>After Hours Phone:</i>                  619-255-9155  <i>License Number: G87837</i>  <i>Accepting New Patients: YES</i>   <i>Site English Spoken: Yes</i>  <i>Cultural Competency: No</i>  <i>American Sign Language (ASL):</i>                  N   <i>Accessibility: CONTACT PROVIDER</i>  <i>Medical Group/IPA: LA MAESTRA FAMILY CLINIC INC</i>   <i>Website: www.lamaestra.org</i></p>



<p><i>g</i></p> <p><b>LA MAESTRA FAMILY CLINIC INC</b>                      Provider ID: 185268   4060 FAIRMOUNT AVE                      SAN DIEGO, CA 92105-1608   Phone: 619-255-9155   After Hours Phone:                      619-255-9155                      License Number: NP95013257                      Accepting New Patients: YES  <input type="checkbox"/> Site English Spoken: Yes                      Cultural Competency: No                      American Sign Language (ASL):                      N   Accessibility: CONTACT                      PROVIDER                      Medical Group/IPA: LA                      MAESTRA FAMILY CLINIC INC   Website: www.lamaestra.or  <i>g</i></p>	<p><i>g</i></p> <p><b>LA MAESTRA FAMILY CLINIC INC</b>                      Provider ID: 185268   4060 FAIRMOUNT AVE                      SAN DIEGO, CA 92105-1608   Phone: 619-255-9155   After Hours Phone:                      619-255-9155                      License Number: PA21625                      Accepting New Patients: YES  <input type="checkbox"/> Site English Spoken: Yes                      Cultural Competency: No                      American Sign Language (ASL):                      N   Accessibility: CONTACT                      PROVIDER                      Medical Group/IPA: LA                      MAESTRA FAMILY CLINIC INC   Website: www.lamaestra.or  <i>g</i></p>	<p> Website: www.lamaestra.or  <i>g</i></p> <p><b>NESTOR COMMUNITY HEALTH CENTER</b>                      Provider ID: 214492   1016 OUTER RD                      SAN DIEGO, CA 92154-1351   Phone: 619-429-3733   After Hours Phone:                      619-429-3733                      License Number: A112781                      Accepting New Patients: YES  <input type="checkbox"/> Site English Spoken: Yes  <input type="checkbox"/> Site Languages(s) Spoken:                      Spanish                      Cultural Competency: No                      American Sign Language (ASL):                      N   Accessibility: CONTACT                      PROVIDER                      Medical Group/IPA: NESTOR                      COMMUNITY HEALTH CENTER   Website: www.ibclinic.org</p>
<p><b>LA MAESTRA FAMILY CLINIC INC</b>                      Provider ID: 185268   4060 FAIRMOUNT AVE                      SAN DIEGO, CA 92105-1608   Phone: 619-255-9155   After Hours Phone:                      619-255-9155                      License Number: PA13694                      Accepting New Patients: YES  <input type="checkbox"/> Site English Spoken: Yes                      Cultural Competency: No                      American Sign Language (ASL):                      N   Accessibility: CONTACT                      PROVIDER                      Medical Group/IPA: LA                      MAESTRA FAMILY CLINIC INC   Website: www.lamaestra.or</p>	<p><b>LA MAESTRA FAMILY CLINIC INC</b>                      Provider ID: 185268   4060 FAIRMOUNT AVE                      SAN DIEGO, CA 92105-1608   Phone: 619-255-9155                      Fax: 619-284-4731   After Hours Phone:                      619-255-9155                      License Number: 20A6433                      Accepting New Patients: YES  <input type="checkbox"/> Site English Spoken: Yes                      Cultural Competency: No                      American Sign Language (ASL):                      N   Accessibility: CONTACT                      PROVIDER                      Medical Group/IPA: LA                      MAESTRA FAMILY CLINIC INC</p>	<p><b>NESTOR COMMUNITY HEALTH CENTER</b>                      Provider ID: 214492   1016 OUTER RD                      SAN DIEGO, CA 92154-1351   Phone: 619-429-3733   After Hours Phone:                      619-429-3733                      License Number: A165398                      Accepting New Patients: YES  <input type="checkbox"/> Site English Spoken: Yes  <input type="checkbox"/> Site Languages(s) Spoken:                      Spanish                      Cultural Competency: No                      American Sign Language (ASL):                      N   Accessibility: CONTACT</p>

**PROVIDER**  
 Medical Group/IPA: NESTOR  
 COMMUNITY HEALTH CENTER  
 Website: www.ibclinic.org

**NESTOR COMMUNITY HEALTH CENTER**

Provider ID: 214492  
 1016 OUTER RD  
 SAN DIEGO, CA 92154-1351  
 Phone: 619-429-3733  
 After Hours Phone:  
 619-429-3733  
 License Number: NP22031

Accepting New Patients: 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

Accepting New Patients: 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  
 Accepting New Patients: 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

**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: Y  
 Min/Max Age: 0\150  
 Site English Spoken: Y  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: N

Hours: M-TU  
 8:30AM-5:30PM  
 W 10:00AM-7:00PM  
 TH-F 8:30AM-5:30PM  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: Operation  
 Samahan  
 Website: www.operationsa  
 mahan.org



**OPERATION SAMAHAN RANCHO PENASQUITOS**

Provider ID: 418535  
 9995 CARMEL MOUNTAIN  
 RD STE B10 AND B11  
 SAN DIEGO, CA 92129  
 Phone: (844) 200-2426  
 Fax: (858) 695-9074







After Hours Phone: (844)  
 200-2426  
 License Number: 550003857  
 NPI: 1699216622

Accepting New Patients: Y  
 Min/Max Age: 0\150  
 Site English Spoken: Y  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: N

Hours: M-TU  
 8:30AM-5:30PM  
 W 10:00AM-7:00PM  
 TH-F 8:30AM-5:30PM  
 American Sign Language (ASL):  
 N

 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: Operation Samahan  
 *Website: www.operationsamahan.org*

**OPERATION SAMAHAN RANCHO PENASQUITOS**

*Provider ID: 418535*  
 9995 CARMEL MOUNTAIN RD STE B10 AND B11 SAN DIEGO, CA 92129  
 *Phone: (844) 200-2426*  
*Fax: (858) 695-9074*  
 *After Hours Phone: (844) 200-2426*  
*License Number: 550003857*  
*NPI: 1699216622*  
*Accepting New Patients: Y*  
*Min/Max Age: 0\150*  
 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Spanish*  
*Cultural Competency: N*  
 *Hours: M-TU 8:30AM-5:30PM W 10:00AM-7:00PM TH-F 8:30AM-5:30PM*

*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: Operation Samahan  
 *Website: www.operationsamahan.org*

**OPERATION SAMAHAN RANCHO PENASQUITOS**


*Provider ID: 418535*  
 9995 CARMEL MOUNTAIN



RD STE B10 AND B11 SAN DIEGO, CA 92129  
 *Phone: (844) 200-2426*  
*Fax: (858) 695-9074*  
 *After Hours Phone: (844) 200-2426*  
*License Number: 550002478*  
*NPI: 1699216622*  
*Accepting New Patients: Y*  
*Min/Max Age: 0\150*

 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Spanish*  
*Cultural Competency: N*  
 *Hours: M-TU 8:30AM-5:30PM W 10:00AM-7:00PM TH-F 8:30AM-5:30PM*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: Operation Samahan  
 *Website: www.operationsamahan.org*









**FAMILY HLTH CTR SAN DIEGO-BEACH AREA**

*Provider ID: 402851*  
 3705 MISSION BLVD SAN DIEGO, CA 92109  
 *Phone: (619) 515-2444*  
*Fax: (858) 488-1394*  
 *After Hours Phone: (619) 515-2444*  
*License Number: 080000115*  
*NPI: 1386689701*  
*Accepting New Patients: Y*  
*Min/Max Age: 0\150*  
 *Site English Spoken: Y*  
*Cultural Competency: N*

 *Hours: M-W 8:30AM-5:30PM TH 9:00AM-6:00PM F 8:30AM-5:30PM*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: Family Health Centers of San Diego  
 *Website: www.fhcsd.org*  
*Email: sabay@fhcsd.org*

**OPERATION SAMAHAN - MIRA MESA**

*Provider ID: 417101*  
 10737 CAMINO RUIZ STE 235 SAN DIEGO, CA 92126  
 *Phone: (844) 200-2426*  
*Fax: (858) 578-4417*  
 *After Hours Phone: (844) 200-2426*  
*License Number: 080000146*  
*NPI: 1871680397*  
*Accepting New Patients: Y*  
*Min/Max Age: 0\150*  
 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Spanish, Tagalog*  
*Cultural Competency: Y*  
 *Hours: M-F 8:00AM-4:30PM*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: Operation Samahan  
 *Website: www.operationsamahan.org*

**OPERATION SAMAHAN - MIRA MESA**

Provider ID: 432308  
 9855 ERMA RD STE 105  
 SAN DIEGO, CA 92131  
 Phone: (844) 200-2426  
 Fax: (858) 536-8034  
 After Hours Phone: (844) 200-2426  
 License Number: 080000146  
 NPI: 1861933897  
 Accepting New Patients: Y  
 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

**SAN DIEGO FAMILY CARE**

Provider ID: 482070  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
 Fax: (858) 633-4680  
 After Hours Phone: (858) 810-8700  
 NPI: 1457724858  
 Accepting New Patients: Y  
 Min/Max Age: 0\150  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Lithuanian, Vietnamese, Spanish, Chinese  
 Cultural Competency: Y  
 Hours: M 8:30AM-5:30PM  
 TU 8:30AM-8:30PM

W-F 8:30AM-5:30PM  
 SA 9:00AM-4:00PM  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP of Southern Cal-PHP  
 Website: www.sdfamilycare.org

**LINDA VISTA HEALTH CARE CTR**

Provider ID: 206046  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 Fax: (858) 633-4680  
 After Hours Phone: (858) 279-0925  
 NPI: 1609905215  
 Accepting New Patients: Y  
 Min/Max Age: 0\150  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Vietnamese, Spanish, Chinese, Lithuanian  
 Cultural Competency: Y  
 Hours: M-F 8:30AM-5:30PM  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP of Southern Cal-PHP  
 Website: www.sdfamilycare.org

**LINDA VISTA HEALTH CARE CTR**

Provider ID: 206046

6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 Fax: (858) 633-4680  
 After Hours Phone: (858) 279-0925  
 NPI: 1780665877  
 Accepting New Patients: Y  
 Min/Max Age: 0\150  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Vietnamese, Spanish, Chinese, Lithuanian  
 Cultural Competency: Y  
 Hours: M-F 8:30AM-5:30PM  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP of Southern Cal-PHP  
 Website: www.sdfamilycare.org

**FAMILY HLTH CTR SD HILLCREST**

Provider ID: 417937  
 4094 4TH AVE  
 SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 Fax: (619) 501-9645  
 After Hours Phone: (619) 515-2545  
 License Number: 550003099  
 NPI: 1629456900  
 Accepting New Patients: Y  
 Min/Max Age: 0\150  
 Site English Spoken: Y  
 Cultural Competency: N  
 Hours: M-TH 8:00AM-9:00PM

**Blue Shield Promise Medi-Cal فهرست ارائه‌دهندگان شبکه .D  
.D1. کلینیکهای بهداشتی واجد صلاحیت فدرال**

F 8:00AM-5:00PM  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Medical Group/IPA: Family Health Centers of San Diego  
Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

**LA MAESTRA FAMILY CLINIC INC**

Provider ID: 185268  
4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105  
Phone: (619) 280-4213  
Fax: (619) 795-9849  
After Hours Phone: (619) 280-4213  
NPI: 1336353721  
Accepting New Patients: Y  
Min/Max Age: 0\150  
Site English Spoken: Y  
Cultural Competency: N  
Hours: M-F  
8:00AM-5:00PM  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Medical Group/IPA: La Maestra Family Clinic  
Website: [www.lamaestra.org](http://www.lamaestra.org)  
Email: [aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

**MID-CITY COMMUNITY CLINIC**

Provider ID: 233597  
4290 POLK AVE  
SAN DIEGO, CA 92105  
Phone: (619) 563-0250

Fax: (858) 633-4681  
After Hours Phone: (619) 563-0250  
NPI: 1962483040  
Accepting New Patients: Y  
Min/Max Age: 0\150  
Site English Spoken: Y  
Cultural Competency: N  
Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-2:00PM  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP of Southern Cal-PHP  
Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

**MID-CITY COMMUNITY CLINIC**

Provider ID: 233532  
4305 UNIVERSITY AVE STE 150  
SAN DIEGO, CA 92105  
Phone: (619) 280-2058  
Fax: (858) 633-4682  
After Hours Phone: (619) 280-2058  
NPI: 1962483040  
Accepting New Patients: Y  
Min/Max Age: 0\22  
Site English Spoken: Y  
Cultural Competency: Y  
Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-2:00PM  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Medical Group/IPA: IHP of

Southern Cal-PHP  
Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)


**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: Y  
Min/Max Age: 0\150  
Site English Spoken: Y  
Cultural Competency: N  
American Sign Language (ASL): N




Accessibility: CONTACT PROVIDER  
Medical Group/IPA: Family Health Centers of San Diego  
Website: [www.fhcsd.org](http://www.fhcsd.org)

**NORTH PARK FAMILY HEALTH CENTERS**



Provider ID: 416831  
3514 30TH ST  
SAN DIEGO, CA 92104  
Phone: (619) 515-2424  
Fax: (619) 683-7586  
After Hours Phone: (619) 515-2424  
License Number: 090000469  
NPI: 1700821303  
Accepting New Patients: Y  
Min/Max Age: 0\18  
Site English Spoken: Y  
Cultural Competency: N  
Hours: M-TH

8:00AM-5:00PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: Family  
 Health Centers of San Diego  
 Website: www.fhcsd.org  
 Email: jenanm@fhcsd.org


**SAN YSIDRO HEALTH  
 COMMUNITY HEIGHTS FAMILY  
 MED**

Provider ID: 517998  
 4690 EL CAJON BLVD  
 SAN DIEGO, CA 92115  
 Phone: (619) 662-4100  
 Fax: (619) 824-9076  
 After Hours Phone: (619)  
 662-4100  
 License Number: 550003882  
 NPI: 1205477841

Accepting New Patients: Y  
 Min/Max Age: 0\120

 Site English Spoken: Y  
 Site Languages(s) Spoken:  
 Chinese, Spanish, Tagalog,  
 Vietnamese

Cultural Competency: N

 Hours: M-F  
 8:00AM-5:00PM

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: IHP of  
 Southern Cal-PHP

 Website: N/A


**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: N  
 Min/Max Age: 0\999

 Site English Spoken: Y  
 Cultural Competency: N

 Hours: M-F  
 8:00AM-5:30PM

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA: IHP of  
 Southern Cal-PHP

 Website: N/A

**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: Y  
 Min/Max Age: 0\120

 Site English Spoken: Y  
 Cultural Competency: N

 Hours: M-F  
 8:00AM-5:00PM

American Sign Language (ASL):  
 N


 Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: IHP of  
 Southern Cal-PHP  
 Website: N/A

**SHERMAN HEIGHTS FAMILY  
 HLTH CTRS INC**

Provider ID: 356145

 2391 ISLAND AVE  
 SAN DIEGO, CA 92102

 Phone: (619) 515-2435  
 Fax: (619) 515-2435

 After Hours Phone: (619)  
 515-2435

NPI: 1174549232

Accepting New Patients: Y  
 Min/Max Age: 0\150

 Site English Spoken: Y  
 Cultural Competency: N

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: Family  
 Health Centers of San Diego


 Website: N/A

Email: dalvarado@fhcsd.org

**FAMILY HLTH CTR OF SD SAN  
 DIEGO COMMERCIAL**

Provider ID: 419529

 2325 COMMERCIAL ST STE  
 1400

SAN DIEGO, CA 92113  
 Phone: (619) 515-2422

Fax: (619) 269-0053

 After Hours Phone: (619)  
 515-2422

License Number: 550003113  
 NPI: 1235521782

Accepting New Patients: Y  
 Min/Max Age: 0\150

Site English Spoken: Y  
 Cultural Competency: N

Hours: M-F  
 8:00AM-5:00PM

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: Family  
 Health Centers of San Diego

Website: www.fhcsd.org  
 Email: dalvarado@fhcsd.org

### FAMILY HLTH CTR SAN DIEGO- CITY COLLEGE

Provider ID: 417429

1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101

Phone: (619) 515-2525  
 Fax: (619) 501-5814

After Hours Phone: (619)  
 515-2525

License Number: 550002865  
 NPI: 1952729303

Accepting New Patients: Y  
 Min/Max Age: 0\150

Site English Spoken: Y  
 Cultural Competency: N

Hours: M-F  
 8:30AM-5:30PM

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: Family  
 Health Centers of San Diego

Website: www.fhcsd.org  
 Email: janeta@fhcsd.org

### 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: Y  
 Min/Max Age: 0\150

Site English Spoken: Y  
 Site Languages(s) Spoken:  
 Korean, Spanish, Hindi

Cultural Competency: N

Hours: M-F  
 8:00AM-5:00PM

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: IHP of  
 Southern Cal-PHP

Website: WWW.SDAIHC.ORG

### FAMILY HEALTH CTR IBARRA

Provider ID: 417987

4874 POLK AVE  
 SAN DIEGO, CA 92105

Phone: (619) 515-2426  
 Fax: (619) 255-8002

After Hours Phone: (619)  
 515-2426

License Number: 550003108  
 NPI: 1477953933

Accepting New Patients: Y  
 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

### DOWNTOWN FAMILY CTR AT CONNECTIONS

Provider ID: 417782

1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101

Phone: (619) 515-2430  
 Fax: (619) 578-2410

After Hours Phone: (619)  
 515-2430

License Number: 550002251  
 NPI: 1588901045

Accepting New Patients: Y  
 Min/Max Age: 0\150

Site English Spoken: Y  
 Cultural Competency: N

Hours: M-F  
 8:00AM-5:00PM

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: Family  
 Health Centers of San Diego

Website: www.fhcsd.org  
 Email: jinah@fhcsd.org

### FAMILY HEALTH CTR OF SD- ELM ST

Provider ID: 419167

140 ELM ST  
 SAN DIEGO, CA 92101

Phone: (619) 515-2520  
 Fax: (619) 231-0431

After Hours Phone: (619)  
 515-2520

License Number: 550002061

NPI: 1316419070

Accepting New Patients: Y

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

### 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: Y

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

### LOGAN HEIGHTS FAMILY

### HEALTH CENTER

Provider ID: 624977

2204 NATIONAL AVE  
 SAN DIEGO, CA 92113

Phone: (619) 515-2355

Fax: (619) 232-7011

After Hours Phone: (619) 515-2355

NPI: 1447281936

Accepting New Patients: Y

Min/Max Age: 0\150

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: Family

Health Centers of San Diego

Website: www.fhcsd.org

### FAMILY HEALTH CTR SAN DIEGO-OAK PARK

Provider ID: 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: Y

Min/Max Age: 0\150

Site English Spoken: Y

Cultural Competency: N

Hours: M-F

8:30AM-5:30PM

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: Family

Health Centers of San Diego

Website: www.fhcsd.org

Email: nancyl@fhcsd.org

### 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: Y

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

### DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

4725 MARKET ST  
 SAN DIEGO, CA 92102

Phone: (619) 515-2560

Fax: (619) 263-2499

After Hours Phone: (619) 515-2560

NPI: 1982747671

Accepting New Patients: Y

Min/Max Age: 0\150

Site English Spoken: Y



Cultural Competency: N  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: Family Health Centers of San Diego  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [nancyl@fhcsd.org](mailto: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: Y  
 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>

**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: Y  
 Min/Max Age: 0\150  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Chinese, Spanish, Tagalog, Vietnamese  
 Cultural Competency: Y  
 Hours: M-F  
 8:00AM-5:00PM  
 SA 8:00AM-4:00PM  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP of Southern Cal-PHP  
 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)

**NESTOR COMMUNITY HEALTH CENTER**

Provider ID: 214492  
 1016 OUTER RD  
 SAN DIEGO, CA 92154  
 Phone: (619) 429-3733  
 Fax: (619) 628-5550  
 After Hours Phone: (619) 429-3733  
 License Number: 550001474  
 NPI: 1215246996  
 Accepting New Patients: Y  
 Min/Max Age: 0\150  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 Cultural Competency: Y

Hours: M 8:30AM-5:00PM  
 TU-TH 8:30AM-8:00PM  
 F 8:30AM-5:00PM  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: IHP of Southern Cal-PHP  
 Website: [www.ibclinic.org](http://www.ibclinic.org)  
 Email: [avaldez@ibclinic.org](mailto:avaldez@ibclinic.org)

**SAN MARCOS**

**TRUECARE**

Provider ID: 625875  
 1595 GRAND AVE STE 100  
 SAN MARCOS, CA 92069-2973  
 Phone: 760-736-6767  
 After Hours Phone: 760-736-6767  
 License Number: G74757  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: TRUECARE  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**TRUECARE**

Provider ID: 625875  
 1595 GRAND AVE STE 100  
 SAN MARCOS, CA 92069-2973  
 Phone: 760-736-6767  
 After Hours Phone: 760-736-6767  
 License Number: 20A15159  
 Accepting New Patients: YES

**Blue Shield Promise Medi-Cal** فهرست ارائه‌دهندگان شبکه  
**D1**. کلینیک‌های بهداشتی واجد صلاحیت فدرال

Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish  
 Cultural Competency: No  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: TRUECARE  
 Website: www.ihpsocal.org

**TRUECARE**

Provider ID: 625875  
 1595 GRAND AVE STE 100  
 SAN MARCOS, CA  
 92069-2973  
 Phone: 760-736-6767  
 After Hours Phone: 760-736-6767  
 License Number: 20A17306  
 Accepting New Patients: 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  
 Accepting New Patients: 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  
 Accepting New Patients: 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  
 Accepting New Patients: 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  
 Accepting New Patients: 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: A71311  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish

Cultural Competency: No  
 American Sign Language (ASL): N  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: 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  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish  
 Cultural Competency: No  
 American Sign Language (ASL): N  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: 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  
 Accepting New Patients: 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  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish  
 Cultural Competency: No  
 American Sign Language (ASL): N  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: 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  
 Accepting New Patients: 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**






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 1595 GRAND AVE STE 100  
 SAN MARCOS, CA  
 92069-2973  
 Phone: 760-736-6767  
 After Hours Phone: 760-736-6767  
 License Number: NM235844  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish  
 Cultural Competency: No  
 American Sign Language (ASL): N  
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 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: TRUECARE  
 Website: www.ihpsocal.org

**TRUECARE**





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 1595 GRAND AVE STE 100  
 SAN MARCOS, CA  
 92069-2973  
 Phone: 760-736-6767  
 After Hours Phone: 760-736-6767  
 License Number: NM235997  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish  
 Cultural Competency: No  
 American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: TRUECARE   
 Website: www.ihpsocal.org

**TRUECARE**






*Provider ID: 625875*  
 1595 GRAND AVE STE 100  
 SAN MARCOS, CA  
 92069-2973  
 *Phone: 760-736-6767*  
 *After Hours Phone:  
 760-736-6767*  
*License Number: NP18874*  
*Accepting New Patients: 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*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
 *Site Languages(s) Spoken:  
 Spanish*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

*PROVIDER*  
 Medical Group/IPA: TRUECARE   
 Website: www.ihpsocal.org

**TRUECARE**






*Provider ID: 625875*  
 1595 GRAND AVE STE 100  
 SAN MARCOS, CA  
 92069-2973  
 *Phone: 760-736-6767*  
 *After Hours Phone:  
 760-736-6767*  
*License Number: NP21368*  
*Accepting New Patients: 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*  
*Accepting New Patients: 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*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
 *Site Languages(s) Spoken:  
 Spanish*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: TRUECARE   
 Website: www.ihpsocal.org

**TRUECARE**






*Provider ID: 625875*  
 1595 GRAND AVE STE 100  
 SAN MARCOS, CA  
 92069-2973  
 *Phone: 760-736-6767*  
 *After Hours Phone:  
 760-736-6767*  
*License Number: NP95003903*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
 *Site Languages(s) Spoken:  
 Spanish*  
*Cultural Competency: No*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: TRUECARE

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)






**TRUECARE**

Provider ID: 625875  
 1595 GRAND AVE STE 100  
 SAN MARCOS, CA  
 92069-2973  
 Phone: 760-736-6767  
 After Hours Phone:  
 760-736-6767  
 License Number: PA17101  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 American Sign Language (ASL): N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: TRUECARE  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)






**TRUECARE**

Provider ID: 625875  
 1595 GRAND AVE STE 100  
 SAN MARCOS, CA  
 92069-2973  
 Phone: 760-736-6767  
 After Hours Phone:  
 760-736-6767  
 License Number: PA19825  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 American Sign Language (ASL): N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: TRUECARE  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)






**TRUECARE**

Provider ID: 625875  
 1595 GRAND AVE STE 100  
 SAN MARCOS, CA  
 92069-2973  
 Phone: 760-736-6767  
 After Hours Phone:  
 760-736-6767  
 License Number: PA21723  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 American Sign Language (ASL): N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: TRUECARE  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)






**TRUECARE**

Provider ID: 625875  
 1595 GRAND AVE STE 100  
 SAN MARCOS, CA  
 92069-2973  
 Phone: 760-736-6767  
 After Hours Phone:  
 760-736-6767  
 License Number: PA22667  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 American Sign Language (ASL): N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: TRUECARE  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**TRUECARE**






Provider ID: 625875  
 1595 GRAND AVE STE 100  
 SAN MARCOS, CA  
 92069-2973  
 Phone: 760-736-6767  
 After Hours Phone:  
 760-736-6767  
 License Number: PA51867  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: TRUECARE  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**TRUECARE**

Provider ID: 625875  
 1595 GRAND AVE STE 100  
 SAN MARCOS, CA  
 92069-2973  
 Phone: 760-736-6767  
 Fax: 760-736-8740  
 After Hours Phone:  
 760-736-6767  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: TRUECARE  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**TRUECARE**

**Blue Shield Promise Medi-Cal** فهرست ارائه‌دهندگان شبکه  
**.D1** کلینیک‌های بهداشتی واجد صلاحیت فدرال

*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*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
 *Site Languages(s) Spoken:*  
 Spanish  
*Cultural Competency: No*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT*  
 PROVIDER  
*Medical Group/IPA: TRUECARE*  
 *Website: www.ihpsocal.org*

**TRUECARE**






*Provider ID: 625875*  
 1595 GRAND AVE STE 100  
 SAN MARCOS, CA  
 92078-2450  
 *Phone: 760-520-8200*  
*Fax: 360-462-2749*  
 *After Hours Phone:*  
 760-520-8200  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT*  
 PROVIDER  
*Medical Group/IPA: TRUECARE*  
 *Website: www.ihpsocal.org*

**TRUECARE**


*Provider ID: 625875*





 1595 GRAND AVE STE 100  
 SAN MARCOS, CA  
 92078-2450  
 *Phone: 760-520-8200*  
*Fax: 360-462-2749*  
 *After Hours Phone:*  
 760-520-8200  
*License Number: 80000167*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT*  
 PROVIDER  
*Medical Group/IPA: TRUECARE*  
 *Website: www.ihpsocal.org*

**TRUECARE**

*Provider ID: 625875*  
 1595 GRAND AVE STE 100  
 SAN MARCOS, CA  
 92078-2450  
 *Phone: 760-736-6767*  
*Fax: 760-736-6744*  
 *After Hours Phone:*  
 760-736-6767  
*License Number: 1598122871*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT*  
 PROVIDER  
*Medical Group/IPA: TRUECARE*  
 *Website: www.ihpsocal.org*

**TRUECARE**



*Provider ID: 625875*  
 1595 GRAND AVE STE 100  
 SAN MARCOS, CA




92078-2450  
 *Phone: 760-736-6767*  
*Fax: 760-736-6744*  
 *After Hours Phone:*  
 760-736-6767  
*License Number: NP18788*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT*  
 PROVIDER  
*Medical Group/IPA: TRUECARE*  
 *Website: www.ihpsocal.org*

**TRUECARE**






*Provider ID: 625875*  
 1595 GRAND AVE STE 100  
 SAN MARCOS, CA  
 92078-2450  
 *Phone: 760-736-6767*  
*Fax: 760-736-6744*  
 *After Hours Phone:*  
 760-736-6767  
*License Number: PA17718*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT*  
 PROVIDER  
*Medical Group/IPA: TRUECARE*  
 *Website: www.ihpsocal.org*

**TRUECARE**




*Provider ID: 614511*  
 1595 GRAND AVE STE 106  
 SAN MARCOS, CA  
 92078-2450  
 *Phone: 760-736-6767*

Fax: 760-736-6744  
 After Hours Phone:  
 760-736-6767  
 License Number: 80000167  
 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  
 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 VALPRED 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: Y  
 Min/Max Age: 0\150  
 Site English Spoken: Y  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: N  
 Hours: M-F  
 8:00AM-5:00PM  
 SA 8:00AM-5:00PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: IHP of  
 Southern Cal-PHP  
 Website: www.ihpsocal.org

**TRUECARE**

Provider ID: 206426  
 150 VALPRED RD  
 SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 Fax: (760) 736-8740  
 After Hours Phone: (760)  
 736-6767  
 License Number: 080000167  
 NPI: 1598484255  
 Accepting New Patients: Y  
 Min/Max Age: 0\150  
 Site English Spoken: Y  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: N  
 Hours: M-F  
 8:00AM-5:00PM  
 SA 8:00AM-5:00PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: IHP of  
 Southern Cal-PHP  
 Website: www.ihpsocal.org

**TRUECARE**

Provider ID: 206426  
 150 VALPRED 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: Y  
 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: Y

Min/Max Age: 0\999  
 Site English Spoken: Y  
 Cultural Competency: N  
 Hours: M-F  
 8:00AM-5:00PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: IHP of  
 Southern Cal-PHP  
 Website: www.ihpsocal.org

**TRUECARE**

Provider ID: 614511  
 1595 GRAND AVE STE 106  
 SAN MARCOS, CA 92078  
 Phone: (760) 736-6767  
 Fax: (760) 736-6744  
 After Hours Phone: (760)  
 736-6767

License Number: 080000167  
 NPI: 1245246917  
 Accepting New Patients: Y  
 Min/Max Age: 0\999  
 Site English Spoken: Y  
 Cultural Competency: N  
 Hours: M-F  
 8:00AM-5:00PM

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: IHP of  
 Southern Cal-PHP  
 Website: www.ihpsocal.org

**TRUECARE**

Provider ID: 614511  
 1595 GRAND AVE STE 106  
 SAN MARCOS, CA 92078  
 Phone: (760) 736-6767

Fax: (760) 736-6744  
 After Hours Phone: (760)  
 736-6767  
 License Number: 080000167  
 NPI: 1598484255  
 Accepting New Patients: Y  
 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  
 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  
 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: A113624  
 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*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT  
 PROVIDER*  
*Medical Group/IPA: SAN  
 YSIDRO HLTH SAN DIEGO  
 PACE SENIOR HLTH SVS*  
 *Website: www.ihpsocal.org*






**SAN YSIDRO HLTH SAN DIEGO  
 PACE SENIOR HLTH SVS**

*Provider ID: 227469*  
 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173-1322  
 *Phone: 619-662-4100*  
 *After Hours Phone:*  
 619-662-4100  
*License Number: A153975*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT  
 PROVIDER*  
*Medical Group/IPA: SAN  
 YSIDRO HLTH SAN DIEGO  
 PACE SENIOR HLTH SVS*  
 *Website: www.ihpsocal.org*

**SAN YSIDRO HLTH SAN DIEGO  
 PACE SENIOR HLTH SVS**

*Provider ID: 227469*  
 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173-1322  
 *Phone: 619-662-4100*  
 *After Hours Phone:*  
 619-662-4100  
*License Number: A32571*  
*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*  
*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*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT  
 PROVIDER*  
*Medical Group/IPA: SAN  
 YSIDRO HLTH SAN DIEGO  
 PACE SENIOR HLTH SVS*  
 *Website: www.ihpsocal.org*



**SAN YSIDRO HLTH SAN DIEGO  
 PACE SENIOR HLTH SVS**

*Provider ID: 227469*  
 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173-1322  
 *Phone: 619-662-4100*  
 *After Hours Phone:*  
 619-662-4100  
*License Number: A40473*  
*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: A167529*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT  
 PROVIDER*  
*Medical Group/IPA: SAN  
 YSIDRO HLTH SAN DIEGO  
 PACE SENIOR HLTH SVS*  
 *Website: www.ihpsocal.org*




**SAN YSIDRO HLTH SAN DIEGO  
 PACE SENIOR HLTH SVS**

*Provider ID: 227469*  
 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173-1322  
 *Phone: 619-662-4100*  
 *After Hours Phone:*  
 619-662-4100  
*License Number: C42207*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT  
 PROVIDER*  
*Medical Group/IPA: SAN  
 YSIDRO HLTH SAN DIEGO  
 PACE SENIOR HLTH SVS*  
 *Website: www.ihpsocal.org*




**SAN YSIDRO HLTH SAN DIEGO  
 PACE SENIOR HLTH SVS**

*Provider ID: 227469*  
 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173-1322  
 *Phone: 619-662-4100*  
 *After Hours Phone:*  
 619-662-4100  
*License Number: G66745*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT  
 PROVIDER*  
*Medical Group/IPA: SAN  
 YSIDRO HLTH SAN DIEGO  
 PACE SENIOR HLTH SVS*  
 *Website: www.ihpsocal.org*






**SAN YSIDRO HLTH SAN DIEGO  
 PACE SENIOR HLTH SVS**

*Provider ID: 227469*  
 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173-1322  
 *Phone: 619-662-4100*  
 *After Hours Phone:*  
 619-662-4100  
*License Number: A51843*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT  
 PROVIDER*  
*Medical Group/IPA: SAN  
 YSIDRO HLTH SAN DIEGO  
 PACE SENIOR HLTH SVS*  
 *Website: www.ihpsocal.org*

**SAN YSIDRO HLTH SAN DIEGO  
 PACE SENIOR HLTH SVS**

*Provider ID: 227469*  
 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173-1322  
 *Phone: 619-662-4100*  
 *After Hours Phone:*  
 619-662-4100  
*License Number: DPM2930*  
*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*  
*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: NP95001960*  
*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: NP95003721*  
*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: NP95017732*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT  
 PROVIDER*  
*Medical Group/IPA: SAN  
 YSIDRO HLTH SAN DIEGO  
 PACE SENIOR HLTH SVS*  
 *Website: www.ihpsocal.org*




**SAN YSIDRO HLTH SAN DIEGO  
 PACE SENIOR HLTH SVS**

*Provider ID: 227469*  
 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173-1322  
 *Phone: 619-662-4100*  
 *After Hours Phone:*  
 619-662-4100  
*License Number: NP95003671*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT  
 PROVIDER*  
*Medical Group/IPA: SAN  
 YSIDRO HLTH SAN DIEGO  
 PACE SENIOR HLTH SVS*  
 *Website: www.ihpsocal.org*


**SAN YSIDRO HLTH SAN DIEGO  
 PACE SENIOR HLTH SVS**

*Provider ID: 227469*  
 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173-1322  
 *Phone: 619-662-4100*  
 *After Hours Phone:*  
 619-662-4100  
*License Number: NP95004315*  
*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: NP95019995*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT  
 PROVIDER*  
*Medical Group/IPA: SAN  
 YSIDRO HLTH SAN DIEGO  
 PACE SENIOR HLTH SVS*  
 *Website: www.ihpsocal.org*

**SAN YSIDRO HLTH SAN DIEGO  
 PACE SENIOR HLTH SVS**

Provider ID: 227469  
 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173-1322  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: PA58672  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: SAN  
 YSIDRO HLTH SAN DIEGO  
 PACE SENIOR HLTH SVS  
 Website: www.ihpsocal.org





**SAN YSIDRO HLTH SAN DIEGO  
 PACE SENIOR HLTH SVS**

Provider ID: 227469  
 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173-1322  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: PT302385  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: SAN  
 YSIDRO HLTH SAN DIEGO  
 PACE SENIOR HLTH SVS  
 Website: www.ihpsocal.org

**SAN YSIDRO HLTH SAN DIEGO  
 PACE SENIOR HLTH SVS**






Provider ID: 227469  
 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173-1322  
 Phone: 619-662-4100  
 Fax: 619-600-4870  
 After Hours Phone:  
 619-662-4100  
 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: 20A12555  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH MATERNAL  
 AND CHILD HEALTH CTR


 Website: www.ihpsocal.org

**SAN YSIDRO HEALTH  
 MATERNAL AND CHILD  
 HEALTH CTR**




Provider ID: 227411  
 4050 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: 20A14222  
 Accepting 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  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT




**PROVIDER**  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH MATERNAL  
 AND CHILD HEALTH CTR  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**SAN YSIDRO HEALTH  
 MATERNAL AND CHILD  
 HEALTH CTR**

Provider ID: 227411  
 4050 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: 20A8516  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No




American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH MATERNAL  
 AND CHILD HEALTH CTR  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)



**SAN YSIDRO HEALTH  
 MATERNAL AND CHILD  
 HEALTH CTR**

Provider ID: 227411  
 4050 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: A111118  
 Accepting New Patients: YES  
 Site English Spoken: Yes




Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH MATERNAL  
 AND CHILD HEALTH CTR  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)



**SAN YSIDRO HEALTH  
 MATERNAL AND CHILD  
 HEALTH CTR**

Provider ID: 227411  
 4050 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100



License Number: A112627  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH MATERNAL  
 AND CHILD HEALTH CTR  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)



**SAN YSIDRO HEALTH  
 MATERNAL AND CHILD  
 HEALTH CTR**

Provider ID: 227411  
 4050 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:

619-662-4100  
 License Number: A113914  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH MATERNAL  
 AND CHILD HEALTH CTR  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)


**SAN YSIDRO HEALTH  
 MATERNAL AND CHILD  
 HEALTH CTR**

Provider ID: 227411  
 4050 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100







License Number: A138938  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH MATERNAL  
 AND CHILD HEALTH CTR  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**SAN YSIDRO HEALTH  
 MATERNAL AND CHILD  
 HEALTH CTR**





Provider ID: 227411

 4050 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: A157505  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH MATERNAL  
 AND CHILD HEALTH CTR  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**SAN YSIDRO HEALTH  
 MATERNAL AND CHILD  
 HEALTH CTR**


Provider ID: 227411  
 4050 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: A169577  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH MATERNAL  
 AND CHILD HEALTH CTR  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**SAN YSIDRO HEALTH  
 MATERNAL AND CHILD  
 HEALTH CTR**







Provider ID: 227411  
 4050 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: A175006  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH MATERNAL  
 AND CHILD HEALTH CTR  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**SAN YSIDRO HEALTH  
 MATERNAL AND CHILD  
 HEALTH CTR**





Provider ID: 227411  
 4050 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: A178949  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: SAN



YSIDRO HEALTH MATERNAL  
 AND CHILD HEALTH CTR  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**SAN YSIDRO HEALTH  
 MATERNAL AND CHILD  
 HEALTH CTR**





Provider ID: 227411  
 4050 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: A47906  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH MATERNAL  
 AND CHILD HEALTH CTR  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)



**SAN YSIDRO HEALTH  
 MATERNAL AND CHILD  
 HEALTH CTR**

Provider ID: 227411  
 4050 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: A74960  
 Accepting 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*  
*Accepting 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: C149818*

*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*





N  
 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR  
 *Website: www.ihpsocal.org*



**SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**


*Provider ID: 227411*  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
 *Phone: 619-662-4100*  
 *After Hours Phone: 619-662-4100*  
*License Number: C158543*  
*Accepting 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*  
*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*



92173-2007  
 *Phone: 619-662-4100*  
 *After Hours Phone: 619-662-4100*  
*License Number: C160626*

*Accepting New Patients: YES*  
 *Site English Spoken: Yes*  
*Cultural Competency: No*  
*American Sign Language (ASL):*




N  
 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR  
 *Website: www.ihpsocal.org*

**SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

*Provider ID: 227411*  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173-2007  
 *Phone: 619-662-4100*  
 *After Hours Phone: 619-662-4100*  
*License Number: G52183*  
*Accepting 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: C149818*

**SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

**HEALTH CTR**

Provider ID: 227411

4050 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007

Phone: 619-662-4100

Fax: 619-205-1948

After Hours Phone:  
 619-662-4100

License Number: A49307

Accepting New Patients: YES

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: SAN  
 YSIDRO HEALTH MATERNAL  
 AND CHILD HEALTH CTR

Website: www.ihpsocal.org

**SAN YSIDRO HEALTH  
 MATERNAL AND CHILD  
 HEALTH CTR**

Provider ID: 227411

4050 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007

Phone: 619-662-4100

Fax: 619-205-1948

After Hours Phone:  
 619-662-4100

License Number: A63844

Accepting 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: A72721

Accepting 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

Accepting New Patients: YES

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: SAN  
 YSIDRO HEALTH MATERNAL  
 AND CHILD HEALTH CTR

Website: www.ihpsocal.org

**SAN YSIDRO HEALTH  
 MATERNAL AND CHILD  
 HEALTH CTR**

Provider ID: 227411

4050 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007

Phone: 619-662-4100

Fax: 619-205-1948

After Hours Phone:  
 619-662-4100

License Number: G20087

Accepting New Patients: YES

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: SAN  
 YSIDRO HEALTH MATERNAL  
 AND CHILD HEALTH CTR

Website: www.ihpsocal.org

**SAN YSIDRO HEALTH SAN  
 YSIDRO HEALTH CENTER**






Provider ID: 206292

4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007







Phone: 619-662-4100

Fax: 619-205-6341









 After Hours Phone:  
619-662-4100  
License Number: A164201  
Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER  
 Website: www.ihpsocal.org

**SAN YSIDRO HEALTH SAN  
YSIDRO HEALTH CENTER**






Provider ID: 206292  
 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
Fax: 619-205-6341  
 After Hours Phone:  
619-662-4100  
License Number: 20A7241  
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 N

**SAN YSIDRO HEALTH SAN  
YSIDRO HEALTH CENTER**




Provider ID: 206292  
 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
Fax: 619-205-6341  
 After Hours Phone:  
619-662-4100  
License Number: DPM2930  
Accepting New Patients: YES  
 Site English Spoken: Yes  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER  
 Website: www.ihpsocal.org


**SAN YSIDRO HEALTH SAN  
YSIDRO HEALTH CENTER**

Provider ID: 206292  
 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100  
License Number: PA17162  
Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese  
Cultural Competency: No  
American Sign Language (ASL):

 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  
Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
Spanish, Tagalog,  
Portuguese  
Cultural Competency: No  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

Medical Group/IPA: SAN  
YSIDRO HEALTH SAN YSIDRO  
HEALTH CENTER  
 Website: www.ihpsocal.org

**SAN YSIDRO HEALTH SAN  
YSIDRO HEALTH CENTER**

Provider ID: 206292  
 4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
619-662-4100

License Number: NP95003355

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
 Spanish, Tagalog,  
 Portuguese

Cultural Competency: No

American Sign Language (ASL):  
 N


 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA: SAN  
 YSIDRO HEALTH SAN YSIDRO  
 HEALTH CENTER

 Website: www.ihpsocal.org


**SAN YSIDRO HEALTH SAN  
 YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007

 Phone: 619-662-4100

Fax: 619-205-6305

 After Hours Phone:  
 619-662-4100

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

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
 Spanish, Tagalog,  
 Portuguese

Cultural Competency: No

American Sign Language (ASL):  
 N


 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA: SAN  
 YSIDRO HEALTH SAN YSIDRO  
 HEALTH CENTER

 Website: www.ihpsocal.org

**SAN YSIDRO HEALTH SAN  
 YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
 619-662-4100

License Number: DC33693

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
 Spanish, Tagalog,  
 Portuguese

Cultural Competency: No

American Sign Language (ASL):  
 N


 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA: SAN  
 YSIDRO HEALTH SAN YSIDRO  
 HEALTH CENTER

 Website: www.ihpsocal.org

**SAN YSIDRO HEALTH SAN  
 YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
 619-662-4100

License Number: C51110

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
 Spanish, Tagalog,  
 Portuguese

Cultural Competency: No

American Sign Language (ASL):  
 N


 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA: SAN  
 YSIDRO HEALTH SAN YSIDRO  
 HEALTH CENTER

 Website: www.ihpsocal.org

**SAN YSIDRO HEALTH SAN  
 YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
 619-662-4100

License Number: G80107

Accepting New Patients: YES

- Site English Spoken: Yes
- Site Languages(s) Spoken: Spanish, Tagalog, Portuguese

Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: NP12112

Accepting New Patients: YES

- Site English Spoken: Yes
- Site Languages(s) Spoken: Spanish, Tagalog, Portuguese

Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: G59670

Accepting New Patients: YES

- Site English Spoken: Yes
- Site Languages(s) Spoken: Spanish, Tagalog, Portuguese

Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

After Hours Phone:  
619-662-4100

License Number: G81461

Accepting New Patients: YES

- Site English Spoken: Yes
- Site Languages(s) Spoken: Spanish, Tagalog, Portuguese

Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: SAN

YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100

Fax: 619-205-6341

After Hours Phone:  
619-662-4100

License Number: A55469

Accepting New Patients: YES

- Site English Spoken: Yes
- Site Languages(s) Spoken: Spanish, Tagalog, Portuguese

Cultural Competency: No

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292





4004 BEYER BLVD  
SAN YSIDRO, CA  
92173-2007

Phone: 619-662-4100








After Hours Phone:  
619-662-4100

License Number: A84160

Accepting New Patients: YES

 Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish, Tagalog, Portuguese  
 Cultural Competency: No  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER  
 Website: www.ihpsocal.org

**SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**







Provider ID: 206292  
 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007  
 Phone: 619-662-4100  
 After Hours Phone: 619-662-4100  
 License Number: A71304  
 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  
 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  
 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  
 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: A99433  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:


Spanish, Tagalog,  
 Portuguese  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH SAN YSIDRO  
 HEALTH CENTER  
 Website: www.ihpsocal.org



**SAN YSIDRO HEALTH SAN  
 YSIDRO HEALTH CENTER**



Provider ID: 206292  
 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: A93785  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish, Tagalog,  
 Portuguese  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH SAN YSIDRO  
 HEALTH CENTER  
 Website: www.ihpsocal.org




**SAN YSIDRO HEALTH SAN  
 YSIDRO HEALTH CENTER**


Provider ID: 206292  
 4004 BEYER BLVD  
 SAN YSIDRO, CA

92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: C42207  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish, Tagalog,  
 Portuguese  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH SAN YSIDRO  
 HEALTH CENTER  
 Website: www.ihpsocal.org




**SAN YSIDRO HEALTH SAN  
 YSIDRO HEALTH CENTER**



Provider ID: 206292  
 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: A66885  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish, Tagalog,  
 Portuguese  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH SAN YSIDRO




HEALTH CENTER  
 Website: www.ihpsocal.org

**SAN YSIDRO HEALTH SAN  
 YSIDRO HEALTH CENTER**

Provider ID: 206292  
 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: A56153  
 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  
 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: A49267  
 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  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish, Tagalog,  
 Portuguese  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH SAN YSIDRO  
 HEALTH CENTER  
 Website: www.ihpsocal.org

**SAN YSIDRO HEALTH SAN  
 YSIDRO HEALTH CENTER**






Provider ID: 206292  
 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: A173435  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish, Tagalog,  
 Portuguese  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH SAN YSIDRO  
 HEALTH CENTER

 Website: www.ihpsocal.org

**SAN YSIDRO HEALTH SAN  
 YSIDRO HEALTH CENTER**




Provider ID: 206292  
 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: A175006  
 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: A177337  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish, Tagalog,  
 Portuguese  
 Cultural Competency: No




American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**



Provider ID: 206292  
 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: A180886  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish, Tagalog,  
 Portuguese  
 Cultural Competency: No  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**



Provider ID: 206292  
 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:



619-662-4100  
 License Number: A40480  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish, Tagalog,  
 Portuguese  
 Cultural Competency: No  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)




**SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**



Provider ID: 206292  
 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: A40061  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish, Tagalog,  
 Portuguese  
 Cultural Competency: No  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)




 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**


Provider ID: 227411  
 4050 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007  
 Phone: 619-662-4100  
 Fax: 619-205-1948  
 After Hours Phone:  
 619-662-4100  
 License Number: G51462  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR**

Provider ID: 227411  
 4050 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007  
 Phone: 619-662-4100  
 Fax: 619-205-6305  
 After Hours Phone:  
 619-662-4100  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):




N  
 Accessibility: CONTACT PROVIDER




Medical Group/IPA: SAN  
 YSIDRO HEALTH MATERNAL  
 AND CHILD HEALTH CTR  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**SAN YSIDRO HEALTH SAN  
 YSIDRO HEALTH CENTER**

Provider ID: 206292  
 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007  
 Phone: 619-205-6341  
 After Hours Phone:  
 619-205-6341  
 License Number: A64487  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish, Tagalog,  
 Portuguese  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH SAN YSIDRO  
 HEALTH CENTER  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**SAN YSIDRO HEALTH SAN  
 YSIDRO HEALTH CENTER**

Provider ID: 206292  
 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007  
 Phone: 619-428-4463  
 After Hours Phone:  
 619-428-4463  
 License Number: 20A8245  
 Accepting New Patients: YES  
 Site English Spoken: Yes


 Site Languages(s) Spoken:  
 Spanish, Tagalog,  
 Portuguese  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH SAN YSIDRO  
 HEALTH CENTER  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)





**SAN YSIDRO HEALTH SAN  
 YSIDRO HEALTH CENTER**

Provider ID: 206292  
 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007  
 Phone: 619-428-4463  
 After Hours Phone:  
 619-428-4463  
 License Number: A112627  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish, Tagalog,  
 Portuguese  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH SAN YSIDRO  
 HEALTH CENTER  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)





 Site Languages(s) Spoken:  
 Spanish, Tagalog,  
 Portuguese  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH SAN YSIDRO  
 HEALTH CENTER  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**SAN YSIDRO HEALTH SAN  
 YSIDRO HEALTH CENTER**

Provider ID: 206292  
 4004 BEYER BLVD

SAN YSIDRO, CA  
 92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: 20A10964  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish, Tagalog,  
 Portuguese  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH SAN YSIDRO  
 HEALTH CENTER  
 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**SAN YSIDRO HEALTH SAN  
 YSIDRO HEALTH CENTER**

Provider ID: 206292  
 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: 20A11153  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish, Tagalog,  
 Portuguese  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH SAN YSIDRO





**HEALTH CENTER**


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007


 Phone: 619-662-4100

 After Hours Phone:  
 619-662-4100

License Number: 20A12653

Accepting New Patients: YES

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
 Spanish, Tagalog,  
 Portuguese

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA: SAN  
 YSIDRO HEALTH SAN YSIDRO  
 HEALTH CENTER

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007


 Phone: 619-662-4100

 After Hours Phone:  
 619-662-4100

License Number: 20A17643

Accepting New Patients: YES

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
 Spanish, Tagalog,

Portuguese

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA: SAN  
 YSIDRO HEALTH SAN YSIDRO  
 HEALTH CENTER


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007


 Phone: 619-662-4100

 After Hours Phone:  
 619-662-4100

License Number: 20A7502

Accepting New Patients: YES

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
 Spanish, Tagalog,  
 Portuguese

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA: SAN  
 YSIDRO HEALTH SAN YSIDRO  
 HEALTH CENTER


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007


 Phone: 619-662-4100

 After Hours Phone:  
 619-662-4100

License Number: 20A8081

Accepting New Patients: YES

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
 Spanish, Tagalog,  
 Portuguese

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA: SAN  
 YSIDRO HEALTH SAN YSIDRO  
 HEALTH CENTER

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007


 Phone: 619-662-4100

 After Hours Phone:  
 619-662-4100

License Number: 20A9907

Accepting New Patients: YES

 Site English Spoken: Yes

 Site Languages(s) Spoken:  
 Spanish, Tagalog,  
 Portuguese

Cultural Competency: No

American Sign Language (ASL):

N


 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA: SAN  
 YSIDRO HEALTH SAN YSIDRO  
 HEALTH CENTER


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
 619-662-4100

License Number: A101017

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
 Spanish, Tagalog,  
 Portuguese

Cultural Competency: No

American Sign Language (ASL):  
 N


 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA: SAN  
 YSIDRO HEALTH SAN YSIDRO  
 HEALTH CENTER


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
 619-662-4100

License Number: A101827

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
 Spanish, Tagalog,  
 Portuguese

Cultural Competency: No

American Sign Language (ASL):  
 N


 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA: SAN  
 YSIDRO HEALTH SAN YSIDRO  
 HEALTH CENTER


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
 619-662-4100

License Number: A104660

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
 Spanish, Tagalog,  
 Portuguese

Cultural Competency: No

American Sign Language (ASL):  
 N


 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA: SAN  
 YSIDRO HEALTH SAN YSIDRO  
 HEALTH CENTER

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007

 Phone: 619-662-4100

 After Hours Phone:

619-662-4100

License Number: A106103

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
 Spanish, Tagalog,  
 Portuguese

Cultural Competency: No

American Sign Language (ASL):  
 N


 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA: SAN  
 YSIDRO HEALTH SAN YSIDRO  
 HEALTH CENTER


 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007

 Phone: 619-662-4100

 After Hours Phone:  
 619-662-4100

License Number: A113482

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
 Spanish, Tagalog,  
 Portuguese

Cultural Competency: No

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: SAN  
 YSIDRO HEALTH SAN YSIDRO  
 HEALTH CENTER

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)

**SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007

Phone: 619-662-4100

After Hours Phone:  
 619-662-4100

License Number: A114008

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

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

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

Accepting New Patients: YES

Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish, Tagalog,  
 Portuguese

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: SAN  
 YSIDRO HEALTH SAN YSIDRO  
 HEALTH CENTER

Website: www.ihpsocal.org

**SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER**

Provider ID: 206292

4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007

Phone: 619-662-4100

After Hours Phone:  
 619-662-4100

License Number: A130348

Accepting New Patients: YES

Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish, Tagalog,  
 Portuguese

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: SAN  
 YSIDRO HEALTH SAN YSIDRO  
 HEALTH CENTER

Website: www.ihpsocal.org

**SAN YSIDRO HEALTH SAN**

**YSIDRO HEALTH CENTER**

Provider ID: 206292

4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007

Phone: 619-662-4100

After Hours Phone:  
 619-662-4100

License Number: A131021

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

Accepting New Patients: YES

Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish, Tagalog,  
 Portuguese

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: SAN  
 YSIDRO HEALTH SAN YSIDRO  
 HEALTH CENTER

Website: www.ihpsocal.org

**SAN YSIDRO HEALTH SAN  
 YSIDRO HEALTH CENTER**

Provider ID: 206292

4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007

Phone: 619-662-4100

After Hours Phone:  
 619-662-4100

License Number: A132982

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

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

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  
 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: A157505  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish, Tagalog,  
 Portuguese  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA: SAN  
 YSIDRO HEALTH SAN YSIDRO  
 HEALTH CENTER  
 Website: www.ihpsocal.org



**SAN YSIDRO HEALTH SAN  
 YSIDRO HEALTH CENTER**

Provider ID: 206292  
 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007  
 Phone: 619-662-4100  
 After Hours Phone:  
 619-662-4100  
 License Number: A158364  
 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  
 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  
 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  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish, Tagalog,  
 Portuguese  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: SAN  
 YSIDRO HEALTH SAN YSIDRO  
 HEALTH CENTER  
 Website: www.ihpsocal.org






**SAN YSIDRO HEALTH SAN  
 YSIDRO HEALTH CENTER**  
 Provider ID: 206292  
 4004 BEYER BLVD  
 SAN YSIDRO, CA  
 92173-2007  
 Phone: 619-662-4100  
 Fax: 619-205-6341  
 After Hours Phone:  
 619-662-4100  
 License Number: A78373  
 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 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: Y  
 Min/Max Age: 0\150  
 Site English Spoken: Y  
 Site Languages(s) Spoken: ,  
 Spanish  
 Cultural Competency: Y  
 Hours: M-F  
 8:00AM-5:00PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: IHP of  
 Southern Cal-PHP  
 Website: https://www.syhe  
 alth.org/locations

**SAN YSIDRO HEALTH SAN  
 YSIDRO HEALTH CENTER**  
 Provider ID: 206292  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 Fax: (619) 205-6305  
 After Hours Phone: (619)  
 662-4100  
 NPI: 1952364747  
 Accepting New Patients: Y

Min/Max Age: 0\150  
 Site English Spoken: Y  
 Site Languages(s) Spoken:  
 Spanish, Tagalog,  
 Portuguese  
 Cultural Competency: Y  
 Hours: M-F  
 8:00AM-5:30PM  
 SA 8:30AM-2:00PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: IHP of  
 Southern Cal-PHP  
 Website: www.syhealth.org  
 /clinics/san- ysidro- health  
 - center

**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: Y  
 Min/Max Age: 0\150  
 Site English Spoken: Y  
 Site Languages(s) Spoken:  
 Spanish, Tagalog  
 Cultural Competency: Y  
 Hours: M-F  
 8:00AM-5:00PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: IHP of


Southern Cal-PHP


 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)


**SPRING VALLE**

**GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC**

Provider ID: 206361

 8788 JAMACHA RD  
 SPRING VALLE, CA  
 91977-4035

 Phone: 619-515-2555


 After Hours Phone:  
 619-515-2555

License Number: 20A11535

Accepting New Patients: YES

 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA:


GROSSMONT SPRING VALLEY  
 FAMILY HLTH CTRS INC


 Website: [www.fhcsd.org](http://www.fhcsd.org)

**GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC**

Provider ID: 206361

 8788 JAMACHA RD  
 SPRING VALLE, CA  
 91977-4035

 Phone: 619-515-2555

 After Hours Phone:  
 619-515-2555

License Number: 20A14919

Accepting New Patients: YES

 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA:


GROSSMONT SPRING VALLEY  
 FAMILY HLTH CTRS INC

 Website: [www.fhcsd.org](http://www.fhcsd.org)

**GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC**

Provider ID: 206361

 8788 JAMACHA RD  
 SPRING VALLE, CA  
 91977-4035

 Phone: 619-515-2555

 After Hours Phone:  
 619-515-2555

License Number: 20A15459

Accepting New Patients: YES

 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA:


GROSSMONT SPRING VALLEY  
 FAMILY HLTH CTRS INC


 Website: [www.fhcsd.org](http://www.fhcsd.org)

**GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC**

Provider ID: 206361

 8788 JAMACHA RD  
 SPRING VALLE, CA  
 91977-4035

 Phone: 619-515-2555

 After Hours Phone:  
 619-515-2555

License Number: A108228

Accepting New Patients: YES


 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA:


GROSSMONT SPRING VALLEY  
 FAMILY HLTH CTRS INC


 Website: [www.fhcsd.org](http://www.fhcsd.org)

**GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC**

Provider ID: 206361

 8788 JAMACHA RD  
 SPRING VALLE, CA  
 91977-4035

 Phone: 619-515-2555

 After Hours Phone:  
 619-515-2555

License Number: A113001

Accepting New Patients: YES

 Site English Spoken: Yes  
 Cultural Competency: No

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA:


GROSSMONT SPRING VALLEY  
 FAMILY HLTH CTRS INC


 Website: [www.fhcsd.org](http://www.fhcsd.org)

**GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC**

Provider ID: 206361

 8788 JAMACHA RD  
 SPRING VALLE, CA  
 91977-4035

 Phone: 619-515-2555

 After Hours Phone:  
 619-515-2555

License Number: A114181  
 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  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA:  
 GROSSMONT SPRING VALLEY  
 FAMILY HLTH CTRS INC  
 Website: www.fhcsd.org

**GROSSMONT SPRING VALLEY  
 FAMILY HLTH CTRS INC**

Provider ID: 206361  
 8788 JAMACHA RD  
 SPRING VALLE, CA  
 91977-4035  
 Phone: 619-515-2555

After Hours Phone:  
 619-515-2555  
 License Number: A148014  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA:  
 GROSSMONT SPRING VALLEY  
 FAMILY HLTH CTRS INC  
 Website: www.fhcsd.org

**GROSSMONT SPRING VALLEY  
 FAMILY HLTH CTRS INC**

Provider ID: 206361  
 8788 JAMACHA RD  
 SPRING VALLE, CA  
 91977-4035  
 Phone: 619-515-2555  
 After Hours Phone:  
 619-515-2555  
 License Number: A149063  
 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: A154298  
 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: A163464  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA:  
 GROSSMONT SPRING VALLEY  
 FAMILY HLTH CTRS INC  
 Website: www.fhcsd.org







**GROSSMONT SPRING VALLEY  
 FAMILY HLTH CTRS INC**

Provider ID: 206361









 8788 JAMACHA RD  
 SPRING VALLE, CA  
 91977-4035  
 Phone: 619-515-2555  
 After Hours Phone:  
 619-515-2555  
 License Number: A164859  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA:  
 GROSSMONT SPRING VALLEY  
 FAMILY HLTH CTRS INC  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

**GROSSMONT SPRING VALLEY  
 FAMILY HLTH CTRS INC**







Provider ID: 206361  
 8788 JAMACHA RD  
 SPRING VALLE, CA  
 91977-4035  
 Phone: 619-515-2555  
 After Hours Phone:  
 619-515-2555  
 License Number: A169342  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA:  
 GROSSMONT SPRING VALLEY  
 FAMILY HLTH CTRS INC  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

**GROSSMONT SPRING VALLEY**


**FAMILY HLTH CTRS INC**

Provider ID: 206361  
 8788 JAMACHA RD  
 SPRING VALLE, CA  
 91977-4035  
 Phone: 619-515-2555  
 After Hours Phone:  
 619-515-2555  
 License Number: A178499  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA:  
 GROSSMONT SPRING VALLEY  
 FAMILY HLTH CTRS INC  
 Website: [www.fhcsd.org](http://www.fhcsd.org)


**GROSSMONT SPRING VALLEY  
 FAMILY HLTH CTRS INC**

Provider ID: 206361  
 8788 JAMACHA RD  
 SPRING VALLE, CA  
 91977-4035  
 Phone: 619-515-2555  
 After Hours Phone:  
 619-515-2555  
 License Number: A55932  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA:  
 GROSSMONT SPRING VALLEY  
 FAMILY HLTH CTRS INC  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

**GROSSMONT SPRING VALLEY  
 FAMILY HLTH CTRS INC**

Provider ID: 206361  
 8788 JAMACHA RD  
 SPRING VALLE, CA  
 91977-4035  
 Phone: 619-515-2555  
 After Hours Phone:  
 619-515-2555  
 License Number: A68463  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA:  
 GROSSMONT SPRING VALLEY  
 FAMILY HLTH CTRS INC  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

**GROSSMONT SPRING VALLEY  
 FAMILY HLTH CTRS INC**

Provider ID: 206361  
 8788 JAMACHA RD  
 SPRING VALLE, CA  
 91977-4035  
 Phone: 619-515-2555  
 After Hours Phone:  
 619-515-2555  
 License Number: A76059  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA:  
 GROSSMONT SPRING VALLEY

FAMILY HLTH CTRS INC  
 Website: www.fhcsd.org

**GROSSMONT SPRING VALLEY  
 FAMILY HLTH CTRS INC**

Provider ID: 206361

8788 JAMACHA RD  
 SPRING VALLE, CA  
 91977-4035

Phone: 619-515-2555

After Hours Phone:  
 619-515-2555

License Number: G78814

Accepting New Patients: YES

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA:

GROSSMONT SPRING VALLEY

FAMILY HLTH CTRS INC

Website: www.fhcsd.org

**GROSSMONT SPRING VALLEY  
 FAMILY HLTH CTRS INC**

Provider ID: 206361

8788 JAMACHA RD  
 SPRING VALLE, CA  
 91977-4035

Phone: 619-515-2555

After Hours Phone:  
 619-515-2555

License Number: NP10943

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

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: PA54588

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

Fax: 619-462-5584

After Hours Phone:  
 619-515-2555

Accepting New Patients: YES

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA:

GROSSMONT SPRING VALLEY

FAMILY HLTH CTRS INC

Website: www.fhcsd.org

**SPRING VALLEY**

**GROSSMONT SPRING VALLEY  
 FAMILY HLTH CTRS INC**

Provider ID: 206361

8788 JAMACHA RD  
 SPRING VALLEY, CA  
 91977-4035

Phone: 619-515-2555

After Hours Phone:  
 619-515-2555

License Number: A118095

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  
 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  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA:  
 GROSSMONT SPRING VALLEY  
 FAMILY HLTH CTRS INC  
 Website: www.fhcsd.org

**GROSSMONT SPRING VALLEY  
 FAMILY HLTH CTRS INC**

Provider ID: 206361  
 8788 JAMACHA RD  
 SPRING VALLEY, CA 91977  
 Phone: (619) 515-2555  
 Fax: (619) 462-5584  
 After Hours Phone: (619)  
 515-2555  
 NPI: 1508801069  
 Accepting New Patients: Y  
 Min/Max Age: 0\150

Site English Spoken: Y  
 Cultural Competency: N  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: Family  
 Health Centers of San Diego  
 Website: www.fhcsd.org  
 Email: angelad@fhcsd.org

**VALLEY CENTER**

**NEIGHBORHOOD  
 HEALTHCARE**  
 Provider ID: 519918

28477 LIZARD ROCKS RD  
 VALLEY CENTER, CA 92082  
 Phone: (760) 742-9919  
 Fax: (360) 462-2750  
 After Hours Phone: (760)  
 742-9919  
 License Number: 080000397  
 NPI: 1437335148  
 Accepting New Patients: Y  
 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: Y  
 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: Y  
 Min/Max Age: 0\999

Site English Spoken: Y  
 Cultural Competency: N  
 Hours: M-F  
 8:00AM-5:00PM

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: IHP of  
 Southern Cal-PHP  
 Website: N/A

**NEIGHBORHOOD  
 HEALTHCARE**

Provider ID: 519918  
 28477 LIZARD ROCKS RD  
 VALLEY CENTER, CA 92082  
 Phone: (760) 742-9919  
 Fax: (360) 462-2750  
 After Hours Phone: (760)  
 742-9919  
 License Number: 080000397  
 NPI: 1437335148  
 Accepting New Patients: Y

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  
 GRAPEVINE**

Provider ID: 400339  
 135 GRAPEVINE RD  
 VISTA, CA 92083-4004  
 Phone: 760-631-5000  
 After Hours Phone:  
 760-631-5000

License Number: A60517  
 Accepting New Patients: YES

Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: VISTA  
 COMMUNITY CLINIC  
 GRAPEVINE  
 Website: N/A

**VISTA COMMUNITY CLINIC  
 GRAPEVINE**

Provider ID: 400339  
 136 GRAPEVINE RD  
 VISTA, CA 92083-4004  
 Phone: 760-631-5000

Fax: 760-414-3892  
 After Hours Phone:  
 760-631-5000

License Number: 80000328  
 Accepting New Patients: YES

Site English Spoken: Yes  
 Cultural Competency: Yes  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Medical Group/IPA: VISTA  
 COMMUNITY CLINIC  
 GRAPEVINE

Website: N/A

**VCC DURIAN**

Provider ID: 411518  
 105 DURIAN ST STE A  
 VISTA, CA 92083-6206  
 Phone: 844-308-5003  
 Fax: 760-414-3892

After Hours Phone:  
 844-308-5003  
 License Number: 1851300123

Accepting New Patients: YES


Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER


Medical Group/IPA: VCC  
 DURIAN  
 Website: N/A

**VCC DURIAN**




Provider ID: 411518  
 105 DURIAN ST STE A  
 VISTA, CA 92083-6206  
 Phone: 844-308-5003  
 Fax: 760-414-3892



 After Hours Phone:  
 844-308-5003  
 License Number: 80000328  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: VCC  
 DURIAN  
 Website: N/A

**VCC DURIAN**


Provider ID: 411518  
 105 DURIAN ST STE A  
 VISTA, CA 92083-6206  
 Phone: 844-308-5003  
 Fax: 760-414-3892  
 After Hours Phone:  
 844-308-5003  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: VCC  
 DURIAN  
 Website: N/A

**VISTA COMMUNITY CLINIC  
 GRAPEVINE**




Provider ID: 400339  
 134 GRAPEVINE RD  
 VISTA, CA 92083-4004  
 Phone: 760-631-5000  
 After Hours Phone:  
 760-631-5000  
 License Number: DC32054

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: NP7791  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: VISTA  
 COMMUNITY CLINIC  
 GRAPEVINE  
 Website: N/A

**VISTA COMMUNITY CLINIC  
 GRAPEVINE**



Provider ID: 400339  
 134 GRAPEVINE RD  
 VISTA, CA 92083-4004  
 Phone: 760-631-5000  
 After Hours Phone:  
 760-631-5000  
 License Number: RN410247

Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: VISTA  
 COMMUNITY CLINIC  
 GRAPEVINE  
 Website: N/A

**VISTA COMMUNITY CLINIC  
 GRAPEVINE**

Provider ID: 400339  
 134 GRAPEVINE RD  
 VISTA, CA 92083-4004  
 Phone: 760-631-5000  
 Fax: 760-414-3892  
 After Hours Phone:  
 760-631-5000  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: VISTA  
 COMMUNITY CLINIC  
 GRAPEVINE  
 Website: N/A

**VISTA COMMUNITY CLINIC  
 GRAPEVINE**

Provider ID: 400339  
 134 GRAPEVINE RD  
 VISTA, CA 92083-4004  
 Phone: 760-631-5000  
 After Hours Phone:  
 760-631-5000  
 License Number: PA20775

Accepting New Patients: YES

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: VISTA COMMUNITY CLINIC

GRAPEVINE

Website: N/A

**VISTA COMMUNITY CLINIC**

Provider ID: 206338

1000 VALE TERRACE DR  
 VISTA, CA 92084-5218

Phone: 844-308-5003

After Hours Phone:  
 844-308-5003

License Number: PA20775

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
 Spanish

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: VISTA COMMUNITY CLINIC

Website: www.vistacommunityclinic.org

**VISTA COMMUNITY CLINIC**

Provider ID: 206338

1000 VALE TERRACE DR  
 VISTA, CA 92084-5218

Phone: 760-631-5000

After Hours Phone:  
 760-631-5000

License Number: NP95003571

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
 Spanish

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: VISTA COMMUNITY CLINIC

Website: www.vistacommunityclinic.org

**VISTA COMMUNITY CLINIC**

Provider ID: 206338

1000 VALE TERRACE DR  
 VISTA, CA 92084-5218

Phone: 760-631-5000

After Hours Phone:  
 760-631-5000

License Number: NP95009149

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
 Spanish

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: VISTA COMMUNITY CLINIC

Website: www.vistacommunityclinic.org

**VISTA COMMUNITY CLINIC**

Provider ID: 206338

1000 VALE TERRACE DR  
 VISTA, CA 92084-5218

Phone: 760-631-5000

After Hours Phone:

760-631-5000

License Number: NP95009284

Accepting New Patients: 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

Accepting New Patients: 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  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: VISTA  
 COMMUNITY CLINIC  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

**VISTA COMMUNITY CLINIC**






Provider ID: 206338  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
 Phone: 844-308-5003  
 After Hours Phone:  
 844-308-5003  
 License Number: NP11448  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: VISTA  
 COMMUNITY CLINIC  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

**VISTA COMMUNITY CLINIC**






Provider ID: 206338

 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
 Phone: 760-414-3892  
 After Hours Phone:  
 760-414-3892  
 License Number: DC31392  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: VISTA  
 COMMUNITY CLINIC  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)






**VISTA COMMUNITY CLINIC**

Provider ID: 206338  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
 Phone: 760-414-3892  
 After Hours Phone:  
 760-414-3892  
 License Number: NP23217  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: VISTA  
 COMMUNITY CLINIC  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

**VISTA COMMUNITY CLINIC**

Provider ID: 206338  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
 Phone: 760-414-3892  
 After Hours Phone:  
 760-414-3892  
 License Number: NP95003087  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: VISTA  
 COMMUNITY CLINIC  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

**VISTA COMMUNITY CLINIC**

Provider ID: 206338  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
 Phone: 760-414-3892  
 Fax: 760-414-3892  
 After Hours Phone:  
 760-414-3892  
 License Number: 20A9149  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: VISTA  
 COMMUNITY CLINIC  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

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: 20A13745

Accepting New Patients: 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.vistacommu  
 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: 20A18374

Accepting New Patients: 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.vistacommu  
 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: 20A7241

Accepting New Patients: 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.vistacommu  
 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: 20A8949

Accepting New Patients: 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.vistacommu  
 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: A125026

Accepting New Patients: 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.vistacommu  
 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: A173511

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:  
 Spanish



Cultural Competency: No

American Sign Language (ASL):



**N**  
 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: VISTA  
 COMMUNITY CLINIC  
 *Website: www.vistacommunityclinic.org*


**VISTA COMMUNITY CLINIC**

*Provider ID: 206338*  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
 *Phone: 760-631-5000*  
 *After Hours Phone: 760-631-5000*  
*License Number: A56214*




*Accepting New Patients: YES*

*Site English Spoken: Yes*  
 *Site Languages(s) Spoken: Spanish*

*Cultural Competency: No*  
*American Sign Language (ASL):*

**N**  
 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: VISTA  
 COMMUNITY CLINIC  
 *Website: www.vistacommunityclinic.org*



**VISTA COMMUNITY CLINIC**

*Provider ID: 206338*  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
 *Phone: 760-631-5000*  
 *After Hours Phone: 760-631-5000*  
*License Number: A62780*




*Accepting New Patients: 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: A80635*

*Accepting New Patients: YES*

*Site English Spoken: Yes*  
 *Site Languages(s) Spoken: Spanish*

*Cultural Competency: No*  
*American Sign Language (ASL):*

**N**  
 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: VISTA  
 COMMUNITY CLINIC  
 *Website: www.vistacommunityclinic.org*

**VISTA COMMUNITY CLINIC**

*Provider ID: 206338*  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
 *Phone: 760-631-5000*  
 *After Hours Phone: 760-631-5000*  
*License Number: C143703*

*Accepting New Patients: YES*

*Site English Spoken: Yes*  
 *Site Languages(s) Spoken:*

*Spanish*  
*Cultural Competency: No*  
*American Sign Language (ASL):*  
**N**  
 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: VISTA  
 COMMUNITY CLINIC  
 *Website: www.vistacommunityclinic.org*

**VISTA COMMUNITY CLINIC**

*Provider ID: 206338*  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
 *Phone: 760-631-5000*  
 *After Hours Phone: 760-631-5000*  
*License Number: C162072*

*Accepting New Patients: YES*

*Site English Spoken: Yes*  
 *Site Languages(s) Spoken: Spanish*

*Cultural Competency: No*  
*American Sign Language (ASL):*

**N**  
 *Accessibility: CONTACT PROVIDER*  
 Medical Group/IPA: VISTA  
 COMMUNITY CLINIC  
 *Website: www.vistacommunityclinic.org*






**VISTA COMMUNITY CLINIC**

*Provider ID: 206338*  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
 *Phone: 760-631-5000*  
 *After Hours Phone: 760-631-5000*  
*License Number: C171929*




*Accepting New Patients: YES*

Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish  
 Cultural Competency: No  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: VISTA COMMUNITY CLINIC  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

**VISTA COMMUNITY CLINIC**






Provider ID: 206338  
 1000 VALE TERRACE DR VISTA, CA 92084-5218  
 Phone: 760-631-5000  
 After Hours Phone: 760-631-5000  
 License Number: C52564  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish  
 Cultural Competency: No  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: VISTA COMMUNITY CLINIC  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

**VISTA COMMUNITY CLINIC**

Provider ID: 206338  
 1000 VALE TERRACE DR VISTA, CA 92084-5218  
 Phone: 760-631-5000  
 After Hours Phone: 760-631-5000  
 License Number: DC32054



Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish  
 Cultural Competency: No  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: VISTA COMMUNITY CLINIC  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

**VISTA COMMUNITY CLINIC**






Provider ID: 206338  
 1000 VALE TERRACE DR VISTA, CA 92084-5218  
 Phone: 760-631-5000  
 After Hours Phone: 760-631-5000  
 License Number: DPM3999  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish  
 Cultural Competency: No  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: VISTA COMMUNITY CLINIC  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

**VISTA COMMUNITY CLINIC**


Provider ID: 206338  
 1000 VALE TERRACE DR VISTA, CA 92084-5218  
 Phone: 760-631-5000  
 After Hours Phone:

760-631-5000  
 License Number: G51286  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish  
 Cultural Competency: No  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: VISTA COMMUNITY CLINIC  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)







**VISTA COMMUNITY CLINIC**

Provider ID: 206338  
 1000 VALE TERRACE DR VISTA, CA 92084-5218  
 Phone: 760-631-5000  
 After Hours Phone: 760-631-5000  
 License Number: G79676  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken: Spanish  
 Cultural Competency: No  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Medical Group/IPA: VISTA COMMUNITY CLINIC  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)








**VISTA COMMUNITY CLINIC**

Provider ID: 206338  
 1000 VALE TERRACE DR VISTA, CA 92084-5218





**Blue Shield Promise Medi-Cal** فهرست ارائه‌دهندگان شبکه  
**.D1** کلینیک‌های بهداشتی واجد صلاحیت فدرال





 Phone: 760-631-5000  
 After Hours Phone:  
 760-631-5000  
 License Number: G86902  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: VISTA  
 COMMUNITY CLINIC  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

**VISTA COMMUNITY CLINIC**

Provider ID: 206338  
 1000 VALE TERRACE DR  
 VISTA, CA 92084-5218  
 Phone: 760-631-5000  
 After Hours Phone:  
 760-631-5000  
 License Number: NP10896  
 Accepting New Patients: YES  
 Site English Spoken: Yes  
 Site Languages(s) Spoken:  
 Spanish  
 Cultural Competency: No  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: VISTA  
 COMMUNITY CLINIC  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)



**VISTA COMMUNITY CLINIC  
 GRAPEVINE**

Provider ID: 400339  
 134 GRAPEVINE RD  
 VISTA, CA 92083  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760)  
 631-5000  
 License Number: 080000328  
 NPI: 1851300123









Accepting New Patients: Y  
 Min/Max Age: 0\999  
 Site English Spoken: Y  
 Cultural Competency: Y  
 Hours: M 8:00AM-5:00PM  
 TU 10:30AM-7:30PM  
 W-F 8:00AM-5:00PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: IHP of  
 Southern Cal-PHP  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)  
 Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

**VCC DURIAN**

Provider ID: 411518  
 105 DURIAN ST STE A  
 VISTA, CA 92083  
 Phone: (844) 308-5003  
 Fax: (760) 414-3892  
 After Hours Phone: (844)  
 308-5003  
 License Number: 080000328  
 NPI: 1851300123  
 Accepting New Patients: Y  
 Min/Max Age: 0\999  
 Site English Spoken: Y  
 Cultural Competency: Y  
 Hours: M-F  
 8:30AM-5:00PM

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: IHP of  
 Southern Cal-PHP  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

**VCC DURIAN**

Provider ID: 411518  
 105 DURIAN ST STE A  
 VISTA, CA 92083  
 Phone: (844) 308-5003  
 Fax: (760) 414-3892  
 After Hours Phone: (844)  
 308-5003  
 License Number: 1851300123  
 NPI: 1851300123  
 Accepting New Patients: Y  
 Min/Max Age: 0\999  
 Site English Spoken: Y  
 Cultural Competency: Y  
 Hours: M-F  
 8:30AM-5:00PM  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Medical Group/IPA: IHP of  
 Southern Cal-PHP  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

**ALPINE**

**CERTIFIED NURSE PRACTITIONER**

**KAHL, NICHOLAS**

Provider ID: 517802

Provider Gender: Male

License Number: NP95006360

NPI: 1821306598

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: www.mtnhealth.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**CERTIFIED NURSE PRACTITIONER**

**KAHL, NICHOLAS**

Provider ID: 517802

Provider Gender: Male

License Number: NP95006360

NPI: 1821306598

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: www.mtnhealth.org

g  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**CERTIFIED NURSE PRACTITIONER**

**SANDERS, JESSICA**

Provider ID: 517802

Provider Gender: Female

License Number: NP23004

NPI: 1760765333

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: www.mtnhealth.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**CERTIFIED NURSE PRACTITIONER**

**SANDERS, JESSICA**

Provider ID: 517802

Provider Gender: Female

License Number: NP23004

NPI: 1760765333

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No  
 1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: www.mtnhealth.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**CERTIFIED NURSE PRACTITIONER**

**TODD, MIKAYLA**

Provider ID: 517802

Provider Gender: Female

License Number: NP95005999

NPI: 1316478092

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: www.mtnhealth.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**CERTIFIED NURSE**

**PRACTITIONER**

**TODD, MIKAYLA**

Provider ID: 517802

Provider Gender: Female

License Number: NP95005999

NPI: 1316478092

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: www.mtnhealth.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**CHIROPRACTOR**

**ABDULRAHIM, AHMED**

Provider ID: 517802

Provider Gender: Male

License Number: DC28335

NPI: 1619040292

Provider English Spoken: Y

Provider Language(s)  
Spoken: Burmese

Cultural Competency: N

Board Certified Specialty: No

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619)  
662-4100

Website: www.mtnhealth.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**CHIROPRACTOR**

**ABDULRAHIM, AHMED**

Provider ID: 517802

Provider Gender: Male

License Number: DC28335

NPI: 1619040292

Provider English Spoken: Y

Provider Language(s)  
Spoken: Burmese

Cultural Competency: N

Board Certified Specialty: No

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619)  
662-4100

Website: www.mtnhealth.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**CHIROPRACTOR**

**KELCHNER, MATTHEW**

Provider ID: 517802

Provider Gender: Male

License Number: DC22733

NPI: 1174656755

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: www.mtnhealth.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

**CHIROPRACTOR**

**KELCHNER, MATTHEW**

Provider ID: 517802

Provider Gender: Male

License Number: DC22733

NPI: 1174656755

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: www.mtnhealth.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

**FAMILY PRACTICE**

**BAUTISTA, LUIS**

Provider ID: 517802

Provider Gender: Male

License Number: A97270

NPI: 1295712206

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

COMMUNITY REGIONAL  
MEDICAL CENTER-FRESNO,  
ST AGNES MEDICAL CENTER  
Board Certified Specialty: No

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: www.mtnhealth.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**BAUTISTA, LUIS**

Provider ID: 517802

Provider Gender: Male

License Number: A97270

NPI: 1295712206

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

COMMUNITY REGIONAL

MEDICAL CENTER-FRESNO,  
ST AGNES MEDICAL CENTER

Board Certified Specialty: No

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: www.mtnhealth.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**DUBE, BIANCA**

Provider ID: 517802

Provider Gender: Female

License Number: C172036

NPI: 1740535152

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

Board Certified Specialty: No

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619)  
662-4100

Website: www.mtnhealth.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**DUBE, BIANCA**

Provider ID: 543862

Provider Gender: Female

NPI: 1740535152

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

Board Certified Specialty: No

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

Phone: (619) 662-4100

Fax: (619) 662-4196

After Hours Phone: (619)  
662-4100

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

**FAMILY PRACTICE**

**DUBE, BIANCA**

Provider ID: 517802

Provider Gender: Female

License Number: C172036

NPI: 1740535152

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

Board Certified Specialty: No

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

Phone: (619) 662-4100

Fax: (619) 205-6305

☎ After Hours Phone: (619) 662-4100  
 🌐 Website: www.mtnhealth.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**KAUFHOLD, ANNE**

Provider ID: 517802  
 Provider Gender: Female  
 License Number: A88893  
 NPI: 1164508073  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Arabic, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA

Board Certified Specialty: No  
 📍 1620 ALPINE BLVD STE 110 ALPINE, CA 91901  
 📞 Phone: (619) 662-4100  
 ☎ After Hours Phone: (619) 662-4100  
 🌐 Website: www.mtnhealth.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**KAUFHOLD, ANNE**

Provider ID: 517802

Provider Gender: Female  
 License Number: A88893  
 NPI: 1164508073  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Arabic, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA

Board Certified Specialty: No  
 📍 1620 ALPINE BLVD STE 110 ALPINE, CA 91901  
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 🌐 Website: www.mtnhealth.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**VAN HOLLEBEKE, RACHEL**

Provider ID: 517802  
 Provider Gender: Female  
 License Number: A177337  
 NPI: 1497217756  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL

Board Certified Specialty: No  
 📍 1620 ALPINE BLVD STE 110 ALPINE, CA 91901  
 📞 Phone: (619) 662-4100  
 ☎ After Hours Phone: (619)

662-4100  
 🌐 Website: www.mtnhealth.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**VAN HOLLEBEKE, RACHEL**

Provider ID: 517802  
 Provider Gender: Female  
 License Number: A177337  
 NPI: 1497217756  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL

Board Certified Specialty: No  
 📍 1620 ALPINE BLVD STE 110 ALPINE, CA 91901  
 📞 Phone: (619) 662-4100  
 ☎ After Hours Phone: (619) 662-4100  
 🌐 Website: www.mtnhealth.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**WYLIE, BLAKE**

Provider ID: 517802  
 Provider Gender: Male  
 License Number: 20A11088

NPI: 1922314145  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL,  
 SCRIPPS MEMORIAL  
 HOSPITAL ENCINITAS  
 Board Certified Specialty: No  
 1620 ALPINE BLVD STE 110  
 ALPINE, CA 91901  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: www.mtnhealth.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**FAMILY PRACTICE**

**WYLIE, BLAKE**

Provider ID: 517802  
 Provider Gender: Male  
 License Number: 20A11088  
 NPI: 1922314145  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL,  
 SCRIPPS MEMORIAL  
 HOSPITAL ENCINITAS  
 Board Certified Specialty: No  
 1620 ALPINE BLVD STE 110  
 ALPINE, CA 91901  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: www.mtnhealth.org

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**FQHC**

**SAN YSIDRO HEALTH ALPINE  
 FAMILY MEDICINE,**

Provider ID: 517802  
 NPI: 1770124315  
 Provider English Spoken: Y  
 Cultural Competency: N  
 1620 ALPINE BLVD STE 110  
 ALPINE, CA 91901  
 Phone: (619) 662-4100  
 Fax: (619) 320-3347  
 After Hours Phone: (619)  
 662-4100  
 Website: www.mtnhealth.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

Hours: M-F 8:00AM-5:00PM

**FQHC**

**SAN YSIDRO HEALTH ALPINE  
 FAMILY MEDICINE,**

Provider ID: 517802  
 NPI: 1770124315  
 Provider English Spoken: Y  
 Cultural Competency: N  
 1620 ALPINE BLVD STE 110  
 ALPINE, CA 91901  
 Phone: (619) 662-4100  
 Fax: (619) 320-3347

After Hours Phone: (619)  
 662-4100  
 Website: www.mtnhealth.org  
 Medi-Cal Open Panel: Y  
 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: 517802  
 Provider Gender: Male  
 License Number: A158569  
 NPI: 1659638062  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Danish, French,  
 Norwegian, Swedish  
 Cultural Competency: N

Board Certified Specialty: No  
 1620 ALPINE BLVD STE 110  
 ALPINE, CA 91901  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: www.mtnhealth.org

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**PEDIATRICS**

**STENSMAN, LARS**

Provider ID: 517802  
 Provider Gender: Male



License Number: A158569

NPI: 1659638062

Provider English Spoken: Y

Provider Language(s)  
Spoken: Danish, French,  
Norwegian, Swedish

Cultural Competency: N

Board Certified Specialty: No

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: www.mtnhealth.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **STENSMAN, LARS**

Provider ID: 595793

Provider Gender: Male

NPI: 1659638062

Provider English Spoken: Y

Provider Language(s)  
Spoken: Danish, French,  
Norwegian, Swedish

Cultural Competency: N

Board Certified Specialty: No

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619)  
662-4100

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PHYSICIANS ASSISTANT**

#### **BAISLEY, SHAWN**

Provider ID: 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: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **BAISLEY, SHAWN**

Provider ID: 517802

Provider Gender: Male

License Number: PA52347

NPI: 1376936120

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

1620 ALPINE BLVD STE 110  
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After Hours Phone: (619)  
662-4100

Website: www.mtnhealth.org

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **PHYSICIANS ASSISTANT**

#### **SHARPE, NORMA**

Provider ID: 517802

Provider Gender: Female

License Number: PA20490

NPI: 1619100237

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

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Website: www.mtnhealth.org

Medi-Cal Open Panel: Y

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  
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: Y

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: Y

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: Y

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: Y

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: Y

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: Y

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: Y

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: Y

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

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: Y  
 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 SA 8:00AM-2:00PM


**PEDIATRICS**

**IYENGAR, RADHA**

Provider ID: 480120  
 Provider Gender: Female

License Number: A49273  
 NPI: 1265448112  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Hindi, Spanish, Tagalog, Tamil  
 Cultural Competency: N  
 Board Certified Specialty: No



 1295 CARLSBAD VILLAGE DR STE 100  
 CARLSBAD, CA 92008  
 Phone: (760) 736-6767  
 After Hours Phone: (760) 736-6767  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**O'CONNOR, ERICA**

Provider ID: 651599  
 Provider Gender: Female  
 NPI: 1134782725  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No

 3257 CAMINO DE LOS COCHES STE 202  
 CARLSBAD, CA 92009  
 Phone: (760) 633-3640  
 Fax: (760) 633-3644  
 After Hours Phone: (760) 633-3640  
 Website: N/A

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**TANAKA, MARY**



Provider ID: 465387  
 Provider Gender: Female  
 NPI: 1295962686  
 Provider English Spoken: Y

 *Provider Language(s) Spoken: Thai*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MERCY HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Board Certified Specialty: No*  
 3257 CAMINO DE LOS COCHES STE 202  
 CARLSBAD, CA 92009  
 *Phone: (760) 633-3640*  
*Fax: (760) 633-3644*  
 *After Hours Phone: (760) 633-3640*  
 *Website: N/A*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*

**PHYSICIANS ASSISTANT**


**CHISWICK, GARY**






*Provider ID: 480120*  
*Provider Gender: Male*  
*License Number: PA22667*  
*NPI: 1174964001*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: GROSSMONT HOSPITAL*  
*Board Certified Specialty: No*  
 1295 CARLSBAD VILLAGE DR STE 100  
 CARLSBAD, CA 92008  
 *Phone: (760) 736-6767*  
*Fax: (760) 720-7204*  
 *After Hours Phone: (760) 736-6767*

 *Website: N/A*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*  
*SA 8:00AM-2:00PM*

**PHYSICIANS ASSISTANT**

**CHISWICK, GARY**







*Provider ID: 480120*  
*Provider Gender: Male*  
*License Number: PA22667*  
*NPI: 1174964001*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: GROSSMONT HOSPITAL*  
*Board Certified Specialty: No*

 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: Y*  
*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: Y*  
*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: Y*  
*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*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Cambodian, Hindi, Spanish, Telugu*  
*Cultural Competency: N*  
*Hospital Affiliation: GROSSMONT HOSPITAL*



*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

**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- medic al- plaza*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

**ALLERGY IMMUNOLOGY**

**REDDY, SUMANA**

*Provider ID: 427322*  
*Provider Gender: Female*  
*License Number: C52581*  
*NPI: 1053300251*

*Board Certified Specialty: No*

 678 3RD AVE  
 CHULA VISTA, CA 91910  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*  
 *Website: www.syhealth.org /clinics/chula- vista- medic al- plaza*

*Medi-Cal Open Panel: Y*  
*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@FHCS.D.ORG*  
*Medi-Cal Open Panel: Y*

**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*

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*Email:*

*MARTHAO@FHCS.D.ORG*

*Medi-Cal Open Panel: Y*  
*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  
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Email:  
MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y  
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

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Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT

PROVIDER

**CERTIFIED NURSE  
PRACTITIONER**

**IBARRA, MARTHA**

Provider ID: 427322  
Provider Gender: Female  
License Number: NP12112  
NPI: 1114957289

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

678 3RD AVE  
CHULA VISTA, CA 91910  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: www.syhealth.org

/clinics/chula- vista- medic  
al- plaza

Medi-Cal Open Panel: Y  
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

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Website: www.syhealth.org

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al- plaza

Medi-Cal Open Panel: Y  
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

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CHULA VISTA, CA 91910  
Phone: (619) 515-2500  
After Hours Phone: (619) 515-2500  
Website: www.fhcsd.org

Email:

MARTHAO@FHCS.D.ORG  
 Medi-Cal Open Panel: Y  
 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

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 Medi-Cal Open Panel: Y  
 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

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 📞 After Hours Phone: (619)  
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 Email:

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 Medi-Cal Open Panel: Y  
 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

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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  
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 📞 After Hours Phone: (619)  
 662-4100  
 🌐 Website: www.syhealth.org  
 /clinics/chula- vista- medic  
 al- plaza

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT  
 PROVIDER

**CERTIFIED NURSE  
 PRACTITIONER**

**QUILALANG, SUSAN**


Provider ID: 427322  
 Provider Gender: Female  
 License Number: NP5579  
 NPI: 1841200482  
 ☐ Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No



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 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE PRACTITIONER**


**QUILALANG, SUSAN**

Provider ID: 427322  
Provider Gender: Female  
License Number: RN371480  
NPI: 1841200482  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

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Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE PRACTITIONER**


**QUILALANG, SUSAN**




Provider ID: 427322  
Provider Gender: Female  
License Number: NP5579  
NPI: 1841200482  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No



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Medi-Cal Open Panel: Y  
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](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
Medi-Cal Open Panel: Y  
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

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Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE PRACTITIONER**


**SICKLES, MAGGIE**

Provider ID: 427322  
 Provider Gender: Female  
 License Number: NP22000  
 NPI: 1821346826  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE PRACTITIONER**







**SICKLES, MAGGIE**

Provider ID: 427322  
 Provider Gender: Female  
 License Number: NP22000  
 NPI: 1821346826  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
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 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
 Medi-Cal Open Panel: Y

Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER


**CERTIFIED NURSE PRACTITIONER**




**VEGA, TERESA**

Provider ID: 206355  
 Provider Gender: Female  
 License Number: NP95001705  
 NPI: 1912304569  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 515-2500  
 After Hours Phone: (619) 515-2500  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: MARTHAO@FHCSD.ORG  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE PRACTITIONER**

**VEGA, TERESA**


Provider ID: 206355  
 Provider Gender: Female  
 License Number: NP95001705  
 NPI: 1912304569  
 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
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 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE PRACTITIONER**

**WILLIAMS, TAKISHA**

Provider ID: 206355  
 Provider Gender: Female  
 License Number: NP95013978  
 NPI: 1881727386  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 515-2500  
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 Email: MARTHAO@FHCSD.ORG  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE PRACTITIONER**

**WILLIAMS, TAKISHA**

Provider ID: 206355  
 Provider Gender: Female  
 License Number: NP95013978  
 NPI: 1881727386

Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No

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 Email:  
 MARTHAO@FHCS.D.ORG  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

**CERTIFIED REGISTERED NURSE MIDWIFE**


**BOSTON, LAURA**

Provider ID: 206355  
 Provider Gender: Female  
 License Number: NM792  
 NPI: 1174553259

Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish

Cultural Competency: N  
 Board Certified Specialty: No

 251 LANDIS AVE  
 CHULA VISTA, CA 91910  
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 After Hours Phone: (619) 515-2500  
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 Email:  
 MARTHAO@FHCS.D.ORG  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER


**CERTIFIED REGISTERED NURSE MIDWIFE**

**BOSTON, LAURA**

Provider ID: 206355  
 Provider Gender: Female  
 License Number: NM792  
 NPI: 1174553259

Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N

Board Certified Specialty: No  
 251 LANDIS AVE  
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Email:  
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 Medi-Cal Open Panel: Y  
 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- medic al- plaza

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

**CERTIFIED REGISTERED NURSE MIDWIFE**

**MARTINEZ, NANCY**

Provider ID: 427322  
 Provider Gender: Female  
 License Number: NM1539  
 NPI: 1578576070

Provider English Spoken: Y  
 Provider Language(s)

Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No

678 3RD AVE

CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

**CHIROPRACTOR**

**HASHEM, SHIVA**

Provider ID: 206355

Provider Gender: Female

License Number: DC26269

NPI: 1952950776

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

251 LANDIS AVE

CHULA VISTA, CA 91910

Phone: (619) 515-2500

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Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

**CHIROPRACTOR**

**HASHEM, SHIVA**

Provider ID: 206355

Provider Gender: Female

License Number: DC26269

NPI: 1952950776

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

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Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

**CHIROPRACTOR**

**KAZEM, HARON**

Provider ID: 427322

Provider Gender: Male

License Number: DC33295

NPI: 1306221262

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Farsi, Spanish

Cultural Competency: N

Board Certified Specialty: No

678 3RD AVE

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Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

**CHIROPRACTOR**

**KAZEM, HARON**

Provider ID: 427322

Provider Gender: Male

License Number: DC33295

NPI: 1306221262

Provider English Spoken: Y

Provider Language(s)

Spoken: Farsi, Spanish

Cultural Competency: N

Board Certified Specialty: No

678 3RD AVE

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Medi-Cal Open Panel: Y

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

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Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

**CHIROPRACTOR**

**PLANTE, CHARLES**

Provider ID: 427322

Provider Gender: Male

License Number: DC31963

NPI: 1760464960

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

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Medi-Cal Open Panel: Y

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

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CHULA VISTA, CA 91910

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After Hours Phone: (619) 662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

**CHIROPRACTOR**

**REYNOSO, ALFONSO**

Provider ID: 427322

Provider Gender: Male

License Number: DC20760

NPI: 1285921627

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

678 3RD AVE  
CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

**ENDOCRINOLOGY**

**METABOLISM DIABETES**

**CARRILLO, MARITZA**

Provider ID: 427322

Provider Gender: Female

License Number: A163183

NPI: 1649628587

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

Board Certified Specialty: No

678 3RD AVE  
CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

**ENDOCRINOLOGY**

**METABOLISM DIABETES**

**CARRILLO, MARITZA**

Provider ID: 427322

Provider Gender: Female

License Number: A163183

NPI: 1649628587

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

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Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

**ENDOCRINOLOGY**

**METABOLISM DIABETES**

**CRUZ, MICHAEL**

Provider ID: 427322

Provider Gender: Male

License Number: A138772

NPI: 1265851133

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Board Certified Specialty: No

678 3RD AVE

CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

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

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Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

**ENDOCRINOLOGY**

**METABOLISM DIABETES**

**VINCENT, LAUREN**

Provider ID: 427322

Provider Gender: Female

License Number: A134303

NPI: 1053757997

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

678 3RD AVE

CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

**ENDOCRINOLOGY**

**METABOLISM DIABETES**

**VINCENT, LAUREN**

Provider ID: 427322

Provider Gender: Female

License Number: A134303

NPI: 1053757997

Provider English Spoken: Y

Cultural Competency: N



Board Certified Specialty: No

678 3RD AVE

CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**ALANIZ, MATEO**

Provider ID: 427322  
 Provider Gender: Male  
 License Number: A124388  
 NPI: 1700175577  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA  
 Board Certified Specialty: No

 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
 Medi-Cal Open Panel: Y  
 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

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 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**AMANAT, SOROOSH**

Provider ID: 427322  
 Provider Gender: Male  
 License Number: A153022  
 NPI: 1003279621  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Farsi, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
 Board Certified Specialty: No  
 678 3RD AVE  
 CHULA VISTA, CA 91910

 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM  
 SA 8:00AM-2:30PM

**FAMILY PRACTICE**

**AMANAT, SOROOSH**

Provider ID: 427322  
 Provider Gender: Male  
 License Number: A153022  
 NPI: 1003279621  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Farsi, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
 Board Certified Specialty: No  
 678 3RD AVE  
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 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**PROVIDER**  
Hours: M-F 8:30AM-5:30PM  
SA 8:00AM-2:30PM

**FAMILY PRACTICE**

**ARCE GOMEZ, LAURA**


Provider ID: 427322  
Provider Gender: Female  
License Number: A123604  
NPI: 1053532986

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish, Tagalog  
Cultural Competency: N  
Hospital Affiliation: CHULA  
VISTA COMM HOSP

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

**FAMILY PRACTICE**

**ARCE GOMEZ, LAURA**

Provider ID: 427322  
Provider Gender: Female  
License Number: A123604  
NPI: 1053532986


Provider English Spoken: Y  
 Provider Language(s)

Spoken: Spanish, Tagalog  
Cultural Competency: N  
Hospital Affiliation: CHULA  
VISTA COMM HOSP

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

**FAMILY PRACTICE**

**CAMPOS, MELISSA**

Provider ID: 427322  
Provider Gender: Female  
License Number: A138474  
NPI: 1427475318

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**CAMPOS, MELISSA**

Provider ID: 427322  
Provider Gender: Female  
License Number: A138474  
NPI: 1427475318

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**DY, DIANE**

Provider ID: 206355  
Provider Gender: Female  
License Number: A153344  
NPI: 1467807560



 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910  
 *Phone: (619) 515-2500*  
 *After Hours Phone: (619) 515-2500*  
 *Website: www.fhcsd.org*  
*Email: MARTHAO@FHCS.D.ORG*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

**FAMILY PRACTICE**

**DY, DIANE**

*Provider ID: 206355*  
*Provider Gender: Female*  
*License Number: A153344*  
*NPI: 1467807560*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910  
 *Phone: (619) 515-2500*  
 *After Hours Phone: (619) 515-2500*  
 *Website: www.fhcsd.org*  
*Email: MARTHAO@FHCS.D.ORG*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

**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- medic al- plaza*  
*Medi-Cal Open Panel: Y*  
*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- medic al- plaza*  
*Medi-Cal Open Panel: Y*  
*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@FHCS.D.ORG*


Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**HUBLEY, PAUL**

Provider ID: 206355  
 Provider Gender: Male  
 License Number: A73172  
 NPI: 1568496974  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Board Certified Specialty: No  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 515-2500  
 After Hours Phone: (619)  
 515-2500  
 Website: www.fhcsd.org  
 Email:  
 MARTHAO@FHCS.D.ORG


Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**JIMENEZ, KRISTAL**

Provider ID: 427322  
 Provider Gender: Female  
 License Number: A159831  
 NPI: 1922531250  
 Provider English Spoken: Y  
 Cultural Competency: N

Board Certified Specialty: No  
 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: www.syhealth.org  
 /clinics/chula- vista- medic  
 al- plaza


Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**FAMILY PRACTICE**

**JIMENEZ, KRISTAL**

Provider ID: 427322  
 Provider Gender: Female  
 License Number: A159831  
 NPI: 1922531250  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No

 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: www.syhealth.org  
 /clinics/chula- vista- medic  
 al- plaza


Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**FAMILY PRACTICE**

**LACH, REBECCA**

Provider ID: 427322  
 Provider Gender: Female  
 License Number: A177922  
 NPI: 1679137780  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N

Board Certified Specialty: No  
 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: www.syhealth.org  
 /clinics/chula- vista- medic  
 al- plaza

Medi-Cal Open Panel: Y  
 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  
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 After Hours Phone: (619)

662-4100  
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 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**FAMILY PRACTICE**



**LAW, KAREN**

Provider ID: 427322  
 Provider Gender: Female  
 License Number: A138534  
 NPI: 1205253150  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: CHULA VISTA COMM HOSP  
 Board Certified Specialty: No

 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
 Medi-Cal Open Panel: Y  
 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  
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 After Hours Phone: (619) 662-4100  
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 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**







**MCKENNETT, MARIANNE**

Provider ID: 427322  
 Provider Gender: Female  
 License Number: G57243  
 NPI: 1376639666  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL  
 Board Certified Specialty: No

 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**MCKENNETT, MARIANNE**

Provider ID: 427322  
 Provider Gender: Female  
 License Number: G57243  
 NPI: 1376639666  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL  
 Board Certified Specialty: No  
 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

**FAMILY PRACTICE**

**MENON, POOJA**

*Provider ID: 427322*


*Provider Gender: Female*

*License Number: A123263*


*NPI: 1053600064*


 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Board Certified Specialty: No*

 *678 3RD AVE*

*CHULA VISTA, CA 91910*

 *Phone: (619) 662-4100*


 *After Hours Phone: (619) 662-4100*

 *Website: www.syhealth.org /clinics/chula- vista- medic al- plaza*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

**FAMILY PRACTICE**

**MENON, POOJA**

*Provider ID: 427322*


*Provider Gender: Female*

*License Number: A123263*


*NPI: 1053600064*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 *678 3RD AVE*

*CHULA VISTA, CA 91910*

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: www.syhealth.org*

*/clinics/chula- vista- medic al- plaza*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

**FAMILY PRACTICE**



**MERRILL, SARAH**

*Provider ID: 427322*

*Provider Gender: Female*

*License Number: A123492*

*NPI: 1225399512*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*

*Hospital Affiliation: UCSD*


*MEDICAL CTR, UCSD LA JOLLA*


*JOHN SALLY THORNTON*


*Board Certified Specialty: No*

 *678 3RD AVE*

*CHULA VISTA, CA 91910*

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: www.syhealth.org /clinics/chula- vista- medic al- plaza*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:00PM*

**FAMILY PRACTICE**

**MERRILL, SARAH**

*Provider ID: 427322*

*Provider Gender: Female*

*License Number: A123492*

*NPI: 1225399512*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*

*Hospital Affiliation: UCSD*


*MEDICAL CTR, UCSD LA JOLLA*


*JOHN SALLY THORNTON*


*Board Certified Specialty: No*

 *678 3RD AVE*

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 *Phone: (619) 662-4100*

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 *Website: www.syhealth.org /clinics/chula- vista- medic al- plaza*

*Medi-Cal Open Panel: Y*

*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

678 3RD AVE  
CHULA VISTA, CA 91910  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**MOYA, MARY**

Provider ID: 427322

Provider Gender: Female

License Number: A80185

NPI: 1093844417

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No

678 3RD AVE  
CHULA VISTA, CA 91910  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**NGUYEN, CARIE**

Provider ID: 427322

Provider Gender: Female

License Number: A106103

NPI: 1174781132

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

Board Certified Specialty: No

678 3RD AVE  
CHULA VISTA, CA 91910  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**NGUYEN, CARIE**

Provider ID: 427322

Provider Gender: Female

License Number: A106103

NPI: 1174781132

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

Board Certified Specialty: No

678 3RD AVE  
CHULA VISTA, CA 91910  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**NGUYEN, LINH**

Provider ID: 417641

Provider Gender: Female

License Number: A144995

NPI: 1619357993

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL

Board Certified Specialty: No

352 L ST  
CHULA VISTA, CA 91911  
Phone: (619) 515-2325  
After Hours Phone: (619) 515-2325

Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [chantalt@fhcsd.org](mailto:chantalt@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**NGUYEN, LINH**



Provider ID: 417641  
 Provider Gender: Female  
 License Number: A144995  
 NPI: 1619357993

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N

Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL

Board Certified Specialty: No


 352 L ST  
 CHULA VISTA, CA 91911

 Phone: (619) 515-2325  
 After Hours Phone: (619)  
 515-2325

 Website: www.fhcsd.org  
 Email: chantalt@fhcsd.org

Medi-Cal Open Panel: Y  
 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- medic  
 al- plaza

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

Hours: M-F 8:00AM-5:00PM

**FAMILY PRACTICE**

**PALOMINO, MARY**



Provider ID: 427322  
 Provider Gender: Female  
 License Number: A115699  
 NPI: 1770718975


Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N

Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA

Board Certified Specialty: No


 678 3RD AVE  
 CHULA VISTA, CA 91910

 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100

 Website: www.syhealth.org  
 /clinics/chula- vista- medic  
 al- plaza

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**FAMILY PRACTICE**

**PEDROTTY, JOHN**



Provider ID: 427322  
 Provider Gender: Male  
 License Number: G80234  
 NPI: 1992861629


Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N

Hospital Affiliation: SHARP  
 CORONADO HOSP AND  
 HEALTHCARE CTR

Board Certified Specialty: No


 678 3RD AVE  
 CHULA VISTA, CA 91910

 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100

 Website: www.syhealth.org  
 /clinics/chula- vista- medic  
 al- plaza

Medi-Cal Open Panel: Y  
 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](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**FAMILY PRACTICE**

**PEREZ, PERLITA**

Provider ID: 206355  
 Provider Gender: Female  
 License Number: A119689  
 NPI: 1174810972  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 515-2500  
 After Hours Phone: (619)  
 515-2500  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email:  
 MARTHAO@FHCS.D.ORG  
 Medi-Cal Open Panel: Y  
 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  
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 515-2500  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email:  
 MARTHAO@FHCS.D.ORG  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**FAMILY PRACTICE**

**PIEROS, JANELLE**

Provider ID: 427322  
 Provider Gender: Female  
 License Number: 20A13225  
 NPI: 1386935914  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Faroese, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA  
 VISTA  
 Board Certified Specialty: No  
 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**FAMILY PRACTICE**

**PIEROS, JANELLE**

Provider ID: 427322  
 Provider Gender: Female  
 License Number: 20A13225  
 NPI: 1386935914  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Faroese, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA  
 Board Certified Specialty: No  
 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
 Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

**FAMILY PRACTICE**

**PINA, RAQUEL**

Provider ID: 206355

Provider Gender: Female

License Number: A177698

NPI: 1255893368


Provider English Spoken: Y


Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 251 LANDIS AVE  
CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619) 515-2500

 Website: www.fhcsd.org

Email:


MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**PINA, RAQUEL**

Provider ID: 206355

Provider Gender: Female

License Number: A177698

NPI: 1255893368

Provider English Spoken: Y


Provider Language(s)


Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 251 LANDIS AVE  
CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619) 515-2500

 Website: www.fhcsd.org

Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**PISINGER, PATRICIA**

Provider ID: 427322

Provider Gender: Female

License Number: A69264

NPI: 1861428302

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA


VISTA, SCRIPPS MERCY


HOSPITAL

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: www.syhealth.org /clinics/chula- vista- medic al- plaza

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**PISINGER, PATRICIA**

Provider ID: 427322

Provider Gender: Female

License Number: A69264

NPI: 1861428302

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA


VISTA, SCRIPPS MERCY


HOSPITAL

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: www.syhealth.org /clinics/chula- vista- medic al- plaza

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**ROSENBLATT, EUGENE**

Provider ID: 427322

Provider Gender: Male

License Number: 20A9060

NPI: 1427123991

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No



678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**ROSENBLATT, EUGENE**

Provider ID: 427322  
 Provider Gender: Male  
 License Number: 20A9060  
 NPI: 1427123991  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**SERPAS, SHAILA**

Provider ID: 427322  
 Provider Gender: Female  
 License Number: G74728  
 NPI: 1124039136  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS

Provider Gender: Female  
 License Number: G74728  
 NPI: 1124039136  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, SHARP CHULA VISTA MED CTR, SCRIPPS MEMORIAL HOSPITAL  
 Board Certified Specialty: No

678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**FAMILY PRACTICE**

**SERPAS, SHAILA**


Provider ID: 427322  
 Provider Gender: Female  
 License Number: G74728  
 NPI: 1124039136  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, SHARP CHULA VISTA MED CTR, SCRIPPS MEMORIAL HOSPITAL  
 Board Certified Specialty: No  
 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**FAMILY PRACTICE**

**SHAHTAJI, ALAN**

Provider ID: 427322  
 Provider Gender: Male  
 License Number: 20A11087  
 NPI: 1972751089  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
 Board Certified Specialty: No  
 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER


**FAMILY PRACTICE**

**SHAHTAJI, ALAN**


Provider ID: 427322  
 Provider Gender: Male  
 License Number: 20A11087  
 NPI: 1972751089  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON  
 Board Certified Specialty: No  
 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: [www.syhealth.org/clinics/chula- vista- medic al- plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**SWARTZ, JOHN**



Provider ID: 427322  
 Provider Gender: Male  
 License Number: G72486  
 NPI: 1396754131  
 Provider English Spoken: Y

 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA, SCRIPPS MERCY  
 HOSPITAL, LOS ANGELES  
 COUNTY HARBOR UCLA  
 MEDICAL CENTER  
 Board Certified Specialty: No  
 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: [www.syhealth.org/clinics/chula- vista- medic al- plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**FAMILY PRACTICE**



**SWARTZ, JOHN**

Provider ID: 427322  
 Provider Gender: Male  
 License Number: G72486  
 NPI: 1396754131  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA, SCRIPPS MERCY  
 HOSPITAL, LOS ANGELES  
 COUNTY HARBOR UCLA

MEDICAL CENTER  
 Board Certified Specialty: No  
 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: [www.syhealth.org/clinics/chula- vista- medic al- plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**FAMILY PRACTICE**

**TALAVERA, GREGORY**

Provider ID: 427322  
 Provider Gender: Male  
 License Number: A40061  
 NPI: 1740337161  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: [www.syhealth.org/clinics/chula- vista- medic al- plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
 Medi-Cal Open Panel: Y  
 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

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**TEE, ALEXANDRA**

Provider ID: 427322

Provider Gender: Female

License Number: A164392


NPI: 1881198406


Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

**FAMILY PRACTICE**

**TEE, ALEXANDRA**

Provider ID: 427322

Provider Gender: Female

License Number: A164392


NPI: 1881198406


Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER

Hours: M-F 8:00AM-5:00PM

**FAMILY PRACTICE**

**TOLEDO-NADER, CAROLL**

Provider ID: 427322

Provider Gender: Male

License Number: A41486

NPI: 1427126648

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,


SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

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](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **TREJO, RAUL**

Provider ID: 427322

Provider Gender: Male

License Number: A77936

NPI: 1174534184

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No

678 3RD AVE  
CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **TREJO, RAUL**

Provider ID: 427322

Provider Gender: Male

License Number: A77936

NPI: 1174534184

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No

678 3RD AVE  
CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **VELASQUEZ, SHARON**

Provider ID: 427322

Provider Gender: Female

License Number: A71304

NPI: 1972732584

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No

678 3RD AVE  
CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **FAMILY PRACTICE**

#### **VELASQUEZ, SHARON**

Provider ID: 427322

Provider Gender: Female

License Number: A71304

NPI: 1972732584

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N



Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No

678 3RD AVE  
CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**WHITLEY, NICHOLAS**

Provider ID: 427322  
 Provider Gender: Male  
 License Number: A118250  
 NPI: 1629394721  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA  
 Board Certified Specialty: No

 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**WHITLEY, NICHOLAS**

Provider ID: 427322

Provider Gender: Male  
 License Number: A118250  
 NPI: 1629394721  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA  
 Board Certified Specialty: No


 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**YOON, RYAN**

Provider ID: 427322  
 Provider Gender: Male  
 License Number: A114600  
 NPI: 1942435144  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA  
 Board Certified Specialty: No

 678 3RD AVE  
 CHULA VISTA, CA 91910

 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**YOON, RYAN**

Provider ID: 427322  
 Provider Gender: Male  
 License Number: A114600  
 NPI: 1942435144  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA  
 Board Certified Specialty: No

 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**FQHC**

**CHULA VISTA FAMILY HLTH  
CTR,**

Provider ID: 206355

NPI: 1346480837

☐ Provider English Spoken: Y  
Cultural Competency: N

📍 251 LANDIS AVE  
CHULA VISTA, CA 91910

☎ Phone: (619) 515-2500  
Fax: (619) 397-1161

🕒 After Hours Phone: (619)  
515-2500

🌐 Website: www.fhcsd.org  
Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

**FQHC**

**CHULA VISTA FAMILY HLTH  
CTR,**

Provider ID: 206355

NPI: 1346480837

☐ Provider English Spoken: Y  
Cultural Competency: N

📍 251 LANDIS AVE  
CHULA VISTA, CA 91910

☎ Phone: (619) 515-2500  
Fax: (619) 397-1161

🕒 After Hours Phone: (619)  
515-2500

🌐 Website: www.fhcsd.org  
Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Hours: M-F 9:00AM-4:00PM

**FQHC**

**CHULA VISTA PEDIATRICS,**

Provider ID: 482034

NPI: 1326486861

☐ Provider English Spoken: Y  
Cultural Competency: N

📍 855 3RD AVE STE 2200  
CHULA VISTA, CA 91911

☎ Phone: (619) 662-4100  
Fax: (619) 662-4196

🕒 After Hours Phone: (619)  
662-4100

🌐 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

**FQHC**

**FAMILY HLTH CTR SAN**

**DIEGO-RICE FAM HC,**

Provider ID: 417641

NPI: 1083959464


☐ Provider English Spoken: Y  
Cultural Competency: N

📍 352 L ST  
CHULA VISTA, CA 91911

☎ Phone: (619) 515-2325  
Fax: (619) 420-0660

🕒 After Hours Phone: (619)  
515-2325

🌐 Website: www.fhcsd.org  
Email: chantalt@fhcsd.org

Medi-Cal Open Panel: Y  
 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- medic al- plaza  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 SA 8:00AM-4:00PM

**FQHC**

**SAN YSIDRO HEALTH CHULA VISTA,**

Provider ID: 427322  
 NPI: 1326486861  
 Provider English Spoken: Y  
 Cultural Competency: N  
 678 3RD AVE

CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 Fax: (619) 425-6941  
 After Hours Phone: (619) 662-4100  
 Website: www.syhealth.org /clinics/chula- vista- medic al- plaza  
 Medi-Cal Open Panel: Y  
 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- medic al- plaza  
 Medi-Cal Open Panel: Y  
 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- medic al- plaza  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**GENERAL PRACTICE**

**SAMI, REMAN**

Provider ID: 427322  
 Provider Gender: Female  
 License Number: 20A19457  
 NPI: 1295362242  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: www.syhealth.org

/clinics/chula- vista- medic  
al- plaza  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

**GENERAL PRACTICE**

**SAMI, REMAN**

Provider ID: 427322  
Provider Gender: Female  
License Number: 20A19457  
NPI: 1295362242  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
678 3RD AVE  
CHULA VISTA, CA 91910  
Phone: (619) 662-4100  
After Hours Phone: (619)  
662-4100  
Website: www.syhealth.org  
/clinics/chula- vista- medic  
al- plaza  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

**HEMATOLOGY / ONCOLOGY**

**QUIROZ, ELISA**

Provider ID: 427322  
Provider Gender: Female  
License Number: A162816  
NPI: 1932558301  
Provider English Spoken: Y

Provider Language(s)  
Spoken: Portuguese,  
Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL, SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No  
678 3RD AVE  
CHULA VISTA, CA 91910  
Phone: (619) 662-4100  
After Hours Phone: (619)  
662-4100  
Website: www.syhealth.org  
/clinics/chula- vista- medic  
al- plaza  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

**HEMATOLOGY / ONCOLOGY**

**QUIROZ, ELISA**

Provider ID: 427322  
Provider Gender: Female  
License Number: A162816  
NPI: 1932558301  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Portuguese,  
Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL, SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA


Board Certified Specialty: No  
678 3RD AVE  
CHULA VISTA, CA 91910  
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After Hours Phone: (619)  
662-4100  
Website: www.syhealth.org  
/clinics/chula- vista- medic  
al- plaza  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

**INTERNAL MEDICINE**

**CHEN, TSUH YIN**



Provider ID: 427322  
Provider Gender: Female  
License Number: C55563  
NPI: 1093803520  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Portuguese,  
Spanish  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Board Certified Specialty: No  
678 3RD AVE  
CHULA VISTA, CA 91910  
Phone: (619) 662-4100  
After Hours Phone: (619)  
662-4100  
Website: www.syhealth.org  
/clinics/chula- vista- medic  
al- plaza  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150



American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**

**CHEN, TSUH YIN**

Provider ID: 427322  
 Provider Gender: Female  
 License Number: C55563  
 NPI: 1093803520  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Portuguese,  
 Spanish

Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO

Board Certified Specialty: No

 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)



Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**

**DALHOUMI, SARAH**

Provider ID: 427322  
 Provider Gender: Female  
 License Number: A121861  
 NPI: 1033435383

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Board Certified Specialty: No



 678 3RD AVE  
 CHULA VISTA, CA 91910  
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 662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**


**DALHOUMI, SARAH**

Provider ID: 427322  
 Provider Gender: Female  
 License Number: A121861  
 NPI: 1033435383  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Board Certified Specialty: No



 678 3RD AVE  
 CHULA VISTA, CA 91910  
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 662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**

**HAMMETT, ERIN**


Provider ID: 427322  
 Provider Gender: Female  
 License Number: 20A14025  
 NPI: 1467884098  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Hospital Affiliation: SHARP  
 CORONADO HOSP AND  
 HEALTHCARE CTR, SANTA  
 BARBARA COTTAGE HOSP,  
 GOLETA VALLEY COTTAGE  
 HOSP

Board Certified Specialty: No

 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**INTERNAL MEDICINE**

**HAMMETT, ERIN**

Provider ID: 427322  
 Provider Gender: Female  
 License Number: 20A14025

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- medic al- plaza  
 Medi-Cal Open Panel: Y  
 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- medic al- plaza  
 Medi-Cal Open Panel: Y  
 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- medic al- plaza  
 Medi-Cal Open Panel: Y  
 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: 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

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: Y  
 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- medic al- plaza  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**  
**VELAZQUEZ CAMARENA, MARIA**

Provider ID: 427322  
 Provider Gender: Female  
 License Number: A56153  
 NPI: 1518965714  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA

Board Certified Specialty: No  
 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: www.syhealth.org /clinics/chula- vista- medic al- plaza  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150

American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**  
**WEN, AKI YEN CHANG**

Provider ID: 427322  
 Provider Gender: Male  
 License Number: 20A12555  
 NPI: 1205126505  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No

678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: www.syhealth.org /clinics/chula- vista- medic al- plaza  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**INTERNAL MEDICINE**  
**WEN, AKI YEN CHANG**

Provider ID: 427322  
 Provider Gender: Male  
 License Number: 20A12555  
 NPI: 1205126505  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 678 3RD AVE  
 CHULA VISTA, CA 91910

Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: www.syhealth.org /clinics/chula- vista- medic al- plaza  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**OBSTETRICS / GYNECOLOGY**  
**ALIMONOS, LYSISTRATI**

Provider ID: 206355  
 Provider Gender: Female  
 License Number: 20A14919  
 NPI: 1619397031  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL  
 Board Certified Specialty: No

251 LANDIS AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 515-2500  
 After Hours Phone: (619) 515-2500  
 Website: www.fhcsd.org  
 Email: MARTHAO@FHCSD.ORG  
 Medi-Cal Open Panel: Y  
 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: 206355

Provider Gender: Female

License Number: 20A14919

NPI: 1619397031

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

251 LANDIS AVE  
CHULA VISTA, CA 91910

Phone: (619) 515-2500

After Hours Phone: (619)  
515-2500

Website: www.fhcsd.org

Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**

**BUECHNER, CHARLENE**

Provider ID: 206355

Provider Gender: Female

License Number: A68463

NPI: 1376663831

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SHARP MARY  
BIRCH HOSP FOR WOMEN  
AND NEWBORNS

Board Certified Specialty: No

251 LANDIS AVE  
CHULA VISTA, CA 91910

Phone: (619) 515-2500

After Hours Phone: (619)  
515-2500

Website: www.fhcsd.org

Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

**OBSTETRICS / GYNECOLOGY**

**BUECHNER, CHARLENE**

Provider ID: 206355

Provider Gender: Female

License Number: A68463

NPI: 1376663831

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SHARP MARY  
BIRCH HOSP FOR WOMEN  
AND NEWBORNS

Board Certified Specialty: No

251 LANDIS AVE  
CHULA VISTA, CA 91910

Phone: (619) 515-2500

After Hours Phone: (619)  
515-2500

Website: www.fhcsd.org

Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

**OBSTETRICS / GYNECOLOGY**

**CARTER, KHALIL**

Provider ID: 206355

Provider Gender: Male

License Number: A113001

NPI: 1225231582

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,  
GROSSMONT HOSPITAL, TRI  
CITY MEDICAL CTR

Board Certified Specialty: No

251 LANDIS AVE  
CHULA VISTA, CA 91910

Phone: (619) 515-2500

After Hours Phone: (619)  
515-2500

Website: www.fhcsd.org


Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150



American Sign Language (ASL):

N  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:30AM-5:30PM*

**OBSTETRICS / GYNECOLOGY**


**CARTER, KHALIL**

*Provider ID: 206355*  
*Provider Gender: Male*  
*License Number: A113001*  
*NPI: 1225231582*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL, TRI CITY MEDICAL CTR*  
*Board Certified Specialty: No*

 251 LANDIS AVE  
 CHULA VISTA, CA 91910  
 *Phone: (619) 515-2500*  
 *After Hours Phone: (619) 515-2500*

 *Website: www.fhcsd.org*  
*Email:*

*MARTHAO@FHCS.D.ORG*  
*Medi-Cal Open Panel: Y*  
*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@FHCS.D.ORG*  
*Medi-Cal Open Panel: Y*  
*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@FHCS.D.ORG*  
*Medi-Cal Open Panel: Y*  
*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@FHCS.D.ORG*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*

American Sign Language (ASL): Cultural Competency: N

N

 Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**


**CHAKRABARTI, PRIYA**

Provider ID: 206355

Provider Gender: Female

License Number: A163464

NPI: 1326531401

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

 251 LANDIS AVE  
CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619) 515-2500

 Website: www.fhcsd.org

Email:


MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**


**DE MIK, TRAVIS**

Provider ID: 206355

Provider Gender: Male


License Number: A108228


NPI: 1629277322


 Provider English Spoken: Y

Board Certified Specialty: No

 251 LANDIS AVE  
CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619) 515-2500

 Website: www.fhcsd.org

Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**


**DE MIK, TRAVIS**

Provider ID: 206355

Provider Gender: Male

License Number: A108228


NPI: 1629277322


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 251 LANDIS AVE  
CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619) 515-2500

 Website: www.fhcsd.org

Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**

**DORUELO, ASHLEY**

Provider ID: 206355

Provider Gender: Female

License Number: A178499

NPI: 1033613732

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

 251 LANDIS AVE  
CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619) 515-2500

 Website: www.fhcsd.org

Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**

**DORUELO, ASHLEY**


Provider ID: 206355

Provider Gender: Female

License Number: A178499

NPI: 1033613732

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

 251 LANDIS AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 515-2500  
 After Hours Phone: (619)  
515-2500  
 Website: www.fhcsd.org

Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

**OBSTETRICS / GYNECOLOGY**

**FOLCH TORRES-AGUIAR,  
BEATRIZ**

Provider ID: 206355

Provider Gender: Female

License Number: A148014

NPI: 1457794752


Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish, Yue  
Chinese


Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
Sharp Grossmont Hospital,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

 251 LANDIS AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 515-2500  
 After Hours Phone: (619)  
515-2500

 Website: www.fhcsd.org

Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**

**FOLCH TORRES-AGUIAR,  
BEATRIZ**

Provider ID: 206355

Provider Gender: Female

License Number: A148014

NPI: 1457794752



Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish, Yue  
Chinese

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
Sharp Grossmont Hospital,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

 251 LANDIS AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 515-2500  
 After Hours Phone: (619)  
515-2500

 Website: www.fhcsd.org

Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT

PROVIDER

Hours: M-F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**

**HANLEY, LAUREN**

Provider ID: 206355

Provider Gender: Female

License Number: C174771

NPI: 1053392035

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

 251 LANDIS AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 515-2500  
 After Hours Phone: (619)  
515-2500

 Website: www.fhcsd.org

Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

**OBSTETRICS / GYNECOLOGY**

**HANLEY, LAUREN**

Provider ID: 206355

Provider Gender: Female

License Number: C174771

NPI: 1053392035

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp  
Grossmont Hospital  
Board Certified Specialty: No

251 LANDIS AVE  
CHULA VISTA, CA 91910  
Phone: (619) 515-2500  
After Hours Phone: (619)  
515-2500

Website: www.fhcsd.org  
Email:

MARTHAO@FHCS.D.ORG  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**OBSTETRICS / GYNECOLOGY**

**LIPSCHITZ, LISA**

Provider ID: 206355  
Provider Gender: Female  
License Number: A72005  
NPI: 1649208711

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR, SCRIPPS  
MERCY HOSPITAL,  
GROSSMONT HOSPITAL

Board Certified Specialty: No

251 LANDIS AVE  
CHULA VISTA, CA 91910  
Phone: (619) 515-2500  
After Hours Phone: (619)  
515-2500

Website: www.fhcsd.org  
Email:

MARTHAO@FHCS.D.ORG  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**

**LIPSCHITZ, LISA**

Provider ID: 206355  
Provider Gender: Female  
License Number: A72005  
NPI: 1649208711

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR, SCRIPPS  
MERCY HOSPITAL,  
GROSSMONT HOSPITAL

Board Certified Specialty: No

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515-2500

Website: www.fhcsd.org  
Email:

MARTHAO@FHCS.D.ORG  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**

**LOEFFLER, ALLISON**

Provider ID: 206355

Provider Gender: Female

License Number: A116680

NPI: 1700073962

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

251 LANDIS AVE  
CHULA VISTA, CA 91910  
Phone: (619) 515-2500  
After Hours Phone: (619)  
515-2500

Website: www.fhcsd.org  
Email:

MARTHAO@FHCS.D.ORG  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**

**LOEFFLER, ALLISON**

Provider ID: 206355

Provider Gender: Female

License Number: A116680

NPI: 1700073962



Provider English Spoken: Y



 *Provider Language(s)*  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

 251 LANDIS AVE  
CHULA VISTA, CA 91910

 Phone: (619) 515-2500  
 After Hours Phone: (619)  
515-2500

 Website: www.fhcsd.org

Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**


**MELENDEZ BERRIOS, IARA  
DEL**


Provider ID: 206355

Provider Gender: Female

License Number: A114181

NPI: 1740514249

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL,


GROSSMONT HOSPITAL


Board Certified Specialty: No

 251 LANDIS AVE

CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619)  
515-2500

 Website: www.fhcsd.org

Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**


**MELENDEZ BERRIOS, IARA  
DEL**

Provider ID: 206355

Provider Gender: Female

License Number: A114181

NPI: 1740514249

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N



Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,

GROSSMONT HOSPITAL

Board Certified Specialty: No

 251 LANDIS AVE  
CHULA VISTA, CA 91910

 Phone: (619) 515-2500  
 After Hours Phone: (619)  
515-2500

 Website: www.fhcsd.org

Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

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, SAN

JOAQUIN COMM HOSP,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MEMORIAL



HOSPITAL, SCRIPPS


MEMORIAL HOSPITAL, KERN

MEDICAL CENTER

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100

 Website: www.syhealth.org  
/clinics/chula- vista- medic  
al- plaza

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

**OBSTETRICS / GYNECOLOGY**

**MENDEZ, DIEGO**

Provider ID: 427322

Provider Gender: Male

License Number: A47906

NPI: 1437181922

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: MERCY  
GENERAL HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, BAKERSFIELD

MEMORIAL HOSP, SHARP  
MEMORIAL HOSPITAL, SAN  
JOAQUIN COMM HOSP,

SCRIPPS MERCY HOSPITAL,  
SCRIPPS MEMORIAL

HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL, KERN  
MEDICAL CENTER

Board Certified Specialty: No

678 3RD AVE  
CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**OBSTETRICS / GYNECOLOGY**

**RODRIGUEZ JEREZ, ROBERTO**

Provider ID: 206355

Provider Gender: Male

License Number: A154298

NPI: 1710316450

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SHARP  
CORONADO HOSP AND

HEALTHCARE CTR,  
GROSSMONT HOSPITAL

Board Certified Specialty: No

251 LANDIS AVE  
CHULA VISTA, CA 91910

Phone: (619) 515-2500

After Hours Phone: (619)  
515-2500

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**

**RODRIGUEZ JEREZ, ROBERTO**

Provider ID: 206355

Provider Gender: Male

License Number: A154298

NPI: 1710316450

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

CORONADO HOSP AND

HEALTHCARE CTR,

GROSSMONT HOSPITAL

Board Certified Specialty: No

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Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**

**SAPRA, SONIA**

Provider ID: 206355

Provider Gender: Female

License Number: A164859

NPI: 1952751711

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL

Board Certified Specialty: No


251 LANDIS AVE  
CHULA VISTA, CA 91910

Phone: (619) 515-2500

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Email:


MARTHAO@FHCSO.ORG  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**

**SAPRA, SONIA**

Provider ID: 206355  
 Provider Gender: Female  
 License Number: A164859  
 NPI: 1952751711  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Hindi  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL  
 Board Certified Specialty: No  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 515-2500  
 After Hours Phone: (619)  
 515-2500  
 Website: www.fhcsd.org

Email:

MARTHAO@FHCSO.ORG  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**



**SEFA-BOAKYE, KOFI**

Provider ID: 427322  
 Provider Gender: Male  
 License Number: G59670

NPI: 1902993660  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 CHULA VISTA MED CTR,  
 SHARP CORONADO HOSP  
 AND HEALTHCARE CTR,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA  
 Board Certified Specialty: No  
 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: www.syhealth.org  
 /clinics/chula- vista- medic  
 al- plaza  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**






**SEFA-BOAKYE, KOFI**


Provider ID: 427322  
 Provider Gender: Male  
 License Number: G59670  
 NPI: 1902993660  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 CHULA VISTA MED CTR,  
 SHARP CORONADO HOSP  
 AND HEALTHCARE CTR,

SCRIPPS MERCY HOSPITAL  
 CHULA VISTA  
 Board Certified Specialty: No  
 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: www.syhealth.org  
 /clinics/chula- vista- medic  
 al- plaza  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**

**SHORT, ABI ADE**

Provider ID: 427322  
 Provider Gender: Male  
 License Number: A114893  
 NPI: 1750559589  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: PARADISE  
 VALLEY HOSPITAL, SHARP  
 CHULA VISTA MED CTR,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA, SCRIPPS MERCY  
 HOSPITAL  
 Board Certified Specialty: No  
 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: www.syhealth.org  
 /clinics/chula- vista- medic


al- plaza  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 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  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: PARADISE  
 VALLEY HOSPITAL, SHARP  
 CHULA VISTA MED CTR,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA, SCRIPPS MERCY  
 HOSPITAL  
 Board Certified Specialty: No


 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: www.syhealth.org  
 /clinics/chula- vista- medic  
 al- plaza  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-5:00PM




**OBSTETRICS / GYNECOLOGY**

**STABEN, REBECCA**  
 Provider ID: 206355  
 Provider Gender: Female  
 License Number: 20A13958  
 NPI: 1932269198  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: Sharp  
 Grossmont Hospital  
 Board Certified Specialty: No



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 After Hours Phone: (619)  
 515-2500  
 Website: www.fhcsd.org  
 Email:  
 MARTHAO@FHCS.D.ORG  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**OBSTETRICS / GYNECOLOGY**

**STABEN, REBECCA**  
 Provider ID: 206355  
 Provider Gender: Female  
 License Number: 20A13958  
 NPI: 1932269198  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: Sharp  
 Grossmont Hospital  
 Board Certified Specialty: No  
 251 LANDIS AVE  
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 Phone: (619) 515-2500

 After Hours Phone: (619)  
 515-2500  
 Website: www.fhcsd.org  
 Email:  
 MARTHAO@FHCS.D.ORG  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**OBSTETRICS / GYNECOLOGY**

**TRUJILLO, JENNIFER**  
 Provider ID: 427322  
 Provider Gender: Female  
 License Number: 20A8204  
 NPI: 1053407593  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA, SHARP CHULA VISTA  
 MED CTR  
 Board Certified Specialty: No

 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: www.syhealth.org  
 /clinics/chula- vista- medic  
 al- plaza  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**OBSTETRICS / GYNECOLOGY**

**TRUJILLO, JENNIFER**

Provider ID: 427322

Provider Gender: Female

License Number: 20A8204

NPI: 1053407593

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA  
VISTA, SHARP CHULA VISTA  
MED CTR

Board Certified Specialty: No

678 3RD AVE  
CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: www.syhealth.org  
/clinics/chula- vista- medic  
al- plaza

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**OBSTETRICS / GYNECOLOGY**

**WINESBURG, JENNIFER**

Provider ID: 206355

Provider Gender: Female

License Number: 20A11535

NPI: 1811162456

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR,  
GROSSMONT HOSPITAL,  
DESERT REGIONAL MED CTR  
Board Certified Specialty: No

251 LANDIS AVE  
CHULA VISTA, CA 91910

Phone: (619) 515-2500

After Hours Phone: (619)  
515-2500

Website: www.fhcsd.org  
Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**

**WINESBURG, JENNIFER**

Provider ID: 206355

Provider Gender: Female

License Number: 20A11535

NPI: 1811162456

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR,  
GROSSMONT HOSPITAL,  
DESERT REGIONAL MED CTR  
Board Certified Specialty: No

251 LANDIS AVE  
CHULA VISTA, CA 91910

Phone: (619) 515-2500

After Hours Phone: (619)  
515-2500

Website: www.fhcsd.org  
Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**

**ZIEG, ALAN**

Provider ID: 206355

Provider Gender: Male

License Number: G78814

NPI: 1699790634

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

251 LANDIS AVE  
CHULA VISTA, CA 91910

Phone: (619) 515-2500

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515-2500


Website: www.fhcsd.org  
Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y


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: 206355  
 Provider Gender: Male  
 License Number: G78814  
 NPI: 1699790634  
 **Provider English Spoken: Y**  
**Cultural Competency: N**  
**Hospital Affiliation:**  
 GROSSMONT HOSPITAL,  
 SCRIPPS MERCY HOSPITAL,  
 SHARP CORONADO HOSP  
 AND HEALTHCARE CTR,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA

**Board Certified Specialty: No**

 251 LANDIS AVE  
 CHULA VISTA, CA 91910  
 **Phone: (619) 515-2500**  
 **After Hours Phone: (619) 515-2500**  
 **Website: www.fhcsd.org**  
**Email:**


MARTHAO@FHCS.D.ORG

**Medi-Cal Open Panel: Y**

**Min/Max Age: 0\150**

**American Sign Language (ASL):**

N

 **Accessibility: CONTACT PROVIDER**  
 Hours: M-F 8:00AM-5:00PM

**OPHTHALMOLOGY**

**MANI, NASRIN**

Provider ID: 427322

Provider Gender: Female

License Number: A40473  
 NPI: 1023061314  
 **Provider English Spoken: Y**  
 **Provider Language(s)**  
 Spoken: Arabic, Faroese,  
 Farsi, Persian, Spanish  
**Cultural Competency: N**  
**Hospital Affiliation: SCRIPPS**  
 MEMORIAL HOSPITAL, SHARP  
 MEMORIAL HOSPITAL, UCSD  
 MEDICAL CTR, SHARP CHULA  
 VISTA MED CTR, GROSSMONT  
 HOSPITAL

**Board Certified Specialty: No**

 678 3RD AVE  
 CHULA VISTA, CA 91910  
 **Phone: (619) 662-4100**  
 **After Hours Phone: (619) 662-4100**  
 **Website: www.syhealth.org**  
 /clinics/chula- vista- medic  
 al- plaza

**Medi-Cal Open Panel: Y**

**Min/Max Age: 0\150**

**American Sign Language (ASL):**

N

 **Accessibility: CONTACT PROVIDER**

**OPHTHALMOLOGY**



**MANI, NASRIN**

Provider ID: 427322

Provider Gender: Female

License Number: A40473



NPI: 1023061314

 **Provider English Spoken: Y**  
 **Provider Language(s)**  
 Spoken: Arabic, Faroese,  
 Farsi, Persian, Spanish  
**Cultural Competency: N**

**Hospital Affiliation: SCRIPPS**  
 MEMORIAL HOSPITAL, SHARP

MEMORIAL HOSPITAL, UCSD  
 MEDICAL CTR, SHARP CHULA  
 VISTA MED CTR, GROSSMONT  
 HOSPITAL

**Board Certified Specialty: No**

 678 3RD AVE  
 CHULA VISTA, CA 91910  
 **Phone: (619) 662-4100**  
 **After Hours Phone: (619) 662-4100**  
 **Website: www.syhealth.org**  
 /clinics/chula- vista- medic  
 al- plaza

**Medi-Cal Open Panel: Y**

**Min/Max Age: 0\150**

**American Sign Language (ASL):**

N

 **Accessibility: CONTACT PROVIDER**

**OPHTHALMOLOGY**



**PAPASTERGIU, GEORGIOS**

Provider ID: 427322

Provider Gender: Male

License Number: A127706


NPI: 1790054393


 **Provider English Spoken: Y**  
 **Provider Language(s)**  
 Spoken: Arabic, Farsi,  
 French, Greek, Italian,  
 Spanish

**Cultural Competency: N**

**Hospital Affiliation: EL CENTRO**  
 REGIONAL MEDICAL CENTER,  
 SCRIPPS MEMORIAL  
 HOSPITAL, SHARP MEMORIAL  
 HOSPITAL

**Board Certified Specialty: No**


 678 3RD AVE  
 CHULA VISTA, CA 91910  
 **Phone: (619) 662-4100**  
 **After Hours Phone: (619)**

662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

**OPHTHALMOLOGY**

**PAPASTERGIU, GEORGIOS**

Provider ID: 427322

Provider Gender: Male

License Number: A127706

NPI: 1790054393


Provider English Spoken: Y  
 Provider Language(s) Spoken: Arabic, Farsi, French, Greek, Italian, Spanish


Cultural Competency: N


Hospital Affiliation: EL CENTRO REGIONAL MEDICAL CENTER, SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL

Board Certified Specialty: No

 678 3RD AVE  
 CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

**OPHTHALMOLOGY**

**PONS, MAURICIO**

Provider ID: 427322

Provider Gender: Male

License Number: A87650

NPI: 1376723759


Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, EL CENTRO REGIONAL MEDICAL CENTER, SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

 678 3RD AVE  
 CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

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  
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Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

**OPHTHALMOLOGY**

**SKAF, AYHAM**

Provider ID: 427322

Provider Gender: Male

License Number: A120584

NPI: 1285888628

Provider English Spoken: Y  
 Provider Language(s) Spoken: Arabic, Spanish

Cultural Competency: N

Hospital Affiliation: EL CENTRO REGIONAL MEDICAL CENTER, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL

**HOSPITAL**

Board Certified Specialty: No

678 3RD AVE  
CHULA VISTA, CA 91910  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

**OPHTHALMOLOGY**

**SKAF, AYHAM**

Provider ID: 427322

Provider Gender: Male

License Number: A120584

NPI: 1285888628

Provider English Spoken: Y

Provider Language(s) Spoken: Arabic, Spanish

Cultural Competency: N

Hospital Affiliation: EL CENTRO REGIONAL MEDICAL CENTER, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL

Board Certified Specialty: No

678 3RD AVE  
CHULA VISTA, CA 91910  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

**PEDIATRICS**

**AKASHI, MARC**

Provider ID: 163322

Provider Gender: Male

NPI: 1205002417

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

769 MEDICAL CENTER CT STE 300  
CHULA VISTA, CA 91911

Phone: (619) 482-3090

Fax: (619) 482-7350

After Hours Phone: (619) 482-3090

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**ATIENZA, PAMELA**

Provider ID: 106987

Provider Gender: Female

NPI: 1417916107

Provider English Spoken: Y

Provider Language(s) Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR

Board Certified Specialty: No

890 EASTLAKE PKWY STE 200

CHULA VISTA, CA 91914

Phone: (619) 656-6817

Fax: (619) 656-6908

After Hours Phone: (619) 506-1218

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

**PEDIATRICS**

**BARBADILLO, FERDINAND**

Provider ID: 70456

Provider Gender: Male

NPI: 1982662193

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR

Board Certified Specialty: No

890 EASTLAKE PKWY STE 200



CHULA VISTA, CA 91914

Phone: (619) 656-6817

Fax: (619) 656-6908

After Hours Phone: (619)



656-6817  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 9:00AM-5:00PM

**PEDIATRICS**


**BROUDY, ABRAHAM**

Provider ID: 109328  
 Provider Gender: Male  
 NPI: 1528039526  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL  
 Board Certified Specialty: No  
 2440 FENTON ST STE 100 CHULA VISTA, CA 91914  
 Phone: (619) 656-3040  
 Fax: (619) 656-3045  
 After Hours Phone: (619) 656-3040  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**CAPETANAKIS, ELENI**

Provider ID: 89610  
 Provider Gender: Female  
 NPI: 1346211554  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Greek, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SHARP CHULA VISTA MED CTR  
 Board Certified Specialty: No  
 865 3RD AVE STE 101 CHULA VISTA, CA 91911  
 Phone: (619) 426-7910  
 Fax: (619) 426-2337  
 After Hours Phone: (619) 426-7910  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**


**CORDOBA, MIGUEL**

Provider ID: 88187  
 Provider Gender: Male  
 NPI: 1053382176  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N

Hospital Affiliation: SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, SHARP CHULA VISTA MED CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

 865 3RD AVE STE 101 CHULA VISTA, CA 91911

 Phone: (619) 426-7910

Fax: (619) 426-2337

After Hours Phone: (619) 426-7910

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**DONG, TAMMY**

Provider ID: 427322

Provider Gender: Female

License Number: A66903

NPI: 1386655413

Provider English Spoken: Y


Provider Language(s)

Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 678 3RD AVE CHULA VISTA, CA 91910







 Phone: (619) 662-4100


After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**PEDIATRICS**


**DONG, TAMMY**

Provider ID: 427322  
 Provider Gender: Female  
 License Number: A66903  
 NPI: 1386655413  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**PEDIATRICS**


**DORINGO, ELAINIE**

Provider ID: 267100  
 Provider Gender: Female  
 NPI: 1013005636  
 Provider English Spoken: Y

Cultural Competency: N  
 Hospital Affiliation: ALVARADO HOSPITAL LLC, RADY CHILDRENS HOSPITAL SAN DIEGO, GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR, UCSD LA JOLLA JOHN SALLY THORNTON, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL  
 Board Certified Specialty: No  
 865 3RD AVE STE 101  
 CHULA VISTA, CA 91911  
 Phone: (619) 426-7910  
 Fax: (619) 426-2337  
 After Hours Phone: (619) 426-7910  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**


**FLETCHER, EMILY**

Provider ID: 232312  
 Provider Gender: Female  
 NPI: 1780935940  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SHARP CHULA VISTA MED CTR, MERCY HOSPITAL BAKERSFIELD, RADY CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND  
 Board Certified Specialty: No  
 2440 FENTON ST STE 100  
 CHULA VISTA, CA 91914  
 Phone: (619) 656-3040  
 Fax: (619) 656-3045  
 After Hours Phone: (619) 656-3040  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**FLORES, ERNEST**

Provider ID: 658652  
 Provider Gender: Male  
 NPI: 1043848807  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 865 3RD AVE STE 101  
 CHULA VISTA, CA 91911  
 Phone: (619) 426-7910  
 Fax: (619) 426-2337  
 After Hours Phone: (619) 426-7910  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 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**

**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: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**GARCIA, CARLOS**

Provider ID: 64734

Provider Gender: Male

NPI: 1417959370

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, RADY

CHILDRENS HOSPITAL SAN

DIEGO

Board Certified Specialty: No

1392 E PALOMAR ST STE 501

CHULA VISTA, CA 91913

Phone: (619) 271-4059

Fax: (619) 271-7451

After Hours Phone: (619) 271-4059

Website: N/A

Email:

HERITAGEPARKPEDIATRICS@YAHOO.COM

Medi-Cal Open Panel: Y

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, RAFAEL**

Provider ID: 360408

Provider Gender: Male

NPI: 1053414086

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR, RADY

CHILDRENS HOSPITAL SAN

DIEGO

Board Certified Specialty: No

752 MEDICAL CENTER CT STE 210

CHULA VISTA, CA 91911

Phone: (619) 656-0206

Fax: (619) 656-8936

After Hours Phone: (619) 656-0206

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-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: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

**PEDIATRICS**

**GHAHREMANI, SIMIN**

*Provider ID: 482034*

*Provider Gender: Female*

*License Number: C51110*

*NPI: 1508904657*

*Provider English Spoken: Y*


*Provider Language(s) Spoken: Farsi*


*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL*

*Board Certified Specialty: No*

 *855 3RD AVE STE 2200 CHULA VISTA, CA 91911*

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*


 *Website: www.ihpsocal.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

**PEDIATRICS**

**GHAHREMANI, SIMIN**

*Provider ID: 634787*

*Provider Gender: Female*

*NPI: 1508904657*

*Provider English Spoken: Y*


*Provider Language(s) Spoken: Farsi*

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL*

*Board Certified Specialty: No*

 *280 E ST CHULA VISTA, CA 91910*

 *Phone: (619) 662-4100*

*Fax: (619) 662-4196*

 *After Hours Phone: (619) 662-4100*

 *Website: N/A*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:00PM*

**PEDIATRICS**

**HOLLICK, NATALIE**

*Provider ID: 473802*

*Provider Gender: Female*


*NPI: 1558716845*

*Provider English Spoken: Y*

*Cultural Competency: N*

*Board Certified Specialty: No*

 *865 3RD AVE STE 101 CHULA VISTA, CA 91911*

 *Phone: (619) 426-7910*

*Fax: (619) 426-2337*

 *After Hours Phone: (619) 426-7910*

 *Website: N/A*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

 *Accessibility: CONTACT*

*PROVIDER Hours: M-F 8:00AM-5:00PM*

**PEDIATRICS**

**ISAIAS, AGNELA**

*Provider ID: 482034*

*Provider Gender: Female*

*License Number: A82912*

*NPI: 1790772572*

*Provider English Spoken: Y*


*Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*

*Hospital Affiliation: GROSSMONT HOSPITAL, ALVARADO HOSPITAL LLC, SHARP CORONADO HOSP AND HEALTHCARE CTR*

*Board Certified Specialty: No*

 *855 3RD AVE STE 2200 CHULA VISTA, CA 91911*

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: www.ihpsocal.org*

*Medi-Cal Open Panel: Y*

*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) 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: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **JACOBS-KLEISLI, MILAGROS**

Provider ID: 467596

Provider Gender: Female

NPI: 1811221641

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SHARP MEMORIAL HOSPITAL,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO, HUNTINGTON  
MEMORIAL HOSPITAL, USC  
Arcadia Hospital

Board Certified Specialty: No

769 MEDICAL CENTER CT  
STE 300

CHULA VISTA, CA 91911

Phone: (619) 482-3090

Fax: (619) 482-7350

After Hours Phone: (619)

482-3090

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-0:00PM

### **PEDIATRICS**

#### **KORSAND, SID**

Provider ID: 482034

Provider Gender: Male

License Number: A49591

NPI: 1588634513

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi, Turkish

Cultural Competency: N

Board Certified Specialty: No

855 3RD AVE STE 2200  
CHULA VISTA, CA 91911

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: www.ihpsocal.org

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **KORSAND, SID**

Provider ID: 634788

Provider Gender: Male

NPI: 1588634513

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi, Turkish

Cultural Competency: N

Board Certified Specialty: No

280 E ST  
CHULA VISTA, CA 91910

Phone: (619) 662-4100

Fax: (619) 662-4196

After Hours Phone: (619)  
662-4100

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**MCPMAHON, SHARON**

Provider ID: 648721  
 Provider Gender: Female  
 NPI: 1487279246

☐ Provider English Spoken: Y  
 Cultural Competency: N

Board Certified Specialty: No

📍 865 THIRD AVESTE 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: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
 N

♿ Accessibility: CONTACT  
 PROVIDER

Hours: M-F 8:00AM-5:00PM  
 SA 8:00AM-0:00PM

**PEDIATRICS**

**MISTRY, CHETAN**

Provider ID: 86439  
 Provider Gender: Male  
 NPI: 1467505834

☐ Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: SHARP  
 CHULA VISTA MED CTR,

SCRIPPS MERCY HOSPITAL  
 CHULA VISTA, RADY

CHILDRENS HOSPITAL SAN  
 DIEGO, SCRIPPS MERCY

HOSPITAL

Board Certified Specialty: No

📍 2440 FENTON ST STE 100  
 CHULA VISTA, CA 91914

☎ Phone: (619) 656-3040  
 Fax: (619) 656-3045

🕒 After Hours Phone: (619)  
 656-3040

🌐 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
 N

♿ Accessibility: CONTACT  
 PROVIDER

Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**MOSQUERA, DIANA**

Provider ID: 371232  
 Provider Gender: Female  
 NPI: 1144238098

☐ Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN

DIEGO

Board Certified Specialty: No

📍 769 MEDICAL CENTER CT  
 STE 300

☎ Phone: (619) 482-3090  
 Fax: (619) 482-7350

🕒 After Hours Phone: (619)  
 482-3090

🌐 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
 N

♿ Accessibility: CONTACT  
 PROVIDER

Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**MOSQUERA, DIANA**

Provider ID: 463001  
 Provider Gender: Female  
 NPI: 1144238098

☐ Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN

DIEGO

Board Certified Specialty: No

📍 865 3RD AVE STE 101  
 CHULA VISTA, CA 91911

☎ Phone: (619) 426-7910  
 After Hours Phone: (619)

426-7910

🌐 Website: N/A

Medi-Cal Open Panel: Y

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,

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: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**PIANSAY, MARIA CORAZON**

Provider ID: 427322  
 Provider Gender: Female  
 License Number: A93785  
 NPI: 1669680351  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish, Tagalog  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 CHULA VISTA MED CTR,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA  
 Board Certified Specialty: No  
 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: www.syhealth.org  
 /clinics/chula- vista- medic  
 al- plaza  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT  
 PROVIDER

**PEDIATRICS**

**PIANSAY, MARIA CORAZON**

Provider ID: 427322  
 Provider Gender: Female  
 License Number: A93785  
 NPI: 1669680351  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish, Tagalog  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 CHULA VISTA MED CTR,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA  
 Board Certified Specialty: No

678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: www.syhealth.org  
 /clinics/chula- vista- medic  
 al- plaza  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**PEDIATRICS**

**SALAZAR, JUANITA**

Provider ID: 206355  
 Provider Gender: Female  
 License Number: A78355  
 NPI: 1912938325  
 Provider English Spoken: Y

Provider Language(s)  
 Spoken: Spanish, Tagalog,  
 Vietnamese  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA  
 Board Certified Specialty: No  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 515-2500  
 After Hours Phone: (619)  
 515-2500  
 Website: www.fhcsd.org  
 Email:  
 MARTHAO@FHCS.D.ORG  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**PEDIATRICS**

**SALAZAR, JUANITA**

Provider ID: 206355  
 Provider Gender: Female  
 License Number: A78355  
 NPI: 1912938325  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish, Tagalog,  
 Vietnamese  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA  
 Board Certified Specialty: No  
 251 LANDIS AVE

CHULA VISTA, CA 91910  
 Phone: (619) 515-2500  
 After Hours Phone: (619) 515-2500  
 Website: www.fhcsd.org  
 Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


**PEDIATRICS**

**SANTIAGO, ROXANE**

Provider ID: 269279

Provider Gender: Female

NPI: 1033461801

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO, SHARP CHULA VISTA

MED CTR, SCRIPPS MERCY

HOSPITAL CHULA VISTA,

SCRIPPS MEMORIAL

HOSPITAL, UCSF BENIOFF


CHILDREN'S HOSPITAL

OAKLAND, SCRIPPS MERCY

HOSPITAL

Board Certified Specialty: No

 865 3RD AVE STE 101  
 CHULA VISTA, CA 91911

 Phone: (619) 426-7910

Fax: (619) 426-2337

 After Hours Phone: (619) 426-7910

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): License Number: A45942

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**


**SHETH, HASMUKH**

Provider ID: 427322

Provider Gender: Male

License Number: A45942

NPI: 1396812236

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Gujarati, Hindi, Urdu

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA


VISTA, SCRIPPS MERCY


HOSPITAL

Board Certified Specialty: No

 678 3RD AVE  
 CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: www.syhealth.org /clinics/chula- vista- medic al- plaza

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

**PEDIATRICS**


**SHETH, HASMUKH**

Provider ID: 427322

Provider Gender: Male

NPI: 1396812236

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Gujarati, Hindi, Urdu

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA


VISTA, SCRIPPS MERCY


HOSPITAL

Board Certified Specialty: No

 678 3RD AVE  
 CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: www.syhealth.org /clinics/chula- vista- medic al- plaza

Medi-Cal Open Panel: Y

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

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: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**YAO, CATHERINE**

Provider ID: 371204

Provider Gender: Female

NPI: 1801166442

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

769 MEDICAL CENTER CT  
STE 300

CHULA VISTA, CA 91911

Phone: (619) 482-3090

Fax: (619) 482-7350

After Hours Phone: (619)  
482-3090

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): License Number: PA61683

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: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

**PHYSICIANS ASSISTANT**

**BALDONADO, ANALICIA**

Provider ID: 417641

Provider Gender: Female

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: Y

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: Y



Min/Max Age: 0\150

American Sign Language (ASL): License Number: PA54404  
N

 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM


**PHYSICIANS ASSISTANT**  
**INDA, PRISCILLA**


Provider ID: 427322  
Provider Gender: Female  
License Number: PA54404  
NPI: 1679008379

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic, Russian, Spanish

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA



Board Certified Specialty: No  
 678 3RD AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100

 Website: www.syhealth.org  
/clinics/chula- vista- medic  
al- plaza  
Medi-Cal Open Panel: Y  
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

NPI: 1679008379  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic, Russian, Spanish

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No  
 678 3RD AVE  
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/clinics/chula- vista- medic  
al- plaza  
Medi-Cal Open Panel: Y  
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- medic  
al- plaza

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N


 Accessibility: CONTACT PROVIDER

**PHYSICIANS ASSISTANT**  
**MENDEZ, JESUS**

Provider ID: 427322  
Provider Gender: Male  
License Number: PA13796  
NPI: 1023202108

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

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 Website: www.syhealth.org  
/clinics/chula- vista- medic  
al- plaza

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

**PHYSICIANS ASSISTANT**  
**QUICK, ELISABETH**

Provider ID: 206355  
Provider Gender: Female  
License Number: PA21591  
NPI: 1790055010


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish


*Cultural Competency: N*


*Board Certified Specialty: No*

 251 LANDIS AVE

CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619) 515-2500

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email:


MARTHAO@FHCS.D.ORG

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

**PHYSICIANS ASSISTANT**


**QUICK, ELISABETH**

*Provider ID: 206355*

*Provider Gender: Female*

*License Number: PA21591*

*NPI: 1790055010*

 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*


*Board Certified Specialty: No*

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*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

**PHYSICIANS ASSISTANT**


**REVELES, DIANA**

*Provider ID: 417641*

*Provider Gender: Female*

*License Number: PA19306*


*NPI: 1548455405*

 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*

*Board Certified Specialty: No*

 352 L ST

CHULA VISTA, CA 91911

 Phone: (619) 515-2325

 After Hours Phone: (619) 515-2325

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [chantalt@fhcsd.org](mailto:chantalt@fhcsd.org)

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

**PHYSICIANS ASSISTANT**


**REVELES, DIANA**

*Provider ID: 417641*

*Provider Gender: Female*

*License Number: PA19306*


*NPI: 1548455405*

 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*

*Board Certified Specialty: No*

 352 L ST

CHULA VISTA, CA 91911

 Phone: (619) 515-2325

 After Hours Phone: (619) 515-2325

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Email: [chantalt@fhcsd.org](mailto:chantalt@fhcsd.org)

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

**PODIATRIST**

**MANCHEL, BRUCE**

*Provider ID: 427322*

*Provider Gender: Male*

*License Number: DPM2930*

*NPI: 1790890788*

 *Provider English Spoken: Y*


*Cultural Competency: N*

*Hospital Affiliation: SHARP*


CORONADO HOSP AND


HEALTHCARE CTR


*Board Certified Specialty: No*

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100


 Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

**PODIATRIST**

**MANCHEL, BRUCE**

*Provider ID: 427322*

*Provider Gender: Male*

*License Number: DPM2930*

NPI: 1790890788  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 CORONADO HOSP AND  
 HEALTHCARE CTR  
 Board Certified Specialty: No  
 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: www.syhealth.org  
 /clinics/chula- vista- medic  
 al- plaza  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**PODIATRIST**

**SCHNEIDER, SARAH**

Provider ID: 206355  
 Provider Gender: Female  
 License Number: DPM4819  
 NPI: 1326282237  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 515-2500  
 After Hours Phone: (619)  
 515-2500  
 Website: www.fhcsd.org  
 Email:  
 MARTHAO@FHCS.D.ORG  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT  
 PROVIDER

**PODIATRIST**

**SCHNEIDER, SARAH**

Provider ID: 206355  
 Provider Gender: Female  
 License Number: DPM4819  
 NPI: 1326282237  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 251 LANDIS AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 515-2500  
 After Hours Phone: (619)  
 515-2500  
 Website: www.fhcsd.org  
 Email:  
 MARTHAO@FHCS.D.ORG  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**REGISTERED NURSE LICENSED**

**VOCATIONAL NURSE**

**QUILALANG, SUSAN**

Provider ID: 427322  
 Provider Gender: Female  
 License Number: NP5579  
 NPI: 1841200482  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100

After Hours Phone: (619)  
 662-4100  
 Website: www.syhealth.org  
 /clinics/chula- vista- medic  
 al- plaza  
 Medi-Cal Open Panel: Y  
 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- medic  
 al- plaza  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**REGISTERED NURSE LICENSED**

**VOCATIONAL NURSE**

**QUILALANG, SUSAN**


Provider ID: 427322  
 Provider Gender: Female

License Number: NP5579


NPI: 1841200482


 Provider English Spoken: Y  
Cultural Competency: N


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/chula-vista-medic-al-plaza](http://www.syhealth.org/clinics/chula-vista-medic-al-plaza)

Medi-Cal Open Panel: Y

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-medic-al-plaza](http://www.syhealth.org/clinics/chula-vista-medic-al-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

**REGISTERED PHYSICAL  
THERAPIST**

**AMAYA, RICARDO**

Provider ID: 206355

Provider Gender: Male

License Number: PT37189


NPI: 1437445566


 Provider English Spoken: Y  
Cultural Competency: N


Board Certified Specialty: No

 251 LANDIS AVE

CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619)  
515-2500

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email:

[MARTHAO@FHCS.D.ORG](mailto:MARTHAO@FHCS.D.ORG)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

**REGISTERED PHYSICAL  
THERAPIST**

**AMAYA, RICARDO**

Provider ID: 206355

Provider Gender: Male

License Number: PT37189


NPI: 1437445566

 Provider English Spoken: Y  
Cultural Competency: N


Board Certified Specialty: No

 251 LANDIS AVE

CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619)  
515-2500


 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email:

[MARTHAO@FHCS.D.ORG](mailto:MARTHAO@FHCS.D.ORG)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

**REGISTERED PHYSICAL  
THERAPIST**

**CUMMINGS, GEORGE**

Provider ID: 206355

Provider Gender: Male

License Number: PT295173

NPI: 1497236384

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

 251 LANDIS AVE

CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619)  
515-2500


 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email:

[MARTHAO@FHCS.D.ORG](mailto:MARTHAO@FHCS.D.ORG)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

**REGISTERED PHYSICAL  
THERAPIST**

**CUMMINGS, GEORGE**

Provider ID: 206355  
 Provider Gender: Male  
 License Number: PT295173  
 NPI: 1497236384

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N

Board Certified Specialty: No

251 LANDIS AVE  
 CHULA VISTA, CA 91910

Phone: (619) 515-2500  
 After Hours Phone: (619)  
 515-2500

Website: www.fhcsd.org  
 Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

**REGISTERED PHYSICAL**

**THERAPIST**

**GEORGE, JENNIFER**

Provider ID: 206355  
 Provider Gender: Female  
 License Number: PT294245  
 NPI: 1215402177

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N

Board Certified Specialty: No

251 LANDIS AVE  
 CHULA VISTA, CA 91910

Phone: (619) 515-2500  
 After Hours Phone: (619)  
 515-2500

Website: www.fhcsd.org

Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Hours: M-F 8:30AM-5:30PM

**REGISTERED PHYSICAL**

**THERAPIST**

**GEORGE, JENNIFER**

Provider ID: 206355  
 Provider Gender: Female  
 License Number: PT294245  
 NPI: 1215402177

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N

Board Certified Specialty: No

251 LANDIS AVE  
 CHULA VISTA, CA 91910

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 515-2500

Website: www.fhcsd.org  
 Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Hours: M-F 8:30AM-5:30PM

**REGISTERED PHYSICAL**

**THERAPIST**

**GONZALES, MICHELLE**

Provider ID: 206355  
 Provider Gender: Female  
 License Number: PT291706  
 NPI: 1548714652

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N

Board Certified Specialty: No

251 LANDIS AVE  
 CHULA VISTA, CA 91910

Phone: (619) 515-2500  
 After Hours Phone: (619)  
 515-2500

Website: www.fhcsd.org  
 Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

**REGISTERED PHYSICAL**

**THERAPIST**

**GONZALES, MICHELLE**



Provider ID: 206355  
 Provider Gender: Female  
 License Number: PT291706  
 NPI: 1548714652

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N

Board Certified Specialty: No

251 LANDIS AVE  
 CHULA VISTA, CA 91910


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 After Hours Phone: (619)  
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 Email: MARTHAO@FHCSD.ORG  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER



**REGISTERED PHYSICAL THERAPIST**

**MIGNEA, DAVID**

Provider ID: 206355  
 Provider Gender: Male  
 License Number: PT293536  
 NPI: 1043736879

 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No


 251 LANDIS AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 515-2500  
 After Hours Phone: (619) 515-2500

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: MARTHAO@FHCSD.ORG  
 Medi-Cal Open Panel: Y  
 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

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Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**REGISTERED PHYSICAL THERAPIST**


**RODRIGUEZ, CASSANDRA**

Provider ID: 206355  
 Provider Gender: Female  
 License Number: PT292823  
 NPI: 1770025595


 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N

Board Certified Specialty: No

 251 LANDIS AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 515-2500  
 After Hours Phone: (619) 515-2500

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: MARTHAO@FHCSD.ORG



Medi-Cal Open Panel: Y  
 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  
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 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: MARTHAO@FHCSD.ORG

Medi-Cal Open Panel: Y  
 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](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

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](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **SPEECH PATHOLOGIST**

#### **CABADING, DOREEN**

Provider ID: 427322

Provider Gender: Female

License Number: SP18192

NPI: 1043507585

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

678 3RD AVE  
CHULA VISTA, CA 91910  
Phone: (619) 662-4100  
After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **SPEECH PATHOLOGIST**

#### **CABADING, DOREEN**

Provider ID: 427322

Provider Gender: Female

License Number: SP18192

NPI: 1043507585

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

678 3RD AVE  
CHULA VISTA, CA 91910

Phone: (619) 662-4100  
After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/chula-vista-medical-plaza](http://www.syhealth.org/clinics/chula-vista-medical-plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

## **EL CAJON**

### **ALLERGY IMMUNOLOGY**

#### **REDDY, SUMANA**

Provider ID: 569910

Provider Gender: Female

License Number: C52581

NPI: 1053300251

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Cambodian, Hindi,  
Spanish, Telugu

Cultural Competency: N

Hospital Affiliation:



GROSSMONT HOSPITAL

Board Certified Specialty: No

875 EL CAJON BLVD  
EL CAJON, CA 92020



Phone: (619) 662-4100  
After Hours Phone: (619)  
662-4100



 Website: [www.syhealth.org](http://www.syhealth.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**ALLERGY IMMUNOLOGY**

**REDDY, SUMANA**

Provider ID: 569910  
 Provider Gender: Female  
 License Number: C52581  
 NPI: 1053300251  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Cambodian, Hindi, Spanish, Telugu  
 Cultural Competency: N

Hospital Affiliation:

**GROSSMONT HOSPITAL**

Board Certified Specialty: No

 875 EL CAJON BLVD  
 EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org](http://www.syhealth.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE**

**PRACTITIONER**

**BELEN, NEZER**

Provider ID: 418340  
 Provider Gender: Male  
 License Number: NP95009292

NPI: 1386120723  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 525 E MAIN ST  
 EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619) 515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM



**CERTIFIED NURSE**

**PRACTITIONER**

**BELEN, NEZER**

Provider ID: 418340  
 Provider Gender: Male  
 License Number: NP95009292  
 NPI: 1386120723

 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
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 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER



Hours: M-F 8:30AM-5:30PM


**CERTIFIED NURSE**



**PRACTITIONER**

**DRISCOLL, SUSAN**

Provider ID: 569910  
 Provider Gender: Female  
 License Number: NP95012943  
 NPI: 1477755684

 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No

 875 EL CAJON BLVD  
 EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100



 Website: [www.syhealth.org](http://www.syhealth.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**CERTIFIED NURSE**

**PRACTITIONER**

**DRISCOLL, SUSAN**

Provider ID: 569910  
 Provider Gender: Female  
 License Number: NP95012943  
 NPI: 1477755684

 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No

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 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**CERTIFIED NURSE**





**PRACTITIONER**

**GARCIA, JOHNNY**

Provider ID: 418340  
 Provider Gender: Male  
 License Number: NP95007000  
 NPI: 1932622156

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Board Certified Specialty: No

 525 E MAIN ST  
 EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619) 515-2498  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):



N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM

**CERTIFIED NURSE**

**PRACTITIONER**

**GARCIA, JOHNNY**

Provider ID: 418340  
 Provider Gender: Male  
 License Number: NP95007000  
 NPI: 1932622156

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Board Certified Specialty: No

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Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER



Hours: M-F 8:30AM-5:30PM

**CERTIFIED NURSE**




**PRACTITIONER**


**HAMID, WAHIDA**

Provider ID: 569910  
 Provider Gender: Female  
 License Number: NP95001707  
 NPI: 1164812293


 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Board Certified Specialty: No

 875 EL CAJON BLVD  
 EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150

American Sign Language (ASL):  
 N



 Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE**




**PRACTITIONER**


**HAMID, WAHIDA**

Provider ID: 569910  
 Provider Gender: Female  
 License Number: NP95001707  
 NPI: 1164812293

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Board Certified Specialty: No

 875 EL CAJON BLVD  
 EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)  
 Medi-Cal Open Panel: Y  
 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](http://www.syhealth.org)  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
 N  
 Accessibility: CONTACT  
 PROVIDER  
*Hours: M-F 8:00AM-5:00PM*

**CERTIFIED NURSE**






**PRACTITIONER**

**HARPEL, SHERYL**

*Provider ID: 569910*  
*Provider Gender: Female*  
*License Number: NP95009329*  
*NPI: 1780177147*

 *Provider English Spoken: Y*  
*Cultural Competency: N*







*Board Certified Specialty: No*

 875 EL CAJON BLVD  
 EL CAJON, CA 92020  
 Phone: (619) 662-4100  
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 Website: [www.syhealth.org](http://www.syhealth.org)  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
 N  
 Accessibility: CONTACT  
 PROVIDER  
*Hours: M-F 8:00AM-5:00PM*

**CERTIFIED NURSE**

**PRACTITIONER**

**HETTIG, JUDITH**

*Provider ID: 418340*  
*Provider Gender: Female*  
*License Number: NP3439*  
*NPI: 1396815866*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
 Spoken: Spanish  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 525 E MAIN ST  
 EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619)  
 515-2498  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

*Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)*

*Medi-Cal Open Panel: Y*

*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*  
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*Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
 N  
 Accessibility: CONTACT  
 PROVIDER

**CERTIFIED NURSE**

**PRACTITIONER**

**JENSEN, ADRIENNE**


*Provider ID: 569910*  
*Provider Gender: Female*  
*License Number: NP95023148*  
*NPI: 1184389934*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: RADY*

*CHILDRENS HOSPITAL SAN*  
*DIEGO, UCSD MEDICAL CTR*

*Board Certified Specialty: No*

 875 EL CAJON BLVD  
 EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
 N

 Accessibility: CONTACT  
 PROVIDER

**CERTIFIED NURSE**

**PRACTITIONER**

**JENSEN, ADRIENNE**

*Provider ID: 569910*  
*Provider Gender: Female*  
*License Number: NP95023148*  
*NPI: 1184389934*

☐ *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY*  
**CHILDRENS HOSPITAL SAN**  
**DIEGO, UCSD MEDICAL CTR**  
*Board Certified Specialty: No*  
 📍 875 EL CAJON BLVD  
 EL CAJON, CA 92020  
 📞 *Phone: (619) 662-4100*  
 📞 *After Hours Phone: (619)*  
 662-4100  
 🌐 *Website: www.syhealth.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
 N  
 ♿ *Accessibility: CONTACT*  
 PROVIDER

**CERTIFIED NURSE**  
**PRACTITIONER**

**KELLOGG, KRISTEN**  
*Provider ID: 418340*  
*Provider Gender: Female*  
*License Number: NP95009180*  
*NPI: 1649757741*

☐ *Provider English Spoken: Y*  
 ☐ *Provider Language(s)*  
*Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 📍 525 E MAIN ST  
 EL CAJON, CA 92020  
 📞 *Phone: (619) 515-2498*  
 📞 *After Hours Phone: (619)*  
 515-2498  
 🌐 *Website: www.fhcsd.org*  
*Email: janellek@fhcsd.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
 N

♿ *Accessibility: CONTACT*  
 PROVIDER

**CERTIFIED NURSE**  
**PRACTITIONER**

**KELLOGG, KRISTEN**  
*Provider ID: 418340*  
*Provider Gender: Female*  
*License Number: NP95009180*  
*NPI: 1649757741*

☐ *Provider English Spoken: Y*  
 ☐ *Provider Language(s)*  
*Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

📍 525 E MAIN ST  
 EL CAJON, CA 92020  
 📞 *Phone: (619) 515-2498*  
 📞 *After Hours Phone: (619)*  
 515-2498  
 🌐 *Website: www.fhcsd.org*  
*Email: janellek@fhcsd.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
 N  
 ♿ *Accessibility: CONTACT*  
 PROVIDER

**CERTIFIED NURSE**  
**PRACTITIONER**

**LU, TAMMY**  
*Provider ID: 206354*  
*Provider Gender: Female*  
*License Number: NP95007253*  
*NPI: 1457879132*

☐ *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 📍 1111 W CHASE AVE  
 EL CAJON, CA 92020

📞 *Phone: (619) 515-2499*  
 📞 *After Hours Phone: (619)*  
 515-2499  
 🌐 *Website: www.fhcsd.org*  
*Email: jaquelininc@fhcsd.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
 N  
 ♿ *Accessibility: CONTACT*  
 PROVIDER

**CERTIFIED NURSE**  
**PRACTITIONER**



**LU, TAMMY**  
*Provider ID: 206354*  
*Provider Gender: Female*  
*License Number: NP95007253*  
*NPI: 1457879132*

☐ *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
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 📞 *After Hours Phone: (619)*  
 515-2499  
 🌐 *Website: www.fhcsd.org*  
*Email: jaquelininc@fhcsd.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
 N  
 ♿ *Accessibility: CONTACT*  
 PROVIDER

**CERTIFIED NURSE**  
**PRACTITIONER**

**ODA, THAGHAR**  
*Provider ID: 418340*  
*Provider Gender: Female*

License Number: NP95000205  
NPI: 1063835692

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Amharic, Arabic

Cultural Competency: N  
Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2498  
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515-2498

 Website: www.fhcsd.org  
Email: janellek@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

American Sign Language (ASL):  
N



 Accessibility: CONTACT  
PROVIDER

**CERTIFIED NURSE**

**PRACTITIONER**


**ODA, THAGHAR**

Provider ID: 418340  
Provider Gender: Female  
License Number: RN810863  
NPI: 1063835692


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Amharic, Arabic

Cultural Competency: N  
Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020  
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 After Hours Phone: (619)  
515-2498

 Website: www.fhcsd.org  
Email: janellek@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

American Sign Language (ASL):  
N



 Accessibility: CONTACT  
PROVIDER

**CERTIFIED NURSE**

**PRACTITIONER**


**ODA, THAGHAR**

Provider ID: 418340  
Provider Gender: Female  
License Number: NP95000205  
NPI: 1063835692

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Amharic, Arabic

Cultural Competency: N  
Board Certified Specialty: No

 525 E MAIN ST  
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515-2498

 Website: www.fhcsd.org  
Email: janellek@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

American Sign Language (ASL):  
N



 Accessibility: CONTACT  
PROVIDER

**CERTIFIED NURSE**

**PRACTITIONER**

**ODA, THAGHAR**

Provider ID: 418340  
Provider Gender: Female  
License Number: RN810863  
NPI: 1063835692

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Amharic, Arabic

Cultural Competency: N  
Board Certified Specialty: No

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 Website: www.fhcsd.org  
Email: janellek@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

American Sign Language (ASL):  
N



 Accessibility: CONTACT  
PROVIDER

**CERTIFIED NURSE**

**PRACTITIONER**



**OLVERA, LUISA**

Provider ID: 478971  
Provider Gender: Female  
License Number: NP95001710  
NPI: 1598161309

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N  
Hospital Affiliation: SHARP

CHULA VISTA MED CTR  
Board Certified Specialty: No

 133 W MAIN ST STE 100  
EL CAJON, CA 92020  
 Phone: (619) 401-0404  
 After Hours Phone: (619)  
401-0404

 Website: N/A  
Email:  
iselaocha@borregohealth.org  
Medi-Cal Open Panel: Y  
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*

*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: Y*

*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
*Hours: SU-SA 8:00AM-8:00PM*

**CERTIFIED NURSE**


**PRACTITIONER**



**REGEV, SHANEE**

*Provider ID: 569910*  
*Provider Gender: Female*  
*License Number: NP95022460*  
*NPI: 1477218121*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 875 EL CAJON BLVD  
 EL CAJON, CA 92020

 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*

 *Website: www.syhealth.org*  
*Medi-Cal Open Panel: Y*

*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*

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*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*



 *Accessibility: CONTACT PROVIDER*

**CERTIFIED NURSE**

**PRACTITIONER**



**SMITH, SHARON**


*Provider ID: 418340*  
*Provider Gender: Female*  
*License Number: NP15444*  
*NPI: 1780603597*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*  
*Board Certified Specialty: No*

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 *Website: www.fhcsd.org*  
*Email: janellek@fhcsd.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*



 *Accessibility: CONTACT PROVIDER*

**CERTIFIED NURSE**

**PRACTITIONER**



**SMITH, SHARON**


*Provider ID: 418340*  
*Provider Gender: Female*  
*License Number: NP15444*  
*NPI: 1780603597*


 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*  
*Board Certified Specialty: No*

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Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE PRACTITIONER**


**SMITH, SHARON**


Provider ID: 418340  
 Provider Gender: Female  
 License Number: RN428876  
 NPI: 1780603597

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N

Board Certified Specialty: No

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 Min/Max Age: 0\150


American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE PRACTITIONER**


**SMITH, SHARON**

Provider ID: 418340  
 Provider Gender: Female  
 License Number: RN428876  
 NPI: 1780603597

 Provider English Spoken: Y

 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No

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 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150



American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE PRACTITIONER**

**WILLIAMS, TAKISHA**

Provider ID: 418340  
 Provider Gender: Female  
 License Number: NP95013978  
 NPI: 1881727386

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N

Board Certified Specialty: No

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 Min/Max Age: 0\150

American Sign Language (ASL):  
 N



 Accessibility: CONTACT

PROVIDER

**CERTIFIED NURSE PRACTITIONER**


**WILLIAMS, TAKISHA**

Provider ID: 418340  
 Provider Gender: Female  
 License Number: NP95013978  
 NPI: 1881727386

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 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N

Board Certified Specialty: No

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 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150


American Sign Language (ASL):  
 N



 Accessibility: CONTACT PROVIDER

**CERTIFIED REGISTERED NURSE MIDWIFE**


**CORRY, ANDREA**

Provider ID: 418340  
 Provider Gender: Female  
 License Number: NM1721  
 NPI: 1255489571

 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No

 525 E MAIN ST  
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Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Y

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

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Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

**CHIROPRACTOR**

**SOSA, DAVID**

Provider ID: 418340

Provider Gender: Male


License Number: DC33150


NPI: 1013308675


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST  
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Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

**CHIROPRACTOR**

**SOSA, DAVID**

Provider ID: 418340

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License Number: DC33150


NPI: 1013308675


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Cultural Competency: N

Board Certified Specialty: No

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Medi-Cal Open Panel: Y

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  
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 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [jaquelininc@fhcsd.org](mailto:jaquelininc@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

**CHIROPRACTOR**

**SOSA, DAVID**

Provider ID: 206354

Provider Gender: Male


License Number: DC33150


NPI: 1013308675


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

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 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [jaquelininc@fhcsd.org](mailto:jaquelininc@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N



 Accessibility: CONTACT PROVIDER

**CHIROPRACTOR**


**UY, ASHLEY**

Provider ID: 418340

Provider Gender: Female

License Number: DC33869

NPI: 1174059760

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Chinese


Cultural Competency: N

Board Certified Specialty: No

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 Website: www.fhcsd.org

Email: janellek@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

**CHIROPRACTOR**


**UY, ASHLEY**

Provider ID: 418340

Provider Gender: Female

License Number: DC33869

NPI: 1174059760

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Board Certified Specialty: No

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 Website: www.fhcsd.org  
Email: janellek@fhcsd.org

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

**ENDOCRINOLOGY**

**METABOLISM DIABETES**

**NAGELBERG, JODI**

Provider ID: 418340

Provider Gender: Female

License Number: A146838


NPI: 1720474141


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

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 Website: www.fhcsd.org

Email: janellek@fhcsd.org

Medi-Cal Open Panel: Y

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: Y

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: Y*  
*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: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

**FAMILY PRACTICE**

**ALGHAMDI, ASMA**

*Provider ID: 569910*  
*Provider Gender: Female*  
*License Number: A167529*  
*NPI: 1316310840*

*Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

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*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

**FAMILY PRACTICE**


**BRUHN, JOSHUA**


*Provider ID: 418340*  
*Provider Gender: Male*  
*License Number: A186694*  
*NPI: 1447888284*

*Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

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*Email: janellek@fhcsd.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:30AM-5:30PM*  
*SA 8:30AM-5:30PM*


**FAMILY PRACTICE**


**BRUHN, JOSHUA**

*Provider ID: 418340*  
*Provider Gender: Male*  
*License Number: A186694*  
*NPI: 1447888284*

*Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

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*Email: janellek@fhcsd.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:30AM-5:30PM*  
*SA 8:30AM-5:30PM*

**FAMILY PRACTICE**

**CORMAN, DANIEL**

Provider ID: 418340

Provider Gender: Male

License Number: 20A13060

NPI: 1629339593

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

525 E MAIN ST

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Email: janellek@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**CORMAN, DANIEL**

Provider ID: 418340

Provider Gender: Male

License Number: 20A13060

NPI: 1629339593

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

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Email: janellek@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**DOMINGUEZ, DENNIS**

Provider ID: 569910

Provider Gender: Male

License Number: G43179

NPI: 1225063811

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL

Board Certified Specialty: No

875 EL CAJON BLVD

EL CAJON, CA 92020

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: www.syhealth.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**DOMINGUEZ, DENNIS**

Provider ID: 569910

Provider Gender: Male

License Number: G43179

NPI: 1225063811

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL

Board Certified Specialty: No

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EL CAJON, CA 92020

Phone: (619) 662-4100

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Website: www.syhealth.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**GHAFARI, DAUOD**

Provider ID: 478971

Provider Gender: Male

License Number: A98486

NPI: 1053417691

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi, Spanish

Cultural Competency: N

Board Certified Specialty: No

133 W MAIN ST STE 100

EL CAJON, CA 92020


Phone: (619) 401-0404

After Hours Phone: (619)  
401-0404

Website: N/A

Email:






iselaocha@borregohealth.org

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**GHAFFARI, DAUOD**

Provider ID: 478971  
 Provider Gender: Male  
 License Number: A98486  
 NPI: 1053417691  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Farsi, Spanish  
 Cultural Competency: N

Board Certified Specialty: No  
 133 W MAIN ST STE 100  
 EL CAJON, CA 92020  
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 After Hours Phone: (619)  
 401-0404  
 Website: N/A  
 Email:  
 iselaochoa@borregohealth.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**GORDON, CHRISTOPHER**



Provider ID: 418340  
 Provider Gender: Male  
 License Number: A83390  
 NPI: 1477711521  
 Provider English Spoken: Y  
 Cultural Competency: N

Board Certified Specialty: No  
 525 E MAIN ST  
 EL CAJON, CA 92020  
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 Email: janellek@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM

**FAMILY PRACTICE**

**GORDON, CHRISTOPHER**

Provider ID: 418340  
 Provider Gender: Male  
 License Number: A83390  
 NPI: 1477711521  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No

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 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM

**FAMILY PRACTICE**

**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  
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 Phone: (619) 515-2499  
 After Hours Phone: (619)  
 515-2499  
 Website: www.fhcsd.org  
 Email: jaquelininc@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
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 Accessibility: CONTACT PROVIDER

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**HASTANAN, CAROL**

Provider ID: 206354  
 Provider Gender: Female  
 License Number: A110192  
 NPI: 1861648461  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
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 515-2499  
 Website: www.fhcsd.org  
 Email: jaquelininc@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N

 *Accessibility: CONTACT PROVIDER*

**FAMILY PRACTICE**


**KASAWA, JOHN**


*Provider ID: 569910*

*Provider Gender: Male*

*License Number: A79338*


*NPI: 1134230329*


 *Provider English Spoken: Y*

 *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: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

**FAMILY PRACTICE**


**KASAWA, JOHN**


*Provider ID: 569910*

*Provider Gender: Male*

*License Number: A79338*


*NPI: 1134230329*

 *Provider English Spoken: Y*

 *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*

662-4100

 *Website: www.syhealth.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

**FAMILY PRACTICE**


**LIN, SHUANG**


*Provider ID: 206354*

*Provider Gender: Female*

*License Number: A138887*


*NPI: 1689093684*


 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Mandarin*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 1111 W CHASE AVE  
EL CAJON, CA 92020

 *Phone: (619) 515-2499*

 *After Hours Phone: (619) 515-2499*

 *Website: www.fhcsd.org*

*Email: jaquelininc@fhcsd.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:30AM-5:30PM*

**FAMILY PRACTICE**

**LIN, SHUANG**

*Provider ID: 206354*

*Provider Gender: Female*

*License Number: A138887*

*NPI: 1689093684*

 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Mandarin*


*Cultural Competency: N*

*Board Certified Specialty: No*

 1111 W CHASE AVE

EL CAJON, CA 92020

 *Phone: (619) 515-2499*

 *After Hours Phone: (619) 515-2499*

 *Website: www.fhcsd.org*


*Email: jaquelininc@fhcsd.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:30AM-5:30PM*

**FAMILY PRACTICE**

**NASSIR, BASSAM**


*Provider ID: 569910*

*Provider Gender: Male*

*License Number: A101888*

*NPI: 1386848166*


 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Arabic*

*Cultural Competency: N*

*Board Certified Specialty: No*

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: www.syhealth.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT*

**PROVIDER**  
Hours: M-F 8:00AM-5:00PM

**FAMILY PRACTICE**

**NASSIR, BASSAM**

Provider ID: 569910  
Provider Gender: Male  
License Number: A101888  
NPI: 1386848166

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic

Cultural Competency: N  
Board Certified Specialty: No

875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100

Website: www.syhealth.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

**FAMILY PRACTICE**

**PUTRUS, RAMIZ**

Provider ID: 185267  
Provider Gender: Male  
License Number: A68184  
NPI: 1144300534

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 NPI: 1245401298

Email:  
aschmaltz@lamaestra.org

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**PUTRUS, RAMIZ**

Provider ID: 185267  
Provider Gender: Male  
License Number: A68184  
NPI: 1144300534

Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

165 S 1ST ST  
EL CAJON, CA 92019  
 Phone: (619) 312-0347  
 After Hours Phone: (619)  
312-0347

Website: www.lamaestra.org  
 Email:

aschmaltz@lamaestra.org  
Medi-Cal Open Panel: Y  
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

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: Y  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**SALEM, RAMSEY**

Provider ID: 569910  
Provider Gender: Male  
License Number: A158364  
NPI: 1245401298

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

875 EL CAJON BLVD  
EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100

Website: www.syhealth.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**SCHUMAKER, EDWARD**

Provider ID: 418501

Provider Gender: Male  
 License Number: 20A6433  
 NPI: 1184616872  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 1032 BROADWAY  
 EL CAJON, CA 92021  
 Phone: (619) 795-5991  
 After Hours Phone: (619)  
 795-5991  
 Website: www.lamaestra.org  
 g  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:30AM-5:30PM

**FAMILY PRACTICE**

**SCHUMAKER, EDWARD**

Provider ID: 418501  
 Provider Gender: Male  
 License Number: 20A6433  
 NPI: 1184616872  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 1032 BROADWAY  
 EL CAJON, CA 92021  
 Phone: (619) 795-5991  
 After Hours Phone: (619)  
 795-5991  
 Website: www.lamaestra.org  
 g  
 Medi-Cal Open Panel: Y

Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:30AM-5:30PM

**FAMILY PRACTICE**

**SCHUMAKER, EDWARD**

Provider ID: 185267  
 Provider Gender: Male  
 License Number: 20A6433  
 NPI: 1184616872  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 165 S 1ST ST  
 EL CAJON, CA 92019  
 Phone: (619) 312-0347  
 After Hours Phone: (619)  
 312-0347  
 Website: www.lamaestra.org  
 g  
 Email:  
 aschmaltz@lamaestra.org  
 Medi-Cal Open Panel: Y  
 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  
 g  
 Email:  
 aschmaltz@lamaestra.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**FQHC**

**CENTRO MEDICO EL CAJON,**

Provider ID: 478971  
 NPI: 1154480069  
 Provider English Spoken: Y  
 Cultural Competency: N  
 133 W MAIN ST STE 100  
 EL CAJON, CA 92020  
 Phone: (619) 873-8940  
 Fax: (619) 401-0522  
 After Hours Phone: (619)  
 873-8940  
 Website: N/A  
 Email:  
 iselaochoa@borregohealth.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: SU-SA 8:00AM-8:00PM

**FQHC**

**CENTRO MEDICO EL CAJON,**

Provider ID: 478971

NPI: 1154480069

☐ Provider English Spoken: Y  
Cultural Competency: N

📍 133 W MAIN ST STE 100  
EL CAJON, CA 92020

☎ Phone: (619) 873-8940

Fax: (619) 401-0522

📞 After Hours Phone: (619)  
873-8940

🌐 Website: N/A

Email:

iselaocha@borregohealth.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Hours: SU-SA 8:00AM-8:00PM

**FQHC**

**CHASE AVENUE FAMILY**

**HEALTH CTRS INC,**

Provider ID: 206354

NPI: 1104861681

☐ Provider English Spoken: Y  
Cultural Competency: N

📍 1111 W CHASE AVE  
EL CAJON, CA 92020

☎ Phone: (619) 515-2499

Fax: (619) 593-7164

📞 After Hours Phone: (619)  
515-2499

🌐 Website: www.fhcsd.org

Email: jaquelin@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): Medi-Cal Open Panel: Y

N

♿ Accessibility: CONTACT  
PROVIDER

**FQHC**

**CHASE AVENUE FAMILY**

**HEALTH CTRS INC,**

Provider ID: 206354

NPI: 1104861681

☐ Provider English Spoken: Y  
Cultural Competency: N

📍 1111 W CHASE AVE  
EL CAJON, CA 92020

☎ Phone: (619) 515-2499

Fax: (619) 593-7164

📞 After Hours Phone: (619)  
515-2499

🌐 Website: www.fhcsd.org  
Email: jaquelin@fhcsd.org

Medi-Cal Open Panel: Y

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

Min/Max Age: 0\150

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM  
SA 8:30AM-5:30PM

**FQHC**

**FAMILY HLTH CTR SAN**

**DIEGO-EL CAJON,**

Provider ID: 418340

NPI: 1932561198

☐ Provider English Spoken: Y  
Cultural Competency: N

📍 525 E MAIN ST  
EL CAJON, CA 92020

☎ Phone: (619) 515-2498

Fax: (619) 269-0191

📞 After Hours Phone: (619)  
515-2498

🌐 Website: www.fhcsd.org  
Email: janellek@fhcsd.org

Medi-Cal Open Panel: Y

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](http://www.lamaestra.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM

**FQHC**

**LA MAESTRA CHC EL CAJON BROADWAY,**

Provider ID: 418501  
 NPI: 1134590086  
 Provider English Spoken: Y  
 Cultural Competency: N  
 1032 BROADWAY  
 EL CAJON, CA 92021  
 Phone: (619) 795-5991  
 Fax: (619) 795-5992  
 After Hours Phone: (619) 795-5991  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM

**FQHC**


**LA MAESTRA FAMILY CLINIC INC,**


Provider ID: 185267

NPI: 1336353721  
 Provider English Spoken: Y  
 Cultural Competency: N  
 165 S 1ST ST  
 EL CAJON, CA 92019  
 Phone: (619) 312-0347  
 Fax: (619) 749-5480  
 After Hours Phone: (619) 312-0347  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
 Email: [aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TU 8:00AM-5:00PM  
 TH-F 8:00AM-5:00PM

**FQHC**

**LA MAESTRA FAMILY CLINIC INC,**

Provider ID: 185267  
 NPI: 1336353721  
 Provider English Spoken: Y  
 Cultural Competency: N  
 165 S 1ST ST  
 EL CAJON, CA 92019  
 Phone: (619) 312-0347  
 Fax: (619) 749-5480  
 After Hours Phone: (619) 312-0347  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
 Email: [aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TU 8:00AM-5:00PM  
 TH-F 8:00AM-5:00PM




**FQHC**


**SAN YSIDRO HEALTH EL CAJON,**

Provider ID: 569910  
 NPI: 1568845741  
 Provider English Spoken: Y  
 Cultural Competency: N  
 875 EL CAJON BLVD  
 EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 Fax: (619) 785-3356  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org](http://www.syhealth.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**FQHC**

**SAN YSIDRO HEALTH EL CAJON,**

Provider ID: 569910  
 NPI: 1568845741  
 Provider English Spoken: Y  
 Cultural Competency: N  
 875 EL CAJON BLVD  
 EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 Fax: (619) 785-3356  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org](http://www.syhealth.org)

Medi-Cal Open Panel: Y  
 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  
 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:30PM  
 SA 8:30AM-2:00PM

**HEPATOLOGY**

**GISH, ROBERT**

Provider ID: 185267  
 Provider Gender: Male  
 License Number: G45632  
 NPI: 1548281322  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Dutch, French,  
 Spanish, Vietnamese  
 Cultural Competency: N  
 Hospital Affiliation: LOMA  
 LINDA UNIVERSITY COMM  
 MED CTR  
 Board Certified Specialty: No  
 165 S 1ST ST  
 EL CAJON, CA 92019  
 Phone: (619) 312-0347  
 After Hours Phone: (619)  
 312-0347  
 Website: www.lamaestra.org  
 Email:  
 aschmaltz@lamaestra.org  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**

**AL-TAMEEMI, AHMED**

Provider ID: 478971  
 Provider Gender: Male  
 License Number: A151547  
 NPI: 1134513211  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 133 W MAIN ST STE 100  
 EL CAJON, CA 92020  
 Phone: (619) 401-0404  
 After Hours Phone: (619)  
 401-0404  
 Website: N/A  
 Email:  
 iselaochoa@borregohealth.org  
 Medi-Cal Open Panel: Y  
 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  
 After Hours Phone: (619)  
 662-4100  
 Website: www.syhealth.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**INTERNAL MEDICINE**






**AWDISHO, ALAN**

Provider ID: 569910  
 Provider Gender: Male  
 License Number: 20A18702  
 NPI: 1164795498  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL  
 Board Certified Specialty: No  
 875 EL CAJON BLVD  
 EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: www.syhealth.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER



**INTERNAL MEDICINE**



**CARPENTER, ROBERT**

Provider ID: 569910  
 Provider Gender: Male  
 License Number: 20A10964  
 NPI: 1356343040  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL  
 Board Certified Specialty: No  
 875 EL CAJON BLVD  
 EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: www.syhealth.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**INTERNAL MEDICINE**

**CARPENTER, ROBERT**

Provider ID: 569910  
 Provider Gender: Male  
 License Number: 20A10964  
 NPI: 1356343040  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL  
 Board Certified Specialty: No  
 875 EL CAJON BLVD

EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: www.syhealth.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER


**INTERNAL MEDICINE**

**DUONG, MAI**

Provider ID: 418340  
 Provider Gender: Female  
 License Number: A127798  
 NPI: 1629339304  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Vietnamese  
 Cultural Competency: N  
 Board Certified Specialty: No  
 525 E MAIN ST  
 EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619)  
 515-2498  
 Website: www.fhcsd.org  
 Email: janellek@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:30AM-5:30PM  
**INTERNAL MEDICINE**  
**DUONG, MAI**  
 Provider ID: 418340  
 Provider Gender: Female

License Number: A127798

NPI: 1629339304


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Vietnamese


Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498

 Website: www.fhcsd.org


Email: janellek@fhcsd.org

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\150

American Sign Language (ASL): Cultural Competency: N

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: Y

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

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.or  
g

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **INTERNAL MEDICINE**

#### **JABRI, ZAIN**

Provider ID: 418501

Provider Gender: Male

License Number: A160760

NPI: 1891159620

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: ST AGNES

MEDICAL CENTER, CITY OF

HOPE NATIONAL MED CTR,  
JOHN F KENNEDY MEMORIAL  
HOSP, SUTTER MEDICAL  
CENTER SACRAMENTO,  
PIONEERS MEMORIAL  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL CHULA VISTA,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

1032 BROADWAY  
EL CAJON, CA 92021  
Phone: (619) 795-5991  
After Hours Phone: (619)  
795-5991  
Website: [www.lamaestra.org](http://www.lamaestra.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### INTERNAL MEDICINE

#### **MANSY, TAMARA**

Provider ID: 569910

Provider Gender: Female

License Number: A164238

NPI: 1396277737

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

875 EL CAJON BLVD  
EL CAJON, CA 92020  
Phone: (619) 662-4100  
After Hours Phone: (619)  
662-4100  
Website: [www.syhealth.org](http://www.syhealth.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### **MANSY, TAMARA**

Provider ID: 569910

Provider Gender: Female

License Number: A164238

NPI: 1396277737

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

875 EL CAJON BLVD  
EL CAJON, CA 92020  
Phone: (619) 662-4100  
After Hours Phone: (619)  
662-4100  
Website: [www.syhealth.org](http://www.syhealth.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### **MAY, LOUIS**

Provider ID: 569910

Provider Gender: Male

License Number: A138568

NPI: 1720497514

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

EISENHOWER MEDICAL CTR

Board Certified Specialty: No

875 EL CAJON BLVD  
EL CAJON, CA 92020  
Phone: (619) 662-4100  
After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org](http://www.syhealth.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### **MAY, LOUIS**

Provider ID: 569910

Provider Gender: Male

License Number: A138568

NPI: 1720497514

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

EISENHOWER MEDICAL CTR

Board Certified Specialty: No

875 EL CAJON BLVD  
EL CAJON, CA 92020  
Phone: (619) 662-4100  
After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org](http://www.syhealth.org)

Medi-Cal Open Panel: Y




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  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: www.syhealth.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**INTERNAL MEDICINE**

**MICHAEL, RAMI**

Provider ID: 569910  
 Provider Gender: Male  
 License Number: A144513  
 NPI: 1467871673  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Arabic  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL  
 Board Certified Specialty: No  
 875 EL CAJON BLVD  
 EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619)

662-4100  
 Website: www.syhealth.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**INTERNAL MEDICINE**

**NADI, FAHIMA**

Provider ID: 418340  
 Provider Gender: Female  
 License Number: A175325  
 NPI: 1770072290  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Pushto  
 Cultural Competency: N  
 Board Certified Specialty: No

 525 E MAIN ST  
 EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619) 515-2498  
 Website: www.fhcsd.org  
 Email: janellek@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM

**INTERNAL MEDICINE**





**NADI, FAHIMA**

Provider ID: 418340  
 Provider Gender: Female  
 License Number: A175325


NPI: 1770072290  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Pushto  
 Cultural Competency: N  
 Board Certified Specialty: No  
 525 E MAIN ST  
 EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619) 515-2498  
 Website: www.fhcsd.org  
 Email: janellek@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM

**INTERNAL MEDICINE**

**NARAYAN, ARCHANA**



Provider ID: 569910  
 Provider Gender: Female  
 License Number: A101773  
 NPI: 1003053950  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Hindi, Kannada  
 Cultural Competency: N  
 Hospital Affiliation: PALOMAR MEDICAL CENTER  
 Board Certified Specialty: No  
 875 EL CAJON BLVD  
 EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: www.syhealth.org  
 Medi-Cal Open Panel: Y  
 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  
 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: Y  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

**INTERNAL MEDICINE**

**PARIKH, MILIND**

Provider ID: 418340  
Provider Gender: Male  
License Number: 20A13745  
NPI: 1194161406  
 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Gujarati, Hindi,  
Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP  
CHULA VISTA MED CTR, Sharp  
Grossmont Hospital, Adventist  
Health and Rideout



Board Certified Specialty: No  
 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619)  
515-2498  
 Website: www.fhcsd.org  
Email: janellek@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

**INTERNAL MEDICINE**

**PARIKH, MILIND**

Provider ID: 418340  
Provider Gender: Male  
License Number: 20A13745  
NPI: 1194161406  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Gujarati, Hindi,  
Spanish  
Cultural Competency: N

Hospital Affiliation: SHARP  
CHULA VISTA MED CTR, Sharp  
Grossmont Hospital, Adventist  
Health and Rideout

Board Certified Specialty: No  
 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619)



515-2498  
 Website: www.fhcsd.org  
Email: janellek@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N



 Accessibility: CONTACT  
PROVIDER


**INTERNAL MEDICINE**


**PETITT, JOHN**

Provider ID: 478971  
Provider Gender: Male  
License Number: G52812  
NPI: 1497992432

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No

 133 W MAIN ST STE 100  
EL CAJON, CA 92020  
 Phone: (619) 401-0404  
 After Hours Phone: (619)  
401-0404

 Website: N/A  
Email:  
iselaocha@borregohealth.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER

**INTERNAL MEDICINE**

**PETITT, JOHN**

Provider ID: 478971  
Provider Gender: Male  
License Number: G52812

NPI: 1497992432


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 133 W MAIN ST STE 100  
EL CAJON, CA 92020

 Phone: (619) 401-0404

 After Hours Phone: (619)  
401-0404

 Website: N/A

Email:

iselaocha@borregohealth.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

**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: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

**INTERNAL MEDICINE**


**ROUEL, WADI**


Provider ID: 418501

Provider Gender: Male

License Number: C55979

NPI: 1740254713

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic, Spanish,  
Syriac

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,

SCRIPPS MEMORIAL


HOSPITAL, GROSSMONT


HOSPITAL

Board Certified Specialty: No

 1032 BROADWAY

EL CAJON, CA 92021

 Phone: (619) 795-5983

 After Hours Phone: (619)  
795-5983

 Website: www.lamaestra.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

**INTERNAL MEDICINE**

**ROUEL, WADI**


Provider ID: 185267

Provider Gender: Male

License Number: C55979

NPI: 1740254713

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic, Spanish,  
Syriac

Cultural Competency: N

Hospital Affiliation: SHARP


MEMORIAL HOSPITAL,

SCRIPPS MEMORIAL


HOSPITAL, GROSSMONT


HOSPITAL


Board Certified Specialty: No

 165 S 1ST ST

EL CAJON, CA 92019

 Phone: (619) 269-1262

 After Hours Phone: (619)  
269-1262

 Website: www.lamaestra.org

Email:

aschmaltz@lamaestra.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TU 8:00AM-5:00PM

TH-F 8:00AM-5:00PM

**INTERNAL MEDICINE**

**ROUEL, WADI**



Provider ID: 185267

Provider Gender: Male

License Number: C55979



NPI: 1740254713

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Arabic, Spanish,  
 Syriac

Cultural Competency: N  
 Hospital Affiliation: SHARP  
 MEMORIAL HOSPITAL,  
 SCRIPPS MEMORIAL  
 HOSPITAL, GROSSMONT  
 HOSPITAL

Board Certified Specialty: No

 165 S 1ST ST  
 EL CAJON, CA 92019  
 Phone: (619) 269-1262  
 After Hours Phone: (619)  
 269-1262  
 Website: www.lamaestra.org

Email:

aschmaltz@lamaestra.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

Hours: M-TU 8:00AM-5:00PM  
 TH-F 8:00AM-5:00PM



**INTERNAL MEDICINE**

**ROUEL, LINDA**

Provider ID: 308485

Provider Gender: Female

NPI: 1326128950


 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Arabic, Mandarin,  
 Syriac

Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL, SHARP

MEMORIAL HOSPITAL,  
 GROSSMONT HOSPITAL

Board Certified Specialty: No

 860 JAMACHA RD STE 107  
 EL CAJON, CA 92019

 Phone: (619) 456-9920

Fax: (619) 456-9340

 After Hours Phone: (619)  
 456-9920

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

Hours: M-F 8:00AM-7:00PM

**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: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
 N

 Accessibility: CONTACT

PROVIDER

**INTERNAL MEDICINE**



**SHEIKH-MOHAMED, HALA**

Provider ID: 569910

Provider Gender: Female

License Number: A159247


NPI: 1972946770


 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Arabic, Hindi, Urdu

Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL

Board Certified Specialty: No

 875 EL CAJON BLVD  
 EL CAJON, CA 92020

 Phone: (619) 662-4100

 After Hours Phone: (619)  
 662-4100

 Website: www.syhealth.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

**INTERNAL MEDICINE**

**SIHOTA, GURPREET**

Provider ID: 206354

Provider Gender: Female


License Number: 20A13700


NPI: 1659715852


 Provider English Spoken: Y  
 Cultural Competency: N

Board Certified Specialty: No


 1111 W CHASE AVE  
 EL CAJON, CA 92020

 Phone: (619) 515-2499

 After Hours Phone: (619)  
 515-2499

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [jaquelininc@fhcsd.org](mailto:jaquelininc@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150


American Sign Language (ASL): N



 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM


**INTERNAL MEDICINE**


**SIHOTA, GURPREET**

Provider ID: 206354  
 Provider Gender: Female  
 License Number: 20A13700  
 NPI: 1659715852

 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No

 1111 W CHASE AVE  
 EL CAJON, CA 92020  
 Phone: (619) 515-2499  
 After Hours Phone: (619) 515-2499


 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [jaquelininc@fhcsd.org](mailto:jaquelininc@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM

**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](http://www.syhealth.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150


American Sign Language (ASL): N




 Accessibility: CONTACT PROVIDER


**INTERNAL MEDICINE**

**TCHAKMAKJIAN, LEVON**

Provider ID: 569910  
 Provider Gender: Male  
 License Number: C144411  
 NPI: 1790744795

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Armenian, Hebrew  
 Cultural Competency: N  
 Hospital Affiliation: NORTH  
 BAY VACAVALLEY HOSPITAL  
 Board Certified Specialty: No

 875 EL CAJON BLVD  
 EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150



American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**

**ZAYED, AHMAD**


Provider ID: 478971  
 Provider Gender: Male  
 License Number: A169713  
 NPI: 1720500929

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Arabic, Chinese, Mandarin, Persian, Tagalog  
 Cultural Competency: N


Hospital Affiliation: RIVERSIDE COMMUNITY HOSP

Board Certified Specialty: No

 133 W MAIN ST STE 100  
 EL CAJON, CA 92020  
 Phone: (619) 401-0404  
 After Hours Phone: (619) 401-0404

 Website: N/A  
 Email:

[iselaocha@borregohealth.org](mailto:iselaocha@borregohealth.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER  
 Hours: SU-SA 8:00AM-8:00PM

**INTERNAL MEDICINE**

**ZAYED, AHMAD**

Provider ID: 478971  
 Provider Gender: Male  
 License Number: A169713  
 NPI: 1720500929

 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Arabic, Chinese, Mandarin, Persian, Tagalog  
 Cultural Competency: N  
 Hospital Affiliation: RIVERSIDE COMMUNITY HOSP  
 Board Certified Specialty: No  
 133 W MAIN ST STE 100  
 EL CAJON, CA 92020  
 Phone: (619) 401-0404  
 After Hours Phone: (619) 401-0404  
 Website: N/A  
 Email: iselaochoa@borregohealth.org

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: SU-SA 8:00AM-8:00PM

**INTERVENTIONAL**  
**CARDIOLOGY**

**KAFRI, HASSAN**

Provider ID: 569910  
 Provider Gender: Male  
 License Number: A96002  
 NPI: 1730258401  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Arabic, German, 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**INTERVENTIONAL**  
**CARDIOLOGY**

**KAFRI, HASSAN**

Provider ID: 569910  
 Provider Gender: Male  
 License Number: A96002  
 NPI: 1730258401  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Arabic, German, Russian, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, GROSSMONT HOSPITAL, SHARP MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR  
 Board Certified Specialty: No  
 875 EL CAJON BLVD  
 EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: www.syhealth.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150

American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**INTERVENTIONAL**  
**CARDIOLOGY**

**MOUSSAVIAN, MEHRAN**

Provider ID: 418340  
 Provider Gender: Male  
 License Number: 20A7241  
 NPI: 1689788234  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Farsi  
 Cultural Competency: N  
 Hospital Affiliation: SHARP CHULA VISTA MED CTR, TRI CITY MEDICAL CTR, SHARP MEMORIAL HOSPITAL, ALVARADO HOSPITAL LLC, GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY MEMORIAL HOSPITAL, Adventist Health and Rideout  
 Board Certified Specialty: No  
 525 E MAIN ST  
 EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619) 515-2498  
 Website: www.fhcsd.org  
 Email: janellek@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

PROVIDER

**INTERVENTIONAL  
CARDIOLOGY**

**MOUSSAVIAN, MEHRAN**

Provider ID: 418340

Provider Gender: Male

License Number: 20A7241

NPI: 1689788234

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: SHARP  
CHULA VISTA MED CTR, TRI  
CITY MEDICAL CTR, SHARP  
MEMORIAL HOSPITAL,  
ALVARADO HOSPITAL LLC,  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS MERCY  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL, SCRIPPS

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: Y

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: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**

**ALIMONOS, LYSISTRATI**

Provider ID: 418340

Provider Gender: Female

License Number: 20A14919

NPI: 1619397031

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

525 E MAIN ST

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515-2498

Website: www.fhcsd.org

Email: janellek@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**

**BUECHNER, CHARLENE**

Provider ID: 418340

Provider Gender: Female

License Number: A68463

NPI: 1376663831

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SHARP MARY

BIRCH HOSP FOR WOMEN

AND NEWBORNS

Board Certified Specialty: No

525 E MAIN ST

EL CAJON, CA 92020


Phone: (619) 515-2498

After Hours Phone: (619)  
515-2498

Website: www.fhcsd.org



Email: janellek@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**

**BUECHNER, CHARLENE**








Provider ID: 418340  
 Provider Gender: Female  
 License Number: A68463  
 NPI: 1376663831  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS  
 Board Certified Specialty: No

 525 E MAIN ST  
 EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619) 515-2498  
 Website: www.fhcsd.org  
 Email: janellek@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**




**BULLOCH, EDGAR**

Provider ID: 478971

Provider Gender: Male  
 License Number: A113241  
 NPI: 1508046376  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: GROSSMONT HOSPITAL, Sharp Grossmont Hospital  
 Board Certified Specialty: No  
 133 W MAIN ST STE 100  
 EL CAJON, CA 92020  
 Phone: (619) 873-8940  
 After Hours Phone: (619) 873-8940  
 Website: N/A  
 Email: iselaochoa@borregohealth.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**

**BULLOCH, EDGAR**

Provider ID: 478971  
 Provider Gender: Male  
 License Number: A113241  
 NPI: 1508046376  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: GROSSMONT HOSPITAL, Sharp Grossmont Hospital  
 Board Certified Specialty: No  
 133 W MAIN ST STE 100

EL CAJON, CA 92020  
 Phone: (619) 873-8940  
 After Hours Phone: (619) 873-8940  
 Website: N/A  
 Email: iselaochoa@borregohealth.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**

**CARTER, KHALIL**

Provider ID: 418340  
 Provider Gender: Male  
 License Number: A113001  
 NPI: 1225231582  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL, TRI CITY MEDICAL CTR  
 Board Certified Specialty: No  
 525 E MAIN ST  
 EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619) 515-2498  
 Website: www.fhcsd.org  
 Email: janellek@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM  
SA 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**

**CARTER, KHALIL**

Provider ID: 418340

Provider Gender: Male

License Number: A113001

NPI: 1225231582

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL,  
GROSSMONT HOSPITAL, TRI  
CITY MEDICAL CTR

Board Certified Specialty: No

525 E MAIN ST  
EL CAJON, CA 92020

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Email: janellek@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM  
SA 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**

**CERVANTES, SANDRA**

Provider ID: 418340

Provider Gender: Female

License Number: A118095

NPI: 1073701041

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR,  
GROSSMONT HOSPITAL

Board Certified Specialty: No

525 E MAIN ST  
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Website: www.fhcsd.org  
Email: janellek@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM  
SA 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**

**CERVANTES, SANDRA**

Provider ID: 418340

Provider Gender: Female

License Number: A118095

NPI: 1073701041

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR,  
GROSSMONT HOSPITAL

Board Certified Specialty: No

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Email: janellek@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM  
SA 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**

**CHAKRABARTI, PRIYA**

Provider ID: 418340

Provider Gender: Female

License Number: A163464

NPI: 1326531401

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp  
Grossmont Hospital

Board Certified Specialty: No

525 E MAIN ST  
EL CAJON, CA 92020

Phone: (619) 515-2498

After Hours Phone: (619)  
515-2498

Website: www.fhcsd.org  
Email: janellek@fhcsd.org

Medi-Cal Open Panel: Y

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: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
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: Y  
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: Y  
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: Y  
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](http://www.fhcsd.org)


Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Y

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](http://www.fhcsd.org)


Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Y

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

 525 E MAIN ST

EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619) 515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**


**HO, MYLIEN**


Provider ID: 478971

Provider Gender: Female

License Number: A48215

NPI: 1851464606

 Provider English Spoken: Y

 Provider Language(s) Spoken: Vietnamese

Cultural Competency: N


Hospital Affiliation:


GROSSMONT HOSPITAL

Board Certified Specialty: No

 133 W MAIN ST STE 100

EL CAJON, CA 92020

 Phone: (619) 873-8940

 After Hours Phone: (619) 873-8940

 Website: N/A

Email:

[iselaocha@borregohealth.org](mailto:iselaocha@borregohealth.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**


**HO, MYLIEN**

Provider ID: 478971

Provider Gender: Female

License Number: A48215

NPI: 1851464606

 Provider English Spoken: Y

 Provider Language(s) Spoken: Vietnamese

Cultural Competency: N


Hospital Affiliation:


GROSSMONT HOSPITAL

Board Certified Specialty: No

 133 W MAIN ST STE 100

EL CAJON, CA 92020

 Phone: (619) 873-8940

 After Hours Phone: (619) 873-8940

 Website: N/A

Email:


[iselaocha@borregohealth.org](mailto:iselaocha@borregohealth.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**



**KHAN, ALIYA**

Provider ID: 418501  
 Provider Gender: Female  
 License Number: G50634  
 NPI: 1285687350  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Hindi, Urdu  
 Cultural Competency: N  
 Board Certified Specialty: No

1032 BROADWAY  
 EL CAJON, CA 92021  
 Phone: (619) 795-5991  
 After Hours Phone: (619)  
 795-5991

Website: www.lamaestra.org

Medi-Cal Open Panel: Y  
 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  
 Provider Gender: Female  
 License Number: G50634  
 NPI: 1285687350  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Hindi, Urdu  
 Cultural Competency: N  
 Board Certified Specialty: No

1032 BROADWAY  
 EL CAJON, CA 92021  
 Phone: (619) 795-5991  
 After Hours Phone: (619)  
 795-5991

Website: www.lamaestra.org

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-6:00PM  
 SA 8:00AM-2:00PM

**OBSTETRICS / GYNECOLOGY**

**LIPSCHITZ, LISA**

Provider ID: 418340  
 Provider Gender: Female  
 License Number: A72005  
 NPI: 1649208711

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Hospital Affiliation: SHARP  
 CORONADO HOSP AND  
 HEALTHCARE CTR, SCRIPPS  
 MERCY HOSPITAL,  
 GROSSMONT HOSPITAL  
 Board Certified Specialty: No

525 E MAIN ST  
 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**

**LIPSCHITZ, LISA**

Provider ID: 418340  
 Provider Gender: Female  
 License Number: A72005  
 NPI: 1649208711

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Hospital Affiliation: SHARP  
 CORONADO HOSP AND  
 HEALTHCARE CTR, SCRIPPS  
 MERCY HOSPITAL,  
 GROSSMONT HOSPITAL  
 Board Certified Specialty: No

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: Y  
 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  
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515-2498  
Website: www.fhcsd.org  
Email: janellek@fhcsd.org

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM  
SA 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**

**LOEFFLER, ALLISON**

Provider ID: 418340  
Provider Gender: Female  
License Number: A116680  
NPI: 1700073962

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

525 E MAIN ST  
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Min/Max Age: 0\150  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM  
SA 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**

**MELENDEZ BERRIOS, IARA**

**DEL**  
Provider ID: 418340  
Provider Gender: Female  
License Number: A114181  
NPI: 1740514249

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL,  
GROSSMONT HOSPITAL  
Board Certified Specialty: No

525 E MAIN ST  
EL CAJON, CA 92020  
Phone: (619) 515-2498  
After Hours Phone: (619)  
515-2498

Website: www.fhcsd.org  
Email: janellek@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N

Accessibility: CONTACT

PROVIDER  
Hours: M-F 8:30AM-5:30PM  
SA 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**

**MELENDEZ BERRIOS, IARA**

**DEL**  
Provider ID: 418340  
Provider Gender: Female  
License Number: A114181  
NPI: 1740514249

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL,  
GROSSMONT HOSPITAL  
Board Certified Specialty: No

525 E MAIN ST  
EL CAJON, CA 92020  
Phone: (619) 515-2498  
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Website: www.fhcsd.org  
Email: janellek@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM  
SA 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**

**MENDEZ, DIEGO**

Provider ID: 569910  
Provider Gender: Male  
License Number: A47906  
NPI: 1437181922

Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: MERCY GENERAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, BAKERSFIELD MEMORIAL HOSP, SHARP MEMORIAL HOSPITAL, SAN JOAQUIN COMM HOSP, 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**OBSTETRICS / GYNECOLOGY**

**MENDEZ, DIEGO**

Provider ID: 569910  
 Provider Gender: Male  
 License Number: A47906  
 NPI: 1437181922  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N

Hospital Affiliation: MERCY GENERAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, BAKERSFIELD MEMORIAL HOSP, SHARP MEMORIAL HOSPITAL, SAN JOAQUIN COMM HOSP, 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**OBSTETRICS / GYNECOLOGY**

**PAPA, RHETT**

Provider ID: 478971  
 Provider Gender: Male  
 License Number: 20A11733  
 NPI: 1063642312  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: GROSSMONT HOSPITAL  
 Board Certified Specialty: No  
 133 W MAIN ST STE 100 EL CAJON, CA 92020  
 Phone: (619) 873-8940

After Hours Phone: (619) 873-8940  
 Website: N/A  
 Email: iselaochoa@borregohealth.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**

**PAPA, RHETT**

Provider ID: 478971  
 Provider Gender: Male  
 License Number: 20A11733  
 NPI: 1063642312  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: GROSSMONT HOSPITAL  
 Board Certified Specialty: No  
 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**

**RODRIGUEZ JEREZ, ROBERTO**

Provider ID: 418340

Provider Gender: Male  
 License Number: A154298  
 NPI: 1710316450  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, SHARP  
 CORONADO HOSP AND  
 HEALTHCARE CTR,  
 GROSSMONT HOSPITAL  
 Board Certified Specialty: No  
 525 E MAIN ST  
 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: Y  
 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: 418340  
 Provider Gender: Male  
 License Number: A154298  
 NPI: 1710316450  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, SHARP  
 CORONADO HOSP AND

HEALTHCARE CTR,  
 GROSSMONT HOSPITAL  
 Board Certified Specialty: No  
 525 E MAIN ST  
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 515-2498  
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 Email: janellek@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**  
**SAPRA, SONIA**  
 Provider ID: 418340  
 Provider Gender: Female  
 License Number: A164859  
 NPI: 1952751711

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Hindi  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL  
 Board Certified Specialty: No  
 525 E MAIN ST  
 EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619)  
 515-2498  
 Website: www.fhcsd.org  
 Email: janellek@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**  
**SAPRA, SONIA**

Provider ID: 418340  
 Provider Gender: Female  
 License Number: A164859  
 NPI: 1952751711  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Hindi  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL  
 Board Certified Specialty: No

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 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**  
**STABEN, REBECCA**

Provider ID: 418340  
 Provider Gender: Female  
 License Number: 20A13958  
 NPI: 1932269198  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: Sharp

Grossmont Hospital  
Board Certified Specialty: No

525 E MAIN ST  
EL CAJON, CA 92020  
Phone: (619) 515-2498  
After Hours Phone: (619) 515-2498  
Website: www.fhcsd.org  
Email: janellek@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM  
SA 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**

**STABEN, REBECCA**

Provider ID: 418340  
Provider Gender: Female  
License Number: 20A13958  
NPI: 1932269198  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Sharp  
Grossmont Hospital  
Board Certified Specialty: No  
525 E MAIN ST  
EL CAJON, CA 92020  
Phone: (619) 515-2498  
After Hours Phone: (619) 515-2498  
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Email: janellek@fhcsd.org  
Medi-Cal Open Panel: Y  
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: Y  
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: Y  
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: Y

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,  
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: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **OPHTHALMOLOGY**

#### **ALBORZIAN, SHERVIN**

Provider ID: 418340

Provider Gender: Male

License Number: A107093

NPI: 1588825129

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi, Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, SHARP  
MEMORIAL HOSPITAL

Board Certified Specialty: No

525 E MAIN ST

EL CAJON, CA 92020

Phone: (619) 515-2498

After Hours Phone: (619)  
515-2498

Website: www.fhcsd.org

Email: janellek@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

SA 8:30AM-5:30PM

### **OPHTHALMOLOGY**

#### **ALBORZIAN, SHERVIN**

Provider ID: 418340

Provider Gender: Male

License Number: A107093

NPI: 1588825129

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi, Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, SHARP  
MEMORIAL HOSPITAL

Board Certified Specialty: No

525 E MAIN ST

EL CAJON, CA 92020

Phone: (619) 515-2498

After Hours Phone: (619)  
515-2498

Website: www.fhcsd.org

Email: janellek@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

SA 8:30AM-5:30PM

### **OPHTHALMOLOGY**

#### **JARDON, JAVIER**

Provider ID: 569910

Provider Gender: Male

License Number: A131365

NPI: 1609171982

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:  
CALIFORNIA HOSP MED CTR  
LOS ANGELES, EL CENTRO  
REGIONAL MEDICAL CENTER  
Board Certified Specialty: No

875 EL CAJON BLVD  
EL CAJON, CA 92020  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: www.syhealth.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER

**OPHTHALMOLOGY**

**JARDON, JAVIER**

Provider ID: 569910  
Provider Gender: Male  
License Number: A131365  
NPI: 1609171982  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
CALIFORNIA HOSP MED CTR  
LOS ANGELES, EL CENTRO  
REGIONAL MEDICAL CENTER  
Board Certified Specialty: No

875 EL CAJON BLVD  
EL CAJON, CA 92020  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: www.syhealth.org  
Medi-Cal Open Panel: Y  
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: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

**OPHTHALMOLOGY**

**MANI, NASRIN**

Provider ID: 569910  
Provider Gender: Female  
License Number: A40473  
NPI: 1023061314  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Arabic, Faroese,  
Farsi, Persian, Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL, SHARP  
MEMORIAL HOSPITAL, UCSD  
MEDICAL CTR, SHARP CHULA  
VISTA MED CTR, GROSSMONT  
HOSPITAL

Board Certified Specialty: No

875 EL CAJON BLVD  
EL CAJON, CA 92020  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: www.syhealth.org  
Medi-Cal Open Panel: Y  
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](http://www.syhealth.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**OPHTHALMOLOGY**

**PAPASTERGIU, GEORGIOS**

Provider ID: 569910  
 Provider Gender: Male  
 License Number: A127706  
 NPI: 1790054393  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Arabic, Farsi, French, Greek, Italian, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: EL CENTRO REGIONAL MEDICAL CENTER, SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL  
 Board Certified Specialty: No  
 875 EL CAJON BLVD EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org](http://www.syhealth.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**OPHTHALMOLOGY**

**PONS, MAURICIO**

Provider ID: 569910  
 Provider Gender: Male  
 License Number: A87650  
 NPI: 1376723759  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, EL CENTRO REGIONAL MEDICAL CENTER, SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL  
 Board Certified Specialty: No  
 875 EL CAJON BLVD EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org](http://www.syhealth.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**OPHTHALMOLOGY**

**PONS, MAURICIO**

Provider ID: 569910  
 Provider Gender: Male  
 License Number: A87650  
 NPI: 1376723759  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N




Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, EL CENTRO REGIONAL MEDICAL CENTER, SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No



 875 EL CAJON BLVD EL CAJON, CA 92020  
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 Website: [www.syhealth.org](http://www.syhealth.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**OPHTHALMOLOGY**

**SKAF, AYHAM**

Provider ID: 569910  
 Provider Gender: Male  
 License Number: A120584  
 NPI: 1285888628  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Arabic, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: EL CENTRO REGIONAL MEDICAL CENTER, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL  
 Board Certified Specialty: No  
 875 EL CAJON BLVD EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100



 Website: [www.syhealth.org](http://www.syhealth.org)  
 Medi-Cal Open Panel: Y  
 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  
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 After Hours Phone: (619)  
 662-4100  
 Website: [www.syhealth.org](http://www.syhealth.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**PEDIATRICS**

**ADJAN, ROULA**





Provider ID: 185267  
 Provider Gender: Female


License Number: A81682  
 NPI: 1992847263  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Arabic, Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No

 165 S 1ST ST  
 EL CAJON, CA 92019  
 Phone: (619) 280-4213  
 After Hours Phone: (619)  
 280-4213  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
 Email:  
[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**PEDIATRICS**

**ADJAN, ROULA**

Provider ID: 185267  
 Provider Gender: Female  
 License Number: A81682  
 NPI: 1992847263  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Arabic, Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 165 S 1ST ST  
 EL CAJON, CA 92019  
 Phone: (619) 280-4213  
 After Hours Phone: (619)  
 280-4213  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
 Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**PEDIATRICS**

**CONE, STEPHANIE**

Provider ID: 185267  
 Provider Gender: Female  
 License Number: A123929  
 NPI: 1437444858  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA, RADY CHILDRENS  
 HOSPITAL SAN DIEGO  
 Board Certified Specialty: No

 165 S 1ST ST  
 EL CAJON, CA 92019  
 Phone: (619) 312-0347  
 After Hours Phone: (619)  
 312-0347  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
 Email:  
[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**PEDIATRICS**

**CONE, STEPHANIE**

Provider ID: 185267  
 Provider Gender: Female  
 License Number: A123929  
 NPI: 1437444858

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA, RADY CHILDRENS  
 HOSPITAL SAN DIEGO  
 Board Certified Specialty: No

165 S 1ST ST  
 EL CAJON, CA 92019  
 Phone: (619) 312-0347  
 After Hours Phone: (619)  
 312-0347  
 Website: www.lamaestra.org

g  
 Email:  
 aschmaltz@lamaestra.org

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**PEDIATRICS**

**CONE, STEPHANIE**

Provider ID: 418501  
 Provider Gender: Female  
 License Number: A123929  
 NPI: 1437444858

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA, RADY CHILDRENS  
 HOSPITAL SAN DIEGO

Board Certified Specialty: No  
 1032 BROADWAY  
 EL CAJON, CA 92021  
 Phone: (619) 795-5991  
 After Hours Phone: (619)  
 795-5991

Website: www.lamaestra.org  
 g  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:30AM-5:30PM

**PEDIATRICS**

**CONE, STEPHANIE**

Provider ID: 418501  
 Provider Gender: Female  
 License Number: A123929  
 NPI: 1437444858

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA, RADY CHILDRENS  
 HOSPITAL SAN DIEGO  
 Board Certified Specialty: No

1032 BROADWAY  
 EL CAJON, CA 92021  
 Phone: (619) 795-5991  
 After Hours Phone: (619)

795-5991  
 Website: www.lamaestra.org  
 g

Medi-Cal Open Panel: Y  
 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:

iselaocha@borregohealth.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

**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: Y  
 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  
 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM

**PEDIATRICS**

**FLEMING, TARA**

Provider ID: 418340  
 Provider Gender: Female  
 License Number: A152462  
 NPI: 1972965242  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL  
 Board Certified Specialty: No  
 525 E MAIN ST  
 EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619) 515-2498  
 Website: www.fhcsd.org  
 Email: janellek@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):

**PEDIATRICS**

**HOANG, VY**

Provider ID: 546310  
 Provider Gender: Female  
 NPI: 1649575135  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: GROSSMONT HOSPITAL, SHARP MARY BIRCH HOSP

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM

FOR WOMEN AND NEWBORNS, RADY CHILDRENS HOSPITAL SAN DIEGO


Board Certified Specialty: No

844 JACKMAN ST  
 EL CAJON, CA 92020  
 Phone: (619) 442-2560  
 Fax: (619) 442-7836  
 After Hours Phone: (619) 442-2560  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**IMRIE, DRU**



Provider ID: 588459  
 Provider Gender: Male  
 NPI: 1861853236  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY MEDICAL CTR  
 Board Certified Specialty: No  
 844 JACKMAN ST  
 EL CAJON, CA 92020  
 Phone: (619) 442-2560  
 Fax: (619) 442-7836  
 After Hours Phone: (619) 442-2560  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*  
Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**JACKSON, DANA**

Provider ID: 418340  
Provider Gender: Female  
License Number: 20A14119  
NPI: 1689060063


 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Portuguese, Spanish*

*Cultural Competency: N*  
*Hospital Affiliation: MARINHEALTH AND MARINHEALTH MEDICAL CENTER, SCRIPPS MERCY HOSPITAL*  
*Board Certified Specialty: No*

 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619) 515-2498

 Website: www.fhcsd.org  
Email: janellek@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150



*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

**PEDIATRICS**

**JACKSON, DANA**

Provider ID: 418340  
Provider Gender: Female  
License Number: 20A14119  
NPI: 1689060063

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Portuguese, Spanish*

*Cultural Competency: N*  
*Hospital Affiliation: MARINHEALTH AND MARINHEALTH MEDICAL CENTER, SCRIPPS MERCY HOSPITAL*  
*Board Certified Specialty: No*

 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619) 515-2498

 Website: www.fhcsd.org  
Email: janellek@fhcsd.org  
Medi-Cal Open Panel: Y  
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: Y


Min/Max Age: 0\150  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
Hours: M-F 8:30AM-5:30PM

**PEDIATRICS**

**KODSI, ALICIA**


Provider ID: 418340  
Provider Gender: Female  
License Number: A147976  
NPI: 1932514353

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619) 515-2498

 Website: www.fhcsd.org  
Email: janellek@fhcsd.org  
Medi-Cal Open Panel: Y  
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: jaquelin@fhcsd.org

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

**PEDIATRICS**

**NAGNUR, PRITI**

Provider ID: 206354  
Provider Gender: Female  
License Number: A170055  
NPI: 1316289929

Provider English Spoken: Y  
Provider Language(s) Spoken: Hindi, Kannada  
Cultural Competency: N

Board Certified Specialty: No

1111 W CHASE AVE  
EL CAJON, CA 92020  
Phone: (619) 515-2499  
After Hours Phone: (619) 515-2499

Website: www.fhcsd.org  
Email: jaquelin@fhcsd.org

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

**PEDIATRICS**

**NAIK, SHILPA**

Provider ID: 546498

Provider Gender: Female

NPI: 1902156904

Provider English Spoken: Y  
Provider Language(s) Spoken: Hindi

Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, GROSSMONT HOSPITAL, Sharp Grossmont Hospital

Board Certified Specialty: No

844 JACKMAN ST  
EL CAJON, CA 92020  
Phone: (619) 442-2560  
Fax: (619) 442-7836

After Hours Phone: (619) 442-2560  
Website: N/A

Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**NGUYEN, VI**

Provider ID: 546509  
Provider Gender: Female  
NPI: 1053540534

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP MEMORIAL HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO

Board Certified Specialty: No

844 JACKMAN ST

EL CAJON, CA 92020

Phone: (619) 442-2560  
Fax: (619) 442-7836

After Hours Phone: (619) 442-2560

Website: N/A

Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**PINTO, ANITA**

Provider ID: 546215  
Provider Gender: Female  
NPI: 1477663722

Provider English Spoken: Y  
Provider Language(s) Spoken: Hindi

Cultural Competency: N  
Hospital Affiliation: GROSSMONT HOSPITAL, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, RADY CHILDRENS HOSPITAL SAN DIEGO


Board Certified Specialty: No

844 JACKMAN ST  
EL CAJON, CA 92020  
Phone: (619) 442-2560  
Fax: (619) 442-7836

After Hours Phone: (619) 442-2560

Website: N/A



Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):

N  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*


**PEDIATRICS**


**RODRIGUEZ, ALDO**

*Provider ID: 569910*  
*Provider Gender: Male*  
*License Number: A134995*  
*NPI: 1508209651*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Portuguese, Spanish*

*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL*  
*Board Certified Specialty: No*

 875 EL CAJON BLVD  
 EL CAJON, CA 92020  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*  
 *Website: www.syhealth.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*

**PEDIATRICS**


**RODRIGUEZ, ALDO**

*Provider ID: 569910*  
*Provider Gender: Male*  
*License Number: A134995*  
*NPI: 1508209651*

 *Provider English Spoken: Y*  
 *Provider Language(s)*

*Spoken: Portuguese, Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL*  
*Board Certified Specialty: No*


 875 EL CAJON BLVD  
 EL CAJON, CA 92020  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*  
 *Website: www.syhealth.org*

*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*

**PHYSICIANS ASSISTANT**

**ALYAS, ALISIA**

*Provider ID: 185267*  
*Provider Gender: Female*  
*License Number: PA58466*  
*NPI: 1437768017*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 165 S 1ST ST  
 EL CAJON, CA 92019  
 *Phone: (619) 312-0347*  
 *After Hours Phone: (619) 312-0347*  
 *Website: www.lamaestra.org*


*g*  
*Email: aschmaltz@lamaestra.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

**PHYSICIANS ASSISTANT**


**ALYAS, ALISIA**

*Provider ID: 185267*  
*Provider Gender: Female*  
*License Number: PA58466*  
*NPI: 1437768017*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 165 S 1ST ST  
 EL CAJON, CA 92019  
 *Phone: (619) 312-0347*  
 *After Hours Phone: (619) 312-0347*  
 *Website: www.lamaestra.org*


*g*  
*Email: aschmaltz@lamaestra.org*  
*Medi-Cal Open Panel: Y*  
*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](http://www.lamaestra.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM

**PHYSICIANS ASSISTANT**


**ALYAS, ALISIA**







Provider ID: 418501  
 Provider Gender: Female  
 License Number: PA58466  
 NPI: 1437768017  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No

 1032 BROADWAY  
 EL CAJON, CA 92021  
 Phone: (619) 795-5991  
 After Hours Phone: (619) 795-5991  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM

**PHYSICIANS ASSISTANT**








**MERCER, KELLY**

Provider ID: 418501  
 Provider Gender: Female  
 License Number: PA21625  
 NPI: 1154609790  
 Provider English Spoken: Y

 Provider Language(s) Spoken: Arabic  
 Cultural Competency: N  
 Board Certified Specialty: No  
 1032 BROADWAY  
 EL CAJON, CA 92021  
 Phone: (619) 795-5991  
 After Hours Phone: (619) 795-5991  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM

**PHYSICIANS ASSISTANT**





**MERCER, KELLY**



Provider ID: 418501  
 Provider Gender: Female  
 License Number: PA21625  
 NPI: 1154609790  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Arabic  
 Cultural Competency: N  
 Board Certified Specialty: No  
 1032 BROADWAY  
 EL CAJON, CA 92021  
 Phone: (619) 795-5991  
 After Hours Phone: (619) 795-5991  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT

PROVIDER  
 Hours: M-F 8:30AM-5:30PM

**PHYSICIANS ASSISTANT**



**ROSENBLATT, SHERI**

Provider ID: 569910  
 Provider Gender: Female  
 License Number: PA22872  
 NPI: 1114041621  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL  
 Board Certified Specialty: No  
 875 EL CAJON BLVD  
 EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**PHYSICIANS ASSISTANT**



**ROSENBLATT, SHERI**

Provider ID: 569910  
 Provider Gender: Female  
 License Number: PA22872  
 NPI: 1114041621  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL  
 Board Certified Specialty: No  
 875 EL CAJON BLVD  
 EL CAJON, CA 92020

 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org](http://www.syhealth.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**PHYSICIANS ASSISTANT**

**TURNER, SHEREENA**

Provider ID: 418340  
 Provider Gender: Female  
 License Number: PA20396  
 NPI: 1992934988  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish






Cultural Competency: N  
 Board Certified Specialty: No



 525 E MAIN ST  
 EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619) 515-2498  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM

**PHYSICIANS ASSISTANT**

**TURNER, SHEREENA**


Provider ID: 418340  
 Provider Gender: Female

License Number: PA20396  
 NPI: 1992934988  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 525 E MAIN ST  
 EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619) 515-2498

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [janellek@fhcsd.org](mailto:janellek@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 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  
 License Number: PA16673  
 NPI: 1104836659  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No

 133 W MAIN ST STE 100  
 EL CAJON, CA 92020  
 Phone: (619) 873-8940  
 After Hours Phone: (619) 873-8940  
 Website: N/A  
 Email: [iselaocha@borregohealth.org](mailto:iselaocha@borregohealth.org)


Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):





N  
 Accessibility: CONTACT PROVIDER  
 Hours: SU-SA 8:00AM-8:00PM

**PHYSICIANS ASSISTANT**


**ZAMBRANA, GEORGE**

Provider ID: 478971  
 Provider Gender: Male  
 License Number: PA16673  
 NPI: 1104836659

 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No

 133 W MAIN ST STE 100  
 EL CAJON, CA 92020  
 Phone: (619) 873-8940  
 After Hours Phone: (619) 873-8940  
 Website: N/A  
 Email: [iselaocha@borregohealth.org](mailto:iselaocha@borregohealth.org)



Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER  
 Hours: SU-SA 8:00AM-8:00PM




**PODIATRIST**

**CHARP, KENNETH**

Provider ID: 478971  
 Provider Gender: Male  
 License Number: DPM1536  
 NPI: 1841384203



 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No



 133 W MAIN ST STE 100  
EL CAJON, CA 92020  
 Phone: (619) 873-8940  
 After Hours Phone: (619)  
873-8940  
 Website: N/A  
Email:  
iselaocha@borregohealth.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

**PODIATRIST**

**CHARP, KENNETH**


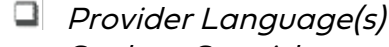
Provider ID: 478971  
Provider Gender: Male  
License Number: DPM1536  
NPI: 1841384203  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No

 133 W MAIN ST STE 100  
EL CAJON, CA 92020  
 Phone: (619) 873-8940  
 After Hours Phone: (619)  
873-8940  
 Website: N/A  
Email:  
iselaocha@borregohealth.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

**PODIATRIST**

**JUAREZ, LETICIA**

Provider ID: 418340  
Provider Gender: Female  
License Number: DPM5661  
NPI: 1508393778



 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2400  
 After Hours Phone: (619)  
515-2400  
 Website: www.fhcsd.org  
Email: janellek@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM

**PODIATRIST**

**JUAREZ, LETICIA**

Provider ID: 418340  
Provider Gender: Female  
License Number: DPM5661  
NPI: 1508393778

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020  
 Phone: (619) 515-2400  
 After Hours Phone: (619)  
515-2400  
 Website: www.fhcsd.org


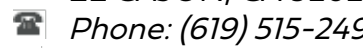
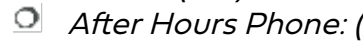
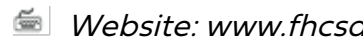

Email: janellek@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM

**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: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM  
SA 8:30AM-5:30PM

**PODIATRIST**

**LE, DIANA**

Provider ID: 418340

Provider Gender: Female  
 License Number: DPM5734  
 NPI: 1184112864  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Vietnamese  
 Cultural Competency: N  
 Hospital Affiliation: ANAHEIM  
 REGIONAL MEDICAL CTR  
 Board Certified Specialty: No  
 525 E MAIN ST  
 EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619)  
 515-2498  
 Website: www.fhcsd.org  
 Email: janellek@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:30AM-5:30PM  
 SA 8:30AM-5:30PM

**REGISTERED PHYSICAL  
 THERAPIST**

**CUMMINGS, GEORGE**  
 Provider ID: 418340  
 Provider Gender: Male  
 License Number: PT295173  
 NPI: 1497236384  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 525 E MAIN ST  
 EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619)

515-2498  
 Website: www.fhcsd.org  
 Email: janellek@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**REGISTERED PHYSICAL  
 THERAPIST**

**CUMMINGS, GEORGE**  
 Provider ID: 418340  
 Provider Gender: Male  
 License Number: PT295173  
 NPI: 1497236384  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 525 E MAIN ST  
 EL CAJON, CA 92020  
 Phone: (619) 515-2498  
 After Hours Phone: (619)  
 515-2498  
 Website: www.fhcsd.org  
 Email: janellek@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**REGISTERED PHYSICAL  
 THERAPIST**

**DASCENZO, EMILY**  
 Provider ID: 569910  
 Provider Gender: Female

License Number: PT40025  
 NPI: 1952982761  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 875 EL CAJON BLVD  
 EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: www.syhealth.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**REGISTERED PHYSICAL  
 THERAPIST**

**DASCENZO, EMILY**  
 Provider ID: 569910  
 Provider Gender: Female  
 License Number: PT40025  
 NPI: 1952982761  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 875 EL CAJON BLVD  
 EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: www.syhealth.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**REGISTERED PHYSICAL THERAPIST**

**GUTIERREZ, JUSTINE**

Provider ID: 418340

Provider Gender: Female


License Number: PT292482


NPI: 1851834873


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498

 Website: www.fhcsd.org  
Email: janellek@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

**REGISTERED PHYSICAL THERAPIST**

**GUTIERREZ, JUSTINE**

Provider ID: 418340

Provider Gender: Female


License Number: PT292482


NPI: 1851834873


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)  
515-2498

 Website: www.fhcsd.org  
Email: janellek@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

**REGISTERED PHYSICAL THERAPIST**

**KUIOKA, TROY**

Provider ID: 569910

Provider Gender: Male


License Number: PT42665


NPI: 1912640053


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: www.syhealth.org  
Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

**REGISTERED PHYSICAL THERAPIST**


**KUIOKA, TROY**

Provider ID: 569910


Provider Gender: Male


License Number: PT42665


NPI: 1912640053

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 875 EL CAJON BLVD  
EL CAJON, CA 92020

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: www.syhealth.org  
Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

**REGISTERED PHYSICAL THERAPIST**

**MIGNEA, DAVID**

Provider ID: 418340

Provider Gender: Male


License Number: PT293536


NPI: 1043736879


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST  
EL CAJON, CA 92020

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: www.fhcsd.org  
Email: janellek@fhcsd.org

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

736-6767

Website: N/A

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

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: Y

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: Y

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

**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)

**CHIROPRACTOR**

**LOVERN, JENNIFER**

Provider ID: 480243

Provider Gender: Female

License Number: DC29074

NPI: 1235469396

Provider English Spoken: Y

Provider Language(s) Spoken: Italian, Spanish

**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: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**NATH, DEVARSHI**

Provider ID: 480243

Provider Gender: Male

License Number: C54157

NPI: 1275630618

Provider English Spoken: Y

Provider Language(s)  
Spoken: Bengali

Cultural Competency: N

Board Certified Specialty: No

1130 2ND ST

ENCINITAS, CA 92024

Phone: (760) 753-7842

After Hours Phone: (760)  
753-7842

Website: N/A

Medi-Cal Open Panel: Y

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: Y

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: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**WILLIE, KADEN**

Provider ID: 480243

Provider Gender: Male

License Number: 20A17306

NPI: 1790133767

Provider English Spoken: Y

Provider Language(s)  
Spoken: Portuguese

Cultural Competency: N

Board Certified Specialty: No

1130 2ND ST

ENCINITAS, CA 92024

Phone: (707) 736-6767

After Hours Phone: (707)  
736-6767

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-5:00PM

F 8:30AM-5:30PM

**FAMILY PRACTICE**

**WILLIE, KADEN**

Provider ID: 480243  
 Provider Gender: Male  
 License Number: 20A17306  
 NPI: 1790133767  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Portuguese  
 Cultural Competency: N  
 Board Certified Specialty: No  
 1130 2ND ST  
 ENCINITAS, CA 92024  
 Phone: (707) 736-6767  
 After Hours Phone: (707)  
 736-6767  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TH 8:00AM-5:00PM  
 F 8:30AM-5:30PM

**FQHC**

**TRUECARE,**

Provider ID: 480243  
 NPI: 1245246917  
 Provider English Spoken: Y  
 Cultural Competency: N  
 1130 2ND ST  
 ENCINITAS, CA 92024  
 Phone: (760) 753-7842  
 Fax: (760) 736-8740  
 After Hours Phone: (760)  
 753-7842  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT

PROVIDER  
 Hours: M-TH 8:00AM-5:00PM  
 F 8:30AM-5:30PM

**FQHC**

**TRUECARE,**

Provider ID: 480243  
 NPI: 1245246917  
 Provider English Spoken: Y  
 Cultural Competency: N  
 1130 2ND ST  
 ENCINITAS, CA 92024  
 Phone: (760) 753-7842  
 Fax: (760) 736-8740  
 After Hours Phone: (760)  
 753-7842  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TH 8:00AM-5:00PM  
 F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**

**MOSTOFIAN, EIMANEH**

Provider ID: 480243  
 Provider Gender: Female  
 License Number: A97181  
 NPI: 1154477628  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Farsi, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY  
 MEDICAL CTR, PALOMAR  
 MEDICAL CENTER  
 Board Certified Specialty: No  
 1130 2ND ST

ENCINITAS, CA 92024  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
 736-6767  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TH 8:00AM-5:00PM  
 F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**

**MOSTOFIAN, EIMANEH**

Provider ID: 480243  
 Provider Gender: Female  
 License Number: A97181  
 NPI: 1154477628  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Farsi, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY  
 MEDICAL CTR, PALOMAR  
 MEDICAL CENTER  
 Board Certified Specialty: No  
 1130 2ND ST  
 ENCINITAS, CA 92024  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
 736-6767  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 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,

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: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

Hours: M-F 8:00AM-5:00PM


**PEDIATRICS**

**CLEMENTINO, NANCY**

Provider ID: 386643

Provider Gender: Female

NPI: 1619948619

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, RADY

CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS MEMORIAL


HOSPITAL ENCINITAS

Board Certified Specialty: No

 499 N EL CAMINO REAL

STE B100

ENCINITAS, CA 92024

 Phone: (760) 436-4511

Fax: (760) 436-5106

 After Hours Phone: (760)

436-4511

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

Hours: M-F 8:00AM-5:00PM


**PEDIATRICS**


**MENDENHALL, ANNA**

Provider ID: 386635

Provider Gender: Female

NPI: 1639140650

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS MEMORIAL

HOSPITAL ENCINITAS,

SCRIPPS MEMORIAL


HOSPITAL

Board Certified Specialty: No

 499 N EL CAMINO REAL

STE B100

ENCINITAS, CA 92024

 Phone: (760) 436-4511

Fax: (760) 436-5106

 After Hours Phone: (760)

436-4511

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**MURPHY, CARMEL**

Provider ID: 480243

Provider Gender: Female

License Number: A103940

NPI: 1790824787

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: TRI CITY

MEDICAL CTR, RADY


CHILDRENS HOSPITAL SAN

DIEGO

Board Certified Specialty: No

 1130 2ND ST

ENCINITAS, CA 92024

 Phone: (760) 753-7842

 After Hours Phone: (760)

753-7842

 Website: N/A

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

**PEDIATRICS**

**TERRY, AMANDA**


Provider ID: 386739  
 Provider Gender: Female  
 NPI: 1861770885


Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS  
 MEMORIAL HOSPITAL, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, SCRIPPS MEMORIAL  
 HOSPITAL ENCINITAS, UCSF  
 BENIOFF CHILDREN'S


**HOSPITAL OAKLAND**

Board Certified Specialty: No

 499 N EL CAMINO REAL  
 STE B100  
 ENCINITAS, CA 92024

 Phone: (760) 436-4511

Fax: (760) 436-5106

 After Hours Phone: (760)  
 436-4511

 Website: N/A

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

Hours: M-F 8:00AM-5:00PM

**PHYSICIANS ASSISTANT**

**CHISWICK, GARY**

Provider ID: 480243

Provider Gender: Male

License Number: PA22667

NPI: 1174964001


Provider English Spoken: Y  
 Cultural Competency: N


Hospital Affiliation:

GROSSMONT HOSPITAL

Board Certified Specialty: No

 1130 2ND ST  
 ENCINITAS, CA 92024

 Phone: (760) 736-6767

 After Hours Phone: (760)  
 736-6767


 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

**PHYSICIANS ASSISTANT**

**CHISWICK, GARY**

Provider ID: 480243

Provider Gender: Male

License Number: PA22667

NPI: 1174964001

Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL

Board Certified Specialty: No



1130 2ND ST  
ENCINITAS, CA 92024  
Phone: (760) 736-6767  
After Hours Phone: (760) 736-6767  
Website: N/A  
Medi-Cal Open Panel: Y  
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: Y  
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: Y  
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: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):

N  
Accessibility: CONTACT PROVIDER  
Hours: M-TU 8:00AM-5:00PM  
W 9:00AM-5:00PM  
TH-F 8:00AM-5:00PM

**CERTIFIED NURSE**

**PRACTITIONER**

**CARNEY, AMY**

Provider ID: 206271  
Provider Gender: Female  
License Number: NP8169  
NPI: 1164445227

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: PALOMAR MEDICAL CENTER  
Board Certified Specialty: No

728 E VALLEY PKWY  
ESCONDIDO, CA 92025  
Phone: (760) 737-6900  
After Hours Phone: (760) 737-6900  
Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-TU 8:00AM-5:00PM  
W 9:00AM-5:00PM  
TH-F 8:00AM-5:00PM

**CERTIFIED NURSE**

**PRACTITIONER**

**HACINAS, REYNALDO**


Provider ID: 419344  
Provider Gender: Male  
License Number: NP95003024


NPI: 1215304860

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1121 E WASHINGTON AVE  
ESCONDIDO, CA 92025

 Phone: (760) 767-5051

 After Hours Phone: (760)  
767-5051

 Website: N

Email:

iselaocha@borregohealth.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

**CERTIFIED NURSE**

**PRACTITIONER**

**HACINAS, REYNALDO**

Provider ID: 419344

Provider Gender: Male


License Number: NP95003024


NPI: 1215304860

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1121 E WASHINGTON AVE  
ESCONDIDO, CA 92025

 Phone: (760) 767-5051

 After Hours Phone: (760)  
767-5051

 Website: N

Email:

iselaocha@borregohealth.org

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\120

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

**CERTIFIED NURSE**

**PRACTITIONER**

**KAHL, NICHOLAS**

Provider ID: 588941

Provider Gender: Male


License Number: NP95006360


NPI: 1821306598

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 704 E GRAND AVE  
ESCONDIDO, CA 92025

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: N/A

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\21

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

**CERTIFIED NURSE**

**PRACTITIONER**

**MITCHELL, CATHY**

Provider ID: 424775






Provider Gender: Female

License Number: NP4799

NPI: 1356365365

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 426 N DATE ST  
 ESCONDIDO, CA 92025  
 Phone: (760) 690-5900  
 After Hours Phone: (760)  
 690-5900  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\120  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**CERTIFIED NURSE**

**PRACTITIONER**

**TODD, MIKAYLA**






Provider ID: 588941  
 Provider Gender: Female  
 License Number: NP95005999  
 NPI: 1316478092  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No

 704 E GRAND AVE  
 ESCONDIDO, CA 92025  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT

PROVIDER

**CHIROPRACTOR**





**ROBINSON, DEAN**

Provider ID: 206270  
 Provider Gender: Male  
 License Number: DC12036  
 NPI: 1851320337  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No

 460 N ELM ST  
 ESCONDIDO, CA 92025  
 Phone: (760) 520-8100  
 After Hours Phone: (760)  
 520-8100  
 Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**CHIROPRACTOR**

**ZECHA, RONALD**

Provider ID: 206270  
 Provider Gender: Male  
 License Number: DC28605  
 NPI: 1427252121  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 460 N ELM ST  
 ESCONDIDO, CA 92025  
 Phone: (760) 520-8100  
 After Hours Phone: (760)  
 520-8100  
 Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-0:00PM

**CHIROPRACTOR**

**ZECHA, RONALD**

Provider ID: 206270

Provider Gender: Male

License Number: DC28605

NPI: 1427252121

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

704 E GRAND AVE  
ESCONDIDO, CA 92025

Phone: (760) 520-8100

After Hours Phone: (760)  
520-8100

Website: www.ihpsocal.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-0:00PM

**FAMILY PRACTICE**

**ARRIETA, NOEMI**

Provider ID: 588941

Provider Gender: Female

License Number: 20A11153

NPI: 1912223496

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No

704 E GRAND AVE  
ESCONDIDO, CA 92025

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\120

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**ARRIETA, NOEMI**

Provider ID: 588941

Provider Gender: Female

License Number: 20A11153

NPI: 1912223496

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No

704 E GRAND AVE  
ESCONDIDO, CA 92025

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\120

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**AVILA, MICHAEL**

Provider ID: 206270

Provider Gender: Male

License Number: A159727

NPI: 1962936450

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

460 N ELM ST  
ESCONDIDO, CA 92025

Phone: (760) 520-8100

After Hours Phone: (760)  
520-8100

Website: www.ihpsocal.org

Medi-Cal Open Panel: Y

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**

**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: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-0:00PM

**FAMILY PRACTICE**

**CASTANER, ZALYA**

Provider ID: 206270

Provider Gender: Female

License Number: A139490


NPI: 1487072179


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR MEDICAL CENTER

Board Certified Specialty: No

 460 N ELM ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 After Hours Phone: (760) 520-8100

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**CASTANER, ZALYA**

Provider ID: 206271

Provider Gender: Female

License Number: A139490


NPI: 1487072179


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR MEDICAL CENTER

Board Certified Specialty: No

 728 E VALLEY PKWY  
ESCONDIDO, CA 92025

 Phone: (760) 737-6900


 After Hours Phone: (760) 737-6900

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Hours: M-W 8:00AM-8:00PM  
TH-F 8:00AM-5:00PM

**FAMILY PRACTICE**

**CASTANER, ZALYA**

Provider ID: 206270

Provider Gender: Female

License Number: A139490


NPI: 1487072179


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR MEDICAL CENTER

Board Certified Specialty: No

 460 N ELM ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 After Hours Phone: (760) 520-8100

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**CASTANER, ZALYA**

Provider ID: 206271

Provider Gender: Female

License Number: A139490


NPI: 1487072179


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR MEDICAL CENTER

Board Certified Specialty: No

 728 E VALLEY PKWY  
ESCONDIDO, CA 92025

 Phone: (760) 737-6900

 After Hours Phone: (760) 737-6900

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Hours: M-W 8:00AM-8:00PM  
TH-F 8:00AM-5:00PM

**FAMILY PRACTICE**

**COBIAN, VANESSA**

Provider ID: 206271

Provider Gender: Female


License Number: A145349


NPI: 1134513039

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 728 E VALLEY PKWY  
ESCONDIDO, CA 92025

 Phone: (760) 737-6900

 After Hours Phone: (760) 737-6900


 Website: N/A





Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-W 8:00AM-8:00PM  
 TH-F 8:00AM-5:00PM


**FAMILY PRACTICE**

**COBIAN, VANESSA**

Provider ID: 206271  
 Provider Gender: Female  
 License Number: A145349  
 NPI: 1134513039

 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No

 728 E VALLEY PKWY  
 ESCONDIDO, CA 92025  
 Phone: (760) 737-6900  
 After Hours Phone: (760)  
 737-6900  
 Website: N/A

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-W 8:00AM-8:00PM  
 TH-F 8:00AM-5:00PM


**FAMILY PRACTICE**

**COX, VICTORIA**

Provider ID: 588941  
 Provider Gender: Female  
 License Number: C171064  
 NPI: 1093087819

 Provider English Spoken: Y  
 Cultural Competency: N


Board Certified Specialty: No  
 704 E GRAND AVE  
 ESCONDIDO, CA 92025  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\120

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER


**FAMILY PRACTICE**

**COX, VICTORIA**

Provider ID: 588941  
 Provider Gender: Female  
 License Number: C171064  
 NPI: 1093087819

 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No

 704 E GRAND AVE  
 ESCONDIDO, CA 92025  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: N/A


Medi-Cal Open Panel: Y  
 Min/Max Age: 0\120  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**FERRAILOLO, NATALIE**

Provider ID: 206270  
 Provider Gender: Female  
 License Number: A152372  
 NPI: 1306290143


 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 460 N ELM ST  
 ESCONDIDO, CA 92025  
 Phone: (760) 520-8100  
 After Hours Phone: (760)  
 520-8100  
 Website: www.ihpsocal.org

Medi-Cal Open Panel: Y  
 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**

**FERRAILOLO, NATALIE**

Provider ID: 206270  
 Provider Gender: Female  
 License Number: A152372  
 NPI: 1306290143

 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No

 460 N ELM ST  
 ESCONDIDO, CA 92025  
 Phone: (760) 520-8100  
 After Hours Phone: (760)  
 520-8100  
 Website: www.ihpsocal.org

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 SA 8:00AM-0:00PM

**FAMILY PRACTICE**

**HAMILTON, LISA MARIE**

Provider ID: 652372

Provider Gender: Female

License Number: 20A14772

NPI: 1235576059

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

128 N BROADWAY  
ESCONDIDO, CA 92025

Phone: (760) 546-2858

After Hours Phone: (760)  
546-2858

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**HAMILTON, LISA MARIE**

Provider ID: 652372

Provider Gender: Female

License Number: 20A14772

NPI: 1235576059

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

128 N BROADWAY  
ESCONDIDO, CA 92025

Phone: (760) 546-2858

After Hours Phone: (760)  
546-2858

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**KAUR, JATINDER**

Provider ID: 206270

Provider Gender: Female

License Number: A120771

NPI: 1912141391

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi, Urdu

Cultural Competency: N

Board Certified Specialty: No

460 N ELM ST  
ESCONDIDO, CA 92025

Phone: (760) 520-8100

After Hours Phone: (760)  
520-8100

Website: www.ihpsocal.org  
Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-0:00PM

**FAMILY PRACTICE**

**KAUR, JATINDER**

Provider ID: 206270

Provider Gender: Female

License Number: A120771

NPI: 1912141391

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi, Urdu

Cultural Competency: N

Board Certified Specialty: No

460 N ELM ST  
ESCONDIDO, CA 92025

Phone: (760) 520-8100

After Hours Phone: (760)  
520-8100

Website: www.ihpsocal.org  
Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-0:00PM

**FAMILY PRACTICE**

**LAI, AMARA**

Provider ID: 206271

Provider Gender: Female

License Number: A120348

NPI: 1790912855

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR  
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: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TU 8:00AM-5:00PM  
W 9:00AM-5:00PM

TH-F 8:00AM-5:00PM

**FAMILY PRACTICE**

**LAI, AMARA**

Provider ID: 206271  
 Provider Gender: Female  
 License Number: A120348  
 NPI: 1790912855

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: PALOMAR  
 MEDICAL CENTER

Board Certified Specialty: No

728 E VALLEY PKWY  
 ESCONDIDO, CA 92025  
 Phone: (760) 737-6900  
 After Hours Phone: (760)  
 737-6900

Website: N/A  
 Medi-Cal Open Panel: Y  
 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: (833) 867-4642  
 Fax: (360) 462-2745

After Hours Phone: (833)  
 867-4642

Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**FAMILY PRACTICE**

**MCHENRY, KATHRYN**

Provider ID: 206270  
 Provider Gender: Female  
 License Number: 20A14292  
 NPI: 1326458373

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N

Board Certified Specialty: No

460 N ELM ST  
 ESCONDIDO, CA 92025  
 Phone: (760) 520-8100  
 After Hours Phone: (760)  
 520-8100

Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 SA 8:00AM-0:00PM

**FAMILY PRACTICE**

**MCHENRY, KATHRYN**

Provider ID: 206270  
 Provider Gender: Female

License Number: 20A14292  
 NPI: 1326458373

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Board Certified Specialty: No

460 N ELM ST  
 ESCONDIDO, CA 92025  
 Phone: (760) 520-8100  
 After Hours Phone: (760)  
 520-8100

Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 SA 8:00AM-0:00PM

**FAMILY PRACTICE**

**NAKAMURA, MELANIE**

Provider ID: 206270  
 Provider Gender: Female  
 License Number: A107557  
 NPI: 1104022672

Provider English Spoken: Y  
 Cultural Competency: N

Board Certified Specialty: No

460 N ELM ST  
 ESCONDIDO, CA 92025  
 Phone: (760) 520-8100  
 After Hours Phone: (760)  
 520-8100

Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150

American Sign Language (ASL):  
 N

Accessibility: CONTACT



**PROVIDER**  
Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-0:00PM

**FAMILY PRACTICE**  
**NAKAMURA, MELANIE**

Provider ID: 206270  
Provider Gender: Female  
License Number: A107557  
NPI: 1104022672

Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

460 N ELM ST  
ESCONDIDO, CA 92025  
 Phone: (760) 520-8100  
 After Hours Phone: (760) 520-8100  
 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N

Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-0:00PM

**FAMILY PRACTICE**  
**PATEL, JITENBHAI**

Provider ID: 206270  
Provider Gender: Male  
License Number: A94128  
NPI: 1902921406

Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

460 N ELM ST  
ESCONDIDO, CA 92025  
 Phone: (760) 520-8100  
 After Hours Phone: (760)

520-8100  
 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**  
**PATEL, JITENBHAI**

Provider ID: 206271  
Provider Gender: Male  
License Number: A94128  
NPI: 1902921406

Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

728 E VALLEY PKWY  
ESCONDIDO, CA 92025  
 Phone: (760) 737-6900  
 After Hours Phone: (760) 737-6900  
 Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N

Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**  
**PATEL, JITENBHAI**

Provider ID: 206270  
Provider Gender: Male  
License Number: A94128  
NPI: 1902921406

Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

460 N ELM ST

ESCONDIDO, CA 92025  
 Phone: (760) 520-8100  
 After Hours Phone: (760) 520-8100  
 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**  
**PATEL, JITENBHAI**

Provider ID: 206271  
Provider Gender: Male  
License Number: A94128  
NPI: 1902921406

Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

728 E VALLEY PKWY  
ESCONDIDO, CA 92025  
 Phone: (760) 737-6900  
 After Hours Phone: (760) 737-6900  
 Website: N/A  
Medi-Cal Open Panel: Y  
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: Y*

*Min/Max Age: 0\120*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT  
PROVIDER*

**FAMILY PRACTICE**

**RAO, USHA**


*Provider ID: 588941*

*Provider Gender: Female*

*License Number: A148750*

*NPI: 1184019911*

 *Provider English Spoken: Y*


 *Provider Language(s)  
Spoken: Hindi, Spanish*


*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL*

*Board Certified Specialty: No*

 704 E GRAND AVE  
ESCONDIDO, CA 92025

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: N/A

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\120*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT*

**PROVIDER**

**FAMILY PRACTICE**


**RASHCOVSKY SCHIFF, KARIN**

*Provider ID: 206270*

*Provider Gender: Female*

*License Number: A82173*

*NPI: 1699706333*

 *Provider English Spoken: Y*


 *Provider Language(s)  
Spoken: French*


*Cultural Competency: N*

*Hospital Affiliation: PALOMAR  
MEDICAL CENTER*

*Board Certified Specialty: No*

 460 N ELM ST  
ESCONDIDO, CA 92025

 Phone: (760) 520-8100

 After Hours Phone: (760)  
520-8100

 Website: www.ihpsocal.org

*Medi-Cal Open Panel: Y*

*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: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT  
PROVIDER*

**FAMILY PRACTICE**

**SANDHU, BASANT**


*Provider ID: 206271*

*Provider Gender: Male*

*License Number: A140398*

*NPI: 1265795744*


 *Provider English Spoken: Y*


 *Provider Language(s)  
Spoken: German, Hindi,  
Punjabi, Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*

 728 E VALLEY PKWY  
ESCONDIDO, CA 92025

 Phone: (760) 737-6900

 After Hours Phone: (760)  
737-6900

 Website: N/A

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT  
PROVIDER*

*Hours: M-W 8:00AM-8:00PM*

*TH-F 8:00AM-5:00PM*

**FAMILY PRACTICE**

**SANDHU, BASANT**

Provider ID: 206271  
 Provider Gender: Male  
 License Number: A140398  
 NPI: 1265795744  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: German, Hindi,  
 Punjabi, Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 728 E VALLEY PKWY  
 ESCONDIDO, CA 92025  
 Phone: (760) 737-6900  
 After Hours Phone: (760)  
 737-6900  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-W 8:00AM-8:00PM  
 TH-F 8:00AM-5:00PM

**FAMILY PRACTICE**

**SCHULTZ, JAMES**

Provider ID: 206270  
 Provider Gender: Male  
 License Number: G61829  
 NPI: 1356376164  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Farsi, Greek,  
 Spanish  
 Cultural Competency: N  
 Hospital Affiliation:  
 SOUTHWEST HEALTHCARE  
 INLAND VALLEY HOSPITAL,  
 SOUTHWEST HEALTHCARE  
 RANCHO SPRINGS HOSPITAL,

PALOMAR MEDICAL CENTER N  
 Board Certified Specialty: No  Accessibility: CONTACT  
 PROVIDER  
 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**FAMILY PRACTICE**

**SCHULTZ, JAMES**

Provider ID: 206271  
 Provider Gender: Male  
 License Number: G61829  
 NPI: 1356376164  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Farsi, Greek,  
 Spanish  
 Cultural Competency: N  
 Hospital Affiliation:  
 SOUTHWEST HEALTHCARE  
 INLAND VALLEY HOSPITAL,  
 SOUTHWEST HEALTHCARE  
 RANCHO SPRINGS HOSPITAL,  
 PALOMAR MEDICAL CENTER  
 Board Certified Specialty: No  
 728 E VALLEY PKWY  
 ESCONDIDO, CA 92025  
 Phone: (760) 737-6900  
 After Hours Phone: (760)  
 737-6900  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):

**FAMILY PRACTICE**

**SCHULTZ, JAMES**

Provider ID: 206271  
 Provider Gender: Male  
 License Number: G61829  
 NPI: 1356376164  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Farsi, Greek,  
 Spanish  
 Cultural Competency: N  
 Hospital Affiliation:  
 SOUTHWEST HEALTHCARE  
 INLAND VALLEY HOSPITAL,  
 SOUTHWEST HEALTHCARE  
 RANCHO SPRINGS HOSPITAL,  
 PALOMAR MEDICAL CENTER  
 Board Certified Specialty: No  
 728 E VALLEY PKWY  
 ESCONDIDO, CA 92025  
 Phone: (760) 737-6900  
 After Hours Phone: (760)  
 737-6900  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**FAMILY PRACTICE**







**SCHULTZ, JAMES**


Provider ID: 206270  
 Provider Gender: Male  
 License Number: G61829  
 NPI: 1356376164

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Farsi, Greek,  
 Spanish  
 Cultural Competency: N  
 Hospital Affiliation:  
 SOUTHWEST HEALTHCARE  
 INLAND VALLEY HOSPITAL,  
 SOUTHWEST HEALTHCARE  
 RANCHO SPRINGS HOSPITAL,  
 PALOMAR MEDICAL CENTER  
 Board Certified Specialty: No  
 460 N ELM ST  
 ESCONDIDO, CA 92025  
 Phone: (760) 520-8100  
 After Hours Phone: (760)  
 520-8100  
 Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Y  
 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: Y  
 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



**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

**FAMILY PRACTICE**

**THOMPSON, CHERYL**

Provider ID: 206270  
 Provider Gender: Female  
 License Number: A102687  
 NPI: 1548429863  
 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 460 N ELM ST  
 ESCONDIDO, CA 92025  
 Phone: (760) 520-8100  
 After Hours Phone: (760)  
 520-8100  
 Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 SA 8:00AM-0:00PM

**FAMILY PRACTICE**

**THOMPSON, CHERYL**

Provider ID: 206270  
 Provider Gender: Female  
 License Number: A102687  
 NPI: 1548429863  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 460 N ELM ST  
 ESCONDIDO, CA 92025  
 Phone: (760) 520-8100  
 After Hours Phone: (760)  
 520-8100  
 Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-5:00PM

SA 8:00AM-0:00PM

**FQHC**

**CENTRO MEDICO ESCONDIDO,**

Provider ID: 419344

NPI: 1023349883

☐ Provider English Spoken: Y  
Cultural Competency: N

📍 1121 E WASHINGTON AVE  
ESCONDIDO, CA 92025

☎ Phone: (760) 871-0606

Fax: (858) 634-6918

🕒 After Hours Phone: (760)  
871-0606

🌐 Website: N

Email:

iselaocha@borregohealth.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Hours: SU 8:00AM-0:00PM

M-F 8:00AM-8:00PM

SA 8:00AM-0:00PM

**FQHC**

**CENTRO MEDICO ESCONDIDO,**

Provider ID: 419344

NPI: 1023349883

☐ Provider English Spoken: Y  
Cultural Competency: N

📍 1121 E WASHINGTON AVE  
ESCONDIDO, CA 92025

☎ Phone: (760) 871-0606

Fax: (858) 634-6918

🕒 After Hours Phone: (760)  
871-0606

🌐 Website: N

Email:

iselaocha@borregohealth.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Hours: SU 8:00AM-0:00PM

M-F 8:00AM-8:00PM

SA 8:00AM-0:00PM

**FQHC**

**ESCONDIDO FAMILY HEALTH  
CENTER,**

Provider ID: 652372

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: Y

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: Y

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: Y

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: Y  
 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: Y  
 Min/Max Age: 0\21  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM


**FQHC**  
**NEIGHBORHOOD**  
**HEALTHCARE PEDIATRICS**

**AND PRENATAL,**  
 Provider ID: 424775  
 NPI: 1437335353  
 Provider English Spoken: Y  
 Cultural Competency: N  
 426 N DATE ST  
 ESCONDIDO, CA 92025  
 Phone: (760) 690-5900  
 Fax: (360) 462-2747  
 After Hours Phone: (760) 690-5900  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\21  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM



**FQHC**  
**NEIGHBORHOOD**  
**HEALTHCARE PEDIATRICS**  
**AND PRENATAL,**  
 Provider ID: 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: Y  
 Min/Max Age: 0\21  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**FQHC**  
**NEIGHBORHOOD**  
**HEALTHCARE PEDIATRICS**  
**AND PRENATAL,**  
 Provider ID: 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: Y  
 Min/Max Age: 0\21  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM


**FQHC**  
**NEIGHBORHOOD**  
**HEALTHCARE VALLEY**  
**PARKWAY,**  
 Provider ID: 206271  
 NPI: 1720264641  
 Provider English Spoken: Y  
 Cultural Competency: N  
 728 E VALLEY PKWY  
 ESCONDIDO, CA 92025  
 Phone: (760) 737-6900  
 Fax: (360) 462-2748  
 After Hours Phone: (760) 737-6900  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150






American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TU 8:00AM-5:00PM  
 W 9:00AM-5:00PM  
 TH-F 8:00AM-5:00PM

**FQHC**  
**NEIGHBORHOOD**  
**HEALTHCARE VALLEY**  
**PARKWAY,**


Provider ID: 206271  
 NPI: 1720264641  
 Provider English Spoken: Y  
 Cultural Competency: N  
 728 E VALLEY PKWY  
 ESCONDIDO, CA 92025  
 Phone: (760) 737-6900  
 Fax: (360) 462-2748  
 After Hours Phone: (760)  
 737-6900  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TU 8:00AM-5:00PM  
 W 9:00AM-5:00PM  
 TH-F 8:00AM-5:00PM

**FQHC**  
**SAN YSIDRO HEALTH**  
**ESCONDIDO FAMILY**  
**MEDICINE,**

Provider ID: 588941  
 NPI: 1801438239  
 Provider English Spoken: Y  
 Cultural Competency: N








 704 E GRAND AVE  
 ESCONDIDO, CA 92025  
 Phone: (619) 662-4100  
 Fax: (619) 662-7952  
 After Hours Phone: (619)  
 662-4100  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\120  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**FQHC**  
**SAN YSIDRO HEALTH**  
**ESCONDIDO FAMILY**  
**MEDICINE,**








Provider ID: 588941  
 NPI: 1801438239  
 Provider English Spoken: Y  
 Cultural Competency: N  
 704 E GRAND AVE  
 ESCONDIDO, CA 92025  
 Phone: (619) 662-4100  
 Fax: (619) 662-7952  
 After Hours Phone: (619)  
 662-4100  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\120  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**  
**AGUERO, AMETHYST**

Provider ID: 652372  
 Provider Gender: Female  
 License Number: 20A19473  
 NPI: 1568021913

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 128 N BROADWAY  
 ESCONDIDO, CA 92025  
 Phone: (760) 546-2858  
 After Hours Phone: (760)  
 546-2858  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**  
**AGUERO, AMETHYST**

Provider ID: 652372  
 Provider Gender: Female  
 License Number: 20A19473  
 NPI: 1568021913  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 128 N BROADWAY  
 ESCONDIDO, CA 92025  
 Phone: (760) 546-2858  
 After Hours Phone: (760)  
 546-2858  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER



**INTERNAL MEDICINE**



**CARRERA, JORGE**

Provider ID: 588941  
 Provider Gender: Male  
 License Number: G58033  
 NPI: 1184728586

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY  
 MEDICAL CTR, SCRIPPS  
 MEMORIAL HOSPITAL  
 ENCINITAS

Board Certified Specialty: No

 704 E GRAND AVE  
 ESCONDIDO, CA 92025  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100

 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\120  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**INTERNAL MEDICINE**

**CARRERA, JORGE**



Provider ID: 588941  
 Provider Gender: Male  
 License Number: G58033  
 NPI: 1184728586

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY  
 MEDICAL CTR, SCRIPPS  
 MEMORIAL HOSPITAL

**ENCINITAS**

Board Certified Specialty: No

 704 E GRAND AVE  
 ESCONDIDO, CA 92025  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100

 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\120  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER




**INTERNAL MEDICINE**



**CHEN, MARGARET**

Provider ID: 206270  
 Provider Gender: Female  
 License Number: A61751  
 NPI: 1659305084

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Greek, Spanish  
 Cultural Competency: N

Board Certified Specialty: No

 460 N ELM ST  
 ESCONDIDO, CA 92025  
 Phone: (760) 520-8100  
 After Hours Phone: (760)  
 520-8100

 Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 SA 8:00AM-0:00PM



**INTERNAL MEDICINE**



**CHEN, MARGARET**

Provider ID: 235296  
 Provider Gender: Female  
 NPI: 1659305084

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Greek, Spanish  
 Cultural Competency: N

Board Certified Specialty: No

 460 N ELM ST  
 ESCONDIDO, CA 92025  
 Phone: (760) 520-8100  
 Fax: (360) 462-2745

 After Hours Phone: (760)  
 520-8100  
 Website: N/A



Medi-Cal Open Panel: Y  
 Min/Max Age: 18\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 SA 8:00AM-0:00PM


**INTERNAL MEDICINE**

**VETTICADEN, SANTOSH**

Provider ID: 206270  
 Provider Gender: Male  
 License Number: C53062  
 NPI: 1679102461

Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No

 460 N ELM ST  
 ESCONDIDO, CA 92025  
 Phone: (760) 520-8100  
 After Hours Phone: (760) 520-8100  
 Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 SA 8:00AM-0:00PM


**INTERNAL MEDICINE**

**VETTICADEN, SANTOSH**

Provider ID: 206270  
 Provider Gender: Male  
 License Number: C53062  
 NPI: 1679102461

Provider English Spoken: Y  
 Cultural Competency: N

Board Certified Specialty: No  
 460 N ELM ST  
 ESCONDIDO, CA 92025  
 Phone: (760) 520-8100  
 After Hours Phone: (760) 520-8100  
 Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Y  
 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**

**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: Y

Min/Max Age: 0\21  
 American Sign Language (ASL):  
 N


 Accessibility: CONTACT PROVIDER

**PEDIATRICS**

**AGUILAR, EDITA**

Provider ID: 206266  
 Provider Gender: Female  
 License Number: A56054  
 NPI: 1467407411  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No

 425 N DATE ST  
 ESCONDIDO, CA 92025  
 Phone: (760) 520-8340  
 After Hours Phone: (760) 520-8340  
 Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\21

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER


**PEDIATRICS**


**AGUILAR, EDITA**

Provider ID: 206266  
 Provider Gender: Female  
 License Number: A56054  
 NPI: 1467407411

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N

Board Certified Specialty: No  
 425 N DATE ST  
 ESCONDIDO, CA 92025  
 Phone: (760) 520-8340  
 After Hours Phone: (760) 520-8340

 Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\21  
 American Sign Language (ASL):

N  
 *Accessibility: CONTACT PROVIDER*

**PEDIATRICS**

**AGUILAR, EDITA**

*Provider ID: 424775*  
*Provider Gender: Female*  
*License Number: A56054*  
*NPI: 1467407411*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*




 426 N DATE ST  
 ESCONDIDO, CA 92025  
 *Phone: (760) 690-5900*  
 *After Hours Phone: (760) 690-5900*  
 *Website: N/A*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\21*  
*American Sign Language (ASL):*


N  
 *Accessibility: CONTACT PROVIDER*

**PEDIATRICS**

**ALDANA, NANCY**

*Provider ID: 473159*  
*Provider Gender: Female*  
*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*  
*Fax: (360) 462-2752*  
 *After Hours Phone: (760) 520-8340*  
 *Website: N/A*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\18*  
*American Sign Language (ASL):*


N  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*

**PEDIATRICS**

**ALDANA, NANCY**

*Provider ID: 424775*  
*Provider Gender: Female*  
*License Number: A62467*  
*NPI: 1558371963*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: TRI CITY MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS*





*Board Certified Specialty: No*  
 426 N DATE ST  
 ESCONDIDO, CA 92025  
 *Phone: (760) 520-8340*  
 *After Hours Phone: (760) 520-8340*  
 *Website: N/A*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\21*  
*American Sign Language (ASL):*


N  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*

**PEDIATRICS**

**ALDANA, NANCY**

*Provider ID: 424775*  
*Provider Gender: Female*  
*License Number: A62467*  
*NPI: 1558371963*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: TRI CITY MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS*






*Board Certified Specialty: No*  
 426 N DATE ST  
 ESCONDIDO, CA 92025  
 *Phone: (760) 520-8340*  
 *After Hours Phone: (760) 520-8340*  
 *Website: N/A*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\21*  
*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*

**PEDIATRICS**






**CHOW, BYRON**

*Provider ID: 206270*  
*Provider Gender: Male*  
*License Number: A78116*  
*NPI: 1619907607*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, PALOMAR MEDICAL CENTER*  
*Board Certified Specialty: No*  
 460 N ELM ST  
 ESCONDIDO, CA 92025  
 *Phone: (760) 520-8100*  
 *After Hours Phone: (760) 520-8100*  
 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

**PEDIATRICS**

**CHOW, BYRON**



*Provider ID: 206270*  
*Provider Gender: Male*  
*License Number: A78116*  
*NPI: 1619907607*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, PALOMAR MEDICAL CENTER*  
*Board Certified Specialty: No*  
 460 N ELM ST  
 ESCONDIDO, CA 92025  
 *Phone: (760) 520-8100*  
 *After Hours Phone: (760) 520-8100*  
 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*



*American Sign Language (ASL): N*  
*NPI: 1750579108*



 *Accessibility: CONTACT PROVIDER*


**PEDIATRICS**

**COHEN, CARA**

*Provider ID: 661879*  
*Provider Gender: Female*  
*NPI: 1215021274*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: PALOMAR HEALTH, RADY CHILDRENS HOSPITAL SAN DIEGO, PALOMAR MEDICAL CENTER, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND*  
*Board Certified Specialty: No*

 625 CITRACADO PKWY STE 100  
 ESCONDIDO, CA 92025  
 *Phone: (760) 746-2641*  
*Fax: (760) 740-2178*


 *After Hours Phone: (760) 746-2641*  
 *Website: N/A*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*






 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*

**PEDIATRICS**

**COULLAHAN, JESSICA**




*Provider ID: 661887*  
*Provider Gender: Female*





 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, PALOMAR MEDICAL CENTER*

*Board Certified Specialty: No*  
 625 CITRACADO PKWY STE 100  
 ESCONDIDO, CA 92025  
 *Phone: (760) 746-2641*  
*Fax: (760) 740-2178*  
 *After Hours Phone: (760) 746-2641*  
 *Website: N/A*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM SA 8:30AM-0:00PM*

**PEDIATRICS**

**CURET, ZULMA**

*Provider ID: 206270*  
*Provider Gender: Female*  
*License Number: A119661*  
*NPI: 1841561107*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Board Certified Specialty: No*  
 460 N ELM ST  
 ESCONDIDO, CA 92025

 Phone: (760) 520-8100  
 After Hours Phone: (760) 520-8100  
 Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**PEDIATRICS**








**CURET, ZULMA**

Provider ID: 206270  
 Provider Gender: Female  
 License Number: A119661  
 NPI: 1841561107  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
 Board Certified Specialty: No  
 460 N ELM ST  
 ESCONDIDO, CA 92025  
 Phone: (760) 520-8100  
 After Hours Phone: (760) 520-8100  
 Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**PEDIATRICS**






**DOSHI, NEELIMA**



Provider ID: 640252  
 Provider Gender: Female

NPI: 1417921578  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Hindi, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
 Board Certified Specialty: No  
 426 N DATE ST  
 ESCONDIDO, CA 92025  
 Phone: (833) 867-4642  
 Fax: (360) 462-2752  
 After Hours Phone: (833) 867-4642  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\18  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**PEDIATRICS**








**DOSHI, NEELIMA**

Provider ID: 424775  
 Provider Gender: Female  
 License Number: A67626  
 NPI: 1417921578  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Hindi, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
 Board Certified Specialty: No  
 426 N DATE ST  
 ESCONDIDO, CA 92025  
 Phone: (760) 690-5900  
 After Hours Phone: (760) 690-5900

 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\21  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**PEDIATRICS**


**DOSHI, NEELIMA**

Provider ID: 424775  
 Provider Gender: Female  
 License Number: A67626  
 NPI: 1417921578  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Hindi, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
 Board Certified Specialty: No  
 426 N DATE ST  
 ESCONDIDO, CA 92025  
 Phone: (760) 690-5900  
 After Hours Phone: (760) 690-5900  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\21  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**PEDIATRICS**




**IBRAHIM, MAGED**

Provider ID: 419344  
 Provider Gender: Male  
 License Number: C141296  
 NPI: 1306852934

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Arabic  
 Cultural Competency: N  
 Hospital Affiliation: POMONA  
 VALLEY HOSP MED CTR, SAN  
 ANTONIO COMM HOSP  
 Board Certified Specialty: No  
 1121 E WASHINGTON AVE  
 ESCONDIDO, CA 92025  
 Phone: (760) 871-0606  
 After Hours Phone: (760)  
 871-0606  
 Website: N  
 Email:  
 iselaochoa@borregohealth.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: SU 8:00AM-0:00PM  
 M-F 8:00AM-8:00PM  
 SA 8:00AM-0:00PM

**PEDIATRICS**

**IBRAHIM, MAGED**


Provider ID: 419344  
 Provider Gender: Male  
 License Number: C141296  
 NPI: 1306852934  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Arabic  
 Cultural Competency: N  
 Hospital Affiliation: POMONA  
 VALLEY HOSP MED CTR, SAN  
 ANTONIO COMM HOSP  
 Board Certified Specialty: No  
 1121 E WASHINGTON AVE

ESCONDIDO, CA 92025  
 Phone: (760) 871-0606  
 After Hours Phone: (760)  
 871-0606  
 Website: N  
 Email:  
 iselaochoa@borregohealth.org  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\999


American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**PEDIATRICS**

**MALEKSHAMRAN, KEYVAN**


Provider ID: 419344  
 Provider Gender: Male  
 License Number: A94845  
 NPI: 1952466112  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Farsi, Persian,  
 Spanish

Cultural Competency: N  
 Hospital Affiliation: PIONEERS  
 MEMORIAL HOSPITAL,  
 DESERT REGIONAL MED CTR  
 Board Certified Specialty: No  
 1121 E WASHINGTON AVE  
 ESCONDIDO, CA 92025  
 Phone: (760) 871-0606  
 After Hours Phone: (760)  
 871-0606  
 Website: N  
 Email:

iselaochoa@borregohealth.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**PEDIATRICS**

**RODRIGUEZ, REBECCA**

Provider ID: 661919  
 Provider Gender: Female  
 NPI: 1801329990  
 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: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**RODRIGUEZ, REBECCA**

Provider ID: 646488

Provider Gender: Female

NPI: 1801329990

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

625 CITRACADO PKWY STE 200

ESCONDIDO, CA 92025

Phone: (760) 746-2641

Fax: (760) 740-2178

After Hours Phone: (760) 746-2641

Website: N/A

Medi-Cal Open Panel: Y

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**

**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: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**STERNFELD, SHARON**

Provider ID: 56437

Provider Gender: Female

NPI: 1184695108

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR HEALTH, RADY CHILDRENS

HOSPITAL SAN DIEGO, PALOMAR MEDICAL CENTER

Board Certified Specialty: No

625 CITRACADO PKWY STE 200

ESCONDIDO, CA 92025

ESCONDIDO, CA 92025

Phone: (760) 746-2641

Fax: (760) 740-2178

After Hours Phone: (760) 746-2641

Website: N/A

Medi-Cal Open Panel: Y

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**

**STERNFELD, SHARON**

Provider ID: 661929

Provider Gender: Female

NPI: 1184695108

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR HEALTH, RADY CHILDRENS

HOSPITAL SAN DIEGO, PALOMAR MEDICAL CENTER

Board Certified Specialty: No

625 CITRACADO PKWY STE 100

ESCONDIDO, CA 92025

Phone: (760) 746-2641

Fax: (760) 740-2178

After Hours Phone: (760) 746-2641

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

**PROVIDER**  
Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**STRAZICICH, KARLA**

Provider ID: 206270  
Provider Gender: Female  
License Number: A45413  
NPI: 1134154958

☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No

📍 460 N ELM ST  
ESCONDIDO, CA 92025

☎ Phone: (760) 520-8100

🕒 After Hours Phone: (760)  
520-8100

🌐 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

**PEDIATRICS**

**STRAZICICH, KARLA**

Provider ID: 206270  
Provider Gender: Female  
License Number: A45413  
NPI: 1134154958

☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No

📍 460 N ELM ST  
ESCONDIDO, CA 92025

☎ Phone: (760) 520-8100

🕒 After Hours Phone: (760)  
520-8100

🌐 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

**PEDIATRICS**

**TELLECHEA-SANCHEZ,**

**SELMIRA**

Provider ID: 424775  
Provider Gender: Female  
License Number: G83438  
NPI: 1730288747

☐ Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

📍 426 N DATE ST  
ESCONDIDO, CA 92025

☎ Phone: (760) 690-5900

🕒 After Hours Phone: (760)  
690-5900

🌐 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\21

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

**PEDIATRICS**

**TELLECHEA-SANCHEZ,**

**SELMIRA**

Provider ID: 424775  
Provider Gender: Female  
License Number: G83438  
NPI: 1730288747

☐ Provider English Spoken: Y

Cultural Competency: N  
Board Certified Specialty: No

📍 426 N DATE ST  
ESCONDIDO, CA 92025

☎ Phone: (760) 690-5900

🕒 After Hours Phone: (760)  
690-5900

🌐 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\21

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

**PEDIATRICS**

**THIRUNAGARI, HARRSHA**

Provider ID: 419344  
Provider Gender: Female  
License Number: A64928  
NPI: 1447472212

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Hindi, Spanish,  
Telugu

Cultural Competency: N

Hospital Affiliation: EL CENTRO  
REGIONAL MEDICAL CENTER,

RIVERSIDE COMMUNITY

HOSP, Parkview Community

Hospital Medical Center

Board Certified Specialty: No

📍 1121 E WASHINGTON AVE  
ESCONDIDO, CA 92025

☎ Phone: (760) 871-0606

🕒 After Hours Phone: (760)  
871-0606

🌐 Website: N


Email:

iselaocha@borregohealth.org

Medi-Cal Open Panel: Y







Min/Max Age: 0\999

American Sign Language (ASL): SA 8:00AM-0:00PM  
N


 Accessibility: CONTACT PROVIDER  
Hours: SU 8:00AM-0:00PM  
M-F 8:00AM-8:00PM  
SA 8:00AM-0:00PM

**PEDIATRICS**

**THIRUNAGARI, HARRSHA**






Provider ID: 419344  
Provider Gender: Female  
License Number: A64928  
NPI: 1447472212  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Hindi, Spanish, Telugu  
Cultural Competency: N  
Hospital Affiliation: EL CENTRO REGIONAL MEDICAL CENTER, RIVERSIDE COMMUNITY HOSP, Parkview Community Hospital Medical Center  
Board Certified Specialty: No  
 1121 E WASHINGTON AVE ESCONDIDO, CA 92025  
 Phone: (760) 871-0606  
 After Hours Phone: (760) 871-0606  
 Website: N


Email: iselaochoa@borregohealth.org  
Medi-Cal Open Panel: Y  
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

**PEDIATRICS**



**TYGART, MELISSA**

Provider ID: 661907  
Provider Gender: Female  
NPI: 1336602507  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
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: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM


**PEDIATRICS**

**ZANDKARIMI, FARIBA**

Provider ID: 87737  
Provider Gender: Female  
NPI: 1356373674  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Farsi, Persian, Spanish  
Cultural Competency: N  
Hospital Affiliation: MERCY GENERAL HOSPITAL, RADY







CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, UCSD MEDICAL CTR

Board Certified Specialty: No  
 240 W MISSION AVE STE A ESCONDIDO, CA 92025  
 Phone: (760) 747-5400  
Fax: (760) 747-2286  
 After Hours Phone: (760) 747-5400  
 Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

**PHYSICIANS ASSISTANT**



**BAISLEY, SHAWN**

Provider ID: 588941  
Provider Gender: Male  
License Number: PA52347  
NPI: 1376936120  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 704 E GRAND AVE ESCONDIDO, CA 92025  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\120  
American Sign Language (ASL): N  
 Accessibility: CONTACT



PROVIDER

N

 Phone: (760) 737-6900  
 After Hours Phone: (760) 737-6900


 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

**PODIATRIST**

**NEGRON, RICARDO**

Provider ID: 206271

Provider Gender: Male

License Number: DPM5260

NPI: 1932548393

 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish


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: Y

Min/Max Age: 0\150

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: Y

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: Y

Min/Max Age: 0\120

American Sign Language (ASL):

**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: Y

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

**FALLBROOK**

**CERTIFIED NURSE**

**PRACTITIONER**

**KELLEHER, BRIDGET**

Provider ID: 624122  
 Provider Gender: Female  
 License Number: NP95003447  
 NPI: 1245695006  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY  
 MEDICAL CTR

Board Certified Specialty: No

 321 E ALVARADO ST  
 FALLBROOK, CA 92028  
 Phone: (760) 723-6200  
 After Hours Phone: (760)  
 723-6200  
 Website: www.vistacommunityclinic.org  
 Medi-Cal Open Panel: Y  
 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: Y  
 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: Y  
 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: Y  
 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.vistacommu-nityclinic.org](http://www.vistacommu-nityclinic.org)  
 Medi-Cal Open Panel: Y  
 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.vistacommu-nityclinic.org](http://www.vistacommu-nityclinic.org)  
 Medi-Cal Open Panel: Y  
 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.vistacommu-nityclinic.org](http://www.vistacommu-nityclinic.org)  
 Medi-Cal Open Panel: Y  
 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.vistacommu-nityclinic.org](http://www.vistacommu-nityclinic.org)  
 Medi-Cal Open Panel: Y

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  
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 ☎ After Hours Phone: (760) 723-6200







🌐 Website: [www.vistacommu-nityclinic.org](http://www.vistacommu-nityclinic.org)  
 Medi-Cal Open Panel: Y  
 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: Y  
 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: Y  
 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: Y


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: Y  
 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**ZAMPELLO, LISA**

Provider ID: 624122

Provider Gender: Female


License Number: A145924


NPI: 1477933026

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200


 After Hours Phone: (760)  
723-6200

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**ZAMPELLO, LISA**

Provider ID: 624122

Provider Gender: Female


License Number: A145924


NPI: 1477933026

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200


 After Hours Phone: (760)  
723-6200

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**ZAMPELLO, LISA**

Provider ID: 624122

Provider Gender: Female


License Number: A145924


NPI: 1477933026

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200

 After Hours Phone: (760)  
723-6200

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**ZAMPELLO, LISA**

Provider ID: 624122

Provider Gender: Female


License Number: A145924


NPI: 1477933026

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200

 After Hours Phone: (760)  
723-6200

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

**FQHC**


**FALLBROOK FAMILY HLTH  
CTR,**

Provider ID: 183910


NPI: 1982756086

 Provider English Spoken: Y  
Cultural Competency: N

 1328 S MISSION RD  
FALLBROOK, CA 92028

 Phone: (760) 451-4720

Fax: (760) 451-4700

 After Hours Phone: (760)  
451-4720


 Website: N/A

Email: [a.escobeclo@chsica.org](mailto:a.escobeclo@chsica.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-5:00PM

**FQHC**


**FALLBROOK FAMILY HLTH  
CTR,**

Provider ID: 183910

NPI: 1982756086

 Provider English Spoken: Y  
Cultural Competency: N

 1328 S MISSION RD  
FALLBROOK, CA 92028

 Phone: (760) 451-4720

Fax: (760) 451-4700


 After Hours Phone: (760)

451-4720  
 Website: N/A  
 Email: a.escobedo@chsica.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 SA 8:00AM-5:00PM


**FQHC**

**VISTA COMMUNITY CLINIC,**  
 Provider ID: 624122  
 NPI: 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER  
 Hours: M 8:00AM-4:00PM  
 TU 8:00AM-0:30PM  
 W-TH 8:00AM-5:00PM


**FQHC**

**VISTA COMMUNITY CLINIC,**  
 Provider ID: 624122  
 NPI: 1316501562

 Provider English Spoken: Y  
 Cultural Competency: N

 321 E ALVARADO ST  
 FALLBROOK, CA 92028  
 Phone: (760) 723-6200  
 After Hours Phone: (760) 723-6200  
 Website: www.vistacommunityclinic.org





Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N




 Accessibility: CONTACT PROVIDER  
 Hours: M 8:00AM-4:00PM  
 TU 8:00AM-0:30PM  
 W-TH 8:00AM-5:00PM

**FQHC**


**VISTA COMMUNITY CLINIC,**

Provider ID: 624122  
 NPI: 1316501562

 Provider English Spoken: Y  
 Cultural Competency: N

 321 E ALVARADO ST  
 FALLBROOK, CA 92028  
 Phone: (760) 723-6200  
 After Hours Phone: (760) 723-6200  
 Website: www.vistacommunityclinic.org





Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER  
 Hours: M 8:00AM-4:00PM  
 TU 8:00AM-0:30PM

W-TH 8:00AM-5:00PM

**FQHC**


**VISTA COMMUNITY CLINIC,**


Provider ID: 624122

NPI: 1649662719

 Provider English Spoken: Y  
Cultural Competency: N

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200


 After Hours Phone: (760)  
723-6200

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**PAIK, JULIANA**

Provider ID: 504522


Provider Gender: Female

NPI: 1528167087

 Provider English Spoken: Y  
Cultural Competency: N

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: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**ROBINSON, DAISY**

Provider ID: 230579

Provider Gender: Female

NPI: 1659389740

 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

 321 E ALVARADO ST  
FALLBROOK, CA 92028

 Phone: (760) 723-6200

Fax: (760) 414-3892

 After Hours Phone: (760)  
723-6200

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-4:00PM

**PEDIATRICS**

**VU, WENDY**

Provider ID: 183910

Provider Gender: Female


License Number: A169529


NPI: 1508148370

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1328 S MISSION RD  
FALLBROOK, CA 92028

 Phone: (760) 451-4770

 After Hours Phone: (760)  
451-4770

 Website: N/A

Email: [a.escobeclo@chsica.org](mailto:a.escobeclo@chsica.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT

**PROVIDER**  
Hours: M-F 8:00AM-7:30PM  
SA 8:00AM-5:00PM

**PEDIATRICS**

**VU, WENDY**

Provider ID: 183910  
Provider Gender: Female  
License Number: A169529  
NPI: 1508148370

Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

1328 S MISSION RD  
FALLBROOK, CA 92028  
 Phone: (760) 451-4770  
 After Hours Phone: (760) 451-4770

Website: N/A  
Email: a.escobedo@chsica.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-7:30PM  
SA 8:00AM-5:00PM

**IMPERIAL BEACH**

**FAMILY PRACTICE**

**JOHNSON, DANIEL**

Provider ID: 179678  
Provider Gender: Male  
License Number: 20A9393  
NPI: 1245311216

Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No  
 949 PALM AVE  
IMPERIAL BEACH, CA 91932  
 Phone: (619) 429-3733  
 After Hours Phone: (619) 429-3733

Website: www.ihpsocal.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
Hours: M-TH 8:30AM-9:00PM  
F 8:30AM-5:00PM  
SA 8:30AM-2:00PM

**FAMILY PRACTICE**

**JOHNSON, DANIEL**

Provider ID: 179678  
Provider Gender: Male  
License Number: 20A9393  
NPI: 1245311216

Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No  
 949 PALM AVE  
IMPERIAL BEACH, CA 91932  
 Phone: (619) 429-3733  
 After Hours Phone: (619) 429-3733

Website: www.ihpsocal.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
Hours: M-TH 8:30AM-9:00PM  
F 8:30AM-5:00PM  
SA 8:30AM-2:00PM

**FQHC**

**IMPERIAL BEACH HEALTH CENTER,**

Provider ID: 179678  
NPI: 1790718351  
 Provider English Spoken: Y  
Cultural Competency: N  
 949 PALM AVE  
IMPERIAL BEACH, CA 91932  
 Phone: (619) 429-3733  
Fax: (619) 628-5550

After Hours Phone: (619) 429-3733  
 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

**FQHC**

**IMPERIAL BEACH HEALTH CENTER,**

Provider ID: 179678  
NPI: 1790718351  
 Provider English Spoken: Y  
Cultural Competency: N  
 949 PALM AVE



IMPERIAL BEACH, CA 91932 NPI: 1780609990  
 Phone: (619) 429-3733  
 Fax: (619) 628-5550  
 After Hours Phone: (619) 429-3733  
 Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**


**RYAN, DANA**

Provider ID: 179678  
 Provider Gender: Female  
 License Number: A66830

 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**PEDIATRICS**

**DOKICH, SRETENKA**

Provider ID: 179678  
 Provider Gender: Female  
 License Number: A51447  
 NPI: 1154409035  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
 Board Certified Specialty: No  
 949 PALM AVE  
 IMPERIAL BEACH, CA 91932  
 Phone: (619) 429-3733  
 After Hours Phone: (619) 429-3733  
 Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**PEDIATRICS**

**DOKICH, SRETENKA**



Provider ID: 179678  
 Provider Gender: Female  
 License Number: A51447  
 NPI: 1154409035  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
 Board Certified Specialty: No  
 949 PALM AVE  
 IMPERIAL BEACH, CA 91932  
 Phone: (619) 429-3733  
 After Hours Phone: (619) 429-3733  
 Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 SA 8:00AM-0:00PM

**PEDIATRICS**


**GANDHI, SHEETAL**


Provider ID: 282029  
 Provider Gender: Female  
 NPI: 1700858859  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, SCRIPPS MEMORIAL  
 HOSPITAL

Board Certified Specialty: No  
 4150 REGENTS PARK ROW  
 STE 355

LA JOLLA, CA 92037  
 Phone: (858) 457-2043  
 Fax: (858) 457-2092

 After Hours Phone: (858)  
 457-2043


 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-5:00PM


**PEDIATRICS**

**HUNTER, WENDY**


Provider ID: 377597

Provider Gender: Female  
 NPI: 1053515551  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSF  
 BENIOFF CHILDREN'S  
 HOSPITAL OAKLAND, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO


Board Certified Specialty: No  
 7300 GIRARD AVE STE 106  
 LA JOLLA, CA 92037

 Phone: (858) 459-4351  
 Fax: (858) 459-4399

 After Hours Phone: (858)  
 459-4351

 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19



American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**


**PARSONS, GENEVIEVE**


Provider ID: 24122  
 Provider Gender: Female  
 NPI: 1699700914


 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N


Hospital Affiliation: SHARP  
 CHULA VISTA MED CTR,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, SCRIPPS MEMORIAL  
 HOSPITAL

Board Certified Specialty: No  
 7300 GIRARD AVE STE 106  
 LA JOLLA, CA 92037

 Phone: (858) 459-4351  
 Fax: (858) 459-4399

 After Hours Phone: (858)  
 459-4351


 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N


 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-5:00PM


**PEDIATRICS**

**PASTORE, SIMONE**


Provider ID: 600881  
 Provider Gender: Female  
 NPI: 1528588134


 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No

 4150 REGENTS PARK ROW  
 STE 355  
 LA JOLLA, CA 92037

 Phone: (858) 457-2043  
 Fax: (858) 457-2092







 After Hours Phone: (858)  
 457-2043

 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-5:00PM



**PEDIATRICS**

**ROBERTS, KENDALL**

Provider ID: 48933  
 Provider Gender: Male  
 NPI: 1265762033  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Board Certified Specialty: No  
 4150 REGENTS PARK ROW  
 STE 355  
 LA JOLLA, CA 92037  
 Phone: (858) 457-2043  
 Fax: (858) 457-2092  
 After Hours Phone: (858)  
 457-2043  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**


**SHAH, MEERA**






Provider ID: 145167  
 Provider Gender: Female  
 NPI: 1720300239  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, SCRIPPS MEMORIAL  
 HOSPITAL, SCRIPPS MERCY  
 HOSPITAL CHULA VISTA,  
 SHARP CHULA VISTA MED CTR  
 Board Certified Specialty: No  
 4150 REGENTS PARK ROW

STE 355  
 LA JOLLA, CA 92037  
 Phone: (858) 457-2043  
 Fax: (858) 457-2092  
 After Hours Phone: (858)  
 457-2043  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**TUNG, VIVIAN**







Provider ID: 11291  
 Provider Gender: Female  
 NPI: 1285665133  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, SCRIPPS MEMORIAL  
 HOSPITAL  
 Board Certified Specialty: No

 7300 GIRARD AVE STE 106  
 LA JOLLA, CA 92037  
 Phone: (858) 459-4351  
 Fax: (858) 459-4399  
 After Hours Phone: (858)  
 459-4351  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**LA MESA**


**CERTIFIED NURSE  
 PRACTITIONER**





**WARD, KATHERINE**

Provider ID: 480827  
 Provider Gender: Female  
 License Number: NP95017921  
 NPI: 1477223576  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 8881 FLETCHER PKWY STE  
 200  
 LA MESA, CA 91942  
 Phone: (616) 464-6434  
 After Hours Phone: (616)  
 464-6434  
 Website: N/A  
 Email:  
 iselaochoa@borregohealth.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\21  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**CERTIFIED NURSE  
 PRACTITIONER**

**WARD, KATHERINE**

Provider ID: 480827  
 Provider Gender: Female  
 License Number: NP95017921  
 NPI: 1477223576  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 8881 FLETCHER PKWY STE  
 200  
 LA MESA, CA 91942

 Phone: (616) 464-6434  
 After Hours Phone: (616) 464-6434  
 Website: N/A  
 Email:  
 iselaochoa@borregohealth.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\21  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**FQHC**

**LA MESA PEDIATRICS,**

Provider ID: 480827

NPI: 1033759311

 Provider English Spoken: Y  
 Cultural Competency: N

 8881 FLETCHER PKWY STE 200  
 LA MESA, CA 91942

 Phone: (619) 464-6434

Fax: (619) 464-5109

 After Hours Phone: (619) 464-6434

 Website: N/A

Email:

iselaochoa@borregohealth.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\21

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

**FQHC**

**LA MESA PEDIATRICS,**

Provider ID: 480827


NPI: 1033759311


 Provider English Spoken: Y  
 Cultural Competency: N

 8881 FLETCHER PKWY STE 200  
 LA MESA, CA 91942

 Phone: (619) 464-6434

Fax: (619) 464-5109

 After Hours Phone: (619) 464-6434

 Website: N/A

Email:

iselaochoa@borregohealth.org

Medi-Cal Open Panel: Y

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

Email:

iselaochoa@borregohealth.org

Medi-Cal Open Panel: Y

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

Email:

iselaochoa@borregohealth.org

Medi-Cal Open Panel: Y

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  
 Email:  
 iselaochoa@borregohealth.org  
 Medi-Cal Open Panel: Y  
 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  
 Email:  
 iselaochoa@borregohealth.org  
 Medi-Cal Open Panel: Y

Min/Max Age: 0\21  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**PEDIATRICS**

**ALSHEIKH, HUDA**

Provider ID: 480827  
 Provider Gender: Female  
 License Number: C133872  
 NPI: 1487746855  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Arabic  
 Cultural Competency: N  
 Board Certified Specialty: No  
 8881 FLETCHER PKWY STE  
 200  
 LA MESA, CA 91942  
 Phone: (619) 464-6434  
 After Hours Phone: (619)  
 464-6434  
 Website: N/A  
 Email:  
 iselaochoa@borregohealth.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\21  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Arabic  
 Cultural Competency: N  
 Board Certified Specialty: No  
 8881 FLETCHER PKWY STE  
 200  
 LA MESA, CA 91942  
 Phone: (619) 464-6434  
 After Hours Phone: (619)  
 464-6434  
 Website: N/A  
 Email:  
 iselaochoa@borregohealth.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\21  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**PEDIATRICS**

**ALSHEIKH, HUDA**

Provider ID: 480827  
 Provider Gender: Female  
 License Number: C133872  
 NPI: 1487746855  
 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Arabic  
 Cultural Competency: N  
 Board Certified Specialty: No  
 8881 FLETCHER PKWY STE  
 200  
 LA MESA, CA 91942  
 Phone: (619) 464-6434  
 After Hours Phone: (619)  
 464-6434  
 Website: N/A  
 Email:  
 iselaochoa@borregohealth.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\21  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**PEDIATRICS**






**ALSHEIKH, HUDA**

Provider ID: 451191  
 Provider Gender: Female  
 NPI: 1487746855  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Arabic  
 Cultural Competency: N  
 Board Certified Specialty: No  
 8881 FLETCHER PKWY STE  
 205  
 LA MESA, CA 91942  
 Phone: (619) 464-6434  
 Fax: (619) 464-5109  
 After Hours Phone: (619)  
 464-6434  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT

**PROVIDER**  
Hours: M-TU 7:30AM-6:00PM  
W-F 7:30AM-6:30PM  
SA 8:30AM-5:00PM

**PEDIATRICS**

**ALSHEIKH, HUDA**

Provider ID: 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: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-TU 7:30AM-6:00PM  
W-F 7:30AM-6:30PM  
SA 8:30AM-5:00PM


**PEDIATRICS**

**CLAY, CORRIE**

Provider ID: 536652  
Provider Gender: Female  
NPI: 1437207750  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY



CHILDRENS HOSPITAL SAN  
DIEGO, GROSSMONT  
HOSPITAL, SHARP MARY  
BIRCH HOSP FOR WOMEN  
AND NEWBORNS


Board Certified Specialty: No

 8881 FLETCHER PKWY STE  
200  
LA MESA, CA 91942  
 Phone: (619) 464-6434  
Fax: (619) 464-5109  
 After Hours Phone: (619)  
464-6434  
 Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-6:00PM  
SA 11:30AM-3:30PM

**PEDIATRICS**






**EMPIE, KRISTEN**

Provider ID: 648986  
Provider Gender: Female  
NPI: 1093343105  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 8881 FLETCHER PKWY STE  
200  
LA MESA, CA 91942  
 Phone: (619) 464-6434  
Fax: (619) 464-5109  
 After Hours Phone: (619)  
464-6434  
 Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-6:00PM  
SA 11:30AM-3:30PM

**PEDIATRICS**

**EMPIE, KRISTEN**

Provider ID: 648987  
Provider Gender: Female  
NPI: 1093343105  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 8881 FLETCHER PKWY STE  
205  
LA MESA, CA 91942  
 Phone: (619) 464-6434  
Fax: (619) 464-5109  
 After Hours Phone: (619)  
464-6434  
 Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-6:00PM  
SA 11:30AM-3:30PM

**PEDIATRICS**

**GIANFORTUNE, RACHEL**

Provider ID: 433091  
Provider Gender: Female  
NPI: 1912193301  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO, SHARP MEMORIAL HOSPITAL, GROSSMONT HOSPITAL

Board Certified Specialty: No

8881 FLETCHER PKWY STE 200

LA MESA, CA 91942

Phone: (619) 464-6434

Fax: (619) 464-5109

After Hours Phone: (619) 464-6434

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**GIANFORTUNE, RACHEL**

Provider ID: 450501

Provider Gender: Female

NPI: 1912193301

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO, SHARP MEMORIAL HOSPITAL, GROSSMONT HOSPITAL

Board Certified Specialty: No

8881 FLETCHER PKWY STE 205

LA MESA, CA 91942

Phone: (619) 464-6434

After Hours Phone: (619) 464-6434

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**IMUS, PAUL**

Provider ID: 239590

Provider Gender: Male

NPI: 1104116680

Provider English Spoken: Y Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO, SHARP MARY BIRCH 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: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 9:00AM-5:00PM

**PEDIATRICS**

**MOFFATT, KYRRA**

Provider ID: 275099

Provider Gender: Female

NPI: 1194922419

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO, GROSSMONT HOSPITAL, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS

Board Certified Specialty: No

8881 FLETCHER PKWY STE 200

LA MESA, CA 91942

Phone: (619) 401-0404

Fax: (619) 401-0522

After Hours Phone: (619) 401-0404

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**MOLINOS, NICOLE**

Provider ID: 538098

Provider Gender: Female





NPI: 1538685524

Provider English Spoken: Y Cultural Competency: N

Board Certified Specialty: No

6942 UNIVERSITY AVE STE A


LA MESA, CA 91942

 Phone: (619) 698-2184  
 Fax: (619) 698-2084  
 After Hours Phone: (619) 698-2184  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 9:00AM-5:00PM

**PEDIATRICS**



**RONQUILLO, RINA**

Provider ID: 377359  
 Provider Gender: Female  
 NPI: 1407047749  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish, Tagalog  
 Cultural Competency: N  
 Hospital Affiliation:  
 GROSSMONT HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, SHARP MEMORIAL HOSPITAL  
 Board Certified Specialty: No  
 8881 FLETCHER PKWY STE 200  
 LA MESA, CA 91942  
 Phone: (619) 464-6434  
 Fax: (619) 464-5109  
 After Hours Phone: (619) 464-6434  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):



N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 9:00AM-5:00PM


**PEDIATRICS**

**SHORT, RICHARD**

Provider ID: 60736  
 Provider Gender: Male  
 NPI: 1568552727  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation:  
 GROSSMONT HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP MARY BIRCH HOSP FOR WOMEN AND 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: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-6:00PM  
 SA 11:30AM-3:30PM

**PEDIATRICS**






**WARD, KATHERINE**

Provider ID: 613887


Provider Gender: Female  
 NPI: 1477223576  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 8881 FLETCHER PKWY STE 205  
 LA MESA, CA 91942  
 Phone: (619) 464-6434  
 Fax: (619) 464-5109  
 After Hours Phone: (619) 464-6434  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-6:00PM  
 SA 11:30AM-3:30PM




**PEDIATRICS**

**WARD, KATHERINE**

Provider ID: 613881  
 Provider Gender: Female  
 NPI: 1477223576  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 8881 FLETCHER PKWY STE 200  
 LA MESA, CA 91942  
 Phone: (619) 464-6434  
 Fax: (619) 464-5109  
 After Hours Phone: (619) 464-6434  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 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

 **Phone:** (858) 218-3000  
 **After Hours Phone:** (858) 218-3000  
 **Website:** www.ihpsocal.org  
**Medi-Cal Open Panel:** Y  
**Min/Max Age:** 0\150  
**American Sign Language (ASL):** N


 **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:** Y  
**Min/Max Age:** 0\150  
**American Sign Language (ASL):** N


**LAKESIDE**



**CHIROPRACTOR**


**PAGE, BIANCA**

**Provider ID:** 353843  
**Provider Gender:** Female  
**License Number:** DC33688  
**NPI:** 1649787607


 **Provider English Spoken:** Y  
**Cultural Competency:** N  
**Board Certified Specialty:** No

 10039 VINE ST  
 LAKESIDE, CA 92040

 **Phone:** (858) 218-3000  
 **After Hours Phone:** (858) 218-3000

 **Website:** www.ihpsocal.org  
**Medi-Cal Open Panel:** Y  
**Min/Max Age:** 0\150

**American Sign Language (ASL):** N


 **Accessibility:** CONTACT PROVIDER

**Hours:** M-F 8:00AM-5:00PM


**CHIROPRACTOR**

**PAGE, BIANCA**

**Provider ID:** 353843  
**Provider Gender:** Female  
**License Number:** DC33688  
**NPI:** 1649787607

 **Provider English Spoken:** Y  
**Cultural Competency:** N  
**Board Certified Specialty:** No


 10039 VINE ST  
 LAKESIDE, CA 92040

 **Accessibility:** CONTACT PROVIDER  
**Hours:** M-F 8:00AM-5:00PM



**FAMILY PRACTICE**


**FERRAILOLO, NATALIE**

**Provider ID:** 353843  
**Provider Gender:** Female  
**License Number:** A152372  
**NPI:** 1306290143

 **Provider English Spoken:** Y  
**Cultural Competency:** N  
**Board Certified Specialty:** No

 10039 VINE ST  
 LAKESIDE, CA 92040

 **Phone:** (858) 218-3000  
 **After Hours Phone:** (858) 218-3000

 **Website:** www.ihpsocal.org  
**Medi-Cal Open Panel:** Y  
**Min/Max Age:** 0\150

**American Sign Language (ASL):** N


 **Accessibility:** CONTACT PROVIDER

**Hours:** M-F 8:00AM-5:00PM

**FAMILY PRACTICE**

**FERRAILOLO, NATALIE**

**Provider ID:** 353843  
**Provider Gender:** Female  
**License Number:** A152372  
**NPI:** 1306290143

 **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:** Y  
**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: Y  
 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: Y  
 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**PREVENTATIVE MEDICINE**  
**GENERAL**

**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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**PREVENTATIVE MEDICINE**  
**GENERAL**

**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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**LEMON GROVE**

**CERTIFIED NURSE**  
**PRACTITIONER**

**ALLEN, KATHERINE**

Provider ID: 419139  
 Provider Gender: Female  
 License Number: NP95009933  
 NPI: 1831557024

Provider English Spoken: Y  
 Cultural Competency: N

Board Certified Specialty: No

7592 BROADWAY  
 LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)  
 515-2550

Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
 PROVIDER

Hours: M-F 9:00AM-5:00PM

**CERTIFIED NURSE**

**PRACTITIONER**

**ALLEN, KATHERINE**

Provider ID: 419139  
 Provider Gender: Female  
 License Number: NP95009933  
 NPI: 1831557024

Provider English Spoken: Y  
 Cultural Competency: N

Board Certified Specialty: No

7592 BROADWAY  
 LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)  
 515-2550

Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
 PROVIDER

Hours: M-F 9:00AM-5:00PM

**CERTIFIED NURSE**

**PRACTITIONER**

**ARVIZU, PALOMA**

Provider ID: 419139

Provider Gender: Female

License Number: NP95008782

NPI: 1689139396

Provider English Spoken: Y

Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

7592 BROADWAY  
 LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)  
 515-2550

Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
 PROVIDER

Hours: M-F 9:00AM-5:00PM

**CERTIFIED NURSE**

**PRACTITIONER**

**ARVIZU, PALOMA**

Provider ID: 419139

Provider Gender: Female

License Number: NP95008782

NPI: 1689139396

Provider English Spoken: Y

Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

7592 BROADWAY  
 LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)  
 515-2550

Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
 PROVIDER

Hours: M-F 9:00AM-5:00PM

**CERTIFIED NURSE**

**PRACTITIONER**

**SMITH, SHARON**

Provider ID: 419139

Provider Gender: Female

License Number: RN428876

NPI: 1780603597

Provider English Spoken: Y

Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

7592 BROADWAY  
 LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)  
 515-2550


Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N  
 *Accessibility: CONTACT PROVIDER*


**CERTIFIED NURSE**


**PRACTITIONER**

**SMITH, SHARON**

*Provider ID: 419139*  
*Provider Gender: Female*  
*License Number: NP15444*  
*NPI: 1780603597*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 7592 BROADWAY  
 LEMON GROVE, CA 91945  
 *Phone: (619) 515-2550*  
 *After Hours Phone: (619) 515-2550*

 *Website: N/A*  
*Email: valeriade@fhcsd.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*




**CERTIFIED NURSE**


**PRACTITIONER**

**SMITH, SHARON**

*Provider ID: 419139*  
*Provider Gender: Female*  
*License Number: NP15444*  
*NPI: 1780603597*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 7592 BROADWAY  
 LEMON GROVE, CA 91945  
 *Phone: (619) 515-2550*  
 *After Hours Phone: (619) 515-2550*

 *Website: N/A*  
*Email: valeriade@fhcsd.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*

**CERTIFIED NURSE**


**PRACTITIONER**

**SMITH, SHARON**

*Provider ID: 419139*  
*Provider Gender: Female*  
*License Number: RN428876*  
*NPI: 1780603597*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 7592 BROADWAY  
 LEMON GROVE, CA 91945  
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 *Website: N/A*  
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*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*

**CERTIFIED NURSE**




**PRACTITIONER**


**TOTH, JESSICA**

*Provider ID: 419139*  
*Provider Gender: Female*  
*License Number: NP95001050*  
*NPI: 1578993788*

*Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 7592 BROADWAY  
 LEMON GROVE, CA 91945  
 *Phone: (619) 515-2550*  
 *After Hours Phone: (619) 515-2550*

 *Website: N/A*  
*Email: valeriade@fhcsd.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*

**CERTIFIED NURSE**




**PRACTITIONER**


**TOTH, JESSICA**

*Provider ID: 419139*  
*Provider Gender: Female*  
*License Number: NP95001050*  
*NPI: 1578993788*

*Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*


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 *Website: N/A*  
*Email: valeriade@fhcsd.org*

*Medi-Cal Open Panel: Y*

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE PRACTITIONER**

**WILLIAMS, TAKISHA**

Provider ID: 419139

Provider Gender: Female

License Number: NP95013978

NPI: 1881727386


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 7592 BROADWAY  
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)  
515-2550


 Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE PRACTITIONER**


**WILLIAMS, TAKISHA**


Provider ID: 419139

Provider Gender: Female

License Number: NP95013978

NPI: 1881727386

 Provider English Spoken: Y


 Provider Language(s)


Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 7592 BROADWAY  
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Medi-Cal Open Panel: Y

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

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 Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 9:00AM-5:00PM

**FAMILY PRACTICE**

**DORN, TIA**

Provider ID: 419139

Provider Gender: Female

License Number: C172318


NPI: 1285074740


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 7592 BROADWAY  
LEMON GROVE, CA 91945

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Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 9:00AM-5:00PM

**FAMILY PRACTICE**

**KIM, YUHEE**

Provider ID: 419139

Provider Gender: Female

License Number: A107323

NPI: 1629289400

 Provider English Spoken: Y


 Provider Language(s)


Spoken: Korean

Cultural Competency: N

Board Certified Specialty: No

 7592 BROADWAY  
LEMON GROVE, CA 91945


 Phone: (619) 515-2550

 After Hours Phone: (619)  
515-2550

 Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)



Medi-Cal Open Panel: Y

Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER


**FAMILY PRACTICE**


**KIM, YUHEE**

Provider ID: 419139  
 Provider Gender: Female  
 License Number: A107323  
 NPI: 1629289400


 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Korean

Cultural Competency: N  
 Board Certified Specialty: No

 7592 BROADWAY  
 LEMON GROVE, CA 91945  
 Phone: (619) 515-2550  
 After Hours Phone: (619)  
 515-2550

 Website: N/A  
 Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

**FQHC**

**LEMON GROVE FAMILY**


**HEALTH CENTER,**


Provider ID: 419139

NPI: 1427282466

 Provider English Spoken: Y  
 Cultural Competency: N

 7592 BROADWAY  
 LEMON GROVE, CA 91945  
 Phone: (619) 515-2550  
 Fax: (619) 825-9577

 After Hours Phone: (619)  
 515-2550

 Website: N/A  
 Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

Hours: M-F 9:00AM-5:00PM

**FQHC**

**LEMON GROVE FAMILY**

**HEALTH CENTER,**

Provider ID: 419139

NPI: 1427282466

 Provider English Spoken: Y  
 Cultural Competency: N

 7592 BROADWAY  
 LEMON GROVE, CA 91945  
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 Fax: (619) 825-9577

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Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

Hours: M-F 9:00AM-5:00PM

**INTERNAL MEDICINE**

**GALLARES, DANIEL**

Provider ID: 419139

Provider Gender: Male


License Number: A165925

NPI: 1245689488

 Provider English Spoken: Y  
 Cultural Competency: N

Board Certified Specialty: No

 7592 BROADWAY  
 LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)  
 515-2550

 Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**

**GALLARES, DANIEL**

Provider ID: 419139

Provider Gender: Male


License Number: A165925


NPI: 1245689488

 Provider English Spoken: Y  
 Cultural Competency: N

Board Certified Specialty: No

 7592 BROADWAY  
 LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)  
 515-2550


 Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

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](mailto:valeriade@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 9:00AM-5:00PM

**INTERNAL MEDICINE**

**MAHDAI, SUZAN**

Provider ID: 419139  
 Provider Gender: Female  
 License Number: A154838  
 NPI: 1598015679  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 7592 BROADWAY  
 LEMON GROVE, CA 91945  
 Phone: (619) 515-2550  
 After Hours Phone: (619) 515-2550  
 Website: N/A  
 Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 9:00AM-5:00PM

**OBSTETRICS / GYNECOLOGY**

**ALIMONOS, LYSISTRATI**

Provider ID: 419139  
 Provider Gender: Female  
 License Number: 20A14919  
 NPI: 1619397031  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL  
 Board Certified Specialty: No  
 7592 BROADWAY  
 LEMON GROVE, CA 91945  
 Phone: (619) 515-2500  
 After Hours Phone: (619) 515-2500  
 Website: N/A  
 Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**

**BUECHNER, CHARLENE**

Provider ID: 419139  
 Provider Gender: Female  
 License Number: A68463  
 NPI: 1376663831  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL  
 CHULA VISTA, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS  
 Board Certified Specialty: No  
 7592 BROADWAY

**OBSTETRICS / GYNECOLOGY**

**ALIMONOS, LYSISTRATI**


Provider ID: 419139  
 Provider Gender: Female  
 License Number: 20A14919  
 NPI: 1619397031  
 Provider English Spoken: Y

Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL  
 Board Certified Specialty: No  
 7592 BROADWAY  
 LEMON GROVE, CA 91945  
 Phone: (619) 515-2500  
 After Hours Phone: (619) 515-2500  
 Website: N/A  
 Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**

**BUECHNER, CHARLENE**

Provider ID: 419139  
 Provider Gender: Female  
 License Number: A68463  
 NPI: 1376663831  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL  
 CHULA VISTA, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS  
 Board Certified Specialty: No  
 7592 BROADWAY

LEMON GROVE, CA 91945  
 Phone: (619) 515-2550  
 After Hours Phone: (619) 515-2550  
 Website: N/A  
 Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**






**BUECHNER, CHARLENE**






Provider ID: 419139  
 Provider Gender: Female  
 License Number: A68463  
 NPI: 1376663831  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 MEMORIAL HOSPITAL,  
 SCRIPPS MERCY HOSPITAL,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA, SHARP MARY  
 BIRCH HOSP FOR WOMEN  
 AND NEWBORNS  
 Board Certified Specialty: No  
 7592 BROADWAY  
 LEMON GROVE, CA 91945  
 Phone: (619) 515-2550  
 After Hours Phone: (619) 515-2550  
 Website: N/A  
 Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**


**CARTER, KHALIL**

Provider ID: 419139  
 Provider Gender: Male  
 License Number: A113001  
 NPI: 1225231582  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL,  
 GROSSMONT HOSPITAL, TRI  
 CITY MEDICAL CTR  
 Board Certified Specialty: No  
 7592 BROADWAY  
 LEMON GROVE, CA 91945  
 Phone: (619) 515-2550  
 After Hours Phone: (619) 515-2550  
 Website: N/A  
 Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM  
**OBSTETRICS / GYNECOLOGY**  
**CARTER, KHALIL**  
 Provider ID: 419139  
 Provider Gender: Male  
 License Number: A113001  
 NPI: 1225231582  
 Provider English Spoken: Y





Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL,  
 GROSSMONT HOSPITAL, TRI  
 CITY MEDICAL CTR  
 Board Certified Specialty: No  
 7592 BROADWAY  
 LEMON GROVE, CA 91945  
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 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**

**CERVANTES, SANDRA**



Provider ID: 419139  
 Provider Gender: Female  
 License Number: A118095  
 NPI: 1073701041  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, SHARP  
 CORONADO HOSP AND  
 HEALTHCARE CTR,  
 GROSSMONT HOSPITAL  
 Board Certified Specialty: No  
 7592 BROADWAY  
 LEMON GROVE, CA 91945





 Phone: (619) 515-2550  
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 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**



**CERVANTES, SANDRA**

Provider ID: 419139  
 Provider Gender: Female  
 License Number: A118095  
 NPI: 1073701041  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, GROSSMONT HOSPITAL  
 Board Certified Specialty: No





 7592 BROADWAY LEMON GROVE, CA 91945  
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 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER


**OBSTETRICS / GYNECOLOGY**

**CHAKRABARTI, PRIYA**

Provider ID: 419139  
 Provider Gender: Female  
 License Number: A163464  
 NPI: 1326531401  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N



Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital  
 Board Certified Specialty: No

 7592 BROADWAY LEMON GROVE, CA 91945  
 Phone: (619) 515-2550  
 After Hours Phone: (619) 515-2550  
 Website: N/A  
 Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150

American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 9:00AM-5:00PM

**OBSTETRICS / GYNECOLOGY**



**CHAKRABARTI, PRIYA**

Provider ID: 419139  
 Provider Gender: Female  
 License Number: A163464  
 NPI: 1326531401  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N

Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp


Grossmont Hospital




Board Certified Specialty: No  
 7592 BROADWAY LEMON GROVE, CA 91945  
 Phone: (619) 515-2550  
 After Hours Phone: (619) 515-2550



 Website: N/A  
 Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 9:00AM-5:00PM

**OBSTETRICS / GYNECOLOGY**

**DE MIK, TRAVIS**

Provider ID: 419139  
 Provider Gender: Male  
 License Number: A108228  
 NPI: 1629277322  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No

 7592 BROADWAY LEMON GROVE, CA 91945  
 Phone: (619) 515-2550  
 After Hours Phone: (619) 515-2550

 Website: N/A  
 Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**

**DE MIK, TRAVIS**

Provider ID: 419139  
 Provider Gender: Male  
 License Number: A108228  
 NPI: 1629277322  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 7592 BROADWAY  
 LEMON GROVE, CA 91945  
 Phone: (619) 515-2550  
 After Hours Phone: (619) 515-2550  
 Website: N/A  
 Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**

**DORUELO, ASHLEY**  
 Provider ID: 419139  
 Provider Gender: Female  
 License Number: A178499  
 NPI: 1033613732  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital  
 Board Certified Specialty: No  
 7592 BROADWAY  
 LEMON GROVE, CA 91945  
 Phone: (619) 515-2550  
 After Hours Phone: (619) 515-2550  
 Website: N/A  
 Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**

**DORUELO, ASHLEY**  
 Provider ID: 419139  
 Provider Gender: Female  
 License Number: A178499  
 NPI: 1033613732  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital  
 Board Certified Specialty: No  
 7592 BROADWAY  
 LEMON GROVE, CA 91945  
 Phone: (619) 515-2550  
 After Hours Phone: (619) 515-2550  
 Website: N/A  
 Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**

**FOLCH TORRES-AGUIAR, BEATRIZ**  
 Provider ID: 419139  
 Provider Gender: Female  
 License Number: A148014

NPI: 1457794752  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish, Yue Chinese  
 Cultural Competency: N  
 Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital, SCRIPPS MERCY HOSPITAL CHULA VISTA  
 Board Certified Specialty: No  
 7592 BROADWAY  
 LEMON GROVE, CA 91945  
 Phone: (619) 515-2550  
 After Hours Phone: (619) 515-2550  
 Website: N/A  
 Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**

**FOLCH TORRES-AGUIAR, BEATRIZ**  
 Provider ID: 419139  
 Provider Gender: Female  
 License Number: A148014  
 NPI: 1457794752  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish, Yue Chinese  
 Cultural Competency: N  
 Hospital Affiliation: GROSSMONT HOSPITAL,

SCRIPPS MERCY HOSPITAL,  
Sharp Grossmont Hospital,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

7592 BROADWAY  
LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)  
515-2550

Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

**OBSTETRICS / GYNECOLOGY**

**HANLEY, LAUREN**

Provider ID: 419139

Provider Gender: Female

License Number: C174771

NPI: 1053392035

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

7592 BROADWAY  
LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)  
515-2550

Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9:00AM-5:00PM

**OBSTETRICS / GYNECOLOGY**

**HANLEY, LAUREN**

Provider ID: 419139

Provider Gender: Female

License Number: C174771

NPI: 1053392035

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

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Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9:00AM-5:00PM

**OBSTETRICS / GYNECOLOGY**

**LIPSCHITZ, LISA**

Provider ID: 419139

Provider Gender: Female

License Number: A72005

NPI: 1649208711

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP  
CORONADO HOSP AND

HEALTHCARE CTR, SCRIPPS  
MERCY HOSPITAL,

GROSSMONT HOSPITAL

Board Certified Specialty: No

7592 BROADWAY  
LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)  
515-2550

Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

**OBSTETRICS / GYNECOLOGY**

**LIPSCHITZ, LISA**

Provider ID: 419139

Provider Gender: Female

License Number: A72005

NPI: 1649208711

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP  
CORONADO HOSP AND

HEALTHCARE CTR, SCRIPPS  
MERCY HOSPITAL,

GROSSMONT HOSPITAL







Board Certified Specialty: No

7592 BROADWAY

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 Medi-Cal Open Panel: Y  
 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](mailto:valeriade@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER



**OBSTETRICS / GYNECOLOGY**

**LOEFFLER, ALLISON**

Provider ID: 419139  
 Provider Gender: Female  
 License Number: A116680  
 NPI: 1700073962  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA  
 Board Certified Specialty: No  
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 Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 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](mailto:valeriade@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 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  
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 After Hours Phone: (619) 515-2550  
 Website: N/A  
 Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)  
 Medi-Cal Open Panel: Y

Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**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](mailto:valeriade@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 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  
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Website: N/A  
 Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 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](mailto:valeriade@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
 Hours: M-F 9:00AM-5:00PM

**OBSTETRICS / GYNECOLOGY**

**SAPRA, SONIA**

Provider ID: 419139  
 Provider Gender: Female  
 License Number: A164859  
 NPI: 1952751711

Provider English Spoken: Y  
 Provider Language(s) Spoken: Hindi

Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

7592 BROADWAY  
 LEMON GROVE, CA 91945  
 Phone: (619) 515-2550  
 After Hours Phone: (619) 515-2550

Website: N/A  
 Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
 Hours: M-F 9:00AM-5:00PM

**OBSTETRICS / GYNECOLOGY**

**STABEN, REBECCA**

Provider ID: 419139

Provider Gender: Female

License Number: 20A13958

NPI: 1932269198

Provider English Spoken: Y


Cultural Competency: N


Hospital Affiliation: Sharp


Grossmont Hospital

Board Certified Specialty: No

 7592 BROADWAY  
LEMON GROVE, CA 91945

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 After Hours Phone: (619)  
515-2550

 Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 9:00AM-5:00PM

**OBSTETRICS / GYNECOLOGY**

**STABEN, REBECCA**

Provider ID: 419139

Provider Gender: Female

License Number: 20A13958

NPI: 1932269198

Provider English Spoken: Y


Cultural Competency: N

Hospital Affiliation: Sharp

Grossmont Hospital


Board Certified Specialty: No

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LEMON GROVE, CA 91945

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 Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 9:00AM-5:00PM

**OBSTETRICS / GYNECOLOGY**

**WINESBURG, JENNIFER**

Provider ID: 419139

Provider Gender: Female

License Number: 20A11535

NPI: 1811162456

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

CORONADO HOSP AND


HEALTHCARE CTR,


GROSSMONT HOSPITAL,

DESERT REGIONAL MED CTR

Board Certified Specialty: No

 7592 BROADWAY  
LEMON GROVE, CA 91945

 Phone: (619) 515-2500

 After Hours Phone: (619)  
515-2500

 Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**

**WINESBURG, JENNIFER**

Provider ID: 419139

Provider Gender: Female

License Number: 20A11535

NPI: 1811162456

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

CORONADO HOSP AND


HEALTHCARE CTR,


GROSSMONT HOSPITAL,


DESERT REGIONAL MED CTR

Board Certified Specialty: No

 7592 BROADWAY  
LEMON GROVE, CA 91945

 Phone: (619) 515-2500

 After Hours Phone: (619)  
515-2500

 Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**

**ZIEG, ALAN**

Provider ID: 419139

Provider Gender: Male




License Number: G78814

NPI: 1699790634

Provider English Spoken: Y

*Cultural Competency: N*  
*Hospital Affiliation:*  
 GROSSMONT HOSPITAL,  
 SCRIPPS MERCY HOSPITAL,  
 SHARP CORONADO HOSP  
 AND HEALTHCARE CTR,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA

*Board Certified Specialty: No*

 7592 BROADWAY  
 LEMON GROVE, CA 91945  
 Phone: (619) 515-2500  
 After Hours Phone: (619)  
 515-2500


 Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

Hours: M-F 8:00AM-5:00PM

**OBSTETRICS / GYNECOLOGY**


**ZIEG, ALAN**

Provider ID: 419139

Provider Gender: Male

License Number: G78814

NPI: 1699790634


 Provider English Spoken: Y

Cultural Competency: N

*Hospital Affiliation:*

GROSSMONT HOSPITAL,  
 SCRIPPS MERCY HOSPITAL,  
 SHARP CORONADO HOSP  
 AND HEALTHCARE CTR,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA

*Board Certified Specialty: No*

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Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**


**JACKSON, DANA**


Provider ID: 419139

Provider Gender: Female

License Number: 20A14119

NPI: 1689060063

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Portuguese,  
 Spanish


Cultural Competency: N

*Hospital Affiliation:*

MARINHEALTH AND  
 MARINHEALTH MEDICAL  
 CENTER, SCRIPPS MERCY  
 HOSPITAL

*Board Certified Specialty: No*

 7592 BROADWAY  
 LEMON GROVE, CA 91945  
 Phone: (619) 515-2550  
 After Hours Phone: (619)  
 515-2550

 Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

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](mailto:valeriade@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

**PEDIATRICS**






**SLEIMAN, JOSEPH**

Provider ID: 419139

Provider Gender: Male

License Number: A102060


NPI: 1093976748

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Arabic, French,  
 Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL  
 Board Certified Specialty: No  
 7592 BROADWAY  
 LEMON GROVE, CA 91945  
 Phone: (619) 515-2550  
 After Hours Phone: (619)  
 515-2550  
 Website: N/A  
 Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**PEDIATRICS**


**SLEIMAN, JOSEPH**






Provider ID: 419139  
 Provider Gender: Male  
 License Number: A102060  
 NPI: 1093976748  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Arabic, French,  
 Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL  
 Board Certified Specialty: No  
 7592 BROADWAY  
 LEMON GROVE, CA 91945  
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 Website: N/A

Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 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  
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 After Hours Phone: (619)  
 515-2550  
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 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**PHYSICIANS ASSISTANT**







**FLEMING, DAVID**

Provider ID: 419139  
 Provider Gender: Male  
 License Number: PA12416  
 NPI: 1932329505  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 7592 BROADWAY

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 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**PHYSICIANS ASSISTANT**

**GODDARD, SHANNON**

Provider ID: 419139  
 Provider Gender: Female  
 License Number: PA56072  
 NPI: 1780961417  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 7592 BROADWAY  
 LEMON GROVE, CA 91945  
 Phone: (619) 515-2550  
 After Hours Phone: (619)  
 515-2550  
 Website: N/A  
 Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**PHYSICIANS ASSISTANT**

**GODDARD, SHANNON**

Provider ID: 419139  
 Provider Gender: Female  
 License Number: PA56072



NPI: 1780961417  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 7592 BROADWAY  
 LEMON GROVE, CA 91945  
 Phone: (619) 515-2550  
 After Hours Phone: (619) 515-2550  
 Website: N/A  
 Email: [valeriade@fhcsd.org](mailto:valeriade@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

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

Provider Language(s) Spoken: Tagalog  
 Cultural Competency: N  
 Board Certified Specialty: No  
 2101 GRANGER AVE  
 NATIONAL CITY, CA 91950  
 Phone: (844) 200-2426  
 After Hours Phone: (844) 200-2426  
 Website: [www.operationsamahan.org](http://www.operationsamahan.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**NATIONAL CITY**

**CERTIFIED NURSE PRACTITIONER AQUINO, FELINO**

Provider ID: 417102  
 Provider Gender: Male  
 License Number: NP22974  
 NPI: 1356684781  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Tagalog  
 Cultural Competency: N  
 Board Certified Specialty: No  
 2743 HIGHLAND AVE  
 NATIONAL CITY, CA 91950  
 Phone: (844) 200-2426  
 After Hours Phone: (844) 200-2426  
 Website: [www.operationsamahan.org](http://www.operationsamahan.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):


2101 GRANGER AVE  
 NATIONAL CITY, CA 91950  
 Phone: (844) 200-2426  
 After Hours Phone: (844) 200-2426  
 Website: [www.operationsamahan.org](http://www.operationsamahan.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**CERTIFIED NURSE PRACTITIONER**

**AQUINO, FELINO**  
 Provider ID: 418302  
 Provider Gender: Male  
 License Number: NP22974  
 NPI: 1356684781  
 Provider English Spoken: Y

**CERTIFIED NURSE PRACTITIONER AQUINO, FELINO**


Provider ID: 417102  
 Provider Gender: Male  
 License Number: NP22974  
 NPI: 1356684781  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Tagalog  
 Cultural Competency: N  
 Board Certified Specialty: No  
 2743 HIGHLAND AVE  
 NATIONAL CITY, CA 91950  
 Phone: (844) 200-2426  
 After Hours Phone: (844) 200-2426  
 Website: [www.operationsamahan.org](http://www.operationsamahan.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*  
*Hours: M-TH 8:00AM-6:00PM*  
*F 8:00AM-5:00PM*

**CERTIFIED NURSE PRACTITIONER**

**DHARKAR SURBER, SAPNA**

*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: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*

**CERTIFIED NURSE PRACTITIONER**

**DHARKAR SURBER, SAPNA**


*Provider ID: 185270*  
*Provider Gender: Female*

*License Number: NP95013257*  
*NPI: 1538707765*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL*


*Board Certified Specialty: No*

 217 HIGHLAND AVE  
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 *Phone: (619) 434-7308*

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 *Website: www.lamaestra.org*

*Email: aschmaltz@lamaestra.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*



*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

**CERTIFIED NURSE PRACTITIONER**


**LIM, IMELDA**

*Provider ID: 418302*  
*Provider Gender: Female*  
*License Number: NP95000203*  
*NPI: 1093130395*


 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Tagalog*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 2101 GRANGER AVE  
 NATIONAL CITY, CA 91950

 *Phone: (844) 200-2426*


 *After Hours Phone: (844) 200-2426*

 *Website: www.operationsamahan.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:00PM*

**CERTIFIED NURSE PRACTITIONER**

**LIM, IMELDA**

*Provider ID: 418302*  
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*License Number: NP95000203*  
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 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Tagalog*


*Cultural Competency: N*

*Board Certified Specialty: No*

 2101 GRANGER AVE  
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*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:00PM*

**CERTIFIED NURSE PRACTITIONER**

**LIM, IMELDA**

Provider ID: 417102  
 Provider Gender: Female  
 License Number: NP95000203  
 NPI: 1093130395

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Tagalog  
 Cultural Competency: N

Board Certified Specialty: No

2743 HIGHLAND AVE  
 NATIONAL CITY, CA 91950

Phone: (844) 200-2426  
 After Hours Phone: (844)  
 200-2426

Website: www.operationsa  
 mahan.org

Medi-Cal Open Panel: Y

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

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 PRACTITIONER**

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Provider ID: 417102  
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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  
 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: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

**CERTIFIED NURSE  
 PRACTITIONER**

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Provider ID: 418930  
 Provider Gender: Female  
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NPI: 1942764477

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Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

**CERTIFIED NURSE  
 PRACTITIONER**

**NEVAREZ, IRENE**

Provider ID: 185270  
 Provider Gender: Female  
 License Number: NP95009891  
 NPI: 1003166646

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR

Board Certified Specialty: No

217 HIGHLAND AVE  
 NATIONAL CITY, CA 91950

Phone: (619) 564-8765  
 After Hours Phone: (619)  
 564-8765


Website: www.lamaestra.or  
 g  
 Email:

aschmaltz@lamaestra.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE PRACTITIONER**

**NEVAREZ, IRENE**

Provider ID: 185270

Provider Gender: Female

License Number: NP95009891

NPI: 1003166646

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: UCSD LA


JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Board Certified Specialty: No

 217 HIGHLAND AVE  
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 Website: www.lamaestra.org


Email:

aschmaltz@lamaestra.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**ALGHAMDI, ASMA**

Provider ID: 227418

Provider Gender: Female


License Number: A167529


NPI: 1316310840


Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: syhealth.org/clinics/  
paradise-hills-family-clinic

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

**FAMILY PRACTICE**

**ALGHAMDI, ASMA**

Provider ID: 227418

Provider Gender: Female


License Number: A167529


NPI: 1316310840


Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

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Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

**FAMILY PRACTICE**

**ANDAYA, MIKHAEL**

Provider ID: 418930

Provider Gender: Male

License Number: A176878

NPI: 1780189209


Provider English Spoken: Y


Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Board Certified Specialty: No

 1000 EUCLID AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 515-2399

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 Website: www.fhcsd.org

Email: lucinaj@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

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**FAMILY PRACTICE**

**ANDAYA, MIKHAEL**

Provider ID: 418930

Provider Gender: Male



License Number: A176878


NPI: 1780189209

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Provider Language(s)  
Spoken: Tagalog

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*Board Certified Specialty: No*

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Email: [lucinaj@fhcsd.org](mailto:lucinaj@fhcsd.org)

*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

**FAMILY PRACTICE**


**BAEZ, BEATRICE**

*Provider ID: 417102*

*Provider Gender: Female*

*License Number: A74777*

*NPI: 1245372507*


 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*


 2743 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
 Phone: (844) 200-2426  
 After Hours Phone: (844) 200-2426

 Website: [www.operationsa-mahan.org](http://www.operationsa-mahan.org)

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-TU 8:30AM-5:30PM*  
*W 10:00AM-7:00PM*

*TH-F 8:30AM-5:30PM*

**FAMILY PRACTICE**


**BAEZ, BEATRICE**

*Provider ID: 417102*

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*License Number: A74777*

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*Board Certified Specialty: No*

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*Min/Max Age: 0\150*

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 *Accessibility: CONTACT PROVIDER*

*Hours: M-TU 8:30AM-5:30PM*  
*W 10:00AM-7:00PM*  
*TH-F 8:30AM-5:30PM*

**FAMILY PRACTICE**

**CAMPBELL, BRIANNA**

*Provider ID: 227418*

*Provider Gender: Female*

*License Number: A157488*

*NPI: 1316479892*

 *Provider English Spoken: Y*


*Cultural Competency: N*


*Hospital Affiliation: CHULA*


*VISTA COMM HOSP*

*Board Certified Specialty: No*

 2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100


 After Hours Phone: (619) 662-4100

 Website: [syhealth.org/clinic-s/paradise-hills-family-clinic](http://syhealth.org/clinic-s/paradise-hills-family-clinic)

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

**FAMILY PRACTICE**

**CAMPBELL, BRIANNA**

*Provider ID: 227418*

*Provider Gender: Female*

*License Number: A157488*

*NPI: 1316479892*




 *Provider English Spoken: Y*


*Cultural Competency: N*

*Hospital Affiliation: CHULA*

*VISTA COMM HOSP*

*Board Certified Specialty: No*


 2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100

 Website: [syhealth.org/clinic-s/paradise-hills-family-clinic](http://syhealth.org/clinic-s/paradise-hills-family-clinic)

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

**FAMILY PRACTICE**

**CANLAS, AVELINO**

Provider ID: 417102

Provider Gender: Male

License Number: A74854

NPI: 1275682528

Provider English Spoken: Y


Provider Language(s)  
Spoken: Tagalog


Cultural Competency: N


Hospital Affiliation: PARADISE  
VALLEY HOSPITAL

Board Certified Specialty: No

 2743 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (844) 200-2426

 After Hours Phone: (844)  
200-2426

 Website: www.operationsa  
mahan.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-6:00PM  
F 8:00AM-5:00PM

**FAMILY PRACTICE**

**CANLAS, AVELINO**

Provider ID: 417102

Provider Gender: Male

License Number: A74854

NPI: 1275682528

Provider English Spoken: Y


Provider Language(s)  
Spoken: Tagalog


Cultural Competency: N


Hospital Affiliation: PARADISE  
VALLEY HOSPITAL

Board Certified Specialty: No

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 Phone: (844) 200-2426

 After Hours Phone: (844)  
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 Website: www.operationsa  
mahan.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-6:00PM

F 8:00AM-5:00PM

**FAMILY PRACTICE**

**CARRIEDO CENICEROS, MARIA**

Provider ID: 227412

Provider Gender: Female

License Number: A78373

NPI: 1295746618


Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 1136 D AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: syhealth.org/clinic  
s/national- city- family- clin  
ic- 1

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**CARRIEDO CENICEROS, MARIA**

Provider ID: 227412

Provider Gender: Female

License Number: A78373

NPI: 1295746618


Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 1136 D AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: syhealth.org/clinic  
s/national- city- family- clin  
ic- 1

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**CEVALLOS, JAMES**

Provider ID: 227412

Provider Gender: Male

License Number: A55469

NPI: 1720181829


Provider English Spoken: Y



Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No

 1136 D AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100  
 Fax: (619) 474-3722


 After Hours Phone: (619) 662-4100

 Website: [syhealth.org/clinics/national-city-family-clinic-1](http://syhealth.org/clinics/national-city-family-clinic-1)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**


**CEVALLOS, JAMES**

Provider ID: 227412

Provider Gender: Male

License Number: A55469

NPI: 1720181829

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA

VISTA


Board Certified Specialty: No

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 Phone: (619) 662-4100

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Medi-Cal Open Panel: Y

Min/Max Age: 0\150

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/clinics/national-city-family-clinic-1](http://syhealth.org/clinics/national-city-family-clinic-1)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

**FAMILY PRACTICE**

**DILLON, MAYRA**

Provider ID: 227412

Provider Gender: Female

License Number: A112571

NPI: 1629232715

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA

VISTA


Board Certified Specialty: No

 1136 D AVE  
 NATIONAL CITY, CA 91950

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 Fax: (619) 336-2323

 After Hours Phone: (619) 662-4100

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Medi-Cal Open Panel: Y

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

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Medi-Cal Open Panel: Y  
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 American Sign Language (ASL): N  
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 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  
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Medi-Cal Open Panel: Y  
 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  
 License Number: 20A18460  
 NPI: 1992230593

Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 1000 EUCLID AVE  
 NATIONAL CITY, CA 91950  
 Phone: (619) 515-2399  
 After Hours Phone: (619) 515-2399  
 Website: www.fhcsd.org  
 Email: lucinaj@fhcsd.org

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
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**FAMILY PRACTICE**

**LANUZA, MARK**

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 Provider Gender: Male  
 License Number: 20A18460  
 NPI: 1992230593  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
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Medi-Cal Open Panel: Y  
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 W 8:30AM-3:30PM  
 TH 10:30AM-5:30PM  
 F 8:30AM-3:30PM

**FAMILY PRACTICE**

**LAW, KAREN**

Provider ID: 227418  
 Provider Gender: Female  
 License Number: A138534  
 NPI: 1205253150  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: CHULA VISTA COMM HOSP  
 Board Certified Specialty: No  
 2400 E 8TH ST STE A  
 NATIONAL CITY, CA 91950  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: syhealth.org/clinics/paradise-hills-family-clinic

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**LAW, KAREN**

Provider ID: 227418  
 Provider Gender: Female



License Number: A138534

NPI: 1205253150

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: CHULA

VISTA COMM HOSP

Board Certified Specialty: No

2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: syhealth.org/clinic  
s/paradise- hills- family- cli  
nic

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**LEUTE, ERIC**

Provider ID: 227418

Provider Gender: Male

License Number: A80832

NPI: 1720171507

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA

Board Certified Specialty: No

2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950



Phone: (619) 662-4100



After Hours Phone: (619)  
662-4100



Website: syhealth.org/clinic  
s/paradise- hills- family- cli  
nic

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**LEUTE, ERIC**

Provider ID: 227418

Provider Gender: Male

License Number: A80832

NPI: 1720171507

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA

Board Certified Specialty: No

2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: syhealth.org/clinic  
s/paradise- hills- family- cli  
nic

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT

PROVIDER

**FAMILY PRACTICE**

**MEDINA, ALEXANDER**

Provider ID: 361428

Provider Gender: Male

License Number: A133539

NPI: 1467714436

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

Board Certified Specialty: No

330 E 8TH ST  
NATIONAL CITY, CA 91950

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: www.syhealth.org  
Email:

dinah.pierce@syhealth.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**MEDINA, ALEXANDER**

Provider ID: 361428

Provider Gender: Male

License Number: A133539

NPI: 1467714436

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

**MEMORIAL HOSPITAL**

Board Certified Specialty: No

330 E 8TH ST  
NATIONAL CITY, CA 91950  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: [www.syhealth.org](http://www.syhealth.org)

Email:

[dinah.pierce@syhealth.org](mailto:dinah.pierce@syhealth.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**MOHAMEDI, NADIA**

Provider ID: 227418

Provider Gender: Female

License Number: A146819

NPI: 1477947364

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: [syhealth.org/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

**FAMILY PRACTICE**

**MOHAMEDI, NADIA**

Provider ID: 227418

Provider Gender: Female

License Number: A146819

NPI: 1477947364

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: [syhealth.org/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

**FAMILY PRACTICE**

**NAVARRO, VANESSA**

Provider ID: 227418

Provider Gender: Female

License Number: A113624

NPI: 1952563421

Provider English Spoken: Y

Provider Language(s)  
Spoken: Filipino, Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA

**VISTA, SHARP CHULA VISTA MED CTR**

Board Certified Specialty: No

2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950  
Phone: (619) 662-4100  
Fax: (619) 259-2807

After Hours Phone: (619) 662-4100

Website: [syhealth.org/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**NAVARRO, VANESSA**

Provider ID: 227418

Provider Gender: Female

License Number: A113624

NPI: 1952563421

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Filipino, Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR

Board Certified Specialty: No

2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950  
Phone: (619) 662-4100  
Fax: (619) 259-2807

After Hours Phone: (619) 662-4100

Website: [syhealth.org/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)

*s/paradise- hills- family- cli  
nic*  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**NIKZAD, JASON**

Provider ID: 361428  
Provider Gender: Male  
License Number: 20A12653  
NPI: 1508121674  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Farsi, Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
Board Certified Specialty: No

330 E 8TH ST  
NATIONAL CITY, CA 91950  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: www.syhealth.org  
Email:  
dinah.pierce@syhealth.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**NIKZAD, JASON**

Provider ID: 361428  
Provider Gender: Male

License Number: 20A12653  
NPI: 1508121674  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Farsi, Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
Board Certified Specialty: No

330 E 8TH ST  
NATIONAL CITY, CA 91950  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: www.syhealth.org  
Email:  
dinah.pierce@syhealth.org  
Medi-Cal Open Panel: Y  
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/clinic  
s/national- city- family- clin

*ic- 1*  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

**FAMILY PRACTICE**

**OCEGUEDA, JOSHUA**

Provider ID: 227412  
Provider Gender: Male  
License Number: A165184  
NPI: 1336643345  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
Board Certified Specialty: No

1136 D AVE  
NATIONAL CITY, CA 91950  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: syhealth.org/clinic  
s/national- city- family- clin  
ic- 1  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

**FAMILY PRACTICE**

**RICHARDSON, DANIELLE**

Provider ID: 227418  
Provider Gender: Female  
License Number: A127555


NPI: 1609142892


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS

Board Certified Specialty: No

 2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**RICHARDSON, DANIELLE**

Provider ID: 227418

Provider Gender: Female

License Number: A127555


NPI: 1609142892


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS

Board Certified Specialty: No

 2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**


**ROBERTS, POMAI**

Provider ID: 227412

Provider Gender: Female

License Number: A103218

NPI: 1023278314

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No

 1136 D AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/national-city-family-clinic-1](http://syhealth.org/clinics/national-city-family-clinic-1)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

**FAMILY PRACTICE**

**ROBERTS, POMAI**

Provider ID: 227412

Provider Gender: Female

License Number: A103218

NPI: 1023278314

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No

 1136 D AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/national-city-family-clinic-1](http://syhealth.org/clinics/national-city-family-clinic-1)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

**FAMILY PRACTICE**

**SCHUMAKER, EDWARD**

Provider ID: 185270

Provider Gender: Male

License Number: 20A6433

NPI: 1184616872


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Board Certified Specialty: No

 217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

 Phone: (619) 434-7308

 After Hours Phone: (619)  
434-7308

 Website: [www.lamaestra.org](http://www.lamaestra.org)


Email:  
 aschmaltz@lamaestra.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**SCHUMAKER, EDWARD**

Provider ID: 185270  
 Provider Gender: Male  
 License Number: 20A6433  
 NPI: 1184616872  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No




 217 HIGHLAND AVE  
 NATIONAL CITY, CA 91950  
 Phone: (619) 434-7308  
 After Hours Phone: (619)  
 434-7308  
 Website: www.lamaestra.org

Email:  
 aschmaltz@lamaestra.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**SNOOK, BRIAN**




Provider ID: 227418  
 Provider Gender: Male  
 License Number: 20A11518


NPI: 1295977353  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 2400 E 8TH ST STE A  
 NATIONAL CITY, CA 91950  
 Phone: (619) 662-4100  
 Fax: (619) 259-2806  
 After Hours Phone: (619)  
 662-4100  
 Website: syhealth.org/clinic  
 s/paradise- hills- family- cli  
 nic  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**SNOOK, BRIAN**



Provider ID: 227418  
 Provider Gender: Male  
 License Number: 20A11518  
 NPI: 1295977353  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No


 2400 E 8TH ST STE A  
 NATIONAL CITY, CA 91950  
 Phone: (619) 662-4100  
 Fax: (619) 259-2806  
 After Hours Phone: (619)  
 662-4100  
 Website: syhealth.org/clinic  
 s/paradise- hills- family- cli  
 nic  
 Medi-Cal Open Panel: Y

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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: TH 8:00AM-2:00PM

**FAMILY PRACTICE**

**STONES, RACHEL**

Provider ID: 185270  
 Provider Gender: Female  
 License Number: A167184  
 NPI: 1720583040  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
Phone: (619) 280-4213  
After Hours Phone: (619) 280-4213  
Website: [www.lamaestra.org](http://www.lamaestra.org)

Email: [aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: TH 8:00AM-2:00PM

**FAMILY PRACTICE**

**VELASQUEZ, SHARON**

Provider ID: 227418

Provider Gender: Female

License Number: A71304

NPI: 1972732584

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No

2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950

Phone: (619) 662-4100

Fax: (619) 259-2807

After Hours Phone: (619) 662-4100

Website: [syhealth.org/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): Cultural Competency: N

Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**VELASQUEZ, SHARON**

Provider ID: 227418

Provider Gender: Female

License Number: A71304

NPI: 1972732584

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No

2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950

Phone: (619) 662-4100

Fax: (619) 259-2807

After Hours Phone: (619) 662-4100

Website: [syhealth.org/clinics/paradise-hills-family-clinic](http://syhealth.org/clinics/paradise-hills-family-clinic)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

**FQHC**

**FAMILY HEALTH CTR SD**

**NATIONAL CITY,**

Provider ID: 418930

NPI: 1417409228

Provider English Spoken: Y

1000 EUCLID AVE  
NATIONAL CITY, CA 91950

Phone: (619) 515-2399

Fax: (619) 269-0053

After Hours Phone: (619) 515-2399

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [lucinaj@fhcsd.org](mailto:lucinaj@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M 8:30AM-3:30PM

TU 10:30AM-5:30PM

W 8:30AM-3:30PM

TH 10:30AM-5:30PM

F 8:30AM-3:30PM

**FQHC**

**FAMILY HEALTH CTR SD**

**NATIONAL CITY,**

Provider ID: 418930

NPI: 1417409228

Provider English Spoken: Y  
Cultural Competency: N

1000 EUCLID AVE  
NATIONAL CITY, CA 91950

Phone: (619) 515-2399

Fax: (619) 269-0053

After Hours Phone: (619) 515-2399

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [lucinaj@fhcsd.org](mailto:lucinaj@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150


American Sign Language (ASL): N

Accessibility: CONTACT

**PROVIDER**  
 Hours: M 8:30AM-3:30PM  
 TU 10:30AM-5:30PM  
 W 8:30AM-3:30PM  
 TH 10:30AM-5:30PM  
 F 8:30AM-3:30PM



**FQHC**





**LA MAESTRA FAMILY CLINIC INC,**

Provider ID: 185270  
 NPI: 1336353721  
 Provider English Spoken: Y  
 Cultural Competency: N  
 217 HIGHLAND AVE  
 NATIONAL CITY, CA 91950  
 Phone: (619) 434-7308  
 Fax: (619) 434-7310  
 After Hours Phone: (619) 434-7308  
 Website: www.lamaestra.org  
 Email: aschmaltz@lamaestra.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: TH 8:00AM-2:00PM

**FQHC**

**LA MAESTRA FAMILY CLINIC INC,**

Provider ID: 185270  
 NPI: 1336353721  
 Provider English Spoken: Y  
 Cultural Competency: N  
 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: TH 8:00AM-2:00PM







**FQHC**

**OPERATION SAMAHAN - NATIONAL C,**

Provider ID: 417102  
 NPI: 1801907449  
 Provider English Spoken: Y  
 Cultural Competency: N  
 2743 HIGHLAND AVE  
 NATIONAL CITY, CA 91950  
 Phone: (844) 200-2426  
 Fax: (619) 474-3919  
 After Hours Phone: (844) 200-2426  
 Website: www.operationsamahan.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TH 8:00AM-6:00PM  
 F 8:00AM-5:00PM

**FQHC**

**OPERATION SAMAHAN -**

**NATIONAL C,**  
 Provider ID: 417102  
 NPI: 1801907449  
 Provider English Spoken: Y  
 Cultural Competency: N  
 2743 HIGHLAND AVE  
 NATIONAL CITY, CA 91950  
 Phone: (844) 200-2426  
 Fax: (619) 474-3919  
 After Hours Phone: (844) 200-2426  
 Website: www.operationsamahan.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TH 8:00AM-6:00PM  
 F 8:00AM-5:00PM

**FQHC**

**OPERATION SAMAHAN GRANGER SCHOOL BASED,**

Provider ID: 418302  
 NPI: 1205134517  
 Provider English Spoken: Y  
 Cultural Competency: N  
 2101 GRANGER AVE  
 NATIONAL CITY, CA 91950  
 Phone: (844) 200-2426  
 Fax: (619) 434-8999  
 After Hours Phone: (844) 200-2426  
 Website: www.operationsamahan.org  
 Medi-Cal Open Panel: Y  
 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](http://www.operationsamahan.org)

Medi-Cal Open Panel: Y

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/s/national-city-family-clinic-1](http://syhealth.org/clinic/s/national-city-family-clinic-1)

Medi-Cal Open Panel: Y

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/s/national-city-family-clinic-1](http://syhealth.org/clinic/s/national-city-family-clinic-1)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

**FQHC**

**SAN YSIDRO HEALTH  
PARADISE HILLS,**

Provider ID: 227418  
NPI: 1598907487

☐ Provider English Spoken: Y  
Cultural Competency: N

📍 2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950

☎ Phone: (619) 662-4100  
Fax: (619) 259-2807

📞 After Hours Phone: (619)  
662-4100

🌐 Website: [syhealth.org/clinic/s/paradise-hills-family-clinic](http://syhealth.org/clinic/s/paradise-hills-family-clinic)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

**FQHC**

**SAN YSIDRO HEALTH  
PARADISE HILLS,**

Provider ID: 227418  
NPI: 1598907487

☐ Provider English Spoken: Y  
Cultural Competency: N

📍 2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950

☎ Phone: (619) 662-4100  
Fax: (619) 259-2807

📞 After Hours Phone: (619)  
662-4100

🌐 Website: [syhealth.org/clinic/s/paradise-hills-family-clinic](http://syhealth.org/clinic/s/paradise-hills-family-clinic)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

**FQHC**

**SAN YSIDRO HEALTH SOUTH  
BAY,**



Provider ID: 361428  
 NPI: 1851757215  
 Provider English Spoken: Y  
 Cultural Competency: N  
 330 E 8TH ST  
 NATIONAL CITY, CA 91950  
 Phone: (619) 662-4100  
 Fax: (619) 434-3514  
 After Hours Phone: (619)  
 662-4100  
 Website: www.syhealth.org  
 Email:  
 dinah.pierce@syhealth.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**FQHC**

**SAN YSIDRO HEALTH SOUTH BAY,**

Provider ID: 361428  
 NPI: 1851757215  
 Provider English Spoken: Y  
 Cultural Competency: N  
 330 E 8TH ST  
 NATIONAL CITY, CA 91950  
 Phone: (619) 662-4100  
 Fax: (619) 434-3514  
 After Hours Phone: (619)  
 662-4100  
 Website: www.syhealth.org  
 Email:  
 dinah.pierce@syhealth.org  
 Medi-Cal Open Panel: Y  
 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: 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-5:30PM

**HEPATOLOGY**

**GISH, ROBERT**

Provider ID: 185270  
 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-5:30PM

**INTERNAL MEDICINE**

**BRAVERMAN, IRA**

Provider ID: 10635  
 Provider Gender: Male  
 NPI: 1124039755  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish, Tagalog  
 Cultural Competency: N  
 Hospital Affiliation: PARADISE  
 VALLEY HOSPITAL  
 Board Certified Specialty: Yes  
 610 EUCLID AVE STE 201  
 NATIONAL CITY, CA 91950  
 Phone: (619) 267-8181

Fax: (619) 479-6750

☎ After Hours Phone: (619) 267-8181

🌐 Website: N/A

Email: SIEAB@AOL.COM

Medi-Cal Open Panel: Y

Min/Max Age: 18\150

American Sign Language (ASL): Board Certified Specialty: No

N

♿ Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

**INTERNAL MEDICINE**

**HEKMAT, RAZI**

Provider ID: 78388

Provider Gender: Male

NPI: 1871501205

☐ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PARADISE VALLEY HOSPITAL

Board Certified Specialty: No

📍 610 EUCLID AVE STE 201  
NATIONAL CITY, CA 91950

☎ Phone: (619) 267-8181

Fax: (619) 479-6750

☎ After Hours Phone: (619) 267-8181

🌐 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL): Board Certified Specialty: No

N

♿ Accessibility: CONTACT PROVIDER

Hours: M-F 9:00AM-5:00PM

**INTERNAL MEDICINE**

**LAMANTIA, MICHELE**

Provider ID: 227412

Provider Gender: Female

License Number: G71855

NPI: 1124176102

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

📍 1136 D AVE  
NATIONAL CITY, CA 91950

☎ Phone: (619) 662-4100

☎ After Hours Phone: (619) 662-4100

🌐 Website: syhealth.org/clinics/national-city-family-clinic-1

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): Board Certified Specialty: No

N

♿ Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**

**LAMANTIA, MICHELE**

Provider ID: 361428

Provider Gender: Female

License Number: G71855

NPI: 1124176102

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

📍 330 E 8TH ST  
NATIONAL CITY, CA 91950

☎ Phone: (619) 662-4100

☎ After Hours Phone: (619) 662-4100

🌐 Website: www.syhealth.org  
Email:

dinah.pierce@syhealth.org

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**

**LAMANTIA, MICHELE**

Provider ID: 227412

Provider Gender: Female

License Number: G71855

NPI: 1124176102

☐ Provider English Spoken: Y

☐ Provider Language(s)

Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 1136 D AVE  
 NATIONAL CITY, CA 91950  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: syhealth.org/clinic/national-city-family-clinic-1

Medi-Cal Open Panel: Y  
 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  
 Website: www.lamaestra.org

Email: aschmaltz@lamaestra.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:30PM

**INTERNAL MEDICINE**

**ROUEL, WADI**

Provider ID: 185270  
 Provider Gender: Male  
 License Number: C55979  
 NPI: 1740254713  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Arabic, Spanish, Syriac  
 Cultural Competency: N  
 Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, GROSSMONT HOSPITAL

Board Certified Specialty: No  
 217 HIGHLAND AVE  
 NATIONAL CITY, CA 91950  
 Phone: (619) 434-7308  
 After Hours Phone: (619) 434-7308  
 Website: www.lamaestra.org  
 Email: aschmaltz@lamaestra.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

PROVIDER  
 Hours: M-F 8:00AM-5:30PM

**NEUROLOGY**

**CANTU-REYNA, GUILLERMO**  
 Provider ID: 185270  
 Provider Gender: Male  
 License Number: A41375  
 NPI: 1447389101

Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SHARP CHULA VISTA MED CTR  
 Board Certified Specialty: No  
 217 HIGHLAND AVE  
 NATIONAL CITY, CA 91950  
 Phone: (619) 798-3977  
 After Hours Phone: (619) 798-3977

Website: www.lamaestra.org  
 Email: aschmaltz@lamaestra.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**NEUROLOGY**

**CANTU-REYNA, GUILLERMO**  
 Provider ID: 185270  
 Provider Gender: Male  
 License Number: A41375  
 NPI: 1447389101

Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SHARP CHULA VISTA MED CTR  
 Board Certified Specialty: No

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
Phone: (619) 798-3977  
After Hours Phone: (619)  
798-3977  
Website: www.lamaestra.org

Email:

aschmaltz@lamaestra.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**OBSTETRICS / GYNECOLOGY**

**ASLIAN, AZITA**

Provider ID: 227418

Provider Gender: Female

License Number: A118227

NPI: 1851667661

Provider English Spoken: Y

Provider Language(s)  
Spoken: Fataleka

Cultural Competency: N

Hospital Affiliation: Hemet

Global Medical Center, Menifee

Global Medical Center,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS MERCY  
HOSPITAL

Board Certified Specialty: No

2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: syhealth.org/clinic  
s/paradise- hills- family- cli  
nic

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

**OBSTETRICS / GYNECOLOGY**

**ASLIAN, AZITA**

Provider ID: 227418

Provider Gender: Female

License Number: A118227

NPI: 1851667661

Provider English Spoken: Y

Provider Language(s)  
Spoken: Fataleka

Cultural Competency: N

Hospital Affiliation: Hemet

Global Medical Center, Menifee

Global Medical Center,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS MERCY  
HOSPITAL

Board Certified Specialty: No

2400 E 8TH ST STE A  
NATIONAL CITY, CA 91950

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: syhealth.org/clinic  
s/paradise- hills- family- cli  
nic

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**PEDIATRICS**

**BAILONY, AHMAD**

Provider ID: 146949

Provider Gender: Male

NPI: 1790914422

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic, Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MARY BIRCH HOSP FOR

WOMEN AND NEWBORNS,

PARADISE VALLEY HOSPITAL,

SHARP CHULA VISTA MED

CTR, SHARP MEMORIAL

HOSPITAL

Board Certified Specialty: No

655 EUCLID AVE STE 205  
NATIONAL CITY, CA 91950

Phone: (619) 470-1945

Fax: (619) 475-5048

After Hours Phone: (619)  
470-1945

Website: N/A

Email:

BAILONYPEDIATRICS@GMAIL.COM

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9:00AM-5:00PM

**PEDIATRICS**

**BAILONY, MOHAMMED**

Provider ID: 30132

Provider Gender: Male

NPI: 1376625913

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SHARP

MARY BIRCH HOSP FOR

WOMEN AND NEWBORNS,

PARADISE VALLEY HOSPITAL,  
SHARP CHULA VISTA MED  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: Yes

655 EUCLID AVE STE 205  
NATIONAL CITY, CA 91950

Phone: (619) 470-1945

Fax: (619) 475-5048

After Hours Phone: (619)  
470-1945

Website: N/A

Email:

BAILONY@YAHOO.COM

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9:00AM-5:00PM

### **PEDIATRICS**

#### **BARBADILLO, TERESITA**

Provider ID: 84258

Provider Gender: Female

NPI: 1952416695

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PARADISE  
VALLEY HOSPITAL

Board Certified Specialty: No

655 EUCLID AVE STE 201  
NATIONAL CITY, CA 91950

Phone: (619) 267-8601

Fax: (619) 267-2242

After Hours Phone: (619)  
267-8601

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9:00AM-5:00PM

### **PEDIATRICS**

#### **BONSU, BEMA**

Provider ID: 227412

Provider Gender: Male

License Number: C55180

NPI: 1932106986

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND

Board Certified Specialty: No

1136 D AVE  
NATIONAL CITY, CA 91950

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: syhealth.org/clinic  
s/national- city- family- clin  
ic- 1

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **BONSU, BEMA**

Provider ID: 227412

Provider Gender: Male

License Number: C55180

NPI: 1932106986

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND

Board Certified Specialty: No

1136 D AVE  
NATIONAL CITY, CA 91950

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: syhealth.org/clinic  
s/national- city- family- clin  
ic- 1

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**

#### **CONE, STEPHANIE**

Provider ID: 185270

Provider Gender: Female

License Number: A123929

NPI: 1437444858

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, RADY CHILDRENS  
HOSPITAL SAN DIEGO

Board Certified Specialty: No

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
Phone: (619) 434-7308  
After Hours Phone: (619) 434-7308  
Website: www.lamaestra.org

Email:

aschmaltz@lamaestra.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**PEDIATRICS**

**CONE, STEPHANIE**

Provider ID: 185270

Provider Gender: Female

License Number: A123929

NPI: 1437444858

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA, RADY CHILDRENS

HOSPITAL SAN DIEGO

Board Certified Specialty: No

217 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Phone: (619) 434-7308

After Hours Phone: (619) 434-7308

Website: www.lamaestra.org

Email:

aschmaltz@lamaestra.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**PEDIATRICS**

**DAY, CHRISTOPHER**

Provider ID: 418930

Provider Gender: Male

License Number: A163862

NPI: 1184121253

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

1000 EUCLID AVE  
NATIONAL CITY, CA 91950

Phone: (619) 515-2399

After Hours Phone: (619) 515-2399

Website: www.fhcsd.org

Email: lucinaj@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-3:30PM

TU 10:30AM-5:30PM

W 8:30AM-3:30PM

TH 10:30AM-5:30PM

F 8:30AM-3:30PM

**PEDIATRICS**

**DAY, CHRISTOPHER**

Provider ID: 418930

Provider Gender: Male

License Number: A163862

NPI: 1184121253

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

1000 EUCLID AVE  
NATIONAL CITY, CA 91950

Phone: (619) 515-2399

After Hours Phone: (619) 515-2399

Website: www.fhcsd.org

Email: lucinaj@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-3:30PM

TU 10:30AM-5:30PM

W 8:30AM-3:30PM

TH 10:30AM-5:30PM

F 8:30AM-3:30PM

**PEDIATRICS**

**FRESNO, BLANCA**

Provider ID: 102433

Provider Gender: Female

NPI: 1346258787

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: PARADISE

VALLEY HOSPITAL, SHARP

CHULA VISTA MED CTR

Board Certified Specialty: No

655 EUCLID AVE STE 207  
NATIONAL CITY, CA 91950

Phone: (619) 475-4575

Fax: (619) 475-4578

☎ After Hours Phone: (619) 475-4575  
 🌐 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER  
 Hours: SU-SA 8:00AM-5:00PM

**PEDIATRICS**

**GARCIA, RAFAEL**

Provider ID: 84954  
 Provider Gender: Male  
 NPI: 1053414086  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish, Tagalog  
 Cultural Competency: N  
 Hospital Affiliation: SHARP CHULA VISTA MED CTR, RADY CHILDRENS HOSPITAL SAN DIEGO

Board Certified Specialty: No  
 📍 610 EUCLID AVE STE 302 NATIONAL CITY, CA 91950  
 ☎ Phone: (619) 527-7700  
 📠 Fax: (619) 527-3226

☎ After Hours Phone: (619) 527-7700  
 🌐 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER

**PEDIATRICS**

**RANA, DEBORAH**

Provider ID: 227418  
 Provider Gender: Female  
 License Number: G88347  
 NPI: 1033191457  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, CHULA VISTA COMM HOSP

Board Certified Specialty: No  
 📍 2400 E 8TH ST STE A NATIONAL CITY, CA 91950  
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 🌐 Website: syhealth.org/clinics/paradise-hills-family-clinic  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER

**PEDIATRICS**

**UY, CARMELITA**

Provider ID: 424443  
 Provider Gender: Female  
 NPI: 1154431484  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish, Tagalog  
 Cultural Competency: N  
 Hospital Affiliation: SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA

Board Certified Specialty: No  
 📍 2340 E 8TH ST STE E NATIONAL CITY, CA 91950  
 ☎ Phone: (619) 216-8500  
 📠 Fax: (619) 216-8511  
 ☎ After Hours Phone: (619) 216-8511  
 🌐 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER

**PROVIDER**  
Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**VALENCIA, MARILES**

Provider ID: 104060

Provider Gender: Female

NPI: 1275541625

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, PARADISE VALLEY

HOSPITAL, SHARP CHULA

VISTA MED CTR, RADY

CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS MERCY

HOSPITAL

Board Certified Specialty: No

655 EUCLID AVE STE 207  
NATIONAL CITY, CA 91950

Phone: (619) 475-4575

Fax: (619) 475-4578

After Hours Phone: (619)  
475-4575

Website: N/A

Email:

PEDIATRICSINPARADISE@YAHOO.COM

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: SU-SA 8:00AM-5:00PM

**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: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

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Provider Gender: Female

License Number: PA55660

NPI: 1720524374

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Cultural Competency: N

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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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 9:00AM-4:00PM

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Provider ID: 206341

Provider Gender: Female

License Number: NP95003571

NPI: 1053776914





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 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
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 Medi-Cal Open Panel: Y





Min/Max Age: 0\999  
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 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 SA 9:00AM-4:00PM

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Email: credentialing@vcc.org

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Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM  
 SA 9:00AM-4:00PM

**CERTIFIED NURSE**

**PRACTITIONER**

**HALGEDAHL, YI**

Provider ID: 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: Y

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: Y*  
*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: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*





 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*

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**HALGEDAHL, YI**


*Provider ID: 402434*  
*Provider Gender: Female*  
*License Number: NP95006826*  
*NPI: 1619246907*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Mandarin*  
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*Email: credentialing@vcc.org*

*Medi-Cal Open Panel: Y*



*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*




 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*

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*Provider ID: 402436*  
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*License Number: NP95006826*  
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*Cultural Competency: N*  
*Board Certified Specialty: No*

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*Medi-Cal Open Panel: Y*  
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*American Sign Language (ASL): N*

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*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: Y  
Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

**CERTIFIED NURSE**

**PRACTITIONER**

**HALGEDAHL, YI**

Provider ID: 206341



Provider Gender: Female

License Number: NP95006826  
NPI: 1619246907

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N  
Board Certified Specialty: No

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (844) 308-5003  
 After Hours Phone: (844)  
308-5003


 Website: www.vistacommunityclinic.org

nityclinic.org

Medi-Cal Open Panel: Y

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: Y  
Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

**CERTIFIED NURSE**

**PRACTITIONER**

**HALGEDAHL, YI**

Provider ID: 402434



Provider Gender: Female

License Number: NP95006826  
NPI: 1619246907

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N  
Board Certified Specialty: No

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

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 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 SA 9:00AM-4:00PM

**FAMILY PRACTICE**

**DONNELL, MARTI**

Provider ID: 206341  
 Provider Gender: Female  
 License Number: C50708  
 NPI: 1235151366  
 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  
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 631-5000  
 Website: www.vistacommunityclinic.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 SA 9:00AM-4:00PM

**FAMILY PRACTICE**

**DONNELL, MARTI**

Provider ID: 206341  
 Provider Gender: Female  
 License Number: C50708  
 NPI: 1235151366  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL  
 ENCINITAS

Board Certified Specialty: No  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057  
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 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: Y  
 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  
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 ENCINITAS  
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 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
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**FAMILY PRACTICE**






**DONNELL, MARTI**



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 License Number: C50708  
 NPI: 1235151366

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**FAMILY PRACTICE**


**DONNELL, MARTI**



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 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 SA 9:00AM-4:00PM

**FAMILY PRACTICE**

**FATLAND, SARAH**







Provider ID: 206341  
 Provider Gender: Female  
 License Number: 20A18374  
 NPI: 1831354026  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No

 4700 N RIVER RD  
 OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
 After Hours Phone: (760)  
 631-5000  
 Website: www.vistacommunityclinic.org  
 Medi-Cal Open Panel: Y  
 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: Y  
 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  
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 Website: www.vistacommunityclinic.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT

**PROVIDER**  
Hours: M-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

**FAMILY PRACTICE**

**FATLAND, SARAH**

Provider ID: 206341  
Provider Gender: Female  
License Number: 20A18374  
NPI: 1831354026  
☐ Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

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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  
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**FAMILY PRACTICE**

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NPI: 1831354026  
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American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

**FAMILY PRACTICE**

**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: Y  
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  
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☎ Phone: (760) 631-5000  
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🌐 Website: www.vistacommunityclinic.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999





American Sign Language (ASL):  4700 N RIVER RD  
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.vistacommu  
nityclinic.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  4700 N RIVER RD  
N  
 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**


**PANICKER, CIBU**







Provider ID: 206341  
Provider Gender: Male  
License Number: A149340  
NPI: 1235492760  
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Board Certified Specialty: No

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Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  4700 N RIVER RD  
N  
 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**PANICKER, CIBU**





Provider ID: 206341  
Provider Gender: Male  
License Number: A149340  
NPI: 1235492760  
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Cultural Competency: N  
Hospital Affiliation: TRI CITY MEDICAL CTR  
Board Certified Specialty: No

 4700 N RIVER RD  
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 After Hours Phone: (760) 631-5000  
 Website: www.vistacommu  
nityclinic.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  517 N HORNE ST  
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  
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 After Hours Phone: (760) 631-5000  
 Website: www.vistacommu  
nityclinic.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  4700 N RIVER RD  
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.vistacommu  
nityclinic.org  
Email: credentialing@vcc.org  
Medi-Cal Open Panel: Y

Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 SA 9:00AM-4:00PM

**FAMILY PRACTICE**  
**PONSFORD, DIANA**

Provider ID: 402436  
 Provider Gender: Female  
 License Number: 20A17371  
 NPI: 1407204969  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY  
 MEDICAL CTR  
 Board Certified Specialty: No  
 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: Y  
 Min/Max Age: 0\999

American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 SA 9:00AM-4:00PM

**FAMILY PRACTICE**  
**PONSFORD, DIANA**

Provider ID: 402436  
 Provider Gender: Female  
 License Number: 20A17371

NPI: 1407204969  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY  
 MEDICAL CTR  
 Board Certified Specialty: No  
 517 N HORNE ST  
 OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
 After Hours Phone: (760) 631-5000  
 Website: www.vistacommunityclinic.org  
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 Min/Max Age: 0\999

American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
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**FAMILY PRACTICE**  
**PONSFORD, DIANA**

Provider ID: 402436  
 Provider Gender: Female  
 License Number: 20A17371  
 NPI: 1407204969  
 Provider English Spoken: Y  
 Cultural Competency: N  
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 517 N HORNE ST  
 OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
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 Website: www.vistacommunityclinic.org  
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Medi-Cal Open Panel: Y  
 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: Y  
 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: Y  
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 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 SA 9:00AM-4:00PM

**FAMILY PRACTICE**








**VIDAL, MONICA**

Provider ID: 206341  
 Provider Gender: Female  
 License Number: 20A8949  
 NPI: 1871791749  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057  
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American Sign Language (ASL): N  
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**FAMILY PRACTICE**







**VIDAL, MONICA**

Provider ID: 206341  
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 License Number: 20A8949  
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**FAMILY PRACTICE**







**VIDAL, MONICA**


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 License Number: 20A8949  
 NPI: 1871791749  
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 Cultural Competency: N  
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**FAMILY PRACTICE**

**VIDAL, MONICA**

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 Medi-Cal Open Panel: Y  
 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.vistacommu*  
*nityclinic.org*

*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*

*American Sign Language (ASL):*  
 N


 *Accessibility: CONTACT PROVIDER*


*Hours: M-F 8:00AM-5:00PM*  
*SA 9:00AM-4:00PM*

**FQHC**

**VISTA COMMUNITY CLINIC,**  
*Provider ID: 206341*  
*NPI: 1851300123*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

 4700 N RIVER RD  
 OCEANSIDE, CA 92057

 *Phone: (760) 631-5000*  
*Fax: (760) 414-3892*

 *After Hours Phone: (760) 631-5000*

 *Website: www.vistacommu*  
*nityclinic.org*

*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*  
 N

 *Accessibility: CONTACT PROVIDER*


*Hours: M-F 8:00AM-5:00PM*  
*SA 9:00AM-4:00PM*

**FQHC**

**VISTA COMMUNITY CLINIC,**  
*Provider ID: 206341*  
*NPI: 1851300123*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

 4700 N RIVER RD  
 OCEANSIDE, CA 92057

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 *Website: www.vistacommu*  
*nityclinic.org*

*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*

*American Sign Language (ASL):*  
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 *Accessibility: CONTACT PROVIDER*


*Hours: M-F 8:00AM-5:00PM*  
*SA 9:00AM-4:00PM*

**FQHC**

**VISTA COMMUNITY CLINIC,**  
*Provider ID: 206341*  
*NPI: 1316501562*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

 4700 N RIVER RD  
 OCEANSIDE, CA 92057

 *Phone: (760) 631-5000*

*Fax: (760) 414-3892*

 *After Hours Phone: (760) 631-5000*

 *Website: www.vistacommu*  
*nityclinic.org*

*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*

*American Sign Language (ASL):*  
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 *Accessibility: CONTACT PROVIDER*


*Hours: M-F 8:00AM-5:00PM*  
*SA 9:00AM-4:00PM*

**FQHC**

**VISTA COMMUNITY CLINIC,**  
*Provider ID: 206341*  
*NPI: 1649662719*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

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*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*

*American Sign Language (ASL):*  
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 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:00PM*  
*SA 9:00AM-4:00PM*

**FQHC**

**VISTA COMMUNITY CLINIC,**  
*Provider ID: 206341*  
*NPI: 1316501562*

☐ *Provider English Spoken: Y*  
*Cultural Competency: N*

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♿ *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: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*

SA 9:00AM-4:00PM

**FQHC**

**VISTA COMMUNITY CLINIC  
 HORNE STREET,**

*Provider ID: 402436*  
*NPI: 1609094036*

☐ *Provider English Spoken: Y*  
*Cultural Competency: N*

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*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*  
*SA 9:00AM-4:00PM*

**FQHC**

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 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: Y*  
*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*

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*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*

♿ *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*  
*SA 9:00AM-4:00PM*

**FQHC**

**VISTA COMMUNITY CLINIC  
 PIER VIEW WAY,**

*Provider ID: 402434*  
*NPI: 1629357355*

☐ *Provider English Spoken: Y*

Cultural Competency: N

818 PIER VIEW WAY  
OCEANSIDE, CA 92054

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TU 8:00AM-5:00PM

W 8:00AM-7:00PM

TH-F 8:00AM-5:00PM

SA 9:00AM-4:00PM

### **FQHC**

#### **VISTA COMMUNITY CLINIC**

##### **PIER VIEW WAY,**

Provider ID: 402434

NPI: 1629357355

Provider English Spoken: Y  
Cultural Competency: N

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Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT

### **PROVIDER**

Hours: M-TU 8:00AM-5:00PM

W 8:00AM-7:00PM

TH-F 8:00AM-5:00PM

SA 9:00AM-4:00PM

### **FQHC**

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PROVIDER

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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](http://www.vistacommunityclinic.org)





Medi-Cal Open Panel: Y

Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**GENERAL PRACTICE**

**RONAN, KEVIN**


Provider ID: 206341  
 Provider Gender: Male  
 License Number: G77176  
 NPI: 1225017353  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish, Tagalog  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY  
 MEDICAL CTR, SCRIPPS  
 MEMORIAL HOSPITAL  
 ENCINITAS  
 Board Certified Specialty: No

 4700 N RIVER RD  
 OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
 After Hours Phone: (760)  
 631-5000  
 Website: www.vistacommu  
 nityclinic.org  
 Medi-Cal Open Panel: Y  
 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  
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 631-5000  
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 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  
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631-5000  
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 Min/Max Age: 0\999  
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 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  
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**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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**PEDIATRICS**

**CHEN, MING**

Provider ID: 614195  
 Provider Gender: Female  
 NPI: 1851525505  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Mandarin,  
 Portuguese, Spanish,  
 Taiwanese  
 Cultural Competency: N  
 Hospital Affiliation: DELANO  
 REGIONAL MED CTR  
 Board Certified Specialty: No  
 2210 MESA DR STE 300  
 OCEANSIDE, CA 92054

Phone: (760) 736-6767  
 Fax: (760) 736-8740  
 After Hours Phone: (760)  
 736-6767  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 SA 8:00AM-4:30PM

**PEDIATRICS**

**CURLEY, EDWARD**

Provider ID: 240736  
 Provider Gender: Male  
 NPI: 1164434312  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY  
 MEDICAL CTR  
 Board Certified Specialty: No  
 2210 MESA DR STE 300  
 OCEANSIDE, CA 92054  
 Phone: (760) 736-6767  
 Fax: (760) 736-8740  
 After Hours Phone: (760)  
 736-6767  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 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**

**DANIELS, SARAH**

Provider ID: 433806  
 Provider Gender: Female  
 NPI: 1730446527  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY  
 MEDICAL CTR, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, SCRIPPS MEMORIAL  
 HOSPITAL ENCINITAS,  
 SCRIPPS MEMORIAL  
 HOSPITAL

Board Certified Specialty: No

3605 VISTA WAY STE 130  
 BLDG B  
 OCEANSIDE, CA 92056  
 Phone: (760) 547-1010  
 After Hours Phone: (760)  
 547-1010  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 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: Y  
Min/Max Age: 0\999  
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N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

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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  
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Min/Max Age: 0\999  
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Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

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Provider English Spoken: Y  
Provider Language(s)  
Spoken: Hindi, Marathi,  
Spanish, Telugu

Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, TRI CITY MEDICAL CTR  
Board Certified Specialty: No  
818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Phone: (760) 631-5000  
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631-5000

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Min/Max Age: 0\999  
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Accessibility: CONTACT  
PROVIDER  
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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  
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631-5000

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Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**



**KRAMER, MELISSA**


Provider ID: 469759  
Provider Gender: Female  
NPI: 1467833467  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Board Certified Specialty: No

 3605 VISTA WAY BLDG B  
OCEANSIDE, CA 92056  
 Phone: (760) 547-1010  
Fax: (760) 547-1011  
 After Hours Phone: (760)  
547-1010  
 Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-0:00PM

### **PEDIATRICS**



#### **MACINTYRE, ELIZABETH**






Provider ID: 543354  
Provider Gender: Female  
NPI: 1336520766  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 3605 VISTA WAY BLDG B  
STE 130  
OCEANSIDE, CA 92056

 Phone: (760) 547-1010  
Fax: (760) 547-1011  
 After Hours Phone: (760)  
547-1010  
 Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-0:00PM

### **PEDIATRICS**




#### **MCCAMMACK, BRADLEY**

Provider ID: 206341  
Provider Gender: Male  
License Number: A130883  
NPI: 1629368857  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR  
Board Certified Specialty: No

 4700 N RIVER RD  
OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
Fax: (760) 414-3731  
 After Hours Phone: (760)  
631-5000  
 Website: www.vistacommunityclinic.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

### **PEDIATRICS**



#### **MCCAMMACK, BRADLEY**






Provider ID: 206341  
Provider Gender: Male  
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Cultural Competency: N  
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MEDICAL CTR  
Board Certified Specialty: No  
 4700 N RIVER RD

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### **PEDIATRICS**

#### **MCCAMMACK, BRADLEY**

Provider ID: 206341  
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License Number: A130883  
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Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR  
Board Certified Specialty: No

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**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

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 After Hours Phone: (760)  
631-5000

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nityclinic.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
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 Accessibility: CONTACT  
PROVIDER

**PEDIATRICS**

**MCCAMMACK, BRADLEY**

Provider ID: 206341

Provider Gender: Male

License Number: A130883

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Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR

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**PEDIATRICS**

**MCCAMMACK, BRADLEY**

Provider ID: 206341

Provider Gender: Male

License Number: A130883

NPI: 1629368857

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Provider Language(s)  
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Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR

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Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

**PEDIATRICS**

**MILLER, DONALD**

Provider ID: 433589

Provider Gender: Male

NPI: 1154356582

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, RADY CHILDRENS

HOSPITAL SAN DIEGO,


PALOMAR MEDICAL CENTER,

UCSF BENIOFF CHILDREN'S


HOSPITAL OAKLAND, SCRIPPS

MEMORIAL HOSPITAL

Board Certified Specialty: No

 3605 VISTA WAY BLDG B  
STE 130

OCEANSIDE, CA 92056

 Phone: (760) 547-1010


 After Hours Phone: (760)  
547-1010

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**PARK, RONALD**

Provider ID: 271889



Provider Gender: Male

NPI: 1881695914


Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

*Cultural Competency: N*  
*Hospital Affiliation: TRI CITY MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO*


*Board Certified Specialty: No*  
 2210 MESA DR STE 300 OCEANSIDE, CA 92054  
 Phone: (760) 736-6767  
 Fax: (760) 736-8740  
 After Hours Phone: (760) 736-6767  
 Website: N/A

*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*





 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM SA 8:00AM-4:30PM*

**PEDIATRICS**

**PERKINS, RACHEL**

*Provider ID: 435952*  
*Provider Gender: Female*  
*NPI: 1427398320*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL, TRI CITY MEDICAL CTR, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, RADY CHILDRENS HOSPITAL SAN DIEGO*

*Board Certified Specialty: No*  
 3605 VISTA WAY STE 130

BLDG B  
 OCEANSIDE, CA 92056  
 Phone: (760) 547-1010  
 After Hours Phone: (760) 547-1010  
 Website: N/A  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*

**PAUMA VALLEY**







**FQHC**  
**NEIGHBORHOOD HEALTHCARE PAUMA VALLEY,**


*Provider ID: 206267*  
*NPI: 1407031693*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
 16650 HIGHWAY 76 PAUMA VALLEY, CA 92061  
 Phone: (760) 742-9919  
 Fax: (858) 633-4696  
 After Hours Phone: (760) 742-9919  
 Website: www.ihpsocal.org  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-4:30PM*

**FQHC**  
**NEIGHBORHOOD HEALTHCARE PAUMA**

**VALLEY,**  
*Provider ID: 206267*  
*NPI: 1407031693*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
 16650 HIGHWAY 76 PAUMA VALLEY, CA 92061  
 Phone: (760) 742-9919  
 Fax: (858) 633-4696  
 After Hours Phone: (760) 742-9919  
 Website: www.ihpsocal.org  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-4:30PM*

**POWAY**



**FAMILY PRACTICE**  
**KAUR, JATINDER**  
*Provider ID: 481187*  
*Provider Gender: Female*  
*License Number: A120771*  
*NPI: 1912141391*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Hindi, Urdu*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 13010 POWAY RD POWAY, CA 92064  
 Phone: (858) 218-3000  
 After Hours Phone: (858) 218-3000  
 Website: N/A  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*




**FAMILY PRACTICE**


**KAUR, JATINDER**

*Provider ID: 481187*  
*Provider Gender: Female*  
*License Number: A120771*  
*NPI: 1912141391*


 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Hindi, Urdu*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 13010 POWAY RD  
 POWAY, CA 92064  
 *Phone: (858) 218-3000*  
 *After Hours Phone: (858) 218-3000*

 *Website: N/A*  
*Medi-Cal Open Panel: Y*  
*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: Y*  
*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: Y*  
*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*

**INTERNAL MEDICINE**



**CAPARSO, AMANDA**

*Provider ID: 602426*  
*Provider Gender: Female*  
*NPI: 1003046004*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: PALOMAR MEDICAL CENTER, PALOMAR HEALTH, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL*


*Board Certified Specialty: No*

 13010 POWAY RD  
 POWAY, CA 92064  
 *Phone: (760) 737-6935*  
*Fax: (760) 741-2782*

 *After Hours Phone: (760) 737-6935*

 *Website: N/A*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*

**INTERNAL MEDICINE**



**WINE, DAVID**


*Provider ID: 612886*  
*Provider Gender: Male*  
*NPI: 1811985542*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation: TRI CITY MEDICAL CTR, PALOMAR MEDICAL CENTER*

*Board Certified Specialty: No*

 15611 POMERADO RD STE 400  
 POWAY, CA 92064  
 *Phone: (858) 675-3100*  
*Fax: (858) 487-4736*

 *After Hours Phone: (858) 675-3100*




 *Website: N/A*

Medi-Cal Open Panel: Y  
 Min/Max Age: 18\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**CURET, ZULMA**

Provider ID: 481187  
 Provider Gender: Female  
 License Number: A119661  
 NPI: 1841561107  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**CURET, ZULMA**

Provider ID: 481187  
 Provider Gender: Female  
 License Number: A119661




NPI: 1841561107  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
 Board Certified Specialty: No



 13010 POWAY RD  
 POWAY, CA 92064  
 Phone: (858) 218-3000  
 After Hours Phone: (858) 218-3000  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**LINDBACK, SARAH**

Provider ID: 161834  
 Provider Gender: Female  
 NPI: 1427345487  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: PALOMAR HEALTH, SCRIPPS MEMORIAL HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO  
 Board Certified Specialty: No






 15725 POMERADO RD STE 203  
 POWAY, CA 92064  
 Phone: (858) 673-3340  
 Fax: (858) 673-1075  
 After Hours Phone: (858) 673-3340

 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**LOSTETTER, ADRIENNE**

Provider ID: 261797  
 Provider Gender: Female  
 NPI: 1881607984  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, PALOMAR HEALTH

Board Certified Specialty: No  
 15725 POMERADO RD STE 203  
 POWAY, CA 92064  
 Phone: (858) 673-3340  
 Fax: (858) 673-1075  
 After Hours Phone: (858) 673-3340  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**MOREIRA, LUCILA**

Provider ID: 523761  
 Provider Gender: Female  
 NPI: 1104846567  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL  
 ENCINITAS, RADY CHILDRENS  
 HOSPITAL SAN DIEGO  
 Board Certified Specialty: No  
 15725 POMERADO RD STE  
 203  
 POWAY, CA 92064  
 Phone: (858) 673-3340  
 Fax: (858) 673-1075  
 After Hours Phone: (858)  
 673-3340  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: SU-SA 8:00AM-5:00PM

**PEDIATRICS**

**MORTIMER, DORI**

Provider ID: 230552  
 Provider Gender: Female  
 NPI: 1417928417  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, SHARP MARY BIRCH  
 HOSP FOR WOMEN AND  
 NEWBORNS, PALOMAR  
 HEALTH  
 Board Certified Specialty: No  
 15725 POMERADO RD STE

203  
 POWAY, CA 92064  
 Phone: (858) 673-3340  
 Fax: (858) 673-1075  
 After Hours Phone: (858)  
 673-3340  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**RAMGREN, AILEEN**

Provider ID: 397707  
 Provider Gender: Female  
 NPI: 1356785505  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Board Certified Specialty: No

15725 POMERADO RD STE  
 203  
 POWAY, CA 92064  
 Phone: (858) 673-3340  
 After Hours Phone: (858)  
 673-3340  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**RENDLER, NATHAN**

Provider ID: 30205  
 Provider Gender: Male  
 NPI: 1275531337  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Hebrew, Spanish,  
 Yiddish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 MEMORIAL HOSPITAL, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, PALOMAR HEALTH  
 Board Certified Specialty: No  
 15525 POMERADO RD STE 1  
 POWAY, CA 92064  
 Phone: (858) 487-8333  
 Fax: (858) 487-0856  
 After Hours Phone: (858)  
 487-8333  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:30AM-5:00PM  
 SA 9:00AM-5:00PM

**PEDIATRICS**

**TAI, KUANGKAI**

Provider ID: 351834  
 Provider Gender: Male  
 NPI: 1396744066  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Chinese, Mandarin,  
 Spanish  
 Cultural Competency: N  
 Hospital Affiliation: PALOMAR

HEALTH, RADY CHILDRENS  
HOSPITAL SAN DIEGO

Board Certified Specialty: No

15525 POMERADO RD STE  
B1

POWAY, CA 92064

Phone: (858) 487-8333

Fax: (858) 487-0856

After Hours Phone: (858)  
484-4003

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:00PM

SA 8:30AM-0:00PM

**PHYSICIANS ASSISTANT**

**BALDWIN, DONNA**

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: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-4:30PM

**PHYSICIANS ASSISTANT**

**BALDWIN, DONNA**

Provider ID: 481187

Provider Gender: Female

License Number: PA23310

NPI: 1649692369

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

13010 POWAY RD  
POWAY, CA 92064

Phone: (858) 218-3000

After Hours Phone: (858)  
218-3000

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-4:30PM

**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: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM

F 8:00AM-5:00PM

**CARDIOVASCULAR DISEASE**

**GARIBYAN, VARTAN**

Provider ID: 417937

Provider Gender: Male

License Number: 20A12504

NPI: 1790084143

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS GREEN  
HOSPITAL

Board Certified Specialty: No

4094 4TH AVE

SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)  
515-2545

Website: www.fhcsd.org


Email: fabianm@fhcsd.org

Medi-Cal Open Panel: Y

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: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*

**CERTIFIED NURSE PRACTITIONER**





**ALVAREZ, LISA**  
*Provider ID: 206363*  
*Provider Gender: Female*  
*License Number: NP19911*  
*NPI: 1417262718*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: SHARP*  
*CHULA VISTA MED CTR*  
*Board Certified Specialty: No*  
 4725 MARKET ST  
 SAN DIEGO, CA 92102  
 *Phone: (619) 515-2560*  
 *After Hours Phone: (619) 515-2560*  
 *Website: www.fhcsd.org*  
*Email: nancyl@fhcsd.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*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) Spoken: Tagalog*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 9995 CARMEL MOUNTAIN RD STE B10 AND B11  
 SAN DIEGO, CA 92129  
 *Phone: (844) 200-2426*  
 *After Hours Phone: (844) 200-2426*  
 *Website: www.operationsa mahan.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*


N  
 *Accessibility: CONTACT*

*PROVIDER*  
*Hours: M-TU 8:30AM-5:30PM*  
*W 10:00AM-7:00PM*  
*TH-F 8:30AM-5:30PM*

**CERTIFIED NURSE PRACTITIONER**

**AQUINO, FELINO**  
*Provider ID: 418535*  
*Provider Gender: Male*  
*License Number: NP22974*  
*NPI: 1356684781*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Tagalog*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 9995 CARMEL MOUNTAIN RD STE B10 AND B11  
 SAN DIEGO, CA 92129  
 *Phone: (844) 200-2426*  
 *After Hours Phone: (844) 200-2426*  
 *Website: www.operationsa mahan.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-TU 8:30AM-5:30PM*  
*W 10:00AM-7:00PM*  
*TH-F 8:30AM-5:30PM*

**CERTIFIED NURSE PRACTITIONER**

**AQUINO, FELINO**  
*Provider ID: 432308*  
*Provider Gender: Male*  
*License Number: NP22974*

NPI: 1356684781

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Tagalog

Cultural Competency: N

Board Certified Specialty: No

9855 ERMA RD STE 105  
 SAN DIEGO, CA 92131

Phone: (844) 200-2426

After Hours Phone: (844)  
 200-2426

Website: [www.operationsa  
 mahan.org](http://www.operationsa<br/>
    mahan.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

**CERTIFIED NURSE**

**PRACTITIONER**

**AQUINO, FELINO**

Provider ID: 432308

Provider Gender: Male

License Number: NP22974

NPI: 1356684781

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Tagalog

Cultural Competency: N

Board Certified Specialty: No

9855 ERMA RD STE 105  
 SAN DIEGO, CA 92131

Phone: (844) 200-2426

After Hours Phone: (844)  
 200-2426

Website: [www.operationsa  
 mahan.org](http://www.operationsa<br/>
    mahan.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

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: Y

Min/Max Age: 0\999

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: Y

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](http://www.fhcsd.org)  
 Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Y

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](http://www.fhcsd.org)  
 Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\999  
*American Sign Language (ASL): N*  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:30PM

**CERTIFIED NURSE**


**PRACTITIONER**

**BELTRON, KIMBERLY**  
*Provider ID: 403583*  
*Provider Gender: Female*  
*License Number: NP95020497*  
*NPI: 1871295493*  
 Provider English Spoken: Y  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 1501 IMPERIAL AVE  
 SAN DIEGO, CA 92101  
 Phone: (619) 233-8500  
 After Hours Phone: (619) 233-8500  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
*American Sign Language (ASL): N*  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:30PM

**CERTIFIED NURSE**





**PRACTITIONER**

**BURNS, DELLA**  
*Provider ID: 233597*  
*Provider Gender: Female*  
*License Number: NP7413*  
*NPI: 1871577023*  
 Provider English Spoken: Y  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 4290 POLK AVE  
 SAN DIEGO, CA 92105  
 Phone: (619) 563-0250  
 After Hours Phone: (619) 563-0250  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
*American Sign Language (ASL):*

*N*  
 Accessibility: CONTACT PROVIDER



**CERTIFIED NURSE**





**PRACTITIONER**

**BURNS, DELLA**  
*Provider ID: 233597*  
*Provider Gender: Female*  
*License Number: NP7413*  
*NPI: 1871577023*  
 Provider English Spoken: Y  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 4290 POLK AVE  
 SAN DIEGO, CA 92105  
 Phone: (619) 563-0250  
 After Hours Phone: (619) 563-0250  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
*American Sign Language (ASL): N*  
 Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE**

**PRACTITIONER**


**CELESTIN-RAMSEY, AKANKE**  
*Provider ID: 451167*  
*Provider Gender: Female*  
*License Number: NP8563*  
*NPI: 1447450275*  
 Provider English Spoken: Y  
*Cultural Competency: N*  
 Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL  
*Board Certified Specialty: No*  
 950 S EUCLID AVE

SAN DIEGO, CA 92114  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 SA 8:00AM-4:00PM

**CERTIFIED NURSE**

**PRACTITIONER**

**CELESTIN-RAMSEY, AKANKE**

Provider ID: 451167  
 Provider Gender: Female  
 License Number: NP8563  
 NPI: 1447450275  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL  
 Board Certified Specialty: No



 950 S EUCLID AVE  
 SAN DIEGO, CA 92114  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM  
 SA 8:00AM-4:00PM




**CERTIFIED NURSE**

**PRACTITIONER**

**CHASE, AVA LOU**

Provider ID: 206360  
 Provider Gender: Female  
 License Number: NP95000602  
 NPI: 1164496386  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N



Board Certified Specialty: No

 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE**

**PRACTITIONER**

**CHASE, AVA LOU**

Provider ID: 206360  
 Provider Gender: Female  
 License Number: NP95000602  
 NPI: 1164496386  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N


Board Certified Specialty: No


 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER


**CERTIFIED NURSE**

**PRACTITIONER**

**DHARKAR SURBER, SAPNA**

Provider ID: 185268  
 Provider Gender: Female  
 License Number: NP95013257  
 NPI: 1538707765  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL  
 Board Certified Specialty: No


 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105  
 Phone: (619) 255-9155  
 After Hours Phone: (619) 255-9155  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
 Email: [aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-6:00PM*  
*SA 8:00AM-2:00PM*

**CERTIFIED NURSE PRACTITIONER**

**DHARKAR SURBER, SAPNA**

*Provider ID: 185268*  
*Provider Gender: Female*  
*License Number: NP95013257*  
*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: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-6:00PM*  
*SA 8:00AM-2:00PM*

**CERTIFIED NURSE PRACTITIONER**




**DO, ELAINE**

*Provider ID: 233532*

*Provider Gender: Female*  
*License Number: NP95019446*  
*NPI: 1215696307*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*

*Board Certified Specialty: No*


 4305 UNIVERSITY AVE STE 150  
 SAN DIEGO, CA 92105  
 *Phone: (619) 280-2058*  
 *After Hours Phone: (619) 280-2058*

 *Website: www.sdfamilycare.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\22*

*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*  
*SA 8:00AM-2:00PM*

**CERTIFIED NURSE PRACTITIONER**

**DO, ELAINE**

*Provider ID: 233532*

*Provider Gender: Female*  
*License Number: NP95019446*  
*NPI: 1215696307*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*

*Board Certified Specialty: No*


 4305 UNIVERSITY AVE STE 150

SAN DIEGO, CA 92105  
 *Phone: (619) 280-2058*  
 *After Hours Phone: (619) 280-2058*  
 *Website: www.sdfamilycare.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\22*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*  
*SA 8:00AM-2:00PM*



**CERTIFIED NURSE PRACTITIONER**

**GARCIA, JOHNNY**

*Provider ID: 206363*


*Provider Gender: Male*

*License Number: NP95007000*  
*NPI: 1932622156*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 4725 MARKET ST  
 SAN DIEGO, CA 92102  
 *Phone: (619) 515-2560*  
 *After Hours Phone: (619) 515-2560*

 *Website: www.fhcsd.org*  
*Email: nancyl@fhcsd.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

**CERTIFIED NURSE**

**PRACTITIONER**

**GARCIA, JOHNNY**

Provider ID: 206363

Provider Gender: Male

License Number: NP95007000

NPI: 1932622156

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

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: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**CERTIFIED NURSE**

**PRACTITIONER**

**GOLDFINGER, SARAH**

Provider ID: 206360

Provider Gender: Female

License Number: NP95011313

NPI: 1134686744

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**CERTIFIED NURSE**

**PRACTITIONER**

**GOLDFINGER, SARAH**

Provider ID: 206360

Provider Gender: Female

License Number: NP95011313

NPI: 1134686744

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

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Website: www.fhcsd.org

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**CERTIFIED NURSE**

**PRACTITIONER**

**HA, THU**

Provider ID: 206046

Provider Gender: Female

License Number: NP95010517

NPI: 1346443983

Provider English Spoken: Y

Provider Language(s)

Spoken: Vietnamese

Cultural Competency: N

Board Certified Specialty: No

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 279-0925

After Hours Phone: (858)  
279-0925

Website: www.sdfamilycare  
.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**CERTIFIED NURSE**

**PRACTITIONER**

**HA, THU**

Provider ID: 206046

Provider Gender: Female

License Number: NP95010517

NPI: 1346443983

Provider English Spoken: Y

Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Board Certified Specialty: No

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 279-0925

After Hours Phone: (858)  
279-0925

Website: www.sdfamilycare  
.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**CERTIFIED NURSE**

**PRACTITIONER**

**HA, THU**

Provider ID: 206046

Provider Gender: Female

License Number: NP95010517

NPI: 1346443983


Provider English Spoken: Y


Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925


 After Hours Phone: (858)  
279-0925

 Website: www.sdfamilycare.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

**CERTIFIED NURSE**

**PRACTITIONER**

**HA, THU**

Provider ID: 206046

Provider Gender: Female

License Number: NP95010517

NPI: 1346443983


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Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Board Certified Specialty: No

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SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858)

279-0925

 Website: www.sdfamilycare.org

Medi-Cal Open Panel: Y

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: Y

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: Y

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

 Phone: (844) 200-2426

 After Hours Phone: (844)  
200-2426

 Website: www.operationsa  
mahan.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-4:30PM

**CERTIFIED NURSE**

**PRACTITIONER**

**HILL, GENIELYN**

Provider ID: 417101  
 Provider Gender: Female  
 License Number: NP95020046  
 NPI: 1710632435

Provider English Spoken: Y  
 Provider Language(s) Spoken: Tagalog  
 Cultural Competency: N

Board Certified Specialty: No

10737 CAMINO RUIZ STE 235

SAN DIEGO, CA 92126

Phone: (844) 200-2426

After Hours Phone: (844) 200-2426

Website: www.operationsa mahan.org

Medi-Cal Open Panel: Y

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.operationsa mahan.org

Medi-Cal Open Panel: Y

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.operationsa mahan.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-4:30PM

**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: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE**

**PRACTITIONER**

**HOGAN, ROSELYNN JOY**

Provider ID: 206360

Provider Gender: Female

License Number: NP17852

NPI: 1205019510

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No




 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
 515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-5:30PM


**CERTIFIED NURSE**






**PRACTITIONER**

**HORNEY, KRISTAN**

Provider ID: 403583

Provider Gender: Female  
 License Number: NP95007712  
 NPI: 1720590904

 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No



 1501 IMPERIAL AVE  
 SAN DIEGO, CA 92101  
 Phone: (619) 233-8500  
 After Hours Phone: (619)  
 233-8500  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-5:30PM

**CERTIFIED NURSE**

**PRACTITIONER**

**INSTONE, SUSAN**

Provider ID: 233532  
 Provider Gender: Female  
 License Number: NP4858  
 NPI: 1710223268

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Board Certified Specialty: No

 4305 UNIVERSITY AVE STE  
 150  
 SAN DIEGO, CA 92105  
 Phone: (619) 280-2058  
 After Hours Phone: (619)  
 280-2058  
 Website: [www.sdfamilycare](http://www.sdfamilycare)



.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\22  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 SA 8:00AM-2:00PM





**CERTIFIED NURSE**

**PRACTITIONER**

**INSTONE, SUSAN**

Provider ID: 233532  
 Provider Gender: Female  
 License Number: NP4858  
 NPI: 1710223268

 Provider English Spoken: Y  
 Provider Language(s)  
 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](http://www.sdfamilycare.org)  
 .org  
 Medi-Cal Open Panel: Y  
 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**

**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: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**CERTIFIED NURSE  
PRACTITIONER**

**JOHNSON, SHAWNA AKIKO**

Provider ID: 233597

Provider Gender: Female

License Number: NP95002518

NPI: 1922237809

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

4290 POLK AVE  
SAN DIEGO, CA 92105

Phone: (619) 563-0250

After Hours Phone: (619)  
563-0250

Website: www.sdfamilycare.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**CERTIFIED NURSE  
PRACTITIONER**

**KEMP, KATHRINE**

Provider ID: 403583

Provider Gender: Female

License Number: NP95018497

NPI: 1316615313

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

Phone: (619) 233-8500

After Hours Phone: (619)  
233-8500

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

**CERTIFIED NURSE  
PRACTITIONER**

**KEMP, KATHRINE**

Provider ID: 403583

Provider Gender: Female

License Number: NP95018497

NPI: 1316615313

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

Phone: (619) 233-8500

After Hours Phone: (619)  
233-8500

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

**CERTIFIED NURSE  
PRACTITIONER**

**KHAN, MATTHEW**

Provider ID: 417987

Provider Gender: Male

License Number: NP17838

NPI: 1942456124

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

4874 POLK AVE  
SAN DIEGO, CA 92105

Phone: (619) 515-2426

After Hours Phone: (619)  
515-2426

Website: www.fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT

**PROVIDER**  
Hours: M-F 8:30AM-5:30PM

**CERTIFIED NURSE PRACTITIONER**

**KHAN, MATTHEW**

Provider ID: 417987  
Provider Gender: Male  
License Number: NP17838  
NPI: 1942456124

Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

4874 POLK AVE  
SAN DIEGO, CA 92105

Phone: (619) 515-2426  
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Website: www.fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

**CERTIFIED NURSE PRACTITIONER**

**KI, TRISH**

Provider ID: 482070  
Provider Gender: Female  
License Number: NP23847  
NPI: 1376840199

Provider English Spoken: Y  
 Provider Language(s) Spoken: Vietnamese  
Cultural Competency: N  
Board Certified Specialty: No

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 810-8700  
 After Hours Phone: (858) 810-8700  
 Website: www.sdfamilycare.org

Medi-Cal Open Panel: Y  
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: Y  
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: Y  
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](http://www.sdfamilycare.org)  
 Medi-Cal Open Panel: Y  
 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](http://www.sdfamilycare.org)  
 Medi-Cal Open Panel: Y  
 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](http://www.sdfamilycare.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM  
 SA 8:30AM-5:30PM

**CERTIFIED NURSE PRACTITIONER**

**KLOBERDANZ, KELSEY**

Provider ID: 417937  
 Provider Gender: Female  
 License Number: NP95005293  
 NPI: 1235672502  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4094 4TH AVE  
 SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619) 515-2545  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE PRACTITIONER**

**KLOBERDANZ, KELSEY**

Provider ID: 417937  
 Provider Gender: Female  
 License Number: NP95005293  
 NPI: 1235672502  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4094 4TH AVE  
 SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619) 515-2545  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 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  
 NPI: 1487889846  
 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No

316 25TH ST  
SAN DIEGO, CA 92102  
Phone: (619) 238-5551  
After Hours Phone: (619) 238-5551  
Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\120  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE**

**PRACTITIONER**

**LIEBER, CAROL**

Provider ID: 517403  
Provider Gender: Female  
License Number: NP20849  
NPI: 1487889846  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
316 25TH ST  
SAN DIEGO, CA 92102  
Phone: (619) 238-5551  
After Hours Phone: (619) 238-5551  
Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\120  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE**

**PRACTITIONER**

**LIM, IMELDA**

Provider ID: 417101  
Provider Gender: Female  
License Number: NP95000203  
NPI: 1093130395  
Provider English Spoken: Y  
Provider Language(s) Spoken: Tagalog  
Cultural Competency: N  
Board Certified Specialty: No  
10737 CAMINO RUIZ STE 235  
SAN DIEGO, CA 92126  
Phone: (844) 200-2426  
After Hours Phone: (844) 200-2426  
Website: www.operationsamahan.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-TU 8:30AM-5:30PM  
W 10:00AM-7:00PM  
TH-F 8:30AM-5:30PM

**CERTIFIED NURSE**

**PRACTITIONER**

**LIM, IMELDA**

Provider ID: 417101  
Provider Gender: Female  
License Number: NP95000203  
NPI: 1093130395  
Provider English Spoken: Y  
Provider Language(s) Spoken: Tagalog  
Cultural Competency: N  
Board Certified Specialty: No

10737 CAMINO RUIZ STE 235  
SAN DIEGO, CA 92126  
Phone: (844) 200-2426  
After Hours Phone: (844) 200-2426  
Website: www.operationsamahan.org  
Medi-Cal Open Panel: Y  
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: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:30AM-5:30PM

**CERTIFIED NURSE  
PRACTITIONER**

**LOVE, VICKI**

Provider ID: 206363

Provider Gender: Female

License Number: NP17362

NPI: 1699759134

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

4725 MARKET ST  
SAN DIEGO, CA 92102

Phone: (619) 515-2560

After Hours Phone: (619)  
515-2560

Website: www.fhcsd.org  
Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

**CERTIFIED NURSE  
PRACTITIONER**

**LU, TAMMY**

Provider ID: 206360

Provider Gender: Female

License Number: NP95007253

NPI: 1457879132

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**CERTIFIED NURSE  
PRACTITIONER**

**LU, TAMMY**

Provider ID: 206360

Provider Gender: Female

License Number: NP95007253

NPI: 1457879132

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**CERTIFIED NURSE  
PRACTITIONER**

**MARTIN, RIA**

Provider ID: 206363

Provider Gender: Female

License Number: NP95005321

NPI: 1437695079

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

4725 MARKET ST  
SAN DIEGO, CA 92102

Phone: (619) 515-2560

After Hours Phone: (619)  
515-2560

Website: www.fhcsd.org  
Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**CERTIFIED NURSE  
PRACTITIONER**

**MARTIN, RIA**

Provider ID: 206363

Provider Gender: Female

License Number: NP95005321

NPI: 1437695079

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

4725 MARKET ST  
SAN DIEGO, CA 92102

Phone: (619) 515-2560

After Hours Phone: (619)  
515-2560

Website: www.fhcsd.org  
Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**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: Y  
 Min/Max Age: 0\150

American Sign Language (ASL):  
 N

Accessibility: CONTACT PROVIDER

Hours: M 8:30AM-5:00PM  
 TU-TH 8:30AM-8:00PM  
 F 8:30AM-5:00PM

**CERTIFIED NURSE PRACTITIONER**

**MARTINEZ, CAROLYN**

Provider ID: 214492  
 Provider Gender: Female  
 License Number: NP22031  
 NPI: 1609101997

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No

1016 OUTER RD  
 SAN DIEGO, CA 92154

Phone: (619) 429-3733  
 After Hours Phone: (619) 429-3733  
 Website: www.ibclinic.org  
 Email: avaldez@ibclinic.org  
 Medi-Cal Open Panel: Y

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: Y  
 Min/Max Age: 0\22

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 SA 8:00AM-2:00PM

**CERTIFIED NURSE PRACTITIONER**

**MELTZER, VIRGINIA**

Provider ID: 233532  
 Provider Gender: Female  
 License Number: NP95015948  
 NPI: 1821684390

Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON

Board Certified Specialty: No  
 4305 UNIVERSITY AVE STE 150  
 SAN DIEGO, CA 92105

Phone: (619) 280-2058  
 After Hours Phone: (619) 280-2058

Website: www.sdfamilycare.org

Medi-Cal Open Panel: Y  
 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**

**MENDOZA, GRETTEL MARIE**

Provider ID: 417101  
 Provider Gender: Female  
 License Number: NP95002233  
 NPI: 1245652387  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 10737 CAMINO RUIZ STE  
 235  
 SAN DIEGO, CA 92126  
 Phone: (844) 200-2426  
 After Hours Phone: (844)  
 200-2426  
 Website: [www.operationsa  
 mahan.org](http://www.operationsa<br/>
    mahan.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**CERTIFIED NURSE**

**PRACTITIONER**

**MENDOZA, GRETTEL MARIE**

Provider ID: 417101  
 Provider Gender: Female  
 License Number: NP95002233  
 NPI: 1245652387  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 10737 CAMINO RUIZ STE  
 235  
 SAN DIEGO, CA 92126  
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 200-2426  
 Website: [www.operationsa  
 mahan.org](http://www.operationsa<br/>
    mahan.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**CERTIFIED NURSE**

**PRACTITIONER**

**NEVAREZ, IRENE**

Provider ID: 185268  
 Provider Gender: Female  
 License Number: NP95009891  
 NPI: 1003166646  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR

Board Certified Specialty: No

4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105  
 Phone: (619) 564-8765  
 After Hours Phone: (619)  
 564-8765  
 Website: [www.lamaestra.or  
 g](http://www.lamaestra.or<br/>
    g)  
 Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Hours: M-F 8:00AM-6:00PM  
 SA 8:00AM-2:00PM

**CERTIFIED NURSE**

**PRACTITIONER**

Provider ID: 185268  
 Provider Gender: Female  
 License Number: NP95009891  
 NPI: 1003166646  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR  
 Board Certified Specialty: No  
 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105  
 Phone: (619) 564-8765  
 After Hours Phone: (619)  
 564-8765  
 Website: [www.lamaestra.or  
 g](http://www.lamaestra.or<br/>
    g)  
 Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Hours: M-F 8:00AM-6:00PM  
 SA 8:00AM-2:00PM

**CERTIFIED NURSE**

**PRACTITIONER**

**NOCEDA, ANA**

Provider ID: 233532  
 Provider Gender: Female  
 License Number: NP19505  
 NPI: 1386971760  
 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: Y  
 Min/Max Age: 0\22  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 SA 8:00AM-2:00PM

**CERTIFIED NURSE  
 PRACTITIONER**

**NOCEDA, ANA**  
 Provider ID: 233532  
 Provider Gender: Female  
 License Number: NP19505  
 NPI: 1386971760  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Tagalog  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Board Certified Specialty: No  
 4305 UNIVERSITY AVE STE  
 150  
 SAN DIEGO, CA 92105  
 Phone: (619) 280-2058

After Hours Phone: (619)  
 280-2058  
 Website: www.sdfamilycare  
 .org  
 Medi-Cal Open Panel: Y  
 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**

**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: Y  
 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**CERTIFIED NURSE  
 PRACTITIONER**

**OCAMPO, ELAINE**  
 Provider ID: 206046  
 Provider Gender: Female  
 License Number: NP95003427  
 NPI: 1063856805  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Mandarin, Yue  
 Chinese  
 Cultural Competency: N  
 Board Certified Specialty: No  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858)

279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE PRACTITIONER**



**OCAMPO, ELAINE**  
 Provider ID: 206046  
 Provider Gender: Female  
 License Number: NP95003427  
 NPI: 1063856805  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Mandarin, Yue Chinese

Cultural Competency: N  
 Board Certified Specialty: No  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858) 279-0925

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE PRACTITIONER**

**ODA, THAGHAR**  
 Provider ID: 206363  
 Provider Gender: Female

License Number: NP95000205  
 NPI: 1063835692  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Amharic, Arabic  
 Cultural Competency: N  
 Board Certified Specialty: No


 4725 MARKET ST  
 SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619) 515-2560


 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE PRACTITIONER**

**ODA, THAGHAR**  
 Provider ID: 206363  
 Provider Gender: Female  
 License Number: RN810863  
 NPI: 1063835692

 Provider English Spoken: Y  
 Provider Language(s) Spoken: Amharic, Arabic  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4725 MARKET ST  
 SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619) 515-2560



 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150

American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE PRACTITIONER**



**ODA, THAGHAR**  
 Provider ID: 206363  
 Provider Gender: Female  
 License Number: RN810863  
 NPI: 1063835692






 Provider English Spoken: Y  
 Provider Language(s) Spoken: Amharic, Arabic  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4725 MARKET ST  
 SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619) 515-2560

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE PRACTITIONER**

**ODA, THAGHAR**  
 Provider ID: 206363  
 Provider Gender: Female  
 License Number: NP95000205  
 NPI: 1063835692



 Provider English Spoken: Y  
 Provider Language(s) Spoken: Amharic, Arabic

*Cultural Competency: N*  
*Board Certified Specialty: No*  
 4725 MARKET ST  
 SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619) 515-2560  
 Website: www.fhcsd.org  
 Email: nancyl@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE**

**PRACTITIONER**

**ODA, THAGHAR**

Provider ID: 206360  
 Provider Gender: Female  
 License Number: NP95000205  
 NPI: 1063835692  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Amharic, Arabic  
 Cultural Competency: N



*Board Certified Specialty: No*

 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300  
 Website: www.fhcsd.org  
 Email: dalvarado@fhcsd.org  
 Medi-Cal Open Panel: Y  
 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: Y  
 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER


**CERTIFIED NURSE**

**PRACTITIONER**

**ODA, THAGHAR**

Provider ID: 206360  
 Provider Gender: Female  
 License Number: NP95000205  
 NPI: 1063835692  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Amharic, Arabic  
 Cultural Competency: N

*Board Certified Specialty: No*

 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300  
 Website: www.fhcsd.org  
 Email: dalvarado@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE**

**PRACTITIONER**

**ORPILLA, IMELDA**

Provider ID: 418535  
 Provider Gender: Female

License Number: NP95003211  
NPI: 1790785988

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Tagalog  
Cultural Competency: N

Board Certified Specialty: No

9995 CARMEL MOUNTAIN  
RD STE B10 AND B11  
SAN DIEGO, CA 92129

Phone: (844) 200-2426

After Hours Phone: (844)  
200-2426

Website: www.operationsa  
mahan.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**CERTIFIED NURSE**

**PRACTITIONER**

**ORPILLA, IMELDA**

Provider ID: 418535

Provider Gender: Female

License Number: NP95003211

NPI: 1790785988

Provider English Spoken: Y

Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Board Certified Specialty: No

9995 CARMEL MOUNTAIN  
RD STE B10 AND B11  
SAN DIEGO, CA 92129

Phone: (844) 200-2426

After Hours Phone: (844)  
200-2426

Website: www.operationsa  
mahan.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

**CERTIFIED NURSE**

**PRACTITIONER**

**ORPILLA, IMELDA**

Provider ID: 417101

Provider Gender: Female

License Number: NP95003211

NPI: 1790785988

Provider English Spoken: Y

Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Board Certified Specialty: No

10737 CAMINO RUIZ STE  
235  
SAN DIEGO, CA 92126

Phone: (844) 200-2426

After Hours Phone: (844)  
200-2426

Website: www.operationsa  
mahan.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-4:30PM

**CERTIFIED NURSE**

**PRACTITIONER**

**ORPILLA, IMELDA**

Provider ID: 417101

Provider Gender: Female

License Number: NP95003211

NPI: 1790785988

Provider English Spoken: Y

Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Board Certified Specialty: No

10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

Phone: (844) 200-2426

After Hours Phone: (844)  
200-2426

Website: www.operationsa  
mahan.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-4:30PM

**CERTIFIED NURSE**

**PRACTITIONER**

**OWEN, MICHAEL**

Provider ID: 206363

Provider Gender: Female

License Number: NP95001492

NPI: 1073869145

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

4725 MARKET ST  
SAN DIEGO, CA 92102

Phone: (619) 515-2560


After Hours Phone: (619)  
515-2560

Website: www.fhcsd.org

Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Y



Min/Max Age: 0\150

American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE PRACTITIONER**

**OWEN, MICHAEL**

Provider ID: 206363  
 Provider Gender: Female  
 License Number: NP95001492  
 NPI: 1073869145


 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No






 4725 MARKET ST  
 SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619) 515-2560  
 Website: www.fhcsd.org  
 Email: nancyl@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE PRACTITIONER**

**PADILLA, MICHELE**

Provider ID: 403583  
 Provider Gender: Female  
 License Number: NP95020636  
 NPI: 1356083828


 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No






 1501 IMPERIAL AVE  
 SAN DIEGO, CA 92101  
 Phone: (619) 233-8500  
 After Hours Phone: (619) 233-8500  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:30PM

**CERTIFIED NURSE PRACTITIONER**

**PADILLA, MICHELE**

Provider ID: 403583  
 Provider Gender: Female  
 License Number: NP95020636  
 NPI: 1356083828

 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No





 1501 IMPERIAL AVE  
 SAN DIEGO, CA 92101  
 Phone: (619) 233-8500  
 After Hours Phone: (619) 233-8500  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:30PM

**CERTIFIED NURSE PRACTITIONER**

**PATIAG, DANIEL**

Provider ID: 206046



Provider Gender: Male  
 License Number: NP95012511  
 NPI: 1073169769  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Tagalog  
 Cultural Competency: N  
 Board Certified Specialty: No

 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858) 279-0925  
 Website: www.sdfamilycare.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
N


**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: Y  
 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: Y  
 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: Y  
 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**

Provider ID: 482070  
 Provider Gender: Female  
 License Number: NP16433  
 NPI: 1902810377

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: French, Lao,  
 Spanish

Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO

Board Certified Specialty: No

 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
 After Hours Phone: (858)  
 810-8700

 Website: www.sdfamilycare  
 .org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**CERTIFIED NURSE  
 PRACTITIONER**




**QUINTO, CINDY**


Provider ID: 233532  
 Provider Gender: Female  
 License Number: NP16433  
 NPI: 1902810377

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: French, Lao,  
 Spanish


Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO

Board Certified Specialty: No

 4305 UNIVERSITY AVE STE  
 150  
 SAN DIEGO, CA 92105  
 Phone: (619) 280-2058  
 After Hours Phone: (619)  
 280-2058

 Website: www.sdfamilycare  
 .org

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\22  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 SA 8:00AM-2:00PM

**CERTIFIED NURSE**

**PRACTITIONER**

**QUINTO, CINDY**

Provider ID: 482070

Provider Gender: Female

License Number: NP16433

NPI: 1902810377

Provider English Spoken: Y

Provider Language(s)  
Spoken: French, Lao,  
Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 810-8700

After Hours Phone: (858)  
810-8700

Website: www.sdfamilycare  
.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**CERTIFIED NURSE**

**PRACTITIONER**

**QUINTO, CINDY**

Provider ID: 233532

Provider Gender: Female

License Number: NP16433

NPI: 1902810377

Provider English Spoken: Y

Provider Language(s)  
Spoken: French, Lao,  
Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

Phone: (619) 280-2058

After Hours Phone: (619)  
280-2058

Website: www.sdfamilycare  
.org

Medi-Cal Open Panel: Y

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**

**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: Y

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: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**CERTIFIED NURSE**

**PRACTITIONER**

**SABIN, NANCY**

Provider ID: 206046

Provider Gender: Female

License Number: NP4668

NPI: 1285732586

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

6973 LINDA VISTA RD

SAN DIEGO, CA 92111

Phone: (858) 279-0925

After Hours Phone: (858)  
279-0925

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org) SA 9:00AM-1:00PM

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Hours: M 8:00AM-5:00PM

TU 8:00AM-8:00PM

W-F 8:00AM-5:00PM

SA 9:00AM-1:00PM

**CERTIFIED NURSE**

**PRACTITIONER**

**SABIN, NANCY**

Provider ID: 206046

Provider Gender: Female

License Number: NP4668

NPI: 1285732586


Provider English Spoken: Y


Provider Language(s) Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858) 279-0925

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y

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

**CERTIFIED NURSE**

**PRACTITIONER**

**SABIN, NANCY**

Provider ID: 206046

Provider Gender: Female

License Number: NP4668

NPI: 1285732586


Provider English Spoken: Y


Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858) 279-0925

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Hours: M 8:00AM-5:00PM

TU 8:00AM-8:00PM

W-F 8:00AM-5:00PM

SA 9:00AM-1:00PM

**CERTIFIED NURSE**

**PRACTITIONER**

**SABIN, NANCY**

Provider ID: 206046

Provider Gender: Female

License Number: NP4668

NPI: 1285732586

Provider English Spoken: Y


Provider Language(s)


Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925


 After Hours Phone: (858) 279-0925

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Hours: M 8:00AM-5:00PM

TU 8:00AM-8:00PM

W-F 8:00AM-5:00PM

SA 9:00AM-1:00PM

**CERTIFIED NURSE**

**PRACTITIONER**

**SANTANGELO, JOANNE**

Provider ID: 206046

Provider Gender: Female

License Number: NP2390


NPI: 1619370475


Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858) 279-0925


 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N




 *Accessibility: CONTACT PROVIDER*  
*Hours: M 8:00AM-5:00PM*  
*TU 8:00AM-8:00PM*  
*W-F 8:00AM-5:00PM*  
*SA 9:00AM-1:00PM*


**CERTIFIED NURSE PRACTITIONER**

**SANTANGELO, JOANNE**

*Provider ID: 206046*  
*Provider Gender: Female*  
*License Number: NP2390*  
*NPI: 1619370475*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 *Phone: (858) 279-0925*  
 *After Hours Phone: (858) 279-0925*

 *Website: www.sdfamilycare.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
*Hours: M 8:00AM-5:00PM*  
*TU 8:00AM-8:00PM*  
*W-F 8:00AM-5:00PM*  
*SA 9:00AM-1:00PM*


**CERTIFIED NURSE PRACTITIONER**

**SANTANGELO, JOANNE**

*Provider ID: 206046*  
*Provider Gender: Female*  
*License Number: NP2390*

*NPI: 1619370475*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 *Phone: (858) 279-0925*  
 *After Hours Phone: (858) 279-0925*  
 *Website: www.sdfamilycare.org*

*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*  
*Hours: M 8:00AM-5:00PM*  
*TU 8:00AM-8:00PM*  
*W-F 8:00AM-5:00PM*  
*SA 9:00AM-1:00PM*


**CERTIFIED NURSE PRACTITIONER**

**SANTANGELO, JOANNE**

*Provider ID: 206046*  
*Provider Gender: Female*  
*License Number: NP2390*  
*NPI: 1619370475*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 *Phone: (858) 279-0925*  
 *After Hours Phone: (858) 279-0925*



 *Website: www.sdfamilycare.org*  
*Medi-Cal Open Panel: Y*  
*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: Y*  
*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: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
 PROVIDER

Hours: M 8:00AM-5:00PM

TU 8:00AM-8:00PM

W-F 8:00AM-5:00PM

SA 9:00AM-1:00PM

**CERTIFIED NURSE**

**PRACTITIONER**

**SATTERWHITE, MAURINE**

Provider ID: 206046

Provider Gender: Female

License Number: NP7022

NPI: 1225012842

Provider English Spoken: Y

Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111

Phone: (858) 279-0925

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 279-0925

Website: www.sdfamilycare.org

Medi-Cal Open Panel: Y

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

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 SAN DIEGO, CA 92111

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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**

**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: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Hours: M-TH 8:00AM-9:00PM  
 F 8:00AM-5:00PM

**CERTIFIED NURSE**

**PRACTITIONER**

**SAVILLE, EDITH**

Provider ID: 417937

Provider Gender: Female

License Number: NP7374





NPI: 1730567678

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

4094 4TH AVE  
 SAN DIEGO, CA 92103

 Phone: (619) 515-2545  
 After Hours Phone: (619) 515-2545  
 Website: www.fhcsd.org  
 Email: fabianm@fhcsd.org  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE PRACTITIONER**  
**SEAMAN, MARY**





Provider ID: 206363  
 Provider Gender: Female  
 License Number: NP10146  
 NPI: 1033116652  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4725 MARKET ST  
 SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619) 515-2560  
 Website: www.fhcsd.org  
 Email: nancyl@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE PRACTITIONER**  
**SEBRING, JAN**




Provider ID: 206360  
 Provider Gender: Female  
 License Number: RN486421  
 NPI: 1295750339  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300  
 Website: www.fhcsd.org  
 Email: dalvarado@fhcsd.org  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE PRACTITIONER**  
**SEBRING, JAN**

Provider ID: 206360  
 Provider Gender: Female  
 License Number: RN486421  
 NPI: 1295750339  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300


 After Hours Phone: (619) 515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE**

**PRACTITIONER**

**SEBRING, JAN**

Provider ID: 206360

Provider Gender: Female


License Number: NP10906


NPI: 1295750339


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619) 515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE**

**PRACTITIONER**


**SOTO, ROBIN**

Provider ID: 206360

Provider Gender: Female

License Number: NP11778

NPI: 1487688099


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619) 515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE**

**PRACTITIONER**


**SOTO, ROBIN**

Provider ID: 206360

Provider Gender: Female

License Number: NP11778

NPI: 1487688099


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 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

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 Phone: (619) 515-2300

 After Hours Phone: (619) 515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE**

**PRACTITIONER**

**TAYLOR, KAYLA**

Provider ID: 206362

Provider Gender: Female

License Number: NP95006792


NPI: 1730604414


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 3544 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619) 515-2424

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Y

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








515-2424  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE**

**PRACTITIONER**

**TODD, MIKAYLA**

Provider ID: 517998  
 Provider Gender: Female  
 License Number: NP95005999  
 NPI: 1316478092








 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: Y  
 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: Y  
 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](http://www.fhcsd.org)  
 Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER








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](http://www.fhcsd.org)  
 Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 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: Y  
 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE PRACTITIONER**  
**VEGA, TERESA**



Provider ID: 206360  
 Provider Gender: Female  
 License Number: NP95001705  
 NPI: 1912304569  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No

 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300  
 Website: www.fhcsd.org  
 Email: dalvarado@fhcsd.org  
 Medi-Cal Open Panel: Y  
 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



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 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
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 Website: www.fhcsd.org  
 Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER




**CERTIFIED NURSE PRACTITIONER**


**VELASQUEZ, FERNANDO**


Provider ID: 206360  
 Provider Gender: Male  
 License Number: NP95011254  
 NPI: 1386195535

 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish

Cultural Competency: N  
 Board Certified Specialty: No

 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300

 Website: www.fhcsd.org  
 Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE PRACTITIONER**

**VELASQUEZ, FERNANDO**

Provider ID: 206360  
 Provider Gender: Male  
 License Number: NP95011254  
 NPI: 1386195535

 Provider English Spoken: Y

 *Provider Language(s)*  
*Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 *Phone: (619) 515-2300*  
 *After Hours Phone: (619) 515-2300*  
 *Website: www.fhcsd.org*  
*Email: dalvarado@fhcsd.org*  
*Medi-Cal Open Panel: Y*  
*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: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*



**CERTIFIED NURSE PRACTITIONER**






**VELASQUEZ, FERNANDO**

*Provider ID: 356145*  
*Provider Gender: Male*  
*License Number: NP95011254*  
*NPI: 1386195535*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 2391 ISLAND AVE  
 SAN DIEGO, CA 92102  
 *Phone: (619) 515-2435*  
 *After Hours Phone: (619) 515-2435*  
 *Website: N/A*  
*Email: dalvarado@fhcsd.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

**CERTIFIED NURSE PRACTITIONER**

**VELASQUEZ, FERNANDO**

*Provider ID: 356145*  
*Provider Gender: Male*  
*License Number: NP95011254*  
*NPI: 1386195535*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 2391 ISLAND AVE  
 SAN DIEGO, CA 92102  
 *Phone: (619) 515-2435*  
 *After Hours Phone: (619) 515-2435*  
 *Website: N/A*  
*Email: dalvarado@fhcsd.org*  
*Medi-Cal Open Panel: Y*  
*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: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

**CERTIFIED NURSE**

**PRACTITIONER**

**VILLALOBOS, REBECA**

Provider ID: 206360  
 Provider Gender: Female  
 License Number: NP95015780  
 NPI: 1184224396

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Board Certified Specialty: No

1809 NATIONAL AVE  
 SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
 515-2300

Website: www.fhcsd.org  
 Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

**CERTIFIED NURSE**

**PRACTITIONER**

**VILLALOBOS, REBECA**

Provider ID: 206360  
 Provider Gender: Female  
 License Number: NP95015780  
 NPI: 1184224396

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Board Certified Specialty: No

1809 NATIONAL AVE  
 SAN DIEGO, CA 92113

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 515-2300

Website: www.fhcsd.org  
 Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

**CERTIFIED NURSE**

**PRACTITIONER**

**WEICKERT, MARIA**

Provider ID: 417429  
 Provider Gender: Female  
 License Number: NP95010814  
 NPI: 1841758984

Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No

1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101

Phone: (619) 515-2525

After Hours Phone: (619)  
 515-2525

Website: www.fhcsd.org  
 Email: janeta@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Hours: M-F 8:30AM-5:30PM

**CERTIFIED NURSE**

**PRACTITIONER**

**WEICKERT, MARIA**

Provider ID: 417429  
 Provider Gender: Female  
 License Number: NP95010814  
 NPI: 1841758984

Provider English Spoken: Y  
 Cultural Competency: N

Board Certified Specialty: No

1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101

Phone: (619) 515-2525

After Hours Phone: (619)  
 515-2525

Website: www.fhcsd.org  
 Email: janeta@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Hours: M-F 8:30AM-5:30PM

**CERTIFIED NURSE**

**PRACTITIONER**

**WILLIAMS, TAKISHA**

Provider ID: 416831  
 Provider Gender: Female  
 License Number: NP95013978  
 NPI: 1881727386

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Board Certified Specialty: No

3514 30TH ST  
 SAN DIEGO, CA 92104

Phone: (619) 515-2424

After Hours Phone: (619)  
 515-2424

Website: www.fhcsd.org  
 Email: jenanm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL):  
 N

Accessibility: CONTACT



PROVIDER

**CERTIFIED NURSE PRACTITIONER**

**WILLIAMS, TAKISHA**

Provider ID: 416831  
 Provider Gender: Female  
 License Number: NP95013978  
 NPI: 1881727386

Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish

Cultural Competency: N  
 Board Certified Specialty: No

3514 30TH ST  
 SAN DIEGO, CA 92104

Phone: (619) 515-2424  
 After Hours Phone: (619) 515-2424

Website: www.fhcsd.org  
 Email: jenanm@fhcsd.org

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\18

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE PRACTITIONER**

**WILLIAMS, TAKISHA**

Provider ID: 402851  
 Provider Gender: Female  
 License Number: NP95013978  
 NPI: 1881727386

Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish

Cultural Competency: N  
 Board Certified Specialty: No

3705 MISSION BLVD

SAN DIEGO, CA 92109  
 Phone: (619) 515-2444  
 After Hours Phone: (619) 515-2444  
 Website: www.fhcsd.org  
 Email: sabay@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE PRACTITIONER**

**WILLIAMS, TAKISHA**

Provider ID: 402851  
 Provider Gender: Female  
 License Number: NP95013978  
 NPI: 1881727386

Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish

Cultural Competency: N  
 Board Certified Specialty: No

3705 MISSION BLVD  
 SAN DIEGO, CA 92109

Phone: (619) 515-2444  
 After Hours Phone: (619) 515-2444

Website: www.fhcsd.org  
 Email: sabay@fhcsd.org

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE PRACTITIONER**

**WOLF, CELIA**

Provider ID: 417937  
 Provider Gender: Female  
 License Number: NP95001899  
 NPI: 1245635564

Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No

4094 4TH AVE  
 SAN DIEGO, CA 92103

Phone: (619) 515-2545  
 After Hours Phone: (619) 515-2545

Website: www.fhcsd.org  
 Email: fabianm@fhcsd.org

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE PRACTITIONER**

**WOLF, CELIA**

Provider ID: 417937  
 Provider Gender: Female  
 License Number: NP95001899  
 NPI: 1245635564

Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No

4094 4TH AVE  
 SAN DIEGO, CA 92103


Phone: (619) 515-2545  
 After Hours Phone: (619) 515-2545

Website: www.fhcsd.org  
 Email: fabianm@fhcsd.org

Medi-Cal Open Panel: Y  
 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: Y*

*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: Y*

*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: Y*

*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: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

**CHIROPRACTOR**

**ASSADIAN, MEHRAK**

*Provider ID: 451167*

*Provider Gender: Female*

*License Number: DC27523*

*NPI: 1295278281*


*Provider English Spoken: Y*


*Provider Language(s) Spoken: Turkish*

*Cultural Competency: N*

*Board Certified Specialty: No*

 950 S EUCLID AVE  
SAN DIEGO, CA 92114

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: www.syhealth.org*

/clinics/king- chavez- health- center  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**CHIROPRACTOR**  
**ASSADIAN, MEHRAK**

Provider ID: 451167  
 Provider Gender: Female  
 License Number: DC27523  
 NPI: 1295278281  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Turkish

Cultural Competency: N  
 Board Certified Specialty: No  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: www.syhealth.org  
 /clinics/king- chavez- health- center  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-4:30PM

**CHIROPRACTOR**  
**CABALLERO, JAMES**

Provider ID: 417101  
 Provider Gender: Male  
 License Number: DC27726  
 NPI: 1093991549  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 10737 CAMINO RUIZ STE 235  
 SAN DIEGO, CA 92126  
 Phone: (844) 200-2426  
 After Hours Phone: (844) 200-2426  
 Website: www.operationsamahan.org  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TU 8:30AM-5:30PM  
 W 10:00AM-7:00PM  
 TH-F 8:30AM-5:30PM

**CHIROPRACTOR**  
**CABALLERO, JAMES**

Provider ID: 418535  
 Provider Gender: Male  
 License Number: DC27726  
 NPI: 1093991549  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 9995 CARMEL MOUNTAIN RD STE B10 AND B11  
 SAN DIEGO, CA 92129  
 Phone: (844) 200-2426

 After Hours Phone: (844) 200-2426  
 Website: [www.operationsamahan.org](http://www.operationsamahan.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TU 8:30AM-5:30PM  
 W 10:00AM-7:00PM  
 TH-F 8:30AM-5:30PM

**CHIROPRACTOR**

**GILIBERTO, JOSEPH**

Provider ID: 418535  
 Provider Gender: Male  
 License Number: DC15775  
 NPI: 1821463159  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 9995 CARMEL MOUNTAIN RD STE B10 AND B11 SAN DIEGO, CA 92129  
 Phone: (844) 200-2426  
 After Hours Phone: (844) 200-2426  
 Website: [www.operationsamahan.org](http://www.operationsamahan.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TU 8:30AM-5:30PM  
 W 10:00AM-7:00PM  
 TH-F 8:30AM-5:30PM


**CHIROPRACTOR**

**GILIBERTO, JOSEPH**

Provider ID: 417101  
 Provider Gender: Male  
 License Number: DC15775  
 NPI: 1821463159  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 10737 CAMINO RUIZ STE 235 SAN DIEGO, CA 92126  
 Phone: (844) 200-2426  
 After Hours Phone: (844) 200-2426  
 Website: [www.operationsamahan.org](http://www.operationsamahan.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-4:30PM

**CHIROPRACTOR**

**GILIBERTO, JOSEPH**

Provider ID: 417101  
 Provider Gender: Male  
 License Number: DC15775  
 NPI: 1821463159  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 10737 CAMINO RUIZ STE 235 SAN DIEGO, CA 92126

 Phone: (844) 200-2426  
 After Hours Phone: (844) 200-2426  
 Website: [www.operationsamahan.org](http://www.operationsamahan.org)  
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 Min/Max Age: 0\150  
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 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-4:30PM

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Provider ID: 418535  
 Provider Gender: Male  
 License Number: DC15775  
 NPI: 1821463159  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 9995 CARMEL MOUNTAIN RD STE B10 AND B11 SAN DIEGO, CA 92129  
 Phone: (844) 200-2426  
 After Hours Phone: (844) 200-2426  
 Website: [www.operationsamahan.org](http://www.operationsamahan.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TU 8:30AM-5:30PM  
 W 10:00AM-7:00PM  
 TH-F 8:30AM-5:30PM

**CHIROPRACTOR**

**ILCHENA, ALESANDRA**

Provider ID: 185268

Provider Gender: Female

License Number: DC32800

NPI: 1871046664

Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

 Phone: (619) 798-3947

 After Hours Phone: (619)  
798-3947

 Website: [www.lamaestra.org](http://www.lamaestra.org)


Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

**CHIROPRACTOR**

**ILCHENA, ALESANDRA**

Provider ID: 185268

Provider Gender: Female

License Number: DC32800

NPI: 1871046664

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: PALOMAR

**MEDICAL CENTER**

Board Certified Specialty: No

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

 Phone: (619) 798-3947

 After Hours Phone: (619)  
798-3947

 Website: [www.lamaestra.org](http://www.lamaestra.org)

Email:

[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT

**PROVIDER**

**CHIROPRACTOR**

**KAZEM, AHMAD**

Provider ID: 227409

Provider Gender: Male

License Number: DC33300


NPI: 1003296096


Provider English Spoken: Y


Provider Language(s)  
Spoken: Farsi

Cultural Competency: N

Board Certified Specialty: No

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

**CHIROPRACTOR**

**LOVERN, JENNIFER**

Provider ID: 207382

Provider Gender: Female

License Number: DC29074

NPI: 1235469396


Provider English Spoken: Y


Provider Language(s)  
Spoken: Italian, Spanish



Cultural Competency: N

Board Certified Specialty: No

 2630 1ST AVE  
SAN DIEGO, CA 92103







 Phone: (619) 234-2158


 After Hours Phone: (619)

234-2158  
 Website: WWW.SDAIHC.ORG  
 G  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**CHIROPRACTOR**

**LOVERN, JENNIFER**

Provider ID: 207382  
 Provider Gender: Female  
 License Number: DC29074  
 NPI: 1235469396  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Italian, Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 2630 1ST AVE  
 SAN DIEGO, CA 92103  
 Phone: (619) 234-2158  
 After Hours Phone: (619) 234-2158  
 Website: WWW.SDAIHC.ORG  
 G

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**CHIROPRACTOR**

**LOVERN, JENNIFER**







Provider ID: 418535  
 Provider Gender: Female  
 License Number: DC29074


NPI: 1235469396  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Italian, Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 9995 CARMEL MOUNTAIN  
 RD STE B10 AND B11  
 SAN DIEGO, CA 92129  
 Phone: (844) 200-2426  
 After Hours Phone: (844) 200-2426  
 Website: www.operationsa  
 mahan.org

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TU 8:30AM-5:30PM  
 W 10:00AM-7:00PM  
 TH-F 8:30AM-5:30PM

**CHIROPRACTOR**






**LOVERN, JENNIFER**


Provider ID: 418535  
 Provider Gender: Female  
 License Number: DC29074  
 NPI: 1235469396  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Italian, Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 9995 CARMEL MOUNTAIN  
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 SAN DIEGO, CA 92129  
 Phone: (844) 200-2426  
 After Hours Phone: (844) 200-2426  
 Website: www.operationsa

mahan.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TU 8:30AM-5:30PM  
 W 10:00AM-7:00PM  
 TH-F 8:30AM-5:30PM

**CHIROPRACTOR**

**OLSEN, MARTIN**

Provider ID: 402851  
 Provider Gender: Male  
 License Number: DC20729  
 NPI: 1730247990  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109  
 Phone: (619) 515-2444  
 After Hours Phone: (619) 515-2444

 Website: www.fhcsd.org  
 Email: sabay@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**CHIROPRACTOR**

**OLSEN, MARTIN**

Provider ID: 402851  
 Provider Gender: Male  
 License Number: DC20729

NPI: 1730247990

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

3705 MISSION BLVD  
SAN DIEGO, CA 92109

Phone: (619) 515-2444

After Hours Phone: (619)  
515-2444

Website: www.fhcsd.org

Email: sabay@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### **CHIROPRACTOR**

#### **PAGE, BIANCA**

Provider ID: 417937

Provider Gender: Female

License Number: DC33688

NPI: 1649787607

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

4094 4TH AVE  
SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)  
515-2545

Website: www.fhcsd.org

Email: fabianm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM

F 8:00AM-5:00PM

### **CHIROPRACTOR**

#### **PAGE, BIANCA**

Provider ID: 417937

Provider Gender: Female

License Number: DC33688

NPI: 1649787607

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

4094 4TH AVE  
SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)  
515-2545

Website: www.fhcsd.org

Email: fabianm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM

F 8:00AM-5:00PM

### **CHIROPRACTOR**

#### **ROJAS, RICHARD**

Provider ID: 417937

Provider Gender: Male

License Number: DC31024

NPI: 1538318811

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

4094 4TH AVE  
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: Y

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: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9:00AM-5:00PM

### **CHIROPRACTOR**

#### **SOSA, DAVID**

Provider ID: 417937

Provider Gender: Male

License Number: DC33150

NPI: 1013308675

☐ Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
📍 4094 4TH AVE  
SAN DIEGO, CA 92103  
☎ Phone: (619) 515-2545  
🕒 After Hours Phone: (619) 515-2545  
🌐 Website: www.fhcsd.org  
Email: fabianm@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
Hours: M-TH 8:00AM-9:00PM  
F 8:00AM-5:00PM

**CHIROPRACTOR**

**SOSA, DAVID**

Provider ID: 417937  
Provider Gender: Male  
License Number: DC33150  
NPI: 1013308675

☐ Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
📍 4094 4TH AVE  
SAN DIEGO, CA 92103  
☎ Phone: (619) 515-2545  
🕒 After Hours Phone: (619) 515-2545  
🌐 Website: www.fhcsd.org  
Email: fabianm@fhcsd.org  
Medi-Cal Open Panel: Y  
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: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER

**CHIROPRACTOR**

**SOSA, DAVID**

Provider ID: 206363  
Provider Gender: Male  
License Number: DC33150  
NPI: 1013308675

☐ Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
📍 4725 MARKET ST  
SAN DIEGO, CA 92102  
☎ Phone: (619) 515-2560  
🕒 After Hours Phone: (619) 515-2560  
🌐 Website: www.fhcsd.org  
Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER

**CHIROPRACTOR**

**SU, VENNES**

Provider ID: 417101  
Provider Gender: Female  
License Number: DC34907  
NPI: 1053919928

☐ Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
📍 10737 CAMINO RUIZ STE 235  
SAN DIEGO, CA 92126  
☎ Phone: (844) 200-2426  
🕒 After Hours Phone: (844) 200-2426  
🌐 Website: www.operationsa mahan.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-4:30PM

**CHIROPRACTOR**

**SU, VENNES**

Provider ID: 417101  
Provider Gender: Female  
License Number: DC34907  
NPI: 1053919928

☐ Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No



10737 CAMINO RUIZ STE  
235  
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Phone: (844) 200-2426  
After Hours Phone: (844)  
200-2426  
Website: [www.operationsamahan.org](http://www.operationsamahan.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-4:30PM

**CLINIC OUTPATIENT  
OPERATION SAMAHAN  
RANCHO PENASQUITOS,**

Provider ID: 418535  
NPI: 1699216622  
Provider English Spoken: Y  
Cultural Competency: N  
9995 CARMEL MOUNTAIN  
RD STE B10 AND B11  
SAN DIEGO, CA 92129  
Phone: (844) 200-2426  
Fax: (858) 695-9074  
After Hours Phone: (844)  
200-2426  
Website: [www.operationsamahan.org](http://www.operationsamahan.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-TU 8:30AM-5:30PM  
W 10:00AM-7:00PM  
TH-F 8:30AM-5:30PM

**CLINIC OUTPATIENT  
OPERATION SAMAHAN  
RANCHO PENASQUITOS,**

Provider ID: 418535  
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Cultural Competency: N  
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Website: [www.operationsamahan.org](http://www.operationsamahan.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-TU 8:30AM-5:30PM  
W 10:00AM-7:00PM  
TH-F 8:30AM-5:30PM

**DERMATOLOGY  
BURROWS, WILLIAM**

Provider ID: 417937  
Provider Gender: Male  
License Number: G16236  
NPI: 1639199292  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL, SCRIPPS  
MERCY HOSPITAL  
Board Certified Specialty: No  
4094 4TH AVE  
SAN DIEGO, CA 92103  
Phone: (619) 515-2545

After Hours Phone: (619)  
515-2545  
Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
Medi-Cal Open Panel: Y  
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  
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Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
Medi-Cal Open Panel: Y  
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: Y  
 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

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 Email: nancyl@fhcsd.org  
 Medi-Cal Open Panel: Y  
 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  
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 515-2300  
 Website: www.fhcsd.org  
 Email: dalvarado@fhcsd.org  
 Medi-Cal Open Panel: Y  
 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  
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 MEMORIAL HOSPITAL,  
 SCRIPPS GREEN HOSPITAL  
 Board Certified Specialty: No  
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 Email: dalvarado@fhcsd.org  
 Medi-Cal Open Panel: Y  
 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  
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Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

Hours: M 8:00AM-7:00PM

TU-TH 8:00AM-6:00PM

F 8:00AM-5:30PM

**ENDOCRINOLOGY**

**METABOLISM DIABETES**

**CARRILLO, MARITZA**

Provider ID: 206360

Provider Gender: Female

License Number: A163183

NPI: 1649628587

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL

Board Certified Specialty: No

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☎ After Hours Phone: (619) 515-2300

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TU-TH 8:00AM-6:00PM

F 8:00AM-5:30PM

**ENDOCRINOLOGY**

**METABOLISM DIABETES**

**CHANG, AMY**

Provider ID: 206360

Provider Gender: Female

License Number: A93385

NPI: 1750568911

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL ENCINITAS,

SADDLEBACK MEMORIAL

MED CTR, SCRIPPS GREEN

HOSPITAL

Board Certified Specialty: No

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Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

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

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Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

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

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 Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**ENDOCRINOLOGY**

**METABOLISM DIABETES**

**GANDHI, ANAND**

Provider ID: 206360  
 Provider Gender: Male  
 License Number: A178494  
 NPI: 1821651779  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 Fax: (619) 515-2510

 After Hours Phone: (619) 515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER






**ENDOCRINOLOGY**

**METABOLISM DIABETES**

**LEVINE, MATTHEW**

Provider ID: 206360

Provider Gender: Male  
 License Number: A77126  
 NPI: 1801994231  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, UCSD MEDICAL CTR






Board Certified Specialty: No  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
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 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**ENDOCRINOLOGY**

**METABOLISM DIABETES**

**LEVINE, MATTHEW**






Provider ID: 206360  
 Provider Gender: Male  
 License Number: A77126  
 NPI: 1801994231  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, UCSD MEDICAL CTR

Board Certified Specialty: No  
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 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**ENDOCRINOLOGY**

**METABOLISM DIABETES**

**NAGELBERG, JODI**

Provider ID: 206360  
 Provider Gender: Female  
 License Number: A146838  
 NPI: 1720474141  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
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 After Hours Phone: (619) 515-2300  
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 Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**ENDOCRINOLOGY**

**METABOLISM DIABETES**

**NAGELBERG, JODI**

Provider ID: 206360  
 Provider Gender: Female  
 License Number: A146838  
 NPI: 1720474141  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
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 Website: www.fhcsd.org  
 Email: dalvarado@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**ENDOCRINOLOGY**

**METABOLISM DIABETES**

**RODRIGUEZ MARTINEZ, RENIL**

Provider ID: 206360  
 Provider Gender: Female  
 License Number: A142703  
 NPI: 1477817757  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300  
 Website: www.fhcsd.org  
 Email: dalvarado@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150

American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**ENDOCRINOLOGY**

**METABOLISM DIABETES**

**RODRIGUEZ MARTINEZ, RENIL**

Provider ID: 206360  
 Provider Gender: Female  
 License Number: A142703  
 NPI: 1477817757  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300  
 Website: www.fhcsd.org  
 Email: dalvarado@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**ABDALLAH, ALI**

Provider ID: 206363  
 Provider Gender: Male  
 License Number: 20A15471  
 NPI: 1649699968  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Arabic  
 Cultural Competency: N

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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**ABDALLAH, ALI**

Provider ID: 206363  
 Provider Gender: Male  
 License Number: 20A15471  
 NPI: 1649699968  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Arabic  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4725 MARKET ST  
 SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619) 515-2560  
 Website: www.fhcsd.org  
 Email: nancyl@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**ALVAREZ-ESTRADA, MIGUEL**

Provider ID: 227409  
 Provider Gender: Male  
 License Number: A157505  
 NPI: 1588197826  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA, SCRIPPS MERCY  
 HOSPITAL, PARADISE VALLEY  
 HOSPITAL  
 Board Certified Specialty: No  
 3177 OCEAN VIEW BLVD  
 SAN DIEGO, CA 92113  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: [https://www.syhe  
 alth.org/locations](https://www.syhealth.org/locations)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**FAMILY PRACTICE**

**ALVAREZ-ESTRADA, MIGUEL**

Provider ID: 227409  
 Provider Gender: Male  
 License Number: A157505  
 NPI: 1588197826  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL CHULA

VISTA, SCRIPPS MERCY  
 HOSPITAL, PARADISE VALLEY  
 HOSPITAL  
 Board Certified Specialty: No  
 3177 OCEAN VIEW BLVD  
 SAN DIEGO, CA 92113  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: [https://www.syhe  
 alth.org/locations](https://www.syhealth.org/locations)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**FAMILY PRACTICE**

**BACHARACH, REBECCA**

Provider ID: 417937  
 Provider Gender: Female  
 License Number: 20A15459  
 NPI: 1225442643  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4094 4TH AVE  
 SAN DIEGO, CA 92103  
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 After Hours Phone: (619)  
 515-2545  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 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**

**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  
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 515-2545  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TH 8:00AM-9:00PM  
 F 8:00AM-5:00PM

**FAMILY PRACTICE**

**BAGINGITO, AUSTIN**


Provider ID: 417429  
 Provider Gender: Male  
 License Number: A163977  
 NPI: 1942705637  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101  
 Phone: (619) 515-2525  
 After Hours Phone: (619)  
 515-2525




 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [janeta@fhcsd.org](mailto:janeta@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 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

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 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [janeta@fhcsd.org](mailto:janeta@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 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](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Y  
 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

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 SAN DIEGO, CA 92105  
 Phone: (619) 515-2426  
 After Hours Phone: (619) 515-2426



 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Y  
 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](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Y  
 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](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\120  
 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: Y  
 Min/Max Age: 0\120  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**






**BISHOP, MELISSA**

Provider ID: 403583  
 Provider Gender: Female  
 License Number: C137521  
 NPI: 1578667077  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: PALOMAR  
 MEDICAL CENTER  
 Board Certified Specialty: No  
 1501 IMPERIAL AVE  
 SAN DIEGO, CA 92101  
 Phone: (619) 645-6405  
 After Hours Phone: (619)  
 645-6405  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:30PM

**FAMILY PRACTICE**

**BISHOP, MELISSA**

Provider ID: 403583  
 Provider Gender: Female  
 License Number: C137521  
 NPI: 1578667077  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: PALOMAR  
 MEDICAL CENTER  
 Board Certified Specialty: No  
 1501 IMPERIAL AVE  
 SAN DIEGO, CA 92101  
 Phone: (619) 645-6405  
 After Hours Phone: (619)  
 645-6405  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:30PM

**FAMILY PRACTICE**

**BODIFORD, SAMANTHA**

Provider ID: 214492  
 Provider Gender: Female  
 License Number: A165398  
 NPI: 1730684200  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No



1016 OUTER RD  
SAN DIEGO, CA 92154  
Phone: (619) 429-3733  
After Hours Phone: (619) 429-3733  
Website: www.ibclinic.org  
Email: avaldez@ibclinic.org  
Medi-Cal Open Panel: Y  
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  
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Email: avaldez@ibclinic.org  
Medi-Cal Open Panel: Y  
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: Y  
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: Y  
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: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-W 8:30AM-5:00PM  
TH 8:30AM-9:00PM  
F 8:30AM-5:00PM

**FAMILY PRACTICE**

**BRADY, PATRICIA**

Provider ID: 403583  
Provider Gender: Female

License Number: C53121  
 NPI: 1952390437  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON  
 Board Certified Specialty: No  
 1501 IMPERIAL AVE  
 SAN DIEGO, CA 92101  
 Phone: (619) 233-8500  
 After Hours Phone: (619)  
 233-8500  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-W 8:30AM-5:00PM  
 TH 8:30AM-9:00PM  
 F 8:30AM-5:00PM

**FAMILY PRACTICE**

**BRODSKY, MARK**

Provider ID: 402851  
 Provider Gender: Male  
 License Number: C53623  
 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: Y

Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-W 8:30AM-5:30PM  
 TH 9:00AM-6:00PM  
 F 8:30AM-5:30PM

**FAMILY PRACTICE**

**BRODSKY, MARK**

Provider ID: 402851  
 Provider Gender: Male  
 License Number: C53623  
 NPI: 1346337904  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109  
 Phone: (619) 515-2444  
 After Hours Phone: (619)  
 515-2444  
 Website: www.fhcsd.org  
 Email: sabay@fhcsd.org  
 Medi-Cal Open Panel: Y  
 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: Y  
 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

Hours: M-F 8:30AM-5:30PM

**FAMILY PRACTICE**

**CAMPBELL, BRIANNA**

Provider ID: 451167

Provider Gender: Female

License Number: A157488

NPI: 1316479892

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: CHULA

VISTA COMM HOSP

Board Certified Specialty: No

950 S EUCLID AVE  
SAN DIEGO, CA 92114

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**CAMPBELL, BRIANNA**

Provider ID: 451167

Provider Gender: Female

License Number: A157488

NPI: 1316479892

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: CHULA

VISTA COMM HOSP

Board Certified Specialty: No

950 S EUCLID AVE  
SAN DIEGO, CA 92114



Phone: (619) 662-4100



After Hours Phone: (619)  
662-4100



Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**CARRIEDO CENICEROS, MARIA**

Provider ID: 227409

Provider Gender: Female

License Number: A78373

NPI: 1295746618

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**CARRIEDO CENICEROS, MARIA**

Provider ID: 227409

Provider Gender: Female

License Number: A78373

NPI: 1295746618

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**CARSON, COREY**

Provider ID: 206360

Provider Gender: Female

License Number: A136616

NPI: 1245599778

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300


After Hours Phone: (619)  
515-2300

Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150


American Sign Language (ASL):

N  
 *Accessibility: CONTACT PROVIDER*

**FAMILY PRACTICE**



**CARSON, COREY**


*Provider ID: 206360  
 Provider Gender: Female  
 License Number: A136616  
 NPI: 1245599778*

 *Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR*

*Board Certified Specialty: No*

 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113

 *Phone: (619) 515-2300*  
 *After Hours Phone: (619) 515-2300*

 *Website: www.fhcsd.org  
 Email: dalvarado@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150*


*American Sign Language (ASL):  
 N*

 *Accessibility: CONTACT PROVIDER*


**FAMILY PRACTICE**

**CARSON, COREY**


*Provider ID: 417937  
 Provider Gender: Female  
 License Number: A136616  
 NPI: 1245599778*

 *Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR*

*Board Certified Specialty: No*

 4094 4TH AVE


SAN DIEGO, CA 92103  
 *Phone: (619) 515-2545*  
 *After Hours Phone: (619) 515-2545*  
 *Website: www.fhcsd.org  
 Email: fabianm@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*

**FAMILY PRACTICE**



**CARSON, COREY**


*Provider ID: 417937  
 Provider Gender: Female  
 License Number: A136616  
 NPI: 1245599778*

 *Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR*

*Board Certified Specialty: No*

 4094 4TH AVE  
 SAN DIEGO, CA 92103

 *Phone: (619) 515-2545*  
 *After Hours Phone: (619) 515-2545*

 *Website: www.fhcsd.org  
 Email: fabianm@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150*

*American Sign Language (ASL):  
 N*


 *Accessibility: CONTACT PROVIDER*

**FAMILY PRACTICE**



**CHOU, BILL**


*Provider ID: 417937*

*Provider Gender: Male  
 License Number: 20A14794  
 NPI: 1730448101*

 *Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No*

 4094 4TH AVE  
 SAN DIEGO, CA 92103

 *Phone: (619) 515-2545*  
 *After Hours Phone: (619) 515-2545*

 *Website: www.fhcsd.org  
 Email: fabianm@fhcsd.org  
 Medi-Cal Open Panel: Y  
 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*

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 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: Y  
 Min/Max Age: 0\150*

*American Sign Language (ASL):  
 N*

 *Accessibility: CONTACT PROVIDER*

**FAMILY PRACTICE**

**CHOU, BILL**

Provider ID: 206362

Provider Gender: Male


License Number: 20A14794


NPI: 1730448101

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 3544 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)  
515-2424

 Website: www.fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**CHOU, BILL**

Provider ID: 206362

Provider Gender: Male


License Number: 20A14794


NPI: 1730448101

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 3544 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)  
515-2424

 Website: www.fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**


**CHUN, HYUN**

Provider ID: 206360

Provider Gender: Male

License Number: A163978

NPI: 1083118988


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Korean


Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**


**CHUN, HYUN**

Provider ID: 206360

Provider Gender: Male

License Number: A163978

NPI: 1083118988


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Korean


Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**COLLINS, WILLIAM**

Provider ID: 417937

Provider Gender: Male

License Number: 20A15413

NPI: 1417361973

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD


MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON

Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)  
515-2545

 Website: www.fhcsd.org  
Email: fabianm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: SU-SA 8:00AM-9:00PM

**FAMILY PRACTICE**

**COLLINS, WILLIAM**

Provider ID: 206362  
 Provider Gender: Male  
 License Number: 20A15413  
 NPI: 1417361973  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON  
 Board Certified Specialty: No  
 3544 30TH ST  
 SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
 515-2424  
 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: SU-SA 8:30AM-5:30PM

**FAMILY PRACTICE**  
**COLLINS, WILLIAM**

Provider ID: 206362  
 Provider Gender: Male  
 License Number: 20A15413  
 NPI: 1417361973  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON  
 Board Certified Specialty: No  
 3544 30TH ST  
 SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
 515-2424

Website: www.fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
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 Accessibility: CONTACT  
 PROVIDER  
 Hours: SU-SA 8:30AM-5:30PM

**FAMILY PRACTICE**  
**COLLINS, WILLIAM**

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 Provider Gender: Male  
 License Number: 20A15413  
 NPI: 1417361973  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON  
 Board Certified Specialty: No  
 4094 4TH AVE  
 SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619)  
 515-2545

Website: www.fhcsd.org  
 Email: fabianm@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: SU-SA 8:00AM-9:00PM

**FAMILY PRACTICE**  
**CORMAN, DANIEL**

Provider ID: 402851  
 Provider Gender: Male  
 License Number: 20A13060

NPI: 1629339593  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109  
 Phone: (619) 515-2444  
 After Hours Phone: (619)  
 515-2444  
 Website: www.fhcsd.org  
 Email: sabay@fhcsd.org  
 Medi-Cal Open Panel: Y  
 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  
 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: Y  
 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: Y*

*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>*

*alth.org/locations*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:00PM*

**FAMILY PRACTICE**


**DAVIS, DEIRDRE**

*Provider ID: 451167*

*Provider Gender: Female*

*License Number: A165432*

*NPI: 1265921365*


 *Provider English Spoken: Y*


 *Provider Language(s)  
Spoken: Spanish*


*Cultural Competency: N*

*Board Certified Specialty: No*

 *950 S EUCLID AVE  
SAN DIEGO, CA 92114*

 *Phone: (619) 662-4100*

 *After Hours Phone: (619)  
662-4100*

 *Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-4:00PM*

**FAMILY PRACTICE**

**DAVIS, DEIRDRE**

*Provider ID: 451167*

*Provider Gender: Female*

*License Number: A165432*

*NPI: 1265921365*


 *Provider English Spoken: Y*


 *Provider Language(s)  
Spoken: Spanish*


*Cultural Competency: N*

*Board Certified Specialty: No*

 *950 S EUCLID AVE  
SAN DIEGO, CA 92114*

 *Phone: (619) 662-4100*

 *After Hours Phone: (619)  
662-4100*

 *Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-4:00PM*

**FAMILY PRACTICE**

**FAMBRO, CYNTHIA**

*Provider ID: 451167*

*Provider Gender: Female*

*License Number: A153223*

*NPI: 1710331707*


 *Provider English Spoken: Y*


 *Provider Language(s)  
Spoken: Spanish*


*Cultural Competency: N*


*Board Certified Specialty: No*

 *950 S EUCLID AVE  
SAN DIEGO, CA 92114*

 *Phone: (619) 662-4100*

 *After Hours Phone: (619)  
662-4100*

 *Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)*


*h- center*  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**FAMBRO, CYNTHIA**

Provider ID: 451167  
 Provider Gender: Female  
 License Number: A153223  
 NPI: 1710331707  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish




Cultural Competency: N  
 Board Certified Specialty: No  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)  
*h- center*

Medi-Cal Open Panel: Y  
 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](http://www.fhcsd.org)  
 Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER


Hours: M-TH 8:00AM-9:00PM  
 F 8:00AM-5:00PM


**FAMILY PRACTICE**

**FLORES, JOE**

Provider ID: 417937  
 Provider Gender: Male  
 License Number: A171135  
 NPI: 1033647409  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No

 4094 4TH AVE  
 SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619)  
 515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 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](http://www.sdfamilycare.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**GLEASON ROHRER, GWEN**

Provider ID: 233532  
 Provider Gender: Female  
 License Number: A112176  
 NPI: 1710140462  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR

Board Certified Specialty: No  
 4305 UNIVERSITY AVE STE




150  
 SAN DIEGO, CA 92105  
 Phone: (619) 280-2058  
 After Hours Phone: (619) 280-2058  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\22  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**GLEASON ROHRER, GWEN**





Provider ID: 233532  
 Provider Gender: Female  
 License Number: A112176  
 NPI: 1710140462  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR  
 Board Certified Specialty: No

 4305 UNIVERSITY AVE STE 150  
 SAN DIEGO, CA 92105  
 Phone: (619) 280-2058  
 After Hours Phone: (619) 280-2058  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\22  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**GLEASON ROHRER, GWEN**



Provider ID: 233597  
 Provider Gender: Female  
 License Number: A112176  
 NPI: 1710140462  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR  
 Board Certified Specialty: No




 4290 POLK AVE  
 SAN DIEGO, CA 92105  
 Phone: (619) 563-0250  
 After Hours Phone: (619) 563-0250  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**GRIFFITHS, KENNETH**

Provider ID: 417937  
 Provider Gender: Male  
 License Number: C52451  
 NPI: 1760563068  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR  
 Board Certified Specialty: No



 4094 4TH AVE  
 SAN DIEGO, CA 92103  
 Phone: (619) 515-2545

 After Hours Phone: (619) 515-2545  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TH 8:00AM-9:00PM  
 F 8:00AM-5:00PM

**FAMILY PRACTICE**

**GRIFFITHS, KENNETH**

Provider ID: 417937  
 Provider Gender: Male  
 License Number: C52451  
 NPI: 1760563068  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR  
 Board Certified Specialty: No

 4094 4TH AVE  
 SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619) 515-2545  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TH 8:00AM-9:00PM  
 F 8:00AM-5:00PM

**FAMILY PRACTICE**


**GUTIERREZ, TANIA**

Provider ID: 417987  
 Provider Gender: Female  
 License Number: 20A19345  
 NPI: 1285196311

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Board Certified Specialty: No

 4874 POLK AVE  
 SAN DIEGO, CA 92105  
 Phone: (619) 515-2426  
 After Hours Phone: (619)  
 515-2426

 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

Hours: M-F 8:30AM-5:30PM

**FAMILY PRACTICE**


**GUTIERREZ, TANIA**

Provider ID: 417987  
 Provider Gender: Female  
 License Number: 20A19345  
 NPI: 1285196311

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Board Certified Specialty: No

 4874 POLK AVE  
 SAN DIEGO, CA 92105  
 Phone: (619) 515-2426  
 After Hours Phone: (619)  
 515-2426

 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

Hours: M-F 8:30AM-5:30PM


**FAMILY PRACTICE**


**HACHOLSKI, MARK**

Provider ID: 206362  
 Provider Gender: Male  
 License Number: A169591  
 NPI: 1568995694

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Board Certified Specialty: No

 3544 30TH ST  
 SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
 515-2424

 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

**FAMILY PRACTICE**


**HACHOLSKI, MARK**


Provider ID: 206362  
 Provider Gender: Male  
 License Number: A169591  
 NPI: 1568995694

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 3544 30TH ST  
 SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
 515-2424

 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

**FAMILY PRACTICE**


**HAMILTON, LISA MARIE**

Provider ID: 206363  
 Provider Gender: Female  
 License Number: 20A14772  
 NPI: 1235576059

Provider English Spoken: Y  
 Cultural Competency: N

Board Certified Specialty: No

 4725 MARKET ST  
 SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619)  
 515-2560

 Website: www.fhcsd.org  
 Email: nancyl@fhcsd.org  
 Medi-Cal Open Panel: Y

Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

Hours: M-F 8:30AM-5:30PM

**FAMILY PRACTICE**

**HAMILTON, LISA MARIE**

Provider ID: 418142  
 Provider Gender: Female


License Number: 20A14772


NPI: 1235576059

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 5160 FEDERAL BLVD  
SAN DIEGO, CA 92105

 Phone: (619) 515-2454

 After Hours Phone: (619)  
515-2454

 Website: www.fhcsd.org

Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

**FAMILY PRACTICE**

**HAMILTON, LISA MARIE**

Provider ID: 418142

Provider Gender: Female


License Number: 20A14772


NPI: 1235576059

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 5160 FEDERAL BLVD  
SAN DIEGO, CA 92105

 Phone: (619) 515-2454

 After Hours Phone: (619)  
515-2454

 Website: www.fhcsd.org


Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

**FAMILY PRACTICE**

**HAMILTON, LISA MARIE**

Provider ID: 206363

Provider Gender: Female


License Number: 20A14772


NPI: 1235576059

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4725 MARKET ST  
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)  
515-2560

 Website: www.fhcsd.org

Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Y

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- healt  
h- center

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-4:00PM

**FAMILY PRACTICE**

**HEINRICI, ALEKA**

Provider ID: 451167

Provider Gender: Female

License Number: A125329

NPI: 1780979120

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS


MEMORIAL HOSPITAL

Board Certified Specialty: No

 950 S EUCLID AVE  
SAN DIEGO, CA 92114

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: www.syhealth.org  
/clinics/king- chavez- healt  
h- center

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

**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: Y

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

 4874 POLK AVE  
SAN DIEGO, CA 92105

 Phone: (619) 515-2426

 After Hours Phone: (619)  
515-2426

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

Hours: M-F 8:30AM-5:30PM

**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

 4874 POLK AVE  
SAN DIEGO, CA 92105

 Phone: (619) 515-2426

 After Hours Phone: (619)  
515-2426

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

**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

4725 MARKET ST  
SAN DIEGO, CA 92102  
Phone: (619) 515-2560  
Fax: (619) 263-2499

After Hours Phone: (619)  
515-2560

Website: www.fhcsd.org  
Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Y

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

4725 MARKET ST  
SAN DIEGO, CA 92102

Phone: (619) 515-2560

Fax: (619) 263-2499

After Hours Phone: (619)  
515-2560

Website: www.fhcsd.org  
Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**KIDDER, BRENDAN**

Provider ID: 227409

Provider Gender: Male

License Number: A112379

NPI: 1275793929

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: https://www.syhe  
alth.org/locations

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**KIDDER, BRENDAN**

Provider ID: 227409

Provider Gender: Male

License Number: A112379

NPI: 1275793929

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: https://www.syhe  
alth.org/locations

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**LACH, REBECCA**

Provider ID: 206362

Provider Gender: Female

License Number: A177922

NPI: 1679137780

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

3544 30TH ST  
SAN DIEGO, CA 92104

Phone: (619) 515-2424

After Hours Phone: (619)  
515-2424

Website: www.fhcsd.org  
Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**LACH, REBECCA**

Provider ID: 206362

Provider Gender: Female  
 License Number: A177922  
 NPI: 1679137780  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 3544 30TH ST  
 SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
 515-2424  
 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**FAMILY PRACTICE**

**LACH, REBECCA**

Provider ID: 417937  
 Provider Gender: Female  
 License Number: A177922  
 NPI: 1679137780  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TH 8:00AM-9:00PM  
 F 8:00AM-5:00PM

**FAMILY PRACTICE**

**LACH, REBECCA**

Provider ID: 417937  
 Provider Gender: Female  
 License Number: A177922  
 NPI: 1679137780  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No

4094 4TH AVE  
 SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619)  
 515-2545  
 Website: www.fhcsd.org  
 Email: fabianm@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TH 8:00AM-9:00PM  
 F 8:00AM-5:00PM

**FAMILY PRACTICE**

**LEE, SANDRINE**

Provider ID: 206362  
 Provider Gender: Female  
 License Number: 20A15068  
 NPI: 1073909651  
 Provider English Spoken: Y  
 Provider Language(s)

Spoken: French  
 Cultural Competency: N  
 Board Certified Specialty: No  
 3544 30TH ST  
 SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
 515-2424  
 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**FAMILY PRACTICE**

**LEE, SANDRINE**

Provider ID: 206362  
 Provider Gender: Female  
 License Number: 20A15068  
 NPI: 1073909651  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: French  
 Cultural Competency: N  
 Board Certified Specialty: No  
 3544 30TH ST  
 SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
 515-2424  
 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**FAMILY PRACTICE**

**LINDEMAN, KURTIS**

Provider ID: 403583  
 Provider Gender: Male  
 License Number: A104052  
 NPI: 1124155791  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
 Board Certified Specialty: No  
 1501 IMPERIAL AVE  
 SAN DIEGO, CA 92101  
 Phone: (619) 233-8500  
 After Hours Phone: (619) 233-8500  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**FAMILY PRACTICE**

**LINDEMAN, KURTIS**

Provider ID: 403583  
 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**FAMILY PRACTICE**

**LISH, JONATHAN**

Provider ID: 206360  
 Provider Gender: Male  
 License Number: A177373  
 NPI: 1811459456  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300  
 Website: www.fhcsd.org  
 Email: dalvarado@fhcsd.org  
 Medi-Cal Open Panel: Y  
 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: Y  
 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: Y  
 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: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**MARSTON, JACQUELINE**

Provider ID: 206046

Provider Gender: Female

License Number: 20A12402

NPI: 1417205055

- Provider English Spoken: Y
- Provider Language(s) Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858) 279-0925

 Website: www.sdfamilycare.org

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**MARSTON, JACQUELINE**

Provider ID: 206046

Provider Gender: Female

License Number: 20A12402

NPI: 1417205055

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858) 279-0925


 Website: www.sdfamilycare.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**MARSTON, JACQUELINE**

Provider ID: 206046

Provider Gender: Female

License Number: 20A12402

NPI: 1417205055

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL



Board Certified Specialty: No





 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858)  
 279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**FAMILY PRACTICE**

**MARSTON, JACQUELINE**



Provider ID: 482070  
 Provider Gender: Female  
 License Number: 20A12402  
 NPI: 1417205055  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 MEMORIAL HOSPITAL

Board Certified Specialty: No

 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
 After Hours Phone: (858)  
 810-8700  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**FAMILY PRACTICE**

**MARSTON, JACQUELINE**


Provider ID: 206046  
 Provider Gender: Female  
 License Number: 20A12402  
 NPI: 1417205055  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 MEMORIAL HOSPITAL

Board Certified Specialty: No


 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858)  
 279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**FAMILY PRACTICE**

**MATICH, BRANKO**

Provider ID: 206046  
 Provider Gender: Male  
 License Number: C174985  
 NPI: 1023437704  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No


 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858)  
 279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:30AM-5:30PM

**FAMILY PRACTICE**

**MATICH, BRANKO**

Provider ID: 206046  
 Provider Gender: Male  
 License Number: C174985  
 NPI: 1023437704  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858)  
 279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:30AM-5:30PM

**FAMILY PRACTICE**

**MATICH, BRANKO**

Provider ID: 482070  
 Provider Gender: Male  
 License Number: C174985  
 NPI: 1023437704  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
 After Hours Phone: (858)  
810-8700  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM  
TU 8:30AM-8:30PM  
W-F 8:30AM-5:30PM  
SA 9:00AM-4:00PM

### **FAMILY PRACTICE**

#### **MATICH, BRANKO**


Provider ID: 206046  
Provider Gender: Male  
License Number: C174985  
NPI: 1023437704

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858)  
279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **FAMILY PRACTICE**

#### **MATICH, BRANKO**

Provider ID: 206046  
Provider Gender: Male  
License Number: C174985  
NPI: 1023437704

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858)  
279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### **FAMILY PRACTICE**

#### **MATICH, BRANKO**

Provider ID: 482070  
Provider Gender: Male  
License Number: C174985  
NPI: 1023437704

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
 After Hours Phone: (858)  
810-8700  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

American Sign Language (ASL):  
N



 Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM  
TU 8:30AM-8:30PM  
W-F 8:30AM-5:30PM  
SA 9:00AM-4:00PM




### **FAMILY PRACTICE**


#### **MELGAR, MONICA**

Provider ID: 402851  
Provider Gender: Female  
License Number: A154399  
NPI: 1629432174

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Board Certified Specialty: No

 3705 MISSION BLVD  
SAN DIEGO, CA 92109  
 Phone: (619) 515-2444  
 After Hours Phone: (619)  
515-2444

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-W 8:30AM-5:30PM  
TH 9:00AM-6:00PM  
F 8:30AM-5:30PM

### **FAMILY PRACTICE**

#### **MELGAR, MONICA**

Provider ID: 402851  
Provider Gender: Female

License Number: A154399

NPI: 1629432174

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

3705 MISSION BLVD  
SAN DIEGO, CA 92109

Phone: (619) 515-2444

After Hours Phone: (619)  
515-2444

Website: www.fhcsd.org

Email: sabay@fhcsd.org

Medi-Cal Open Panel: Y

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.syhe  
alth.org/locations

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): Board Certified Specialty: No  
N

Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**MORALES, ALEJANDRA**

Provider ID: 227409

Provider Gender: Female

License Number: A162332

NPI: 1063945657

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: https://www.syhe  
alth.org/locations

Medi-Cal Open Panel: Y

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

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: Y

Min/Max Age: 0\120

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**NGUYEN, NGOC**

Provider ID: 517998

Provider Gender: Male

License Number: A74094

NPI: 1184668105

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish,  
Vietnamese

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL

Board Certified Specialty: No

4690 EL CAJON BLVD  
SAN DIEGO, CA 92115

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: N/A

Medi-Cal Open Panel: Y

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: Y  
 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

**FAMILY PRACTICE**

**NORRIS, JEFFREY**

Provider ID: 403583  
 Provider Gender: Male  
 License Number: A136275  
 NPI: 1073870374

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Board Certified Specialty: No

1501 IMPERIAL AVE  
 SAN DIEGO, CA 92101  
 Phone: (619) 233-8500  
 After Hours Phone: (619)  
 233-8500  
 Website: N/A

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Hours: M-F 8:00AM-5:00PM

**FAMILY PRACTICE**

**NORRIS, JEFFREY**

Provider ID: 403583  
 Provider Gender: Male  
 License Number: A136275  
 NPI: 1073870374

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Board Certified Specialty: No

1501 IMPERIAL AVE  
 SAN DIEGO, CA 92101  
 Phone: (619) 233-8500  
 After Hours Phone: (619)  
 233-8500

Website: N/A

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Hours: M-F 8:00AM-5:00PM

**FAMILY PRACTICE**

**NUQUI, JOSIE**

Provider ID: 432308  
 Provider Gender: Female  
 License Number: A71544  
 NPI: 1184773673

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish, Tagalog

Cultural Competency: N  
 Board Certified Specialty: No

9855 ERMA RD STE 105  
 SAN DIEGO, CA 92131  
 Phone: (844) 200-2426  
 After Hours Phone: (844)  
 200-2426  
 Website: www.operationsa  
 mahan.org

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Hours: M-F 8:30AM-5:00PM  
 SA 8:30AM-5:00PM

**FAMILY PRACTICE**

**NUQUI, JOSIE**

Provider ID: 432308

Provider Gender: Female

License Number: A71544

NPI: 1184773673

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish, Tagalog

Cultural Competency: N

Board Certified Specialty: No

9855 ERMA RD STE 105

SAN DIEGO, CA 92131

Phone: (844) 200-2426

After Hours Phone: (844)

200-2426

Website: [www.operationsa-mahan.org](http://www.operationsa-mahan.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:00PM

SA 8:30AM-5:00PM

**FAMILY PRACTICE**

**ORTIZ, KENNETH**

Provider ID: 517403

Provider Gender: Male

License Number: A156607

NPI: 1356761571

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL

Board Certified Specialty: No

316 25TH ST

SAN DIEGO, CA 92102

Phone: (619) 662-4100

After Hours Phone: (619)

662-4100

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\120

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

**FAMILY PRACTICE**

**ORTIZ, KENNETH**

Provider ID: 517403

Provider Gender: Male

License Number: A156607

NPI: 1356761571

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL

Board Certified Specialty: No

316 25TH ST

SAN DIEGO, CA 92102

Phone: (619) 662-4100

After Hours Phone: (619)

662-4100

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\120

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

**FAMILY PRACTICE**

**PALOMINO, VERONICA**

Provider ID: 419529

Provider Gender: Female

License Number: A121451

NPI: 1255569083

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

2325 COMMERCIAL ST STE

1400

SAN DIEGO, CA 92113

Phone: (619) 515-2422

After Hours Phone: (619)

515-2422

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**PALOMINO, VERONICA**

Provider ID: 419529

Provider Gender: Female

License Number: A121451

NPI: 1255569083

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

2325 COMMERCIAL ST STE

1400

SAN DIEGO, CA 92113


Phone: (619) 515-2422

After Hours Phone: (619)

515-2422

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150



American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**


**PALOMINO, VERONICA**


Provider ID: 206360  
 Provider Gender: Female  
 License Number: A121451  
 NPI: 1255569083


 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Board Certified Specialty: No

 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
 515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
 N


 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**


**PALOMINO, VERONICA**


Provider ID: 206360  
 Provider Gender: Female  
 License Number: A121451  
 NPI: 1255569083


 Provider English Spoken: Y

 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No

 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
 515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150



American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**


**PEREZ, PERLITA**


Provider ID: 206363  
 Provider Gender: Female  
 License Number: A119689  
 NPI: 1174810972


 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Board Certified Specialty: No

 4725 MARKET ST  
 SAN DIEGO, CA 92102

 Phone: (619) 515-2560


 After Hours Phone: (619)  
 515-2560

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150



American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**


**PEREZ, PERLITA**


Provider ID: 206363  
 Provider Gender: Female  
 License Number: A119689  
 NPI: 1174810972


 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Board Certified Specialty: No

 4725 MARKET ST  
 SAN DIEGO, CA 92102

 Phone: (619) 515-2560


 After Hours Phone: (619)  
 515-2560

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150



American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**


**POSADA, SEAN**


Provider ID: 206360  
 Provider Gender: Male  
 License Number: A180171  
 NPI: 1295100691



 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Board Certified Specialty: No

 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113

 Phone: (619) 515-2300



 After Hours Phone: (619)  
 515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER




**FAMILY PRACTICE**


**POSADA, SEAN**


Provider ID: 206360  
 Provider Gender: Male  
 License Number: A180171  
 NPI: 1295100691

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Board Certified Specialty: No

 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
 515-2300


 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER




**FAMILY PRACTICE**

**PROPST, TOBE**

Provider ID: 403583  
 Provider Gender: Male  
 License Number: A82123  
 NPI: 1194814277

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Board Certified Specialty: No

 1501 IMPERIAL AVE  
 SAN DIEGO, CA 92101  
 Phone: (619) 233-8500  
 After Hours Phone: (619)  
 233-8500


 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N



 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**


**RAGUVEER, VISHAKA**


Provider ID: 618164  
 Provider Gender: Female  
 NPI: 1740609387

 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No

 9995 CARMEL MOUNTAIN  
 RD STE 10-11B  
 SAN DIEGO, CA 92129  
 Phone: (844) 200-2426  
 Fax: (858) 240-6470

 After Hours Phone: (844)  
 200-2426



 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM




**FAMILY PRACTICE**


**RAMIREZ, CRISTHIAN**

Provider ID: 206360  
 Provider Gender: Female  
 License Number: 20A17478  
 NPI: 1407200942

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Board Certified Specialty: No

 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
 515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
 Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): Provider Gender: Male

N

 Accessibility: CONTACT PROVIDER

Hours: M 8:00AM-7:00PM

TU-TH 8:00AM-6:00PM

F 8:00AM-5:30PM

SA 8:00AM-5:00PM

**FAMILY PRACTICE**


**RAMIREZ, CRISTHIAN**

Provider ID: 206360

Provider Gender: Female

License Number: 20A17478

NPI: 1407200942


 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619) 515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)


Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): Board Certified Specialty: No

N

 Accessibility: CONTACT PROVIDER

Hours: M 8:00AM-7:00PM

TU-TH 8:00AM-6:00PM

F 8:00AM-5:30PM

SA 8:00AM-5:00PM

**FAMILY PRACTICE**


**RITTER, STEVEN**

Provider ID: 451167

Provider Gender: Male

License Number: 20A7435


NPI: 1356556021


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 950 S EUCLID AVE  
SAN DIEGO, CA 92114

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**


**RITTER, STEVEN**

Provider ID: 451167

Provider Gender: Male

License Number: 20A7435


NPI: 1356556021


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 950 S EUCLID AVE  
SAN DIEGO, CA 92114

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**RODRIGUEZ, SEAN**

Provider ID: 227409

Provider Gender: Male

License Number: A120576

NPI: 1780909903

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

**FAMILY PRACTICE**

**RODRIGUEZ, SEAN**


Provider ID: 227409

Provider Gender: Male




License Number: A120576

NPI: 1780909903

 Provider English Spoken: Y


 Provider Language(s)



Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA  
 Board Certified Specialty: No  
 3177 OCEAN VIEW BLVD  
 SAN DIEGO, CA 92113  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: [https://www.syhe  
 alth.org/locations](https://www.syhealth.org/locations)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-5:00PM







**FAMILY PRACTICE**

**ROSADO, IVAN**

Provider ID: 517403  
 Provider Gender: Male  
 License Number: A169434  
 NPI: 1316479603  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 316 25TH ST  
 SAN DIEGO, CA 92102  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 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: Y  
 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.or  
 g](http://www.lamaestra.org)

Email:  
[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-6:00PM  
 SA 8:00AM-2:00PM

**FAMILY PRACTICE**

**SCHUMAKER, EDWARD**

Provider ID: 185268  
 Provider Gender: Male  
 License Number: 20A6433  
 NPI: 1184616872  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105  
 Phone: (619) 255-9155  
 Fax: (619) 284-4731  
 After Hours Phone: (619)  
 255-9155  
 Website: [www.lamaestra.or  
 g](http://www.lamaestra.org)  
 Email:  
[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-6:00PM  
 SA 8:00AM-2:00PM

**FAMILY PRACTICE**

**SCOTT, RYLEE**

Provider ID: 402851

Provider Gender: Male

License Number: A162946

NPI: 1457887911

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

3705 MISSION BLVD  
SAN DIEGO, CA 92109

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org

Email: sabay@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**SCOTT, RYLEE**

Provider ID: 402851

Provider Gender: Male

License Number: A162946

NPI: 1457887911

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

3705 MISSION BLVD  
SAN DIEGO, CA 92109

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org

Email: sabay@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**SCOTT, LAGINA**

Provider ID: 206360

Provider Gender: Female

License Number: A160489

NPI: 1558897009

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**SCOTT, LAGINA**

Provider ID: 206360

Provider Gender: Female

License Number: A160489

NPI: 1558897009

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)

515-2300

Website: www.fhcsd.org

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**SHEIKH, ZARA**

Provider ID: 233532

Provider Gender: Female

License Number: A163512

NPI: 1952808727

Provider English Spoken: Y

Provider Language(s)

Spoken: Urdu

Cultural Competency: N

Board Certified Specialty: No

4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

Phone: (619) 280-2058

After Hours Phone: (619)  
280-2058

Website: www.sdfamilycare  
.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\22

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-2:00PM

**FAMILY PRACTICE**

**SHEIKH, ZARA**

Provider ID: 233532

Provider Gender: Female

License Number: A163512  
 NPI: 1952808727  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Urdu  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4305 UNIVERSITY AVE STE  
 150  
 SAN DIEGO, CA 92105  
 Phone: (619) 280-2058  
 After Hours Phone: (619)  
 280-2058  
 Website: www.sdfamilycare  
 .org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\22  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 SA 8:00AM-2:00PM

**FAMILY PRACTICE**

**SHEIKH, ZARA**

Provider ID: 233597  
 Provider Gender: Female  
 License Number: A163512  
 NPI: 1952808727  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Urdu  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4290 POLK AVE  
 SAN DIEGO, CA 92105  
 Phone: (619) 563-0250  
 After Hours Phone: (619)  
 563-0250  
 Website: www.sdfamilycare  
 .org

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 SA 8:00AM-2:00PM

**FAMILY PRACTICE**

**SHEIKH, ZARA**

Provider ID: 233597  
 Provider Gender: Female  
 License Number: A163512  
 NPI: 1952808727  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Urdu  
 Cultural Competency: N  
 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 SA 8:00AM-2:00PM

**FAMILY PRACTICE**

**SHIRAKI, JEAN**

Provider ID: 417987  
 Provider Gender: Female  
 License Number: 20A17577

NPI: 1144684382  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Japanese  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4874 POLK AVE  
 SAN DIEGO, CA 92105  
 Phone: (619) 515-2426  
 After Hours Phone: (619)  
 515-2426  
 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**FAMILY PRACTICE**

**SHIRAKI, JEAN**

Provider ID: 417987  
 Provider Gender: Female  
 License Number: 20A17577  
 NPI: 1144684382  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Japanese  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4874 POLK AVE  
 SAN DIEGO, CA 92105  
 Phone: (619) 515-2426  
 After Hours Phone: (619)  
 515-2426  
 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**FAMILY PRACTICE**

**SHUMILAK, KAILI**

Provider ID: 418142

Provider Gender: Female

License Number: 20A12796

NPI: 1831489855

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

5160 FEDERAL BLVD  
SAN DIEGO, CA 92105

Phone: (619) 515-2454

After Hours Phone: (619)  
515-2454

Website: www.fhcsd.org

Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**SHUMILAK, KAILI**

Provider ID: 418142

Provider Gender: Female

License Number: 20A12796

NPI: 1831489855

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

5160 FEDERAL BLVD  
SAN DIEGO, CA 92105

Phone: (619) 515-2454

After Hours Phone: (619)  
515-2454

Website: www.fhcsd.org

Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 9:00AM-5:00PM

**FAMILY PRACTICE**

**SMOOT, CHARLES**

Provider ID: 206360

Provider Gender: Male

License Number: A97036

NPI: 1245490358

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

**FAMILY PRACTICE**

**SMOOT, CHARLES**


*Provider ID: 356145*

*Provider Gender: Male*

*License Number: A97036*

*NPI: 1245490358*


 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*

 2391 ISLAND AVE  
SAN DIEGO, CA 92102

 *Phone: (619) 515-2435*

 *After Hours Phone: (619) 515-2435*


 *Website: N/A*

*Email: dalvarado@fhcsd.org*

*Medi-Cal Open Panel: Y*

*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*

*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: Y*

*Min/Max Age: 0\120*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

**FAMILY PRACTICE**

**SNYDER, CHRISTOPHER**

*Provider ID: 517998*

*Provider Gender: Male*

*License Number: 20A7502*

*NPI: 1922041235*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: PIH*


*Hospital - Downey, JOHN F*

*KENNEDY MEMORIAL HOSP,*


*CEDARS SINAI MEDICAL CENTER, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, EISENHOWER MEDICAL CTR, GROSSMONT HOSPITAL*

*Board Certified Specialty: No*

 4690 EL CAJON BLVD  
SAN DIEGO, CA 92115

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: N/A*

*Medi-Cal Open Panel: Y*

*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: Y*

*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:30PM*

**FAMILY PRACTICE**

**SOPHY, ELIZABETH**

*Provider ID: 403583*

Provider Gender: Female  
 License Number: A157547  
 NPI: 1013441203  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA  
 Board Certified Specialty: No  
 1501 IMPERIAL AVE  
 SAN DIEGO, CA 92101  
 Phone: (619) 233-8500  
 After Hours Phone: (619)  
 233-8500  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-5:30PM

**FAMILY PRACTICE**

**SUMMERS-DAY, COURTNEY**

Provider ID: 214492  
 Provider Gender: Female  
 License Number: A112781  
 NPI: 1124288873  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**FAMILY PRACTICE**

**SUMMERS-DAY, COURTNEY**

Provider ID: 214492  
 Provider Gender: Female  
 License Number: A112781  
 NPI: 1124288873  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA  
 Board Certified Specialty: No  
 1016 OUTER RD  
 SAN DIEGO, CA 92154  
 Phone: (619) 429-3733  
 After Hours Phone: (619)  
 429-3733  
 Website: www.ibclinic.org  
 Email: avaldez@ibclinic.org  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**FAMILY PRACTICE**

**SWARTZ, JOHN**

Provider ID: 403583  
 Provider Gender: Male  
 License Number: G72486  
 NPI: 1396754131  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MERCY  
HOSPITAL, LOS ANGELES  
COUNTY HARBOR UCLA  
MEDICAL CENTER

Board Certified Specialty: No

1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

Phone: (619) 233-8500

After Hours Phone: (619)  
233-8500

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### FAMILY PRACTICE

**THAI, JUSTIN**

Provider ID: 206360

Provider Gender: Male

License Number: A177462

NPI: 1093276198

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

**THAI, JUSTIN**

Provider ID: 206360

Provider Gender: Male

License Number: A177462

NPI: 1093276198

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### FAMILY PRACTICE

**THAI, JUSTIN**

Provider ID: 417937

Provider Gender: Male

License Number: A177462

NPI: 1093276198

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

4094 4TH AVE  
SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)  
515-2545

Website: www.fhcsd.org

Email: fabianm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM

F 8:00AM-5:00PM

### FAMILY PRACTICE

**THAI, JUSTIN**

Provider ID: 417937

Provider Gender: Male

License Number: A177462

NPI: 1093276198

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

4094 4TH AVE  
SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)  
515-2545

Website: www.fhcsd.org

Email: fabianm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM

F 8:00AM-5:00PM

### FAMILY PRACTICE

**THOMAS, ZACHARY**

Provider ID: 417987  
 Provider Gender: Male  
 License Number: A145023  
 NPI: 1326453119  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4874 POLK AVE  
 SAN DIEGO, CA 92105  
 Phone: (619) 515-2426  
 After Hours Phone: (619) 515-2426  
 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**THOMAS, ZACHARY**

Provider ID: 417987  
 Provider Gender: Male  
 License Number: A145023  
 NPI: 1326453119  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4874 POLK AVE  
 SAN DIEGO, CA 92105  
 Phone: (619) 515-2426  
 After Hours Phone: (619) 515-2426  
 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**TOWNSEND, LAURIE**

Provider ID: 206363  
 Provider Gender: Female  
 License Number: C174538  
 NPI: 1053754333  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4725 MARKET ST  
 SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619) 515-2560  
 Website: www.fhcsd.org  
 Email: nancyl@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**TOWNSEND, LAURIE**

Provider ID: 206363  
 Provider Gender: Female  
 License Number: C174538  
 NPI: 1053754333  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4725 MARKET ST  
 SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619) 515-2560

Website: www.fhcsd.org  
 Email: nancyl@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**TRAN, TONNIA**


Provider ID: 233597  
 Provider Gender: Female  
 License Number: 20A7662  
 NPI: 1982746657  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Vietnamese  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4290 POLK AVE  
 SAN DIEGO, CA 92105  
 Phone: (619) 563-0250  
 After Hours Phone: (619) 563-0250  
 Website: www.sdfamilycare.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**


**TRAN, TONNIA**

Provider ID: 233597  
 Provider Gender: Female  
 License Number: 20A7662  
 NPI: 1982746657  
 Provider English Spoken: Y



 *Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N  
Board Certified Specialty: No*



 4290 POLK AVE  
SAN DIEGO, CA 92105  
 *Phone: (619) 563-0250*  
 *After Hours Phone: (619)  
563-0250*  
 *Website: www.sdfamilycare.org*

*Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*


**FAMILY PRACTICE**

**TRUONG, NHA**

*Provider ID: 417937  
Provider Gender: Female  
License Number: 20A17836  
NPI: 1760975833*

 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N  
Board Certified Specialty: No*



 4094 4TH AVE  
SAN DIEGO, CA 92103  
 *Phone: (619) 515-2400*  
 *After Hours Phone: (619)  
515-2400*  
 *Website: www.fhcsd.org  
Email: fabianm@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*


**FAMILY PRACTICE**

**TRUONG, NHA**

*Provider ID: 417937  
Provider Gender: Female  
License Number: 20A17836  
NPI: 1760975833*

 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N  
Board Certified Specialty: No*


 4094 4TH AVE  
SAN DIEGO, CA 92103  
 *Phone: (619) 515-2400*  
 *After Hours Phone: (619)  
515-2400*  
 *Website: www.fhcsd.org  
Email: fabianm@fhcsd.org  
Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150  
American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER*


**FAMILY PRACTICE**

**TSUCHIYA, KIMIKO**

*Provider ID: 417782  
Provider Gender: Female  
License Number: 20A19610  
NPI: 1629637285*

 *Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No*

 1250 6TH AVE STE 100  
SAN DIEGO, CA 92101  
 *Phone: (619) 515-2430*  
 *After Hours Phone: (619)  
515-2430*  
 *Website: www.fhcsd.org  
Email: jinah@fhcsd.org*


*Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N*  
 *Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM*


**FAMILY PRACTICE**

**TSUCHIYA, KIMIKO**

*Provider ID: 417782  
Provider Gender: Female  
License Number: 20A19610  
NPI: 1629637285*

 *Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No*  
 1250 6TH AVE STE 100  
SAN DIEGO, CA 92101  
 *Phone: (619) 515-2430*  
 *After Hours Phone: (619)  
515-2430*



 *Website: www.fhcsd.org  
Email: jinah@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM*

**FAMILY PRACTICE**

**VALENZUELA, TRICIA**

*Provider ID: 206363  
Provider Gender: Female  
License Number: A161373  
NPI: 1346776358*

 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish*

Cultural Competency: N  
Board Certified Specialty: No

4725 MARKET ST  
SAN DIEGO, CA 92102  
Phone: (619) 515-2560  
After Hours Phone: (619) 515-2560

Website: www.fhcsd.org  
Email: nancyl@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**VALENZUELA, TRICIA**

Provider ID: 206363  
Provider Gender: Female  
License Number: A161373  
NPI: 1346776358

Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish

Cultural Competency: N  
Board Certified Specialty: No

4725 MARKET ST  
SAN DIEGO, CA 92102  
Phone: (619) 515-2560  
After Hours Phone: (619) 515-2560

Website: www.fhcsd.org  
Email: nancyl@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**WANG, REGINA**

Provider ID: 403583  
Provider Gender: Female  
License Number: A109828  
NPI: 1154554871

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: LONG BEACH MEMORIAL MED CTR, UCSD MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY THORNTON

Board Certified Specialty: No

1501 IMPERIAL AVE  
SAN DIEGO, CA 92101  
Phone: (619) 233-8500  
After Hours Phone: (619) 233-8500

Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:30PM

**FAMILY PRACTICE**

**WANG, REGINA**

Provider ID: 403583  
Provider Gender: Female  
License Number: A109828  
NPI: 1154554871

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: LONG BEACH MEMORIAL MED CTR, UCSD MEDICAL CTR, UCSD LA

JOLLA JOHN SALLY THORNTON

Board Certified Specialty: No

1501 IMPERIAL AVE  
SAN DIEGO, CA 92101  
Phone: (619) 233-8500  
After Hours Phone: (619) 233-8500

Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:30PM

**FAMILY PRACTICE**

**WHITE, KATHERINE**

Provider ID: 227409  
Provider Gender: Female  
License Number: A120447  
NPI: 1801112925

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100

Website: https://www.syhealth.org/locations  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**


**WHITE, KATHERINE**

Provider ID: 227409

Provider Gender: Female

License Number: A120447

NPI: 1801112925

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA


VISTA, SCRIPPS MERCY


HOSPITAL

Board Certified Specialty: No

 3177 OCEAN VIEW BLVD

SAN DIEGO, CA 92113

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**


**WU, JENNIFER**

Provider ID: 403583

Provider Gender: Female

License Number: A54702

NPI: 1215953013

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Mandarin, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON


Board Certified Specialty: No

 1501 IMPERIAL AVE

SAN DIEGO, CA 92101

 Phone: (619) 233-8500

 After Hours Phone: (619) 233-8500

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:00PM

**FAMILY PRACTICE**


**WU, JENNIFER**

Provider ID: 403583

Provider Gender: Female

License Number: A54702

NPI: 1215953013

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Mandarin, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON

Board Certified Specialty: No

 1501 IMPERIAL AVE

SAN DIEGO, CA 92101

 Phone: (619) 233-8500

 After Hours Phone: (619) 233-8500

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:00PM

**FAMILY PRACTICE**

**ZAHLER, MARVIN**

Provider ID: 417937

Provider Gender: Male

License Number: 20A11612

NPI: 1134380710


 Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: SCRIPPS


MERCY HOSPITAL

Board Certified Specialty: No

 4094 4TH AVE

SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619) 515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**ZAHLER, MARVIN**

Provider ID: 417937

Provider Gender: Male

License Number: 20A11612

NPI: 1134380710


 Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: SCRIPPS

MERCY HOSPITAL


Board Certified Specialty: No

 4094 4TH AVE

SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619) 515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**


**ZINK, IRENE**

Provider ID: 227409

Provider Gender: Female

License Number: C54198

NPI: 1215959549


 Provider English Spoken: Y


 Provider Language(s) Spoken: German


Cultural Competency: N


Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL

Board Certified Specialty: No

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100


 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

**FAMILY PRACTICE**


**ZINK, IRENE**

Provider ID: 227409

Provider Gender: Female

License Number: C54198

NPI: 1215959549


 Provider English Spoken: Y


 Provider Language(s) Spoken: German


Cultural Competency: N


Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL

Board Certified Specialty: No

 3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

**FQHC**

**DIAMOND NEIGHBORHOODS**

**FAMILY HLTH CTRS INC,**


Provider ID: 206363

NPI: 1982747671

 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: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

**FQHC**

**DIAMOND NEIGHBORHOODS**

**FAMILY HLTH CTRS INC,**


Provider ID: 206363

NPI: 1982747671

 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: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

**FQHC**

**DOWNTOWN FAMILY CTR AT**


**CONNECTIONS,**


Provider ID: 417782

NPI: 1588901045

 Provider English Spoken: Y


Cultural Competency: N

 1250 6TH AVE STE 100  
SAN DIEGO, CA 92101

 Phone: (619) 515-2430

Fax: (619) 578-2410

 After Hours Phone: (619) 515-2430

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [jinah@fhcsd.org](mailto:jinah@fhcsd.org)

Medi-Cal Open Panel: Y

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  
 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: Y  
 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: Y  
 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:30AM-5:30PM

**FQHC**

**FAMILY HEALTH CTR OF SD-ELM ST,**

Provider ID: 419167  
 NPI: 1316419070  
 Provider English Spoken: Y  
 Cultural Competency: N  
 140 ELM ST  
 SAN DIEGO, CA 92101  
 Phone: (619) 515-2520  
 Fax: (619) 231-0431

After Hours Phone: (619)  
 515-2520  
 Website: www.fhcsd.org  
 Email: jinah@fhcsd.org  
 Medi-Cal Open Panel: Y  
 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: Y  
 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](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM


**FQHC**







**FAMILY HEALTH CTR SAN DIEGO-OAK PARK,**

Provider ID: 664747  
 NPI: 1336525906  
 Provider English Spoken: Y  
*Cultural Competency: N*  
 2114 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2406  
 After Hours Phone: (619) 515-2406  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM

**FQHC**

**FAMILY HEALTH CTR SAN DIEGO-OAK PARK,**

Provider ID: 418142  
 NPI: 1336525906  
 Provider English Spoken: Y

*Cultural Competency: N*  
 5160 FEDERAL BLVD  
 SAN DIEGO, CA 92105  
 Phone: (619) 515-2454  
 Fax: (619) 794-2696  
 After Hours Phone: (619) 515-2454  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 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](http://www.fhcsd.org)  
 Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 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](http://www.fhcsd.org)  
 Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**FQHC**

**FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL,**

Provider ID: 419529  
 NPI: 1235521782  
 Provider English Spoken: Y  
*Cultural Competency: N*  
 2325 COMMERCIAL ST STE 1400  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2422  
 Fax: (619) 269-0053  
 After Hours Phone: (619) 515-2422  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*

**FQHC**


**FAMILY HLTH CTR SAN DIEGO- CITY COLLEGE,**

*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: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:30AM-5:30PM*

**FQHC**


**FAMILY HLTH CTR SAN DIEGO- CITY COLLEGE,**

*Provider ID: 417429*


*NPI: 1952729303*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101

 *Phone: (619) 515-2525*

*Fax: (619) 501-5814*

 *After Hours Phone: (619) 515-2525*

 *Website: www.fhcsd.org*

*Email: janeta@fhcsd.org*

*Medi-Cal Open Panel: Y*

*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: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-W 8:30AM-5:30PM*

*TH 9:00AM-6:00PM*

*F 8:30AM-5:30PM*

**FQHC**

**FAMILY HLTH CTR SAN DIEGO-BEACH AREA,**


*Provider ID: 402851*

*NPI: 1386689701*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

 3705 MISSION BLVD

SAN DIEGO, CA 92109

 *Phone: (619) 515-2444*

*Fax: (858) 488-1394*

 *After Hours Phone: (619) 515-2444*


 *Website: www.fhcsd.org*

*Email: sabay@fhcsd.org*

*Medi-Cal Open Panel: Y*

*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: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-TH 8:00AM-9:00PM*

*F 8:00AM-5:00PM*

**FQHC**

**FAMILY HLTH CTR SD**

**HILLCREST,**

Provider ID: 417937

NPI: 1629456900

☐ Provider English Spoken: Y  
Cultural Competency: N

📍 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: Y

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- healt  
h- center

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-4:00PM

**FQHC**

**KING CHAVEZ HEALTH**

**CENTER,**

Provider ID: 451167

NPI: 1538262092

☐ Provider English Spoken: Y  
Cultural Competency: N

📍 950 S EUCLID AVE  
SAN DIEGO, CA 92114

☎ Phone: (619) 662-4100

Fax: (619) 205-1952

🕒 After Hours Phone: (619)  
662-4100

🌐 Website: www.syhealth.org  
/clinics/king- chavez- healt  
h- center

Medi-Cal Open Panel: Y

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.or  
g

Email:

aschmaltz@lamaestra.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

**FQHC**

**LA MAESTRA FAMILY CLINIC**

**INC,**

Provider ID: 185268

NPI: 1336353721

☐ Provider English Spoken: Y  
Cultural Competency: N

📍 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

☎ Phone: (619) 280-4213

Fax: (619) 795-9849

🕒 After Hours Phone: (619)  
280-4213

🌐 Website: www.lamaestra.or  
g

Email:

aschmaltz@lamaestra.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

**FQHC**



**LINDA VISTA HEALTH CARE  
CTR,**

Provider ID: 206046

NPI: 1780665877

☐ Provider English Spoken: Y  
Cultural Competency: N

📍 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

☎ Phone: (858) 279-0925

Fax: (858) 633-4680

📞 After Hours Phone: (858)  
279-0925

🌐 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

**FQHC**

**LINDA VISTA HEALTH CARE  
CTR,**

Provider ID: 206046

NPI: 1780665877

☐ Provider English Spoken: Y  
Cultural Competency: N

📍 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

☎ Phone: (858) 279-0925

Fax: (858) 633-4680

📞 After Hours Phone: (858)  
279-0925

🌐 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT

**PROVIDER**

Hours: M-F 8:30AM-5:30PM

**FQHC**

**LINDA VISTA HEALTH CARE  
CTR,**

Provider ID: 206046

NPI: 1609905215

☐ Provider English Spoken: Y  
Cultural Competency: N

📍 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

☎ Phone: (858) 279-0925

Fax: (858) 633-4680

📞 After Hours Phone: (858)  
279-0925

🌐 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

**FQHC**

**LINDA VISTA HEALTH CARE  
CTR,**

Provider ID: 206046

NPI: 1609905215

☐ Provider English Spoken: Y  
Cultural Competency: N

📍 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

☎ Phone: (858) 279-0925

Fax: (858) 633-4680

📞 After Hours Phone: (858)  
279-0925

🌐 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y

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](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

**FQHC**

**LOGAN HEIGHTS FAMILY  
HEALTH CENTER,**

Provider ID: 206360

NPI: 1447281936



☐ Provider English Spoken: Y  
Cultural Competency: N

📍 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

☎ Phone: (619) 515-2300





Fax: (619) 234-2447

📞 After Hours Phone: (619)

515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER




**FQHC**




**LOGAN HEIGHTS FAMILY HEALTH CENTER,**

Provider ID: 624977  
 NPI: 1447281936  
 Provider English Spoken: Y  
 Cultural Competency: N  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2355  
 Fax: (619) 232-7011  
 After Hours Phone: (619) 515-2355  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**FQHC**

**LOGAN HEIGHTS FAMILY HEALTH CENTER,**

Provider ID: 624977  
 NPI: 1447281936  
 Provider English Spoken: Y  
 Cultural Competency: N  
 2204 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2355  
 Fax: (619) 232-7011

 After Hours Phone: (619) 515-2355  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**FQHC**

**MID-CITY COMMUNITY CLINIC,**

Provider ID: 233597  
 NPI: 1962483040  
 Provider English Spoken: Y  
 Cultural Competency: N  
 4290 POLK AVE  
 SAN DIEGO, CA 92105  
 Phone: (619) 563-0250  
 Fax: (858) 633-4681  
 After Hours Phone: (619) 563-0250  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 SA 8:00AM-2:00PM

**FQHC**




**MID-CITY COMMUNITY CLINIC,**

Provider ID: 233597  
 NPI: 1962483040  
 Provider English Spoken: Y  
 Cultural Competency: N  
 4290 POLK AVE  
 SAN DIEGO, CA 92105  
 Phone: (619) 563-0250

Fax: (858) 633-4681  
 After Hours Phone: (619) 563-0250  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 SA 8:00AM-2:00PM

**FQHC**

**MID-CITY COMMUNITY CLINIC,**


Provider ID: 233532  
 NPI: 1962483040  
 Provider English Spoken: Y  
 Cultural Competency: N  
 4305 UNIVERSITY AVE STE 150  
 SAN DIEGO, CA 92105  
 Phone: (619) 280-2058  
 Fax: (858) 633-4682  
 After Hours Phone: (619) 280-2058  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\22  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 SA 8:00AM-2:00PM


**FQHC**

**MID-CITY COMMUNITY CLINIC,**

Provider ID: 233532  
 NPI: 1962483040

 *Provider English Spoken: Y*  
*Cultural Competency: N*

 4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105

 *Phone: (619) 280-2058*

*Fax: (858) 633-4682*


 *After Hours Phone: (619)*  
*280-2058*

 *Website: www.sdfamilycare*  
*.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\22*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

*Hours: M-F 8:00AM-5:00PM*  
*SA 8:00AM-2:00PM*

### **FQHC**


#### **NESTOR COMMUNITY HEALTH CENTER,**

*Provider ID: 214492*

*NPI: 1215246996*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

 1016 OUTER RD  
SAN DIEGO, CA 92154

 *Phone: (619) 429-3733*

*Fax: (619) 628-5550*


 *After Hours Phone: (619)*  
*429-3733*

 *Website: www.ibclinic.org*  
*Email: avaldez@ibclinic.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

*Hours: M 8:30AM-5:00PM*

*TU-TH 8:30AM-8:00PM*  
*F 8:30AM-5:00PM*

### **FQHC**


#### **NESTOR COMMUNITY HEALTH CENTER,**

*Provider ID: 214492*

*NPI: 1215246996*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

 1016 OUTER RD  
SAN DIEGO, CA 92154

 *Phone: (619) 429-3733*

*Fax: (619) 628-5550*


 *After Hours Phone: (619)*  
*429-3733*

 *Website: www.ibclinic.org*  
*Email: avaldez@ibclinic.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

*Hours: M 8:30AM-5:00PM*

*TU-TH 8:30AM-8:00PM*

*F 8:30AM-5:00PM*

### **FQHC**


#### **NORTH PARK FAMILY HEALTH CENTERS,**

*Provider ID: 416831*


*NPI: 1700821303*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

 3514 30TH ST  
SAN DIEGO, CA 92104

 *Phone: (619) 515-2424*

*Fax: (619) 683-7586*

 *After Hours Phone: (619)*  
*515-2424*

 *Website: www.fhcsd.org*

*Email: jenanm@fhcsd.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\18*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

*Hours: M-TH 8:00AM-5:00PM*


### **FQHC**


#### **NORTH PARK FAMILY HEALTH CENTERS,**

*Provider ID: 206362*

*NPI: 1700821303*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

 3544 30TH ST  
SAN DIEGO, CA 92104

 *Phone: (619) 515-2424*

*Fax: (619) 501-0627*

 *After Hours Phone: (619)*  
*515-2424*

 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):*  
*N*

 *Accessibility: CONTACT*  
*PROVIDER*

### **FQHC**


#### **NORTH PARK FAMILY HEALTH CENTERS,**

*Provider ID: 416831*

*NPI: 1700821303*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

 3514 30TH ST  
SAN DIEGO, CA 92104

 *Phone: (619) 515-2424*

Fax: (619) 683-7586  
 ☎ After Hours Phone: (619) 515-2424  
 🌐 Website: www.fhcsd.org  
 Email: jenanm@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\18  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER  
 Hours: M-TH 8:00AM-5:00PM

**FQHC**

**NORTH PARK FAMILY HEALTH CENTERS,**

Provider ID: 206362  
 NPI: 1700821303  
 🗺 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER

**FQHC**

**OPERATION SAMAHAN - MIRA MESA,**

Provider ID: 432308  
 NPI: 1861933897  
 🗺 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER

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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER

**FQHC**

**OPERATION SAMAHAN - MIRA MESA,**

Provider ID: 432308  
 NPI: 1861933897  
 🗺 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER

**FQHC**

**OPERATION SAMAHAN - MIRA MESA,**

Provider ID: 417101  
 NPI: 1871680397  
 🗺 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-4:30PM

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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-4:30PM

**FQHC**

**OPERATION SAMAHAN - MIRA MESA,**

Provider ID: 417101  
 NPI: 1871680397  
 🗺 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-4:30PM

**FQHC**

**OPERATION SAMAHAN  
RANCHO PENASQUITOS,**

Provider ID: 418535

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.operationsa  
mahan.org](http://www.operationsa<br/>mahan.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Hours: M-TU 8:30AM-5:30PM

W 10:00AM-7:00PM

TH-F 8:30AM-5:30PM

**FQHC**

**OPERATION SAMAHAN  
RANCHO PENASQUITOS,**

Provider ID: 418535

NPI: 1699216622

☐ Provider English Spoken: Y  
Cultural Competency: N

📍 9995 CARMEL MOUNTAIN  
RD STE B10 AND B11  
SAN DIEGO, CA 92129

☎ Phone: (844) 200-2426

Fax: (858) 695-9074

🕒 After Hours Phone: (844)  
200-2426

🌐 Website: [www.operationsa](http://www.operationsa)

[mahan.org](http://mahan.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Hours: M-TU 8:30AM-5:30PM

W 10:00AM-7:00PM

TH-F 8:30AM-5:30PM

**FQHC**

**SAN DIEGO AMERICAN INDIAN  
HEALTH CENTER,**

Provider ID: 207382

NPI: 1003902917

☐ Provider English Spoken: Y  
Cultural Competency: N

📍 2630 1ST AVE  
SAN DIEGO, CA 92103

☎ Phone: (619) 234-2158

Fax: (619) 234-0206

🕒 After Hours Phone: (619)  
234-2158

🌐 Website: [WWW.SDAIHC.ORG](http://WWW.SDAIHC.ORG)

Medi-Cal Open Panel: Y

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](http://WWW.SDAIHC.ORG)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

**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](http://www.sdfamilycare.org)  
.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM

TU 8:30AM-8:30PM

W-F 8:30AM-5:30PM

SA 9:00AM-4:00PM

**FQHC**

**SAN DIEGO FAMILY CARE,**

Provider ID: 482070

NPI: 1457724858

Provider English Spoken: Y  
Cultural Competency: N

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 810-8700

Fax: (858) 633-4680

After Hours Phone: (858)  
810-8700

Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM

TU 8:30AM-8:30PM

W-F 8:30AM-5:30PM

SA 9:00AM-4:00PM

**FQHC**

**SAN YSIDRO HEALTH 25TH ST  
FAMILY MEDICINE,**

Provider ID: 517403

NPI: 1598308926

Provider English Spoken: Y  
Cultural Competency: N

316 25TH ST  
SAN DIEGO, CA 92102

Phone: (619) 238-5551

Fax: (619) 238-3807

After Hours Phone: (619)  
238-5551

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\120

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

**FQHC**

**SAN YSIDRO HEALTH 25TH ST  
FAMILY MEDICINE,**

Provider ID: 517403

NPI: 1598308926

Provider English Spoken: Y  
Cultural Competency: N

316 25TH ST  
SAN DIEGO, CA 92102

Phone: (619) 238-5551

Fax: (619) 238-3807

After Hours Phone: (619)  
238-5551

Website: N/A

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

**FQHC**

**SAN YSIDRO HEALTH CHC -  
OCEAN VIEW,**

Provider ID: 227409

NPI: 1326225632

Provider English Spoken: Y  
Cultural Competency: N

3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

Phone: (619) 662-4100

Fax: (619) 595-0258

After Hours Phone: (619)  
662-4100

Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

**FQHC**

**SAN YSIDRO HEALTH  
COMMUNITY HEIGHTS FAMILY  
MED,**

Provider ID: 517998

NPI: 1205477841







Provider English Spoken: Y  
Cultural Competency: N

4690 EL CAJON BLVD  
SAN DIEGO, CA 92115


Phone: (619) 662-4100






Fax: (619) 824-9076  
 After Hours Phone: (619) 662-4100  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\120  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**FQHC**  
**SHERMAN HEIGHTS FAMILY**  
**HLTH CTRS INC,**







Provider ID: 356145  
 NPI: 1174549232  
 Provider English Spoken: Y

Cultural Competency: N  
 2391 ISLAND AVE  
 SAN DIEGO, CA 92102  
 Phone: (619) 515-2435  
 Fax: (619) 515-2435  
 After Hours Phone: (619) 515-2435  
 Website: N/A  
 Email: dalvarado@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER







**FQHC**  
**SHERMAN HEIGHTS FAMILY**  
**HLTH CTRS INC,**

Provider ID: 356145  
 NPI: 1174549232  
 Provider English Spoken: Y  
 Cultural Competency: N  
 2391 ISLAND AVE  
 SAN DIEGO, CA 92102  
 Phone: (619) 515-2435  
 Fax: (619) 515-2435  
 After Hours Phone: (619) 515-2435  
 Website: N/A  
 Email: dalvarado@fhcsd.org  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:30PM

**FQHC**  
**ST VINCENT DE PAUL VILLAGE**  
**FAMILY HEALTH CENTER,**


Provider ID: 403583  
 NPI: 1598122871  
 Provider English Spoken: Y  
 Cultural Competency: N  
 1501 IMPERIAL AVE  
 SAN DIEGO, CA 92101  
 Phone: (619) 233-8500  
 Fax: (619) 687-1067  
 After Hours Phone: (619) 233-8500  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:30PM

**GASTROENTEROLOGY**  
**FRENETTE, CATHERINE**






Provider ID: 417937  
 Provider Gender: Female  
 License Number: A80461  
 NPI: 1417935081  
 Provider English Spoken: Y  
 Cultural Competency: N  
 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TH 8:00AM-9:00PM  
 F 8:00AM-5:00PM






**GASTROENTEROLOGY**  
**FRENETTE, CATHERINE**

Provider ID: 417937  
 Provider Gender: Female  
 License Number: A80461  
 NPI: 1417935081  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL  
 CHULA VISTA, CALIFORNIA  
 PACIFIC MED CTR  
 Board Certified Specialty: No  
 4094 4TH AVE  
 SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619) 515-2545  
 Website: www.fhcsd.org  
 Email: fabianm@fhcsd.org  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT

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 SAN DIEGO, CA 92103  
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 After Hours Phone: (619) 515-2545  
 Website: www.fhcsd.org  
 Email: fabianm@fhcsd.org  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TH 8:00AM-9:00PM  
 F 8:00AM-5:00PM

**GENERAL PRACTICE**  
**BELLO, OSAGIE**

Provider ID: 417101  
 Provider Gender: Male  
 License Number: A115182  
 NPI: 1164726378  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: PIONEERS MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR, PARADISE VALLEY HOSPITAL,



SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS MERCY  
HOSPITAL, SCRIPPS GREEN  
HOSPITAL

Board Certified Specialty: No

10737 CAMINO RUIZ STE  
235  
SAN DIEGO, CA 92126

Phone: (844) 200-2426  
After Hours Phone: (844)  
200-2426

Website: www.operationsa  
mahan.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-4:30PM

### **GENERAL PRACTICE**

#### **BELLO, OSAGIE**

Provider ID: 417101

Provider Gender: Male

License Number: A115182

NPI: 1164726378

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: PIONEERS  
MEMORIAL HOSPITAL, SHARP  
CHULA VISTA MED CTR,  
PARADISE VALLEY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS MERCY  
HOSPITAL, SCRIPPS GREEN  
HOSPITAL

Board Certified Specialty: No

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Website: www.operationsa  
mahan.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-4:30PM

### **GENERAL PRACTICE**

#### **BORRERO, MARCOS**

Provider ID: 100677

Provider Gender: Male

NPI: 1952312621

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA  
Board Certified Specialty: No

3490 PALM AVE  
SAN DIEGO, CA 92154  
Phone: (619) 423-5616  
Fax: (619) 423-5684

After Hours Phone: (619)  
423-5616

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 2\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### **GENERAL PRACTICE**

#### **DOAN STEPHENS, CRYSTAL**

Provider ID: 233532

Provider Gender: Female

License Number: A152267

NPI: 1730570144

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105

Phone: (619) 280-2058

After Hours Phone: (619)  
280-2058

Website: www.sdfamilycare  
.org

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\22

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

**HEPATOLOGY**


**GISH, ROBERT**


Provider ID: 185268

Provider Gender: Male

License Number: G45632

NPI: 1548281322

 Provider English Spoken: Y

 Provider Language(s) Spoken: Dutch, French, Spanish, Vietnamese


Cultural Competency: N


Hospital Affiliation: LOMA

LINDA UNIVERSITY COMM MED CTR

Board Certified Specialty: No

 4060 FAIRMOUNT AVE SAN DIEGO, CA 92105

 Phone: (619) 255-9155

 After Hours Phone: (619) 255-9155

 Website: www.lamaestra.org


Email:

aschmaltz@lamaestra.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

**HEPATOLOGY**


**GISH, ROBERT**


Provider ID: 185268

Provider Gender: Male

License Number: G45632

NPI: 1548281322

 Provider English Spoken: Y

 Provider Language(s) Spoken: Dutch, French, Spanish, Vietnamese


Cultural Competency: N


Hospital Affiliation: LOMA


LINDA UNIVERSITY COMM MED CTR

Board Certified Specialty: No

 4060 FAIRMOUNT AVE SAN DIEGO, CA 92105

 Phone: (619) 255-9155

 After Hours Phone: (619) 255-9155

 Website: www.lamaestra.org

Email:

aschmaltz@lamaestra.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**


**ALASSIL, SALLY**

Provider ID: 206360

Provider Gender: Female

License Number: A122238

NPI: 1982044483


 Provider English Spoken: Y

 Provider Language(s) Spoken: Arabic

Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)

515-2300

 Website: www.fhcsd.org

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**

**ALASSIL, SALLY**

Provider ID: 206360

Provider Gender: Female

License Number: A122238

NPI: 1982044483


 Provider English Spoken: Y


 Provider Language(s) Spoken: Arabic

Cultural Competency: N

Board Certified Specialty: No

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Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**

**ALASSIL, SALLY**

Provider ID: 419529

Provider Gender: Female

License Number: A122238

NPI: 1982044483

Provider English Spoken: Y N  
 Provider Language(s) Spoken: Arabic  
 Cultural Competency: N  
 Board Certified Specialty: No  
 2325 COMMERCIAL ST STE 1400  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2422  
 After Hours Phone: (619) 515-2422  
 Website: www.fhcsd.org  
 Email: dalvarado@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**

**ALASSIL, SALLY**

Provider ID: 419529  
 Provider Gender: Female  
 License Number: A122238  
 NPI: 1982044483  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Arabic  
 Cultural Competency: N  
 Board Certified Specialty: No  
 2325 COMMERCIAL ST STE 1400  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2422  
 After Hours Phone: (619) 515-2422  
 Website: www.fhcsd.org  
 Email: dalvarado@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):

Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**

**ALDOUS, JEANNETTE**

Provider ID: 451167  
 Provider Gender: Female  
 License Number: A101017  
 NPI: 1073650339  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR  
 Board Certified Specialty: No

950 S EUCLID AVE  
 SAN DIEGO, CA 92114  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: www.syhealth.org /clinics/king- chavez- health-center  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**

**ALDOUS, JEANNETTE**

Provider ID: 451167  
 Provider Gender: Female  
 License Number: A101017  
 NPI: 1073650339  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N

Hospital Affiliation: UCSD  
 MEDICAL CTR  
 Board Certified Specialty: No  
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 Website: www.syhealth.org /clinics/king- chavez- health-center  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**

**ANDREWS, JOHN**

Provider ID: 403583  
 Provider Gender: Male  
 License Number: G71080  
 NPI: 1003164302  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 1501 IMPERIAL AVE  
 SAN DIEGO, CA 92101  
 Phone: (619) 233-8500  
 After Hours Phone: (619) 233-8500  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**INTERNAL MEDICINE**

**ANDREWS, JOHN**

Provider ID: 403583

Provider Gender: Male

License Number: G71080

NPI: 1003164302

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

Phone: (619) 233-8500

After Hours Phone: (619)  
233-8500

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

**INTERNAL MEDICINE**

**BOHR, CHRISTINA**

Provider ID: 417937

Provider Gender: Female

License Number: 20A17702

NPI: 1841794344

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

4094 4TH AVE  
SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)  
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Website: www.fhcsd.org

Email: fabianm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

**INTERNAL MEDICINE**

**BOHR, CHRISTINA**

Provider ID: 417937

Provider Gender: Female

License Number: 20A17702

NPI: 1841794344

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

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Email: fabianm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

**INTERNAL MEDICINE**

**BRIONES COLMAN, FELICIA**

Provider ID: 417937

Provider Gender: Female

License Number: A80153

NPI: 1962517367

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

4094 4TH AVE  
SAN DIEGO, CA 92103

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Website: www.fhcsd.org

Email: fabianm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

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Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM

F 8:00AM-5:00PM

**INTERNAL MEDICINE**

**BRIONES COLMAN, FELICIA**

Provider ID: 417937

Provider Gender: Female

License Number: A80153

NPI: 1962517367

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

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Email: fabianm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM

F 8:00AM-5:00PM

**INTERNAL MEDICINE**



**CHAN, ANDY**


Provider ID: 417937  
 Provider Gender: Male  
 License Number: 20A20352  
 NPI: 1104480912

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish


Cultural Competency: N  
 Board Certified Specialty: No

 4094 4TH AVE  
 SAN DIEGO, CA 92103

 Phone: (619) 515-2545  
 After Hours Phone: (619)  
 515-2545

 Website: www.fhcsd.org  
 Email: fabianm@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TH 8:00AM-9:00PM  
 F 8:00AM-5:00PM

**INTERNAL MEDICINE**



**CHAN, ANDY**


Provider ID: 417937  
 Provider Gender: Male  
 License Number: 20A20352  
 NPI: 1104480912

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish


Cultural Competency: N  
 Board Certified Specialty: No

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 515-2545

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 Email: fabianm@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TH 8:00AM-9:00PM  
 F 8:00AM-5:00PM

**INTERNAL MEDICINE**



**CSAPOCZI, PETER**


Provider ID: 451167  
 Provider Gender: Male  
 License Number: A96919  
 NPI: 1841357118

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Hungarian,  
 Spanish, Ukrainian

Cultural Competency: N  
 Board Certified Specialty: No


 950 S EUCLID AVE  
 SAN DIEGO, CA 92114

 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100

 Website: www.syhealth.org  
 /clinics/king- chavez- healt  
 h- center

Medi-Cal Open Panel: Y  
 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


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 Phone: (619) 662-4100  
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 Website: www.syhealth.org  
 /clinics/king- chavez- healt  
 h- center

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 SA 8:00AM-4:00PM


**INTERNAL MEDICINE**




**CURTIS, MEGAN**

Provider ID: 206360  
 Provider Gender: Female  
 License Number: A187390  
 NPI: 1699138115

Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No



 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619) 515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 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  
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 After Hours Phone: (619) 515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**




**DAHMS, ERIC**


Provider ID: 417937  
 Provider Gender: Male  
 License Number: G80316  
 NPI: 1306808464  
 Provider English Spoken: Y

Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA  
 Board Certified Specialty: No  
 4094 4TH AVE  
 SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619) 515-2545  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 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  
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 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
 Medi-Cal Open Panel: Y

Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**


**DIEP, KEVIN**

Provider ID: 417937  
 Provider Gender: Male  
 License Number: 20A17657  
 NPI: 1083117865  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4094 4TH AVE  
 SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619) 515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TH 8:00AM-9:00PM  
 F 8:00AM-5:00PM

**INTERNAL MEDICINE**

**DIEP, KEVIN**

Provider ID: 417937  
 Provider Gender: Male  
 License Number: 20A17657  
 NPI: 1083117865  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4094 4TH AVE

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 Phone: (619) 515-2545  
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 Email: fabianm@fhcsd.org  
 Medi-Cal Open Panel: Y  
 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: Y  
 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  
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 Email: fabianm@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TH 8:00AM-9:00PM  
 F 8:00AM-5:00PM

**INTERNAL MEDICINE**





**DOMINGUEZ, FERNANDO**

Provider ID: 417937  
 Provider Gender: Male  
 License Number: A154708  
 NPI: 1972917672  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4094 4TH AVE  
 SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619)

515-2545  
 Website: www.fhcsd.org  
 Email: fabianm@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TH 8:00AM-9:00PM  
 F 8:00AM-5:00PM

**INTERNAL MEDICINE**

**DOMINGUEZ, FERNANDO**

Provider ID: 417937  
 Provider Gender: Male  
 License Number: A154708  
 NPI: 1972917672  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4094 4TH AVE  
 SAN DIEGO, CA 92103  
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 After Hours Phone: (619) 515-2545  
 Website: www.fhcsd.org  
 Email: fabianm@fhcsd.org  
 Medi-Cal Open Panel: Y  
 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**


**FARASAT, SADAF**


Provider ID: 206360  
 Provider Gender: Female  
 License Number: A147939  
 NPI: 1255696407


Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Hindi, Punjabi,  
 Urdu


Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL, UCSD  
 LA JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR, NATIVIDAD MEDICAL  
 CENTER, PALOMAR MEDICAL  
 CENTER

Board Certified Specialty: No

 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113


 Phone: (619) 515-2300

 After Hours Phone: (619)  
 515-2300

 Website: www.fhcsd.org  
 Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

**INTERNAL MEDICINE**

**FARASAT, SADAF**

Provider ID: 206360  
 Provider Gender: Female  
 License Number: A147939  
 NPI: 1255696407

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Hindi, Punjabi,  
 Urdu

Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL, UCSD  
 LA JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR, NATIVIDAD MEDICAL  
 CENTER, PALOMAR MEDICAL  
 CENTER

Board Certified Specialty: No

 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
 515-2300

 Website: www.fhcsd.org  
 Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y  
 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: Y  
 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

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 515-2300

 Website: www.fhcsd.org  
 Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER


**INTERNAL MEDICINE**


**GUTIERREZ, ANGELICA**


Provider ID: 233597  
 Provider Gender: Female  
 License Number: A175116  
 NPI: 1982180329

Provider English Spoken: Y  
 Cultural Competency: N

Board Certified Specialty: No

 4290 POLK AVE  
 SAN DIEGO, CA 92105


 Phone: (619) 563-0250





 After Hours Phone: (619)



563-0250  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 SA 8:00AM-2:00PM







**INTERNAL MEDICINE**  
**GUTIERREZ, ANGELICA**

Provider ID: 233597  
 Provider Gender: Female  
 License Number: A175116  
 NPI: 1982180329  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No

 4290 POLK AVE  
 SAN DIEGO, CA 92105  
 Phone: (619) 563-0250  
 After Hours Phone: (619) 563-0250  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 SA 8:00AM-2:00PM

**INTERNAL MEDICINE**  
**HAZELBAKER, PAUL**

Provider ID: 417782  
 Provider Gender: Male

License Number: 20A7147  
 NPI: 1831106103  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 1250 6TH AVE STE 100  
 SAN DIEGO, CA 92101  
 Phone: (619) 515-2430  
 After Hours Phone: (619) 515-2430  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [jinah@fhcsd.org](mailto:jinah@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**INTERNAL MEDICINE**  
**HAZELBAKER, PAUL**





Provider ID: 417782  
 Provider Gender: Male  
 License Number: 20A7147  
 NPI: 1831106103  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
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 SAN DIEGO, CA 92101  
 Phone: (619) 515-2430  
 After Hours Phone: (619) 515-2430  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [jinah@fhcsd.org](mailto:jinah@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

**INTERNAL MEDICINE**  
**HENDERSON, PHILIP**

Provider ID: 417937  
 Provider Gender: Male  
 License Number: A140324  
 NPI: 1447678834  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4094 4TH AVE  
 SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619) 515-2545  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TH 8:00AM-9:00PM  
 F 8:00AM-5:00PM

**INTERNAL MEDICINE**  
**HENDERSON, PHILIP**

Provider ID: 417937  
 Provider Gender: Male  
 License Number: A140324  
 NPI: 1447678834  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4094 4TH AVE  
 SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619) 515-2545


 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM  
F 8:00AM-5:00PM

**INTERNAL MEDICINE**

**JAMISON, KAREN**

Provider ID: 417937

Provider Gender: Female

License Number: A95356


NPI: 1285830505

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL

Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

Fax: (619) 501-9645

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM  
F 8:00AM-5:00PM

**INTERNAL MEDICINE**

**JAMISON, KAREN**

Provider ID: 417937

Provider Gender: Female

License Number: A95356


NPI: 1285830505

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL


Board Certified Specialty: No

 4094 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

Fax: (619) 501-9645

 After Hours Phone: (619)  
515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-9:00PM  
F 8:00AM-5:00PM

**INTERNAL MEDICINE**

**JEONG, MATTHEW**

Provider ID: 417782

Provider Gender: Male


License Number: A190535


NPI: 1558982512


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 1250 6TH AVE STE 100  
SAN DIEGO, CA 92101

 Phone: (619) 515-2430

 After Hours Phone: (619)  
515-2430

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [jinah@fhcsd.org](mailto:jinah@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

**INTERNAL MEDICINE**

**JEONG, MATTHEW**

Provider ID: 417782

Provider Gender: Male


License Number: A190535


NPI: 1558982512

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

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Email: [jinah@fhcsd.org](mailto:jinah@fhcsd.org)

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

**INTERNAL MEDICINE**

**KRIJGER, LISA**

Provider ID: 403583

Provider Gender: Female

License Number: A67762

NPI: 1932278710

 Provider English Spoken: Y  
Cultural Competency: N


Board Certified Specialty: No

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101  
 Phone: (619) 233-8500  
 After Hours Phone: (619)  
233-8500  
 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

**INTERNAL MEDICINE**

**LALITHAKUMARI, ARYA**

Provider ID: 206362

Provider Gender: Female

License Number: A140646

NPI: 1265874010

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: Hemet


Global Medical Center, Menifee


Global Medical Center

Board Certified Specialty: No

 3544 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)  
515-2424

 Website: www.fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

**INTERNAL MEDICINE**

**LALITHAKUMARI, ARYA**

Provider ID: 206362

Provider Gender: Female

License Number: A140646

NPI: 1265874010

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: Hemet


Global Medical Center, Menifee


Global Medical Center

Board Certified Specialty: No

 3544 30TH ST  
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)  
515-2424

 Website: www.fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

**INTERNAL MEDICINE**

**LAMANTIA, MICHELE**

Provider ID: 451167

Provider Gender: Female

License Number: G71855

NPI: 1124176102


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 950 S EUCLID AVE  
SAN DIEGO, CA 92114

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: www.syhealth.org  
/clinics/king-chavez-health-  
center

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

**INTERNAL MEDICINE**

**LAMANTIA, MICHELE**

Provider ID: 451167

Provider Gender: Female

License Number: G71855

NPI: 1124176102

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

950 S EUCLID AVE  
SAN DIEGO, CA 92114  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**

**LEE, MICHAEL**

Provider ID: 206360  
Provider Gender: Male  
License Number: A71671  
NPI: 1760406649  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS GREEN HOSPITAL  
Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
Phone: (619) 515-2300  
After Hours Phone: (619) 515-2300  
Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**

**LEE, MICHAEL**

Provider ID: 206360  
Provider Gender: Male  
License Number: A71671  
NPI: 1760406649  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS GREEN HOSPITAL  
Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
Phone: (619) 515-2300  
After Hours Phone: (619) 515-2300  
Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**

**LU, STEPHANIE**

Provider ID: 206362  
Provider Gender: Female  
License Number: 20A20252  
NPI: 1518524586  
Provider English Spoken: Y  
Provider Language(s) Spoken: Vietnamese  
Cultural Competency: N  
Board Certified Specialty: No

3544 30TH ST  
SAN DIEGO, CA 92104  
Phone: (619) 515-2424  
After Hours Phone: (619) 515-2424  
Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**




**LU, STEPHANIE**

Provider ID: 206362  
Provider Gender: Female  
License Number: 20A20252  
NPI: 1518524586  
Provider English Spoken: Y  
Provider Language(s) Spoken: Vietnamese  
Cultural Competency: N  
Board Certified Specialty: No  
3544 30TH ST  
SAN DIEGO, CA 92104  
Phone: (619) 515-2424  
After Hours Phone: (619) 515-2424  
Website: [www.fhcsd.org](http://www.fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**

**MARCINIAK, ROMAN**

Provider ID: 206360  
Provider Gender: Male  
License Number: 20A17072  
NPI: 1326579210  
Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
1809 NATIONAL AVE

SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**

**MARCINIAK, ROMAN**


Provider ID: 206360  
 Provider Gender: Male  
 License Number: 20A17072  
 NPI: 1326579210

 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
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 After Hours Phone: (619) 515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**

**NARANJO, RODRIGO**

Provider ID: 482070  
 Provider Gender: Male  
 License Number: A119010

NPI: 1609095264  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
 After Hours Phone: (858) 810-8700  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**







**NARANJO, RODRIGO**

Provider ID: 206046  
 Provider Gender: Male  
 License Number: A119010  
 NPI: 1609095264  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858) 279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER





**INTERNAL MEDICINE**

**NARANJO, RODRIGO**

Provider ID: 206046  
 Provider Gender: Male  
 License Number: A119010  
 NPI: 1609095264  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858) 279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**

**NARANJO, RODRIGO**

Provider ID: 206046  
 Provider Gender: Male  
 License Number: A119010  
 NPI: 1609095264  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 279-0925

☐ After Hours Phone: (858) 279-0925  
 🌐 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
 Medi-Cal Open Panel: Y  
 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  
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 ♿ Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**

**NARANJO, RODRIGO**

Provider ID: 482070  
 Provider Gender: Male  
 License Number: A119010  
 NPI: 1609095264

☐ Provider English Spoken: Y  
 ☐ Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 📍 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 📞 Phone: (858) 810-8700  
 ☐ After Hours Phone: (858) 810-8700  
 🌐 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**

**NARAYANAN, MEENA**

Provider ID: 206363  
 Provider Gender: Female  
 License Number: A113448  
 NPI: 1508170697  
 ☐ Provider English Spoken: Y  
 ☐ Provider Language(s) Spoken: Farsi, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR, Adventist Health and Rideout  
 Board Certified Specialty: No  
 📍 4725 MARKET ST  
 SAN DIEGO, CA 92102  
 📞 Phone: (619) 515-2560  
 ☐ After Hours Phone: (619) 515-2560  
 🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
 Medi-Cal Open Panel: Y

Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**

**NARAYANAN, MEENA**

Provider ID: 206363  
 Provider Gender: Female  
 License Number: A113448  
 NPI: 1508170697  
 ☐ Provider English Spoken: Y  
 ☐ Provider Language(s) Spoken: Farsi, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR, Adventist Health and Rideout  
 Board Certified Specialty: No  
 📍 4725 MARKET ST  
 SAN DIEGO, CA 92102  
 📞 Phone: (619) 515-2560  
 ☐ After Hours Phone: (619) 515-2560  
 🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 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: Y  
 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: Y  
 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: Y  
 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: Y  
 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](http://www.lamaestra.org)  
 Email: [aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):


N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-6:00PM  
 SA 8:00AM-2:00PM


**INTERNAL MEDICINE**

**ROUEL, WADI**

Provider ID: 185268  
 Provider Gender: Male  
 License Number: C55979  
 NPI: 1740254713  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Arabic, Spanish, Syriac  
 Cultural Competency: N  
 Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, GROSSMONT HOSPITAL


Board Certified Specialty: No  
 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105  
 Phone: (619) 255-9155  
 After Hours Phone: (619) 255-9155

 Website: [www.lamaestra.org](http://www.lamaestra.org)  
 Email: [aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150


American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-6:00PM  
 SA 8:00AM-2:00PM


**INTERNAL MEDICINE**

**SASSIC, JESSICA**

Provider ID: 417937  
 Provider Gender: Female  
 License Number: A185024  
 NPI: 1598342529  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No


 4094 4TH AVE  
 SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619) 515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):


N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TH 8:00AM-9:00PM  
 F 8:00AM-5:00PM


**INTERNAL MEDICINE**

**SASSIC, JESSICA**

Provider ID: 417937  
 Provider Gender: Female  
 License Number: A185024  
 NPI: 1598342529  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No


 4094 4TH AVE  
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 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150


American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TH 8:00AM-9:00PM  
 F 8:00AM-5:00PM


**INTERNAL MEDICINE**

**SHI, RUJING**

Provider ID: 417937  
 Provider Gender: Female  
 License Number: 20A19399  
 NPI: 1710446539  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No  
 4094 4TH AVE  
 SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619) 515-2545

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TH 8:00AM-9:00PM  
 F 8:00AM-5:00PM






**INTERNAL MEDICINE**

**SHI, RUJING**


Provider ID: 417937  
 Provider Gender: Female  
 License Number: 20A19399  
 NPI: 1710446539  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL

Board Certified Specialty: No

 4094 4TH AVE  
 SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619) 515-2545

 Website: www.fhcsd.org  
 Email: fabianm@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TH 8:00AM-9:00PM  
 F 8:00AM-5:00PM



**INTERNAL MEDICINE**


**SMILDE, RENEE**

Provider ID: 417937  
 Provider Gender: Female  
 License Number: A70175  
 NPI: 1427010594  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Dutch  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, SCRIPPS  
 MERCY HOSPITAL CHULA


VISTA

Board Certified Specialty: No

 4094 4TH AVE  
 SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619) 515-2545

 Website: www.fhcsd.org  
 Email: fabianm@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TH 8:00AM-9:00PM  
 F 8:00AM-5:00PM

**INTERNAL MEDICINE**


**SMILDE, RENEE**


Provider ID: 417937  
 Provider Gender: Female  
 License Number: A70175  
 NPI: 1427010594  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Dutch  
 Cultural Competency: N

Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, SCRIPPS  
 MERCY HOSPITAL CHULA


VISTA

Board Certified Specialty: No

 4094 4TH AVE  
 SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619) 515-2545

 Website: www.fhcsd.org  
 Email: fabianm@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150

American Sign Language (ASL):  
 N




 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TH 8:00AM-9:00PM  
 F 8:00AM-5:00PM


**INTERNAL MEDICINE**

**URIBE-BRUCE, LILIANA**

Provider ID: 206360  
 Provider Gender: Female  
 License Number: C55724  
 NPI: 1689010324  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300

 Website: www.fhcsd.org  
 Email: dalvarado@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

**INTERNAL MEDICINE**

**URIBE-BRUCE, LILIANA**

Provider ID: 206360  
 Provider Gender: Female  
 License Number: C55724  
 NPI: 1689010324  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
Board Certified Specialty: No

📍 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
☎ Phone: (619) 515-2300  
🕒 After Hours Phone: (619)  
515-2300

🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### **VALDEZ, KRYSTAL**

Provider ID: 417101  
Provider Gender: Female  
License Number: A156854  
NPI: 1629480272  
☑ Provider English Spoken: Y  
☑ Provider Language(s)  
Spoken: Spanish, Tagalog  
Cultural Competency: N

Hospital Affiliation: TWIN  
CITIES COMMUNITY  
HOSPITAL, SIERRA VISTA  
REGIONAL MED CTR,  
PARADISE VALLEY HOSPITAL  
Board Certified Specialty: No

📍 10737 CAMINO RUIZ STE  
235  
SAN DIEGO, CA 92126  
☎ Phone: (844) 200-2426  
🕒 After Hours Phone: (844)  
200-2426

🌐 Website: [www.operationsa  
mahan.org](http://www.operationsa<br/>mahan.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

American Sign Language (ASL): Provider Gender: Female  
N

♿ Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-4:30PM

### INTERNAL MEDICINE

#### **VALDEZ, KRYSTAL**

Provider ID: 417101  
Provider Gender: Female  
License Number: A156854  
NPI: 1629480272

☑ Provider English Spoken: Y  
☑ Provider Language(s)  
Spoken: Spanish, Tagalog  
Cultural Competency: N

Hospital Affiliation: TWIN  
CITIES COMMUNITY  
HOSPITAL, SIERRA VISTA  
REGIONAL MED CTR,  
PARADISE VALLEY HOSPITAL  
Board Certified Specialty: No

📍 10737 CAMINO RUIZ STE  
235  
SAN DIEGO, CA 92126  
☎ Phone: (844) 200-2426  
🕒 After Hours Phone: (844)  
200-2426  
🌐 Website: [www.operationsa  
mahan.org](http://www.operationsa<br/>mahan.org)

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-4:30PM

### INTERNAL MEDICINE

#### **VIDAURRAZAGA, MONICA**

Provider ID: 417937

License Number: A169207  
NPI: 1346628310  
☑ Provider English Spoken: Y  
☑ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Board Certified Specialty: No

📍 4094 4TH AVE  
SAN DIEGO, CA 92103  
☎ Phone: (619) 515-2545  
🕒 After Hours Phone: (619)  
515-2545

🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

### INTERNAL MEDICINE

#### **VIDAURRAZAGA, MONICA**






































Provider ID: 417937  
Provider Gender: Female  
License Number: A169207  
NPI: 1346628310

☑ Provider English Spoken: Y  
☑ Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N

Board Certified Specialty: No  
📍 4094 4TH AVE

SAN DIEGO, CA 92103  
☎ Phone: (619) 515-2545  
🕒 After Hours Phone: (619)  
515-2545

🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

<p>American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>	<p>Cultural Competency: N  Hospital Affiliation: UCSD  MEDICAL CTR, UCSD LA JOLLA  JOHN SALLY THORNTON</p>	<p>Hours: M-F 8:30AM-5:30PM  <b>INTERNAL MEDICINE</b>  <b>WATTANAMANO, PORNTHEP</b></p>
<p><b>INTERNAL MEDICINE</b>  <b>WASTILA, LISA</b>  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</p>	<p>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: Y  Min/Max Age: 0\999  American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>	<p>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</p>
<p>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: Y  Min/Max Age: 0\999  American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>	<p><b>INTERNAL MEDICINE</b>  <b>WATTANAMANO, PORNTHEP</b>  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</p>	<p>Medi-Cal Open Panel: Y  Min/Max Age: 0\150  American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER  Hours: M-F 8:30AM-5:30PM  <b>INTERNAL MEDICINE</b>  <b>WATTANAMANO, PORNTHEP</b></p>
<p><b>INTERNAL MEDICINE</b>  <b>WASTILA, LISA</b>  Provider ID: 403583  Provider Gender: Female  License Number: A60801  NPI: 1043375231   Provider English Spoken: Y   Provider Language(s) Spoken: German</p>	<p>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: Y  Min/Max Age: 0\150  American Sign Language (ASL): N   Accessibility: CONTACT PROVIDER</p>	<p>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</p>

☎ After Hours Phone: (858) 279-0925  
 🌐 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM

**INTERNAL MEDICINE**

**WATTANAMANO, PORNTHEP**

Provider ID: 206046  
 Provider Gender: Male  
 License Number: C186338  
 NPI: 1295738516  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Thai

Cultural Competency: N  
 Board Certified Specialty: No

📍 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 ☎ Phone: (858) 279-0925  
 ☎ After Hours Phone: (858) 279-0925  
 🌐 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
 Medi-Cal Open Panel: Y  
 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](http://www.syhealth.org/clinics/king-chavez-health-center)

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**

**WATTS, ELI**

Provider ID: 451167  
 Provider Gender: Male  
 License Number: A79383  
 NPI: 1649373739  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL  
 Board Certified Specialty: No  
 📍 950 S EUCLID AVE  
 SAN DIEGO, CA 92114  
 ☎ Phone: (619) 662-4100  
 ☎ After Hours Phone: (619) 662-4100  
 🌐 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)  
 Medi-Cal Open Panel: Y

Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER

**INTERVENTIONAL**

**CARDIOLOGY**


**MOUSSAVIAN, MEHRAN**

Provider ID: 206363  
 Provider Gender: Male  
 License Number: 20A7241  
 NPI: 1689788234  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Farsi

Cultural Competency: N  
 Hospital Affiliation: SHARP CHULA VISTA MED CTR, TRI CITY MEDICAL CTR, SHARP MEMORIAL HOSPITAL, ALVARADO HOSPITAL LLC, GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, SCRIPPS HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, Adventist Health and Rideout  
 Board Certified Specialty: No

📍 4725 MARKET ST  
 SAN DIEGO, CA 92102  
 ☎ Phone: (619) 263-2499  
 ☎ After Hours Phone: (619) 263-2499

🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:30AM-5:30PM*

**INTERVENTIONAL  
CARDIOLOGY**

**MOUSSAVIAN, MEHRAN**

*Provider ID: 206363*  
*Provider Gender: Male*  
*License Number: 20A7241*  
*NPI: 1689788234*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Farsi*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP CHULA VISTA MED CTR, TRI CITY MEDICAL CTR, SHARP MEMORIAL HOSPITAL, ALVARADO HOSPITAL LLC, GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, Adventist Health and Rideout*  
*Board Certified Specialty: No*  
 *4725 MARKET ST SAN DIEGO, CA 92102*  
 *Phone: (619) 263-2499*  
 *After Hours Phone: (619) 263-2499*  
 *Website: www.fhcsd.org*  
*Email: nancyl@fhcsd.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:30AM-5:30PM*

**INTERVENTIONAL  
CARDIOLOGY**

**SHETABI, KAMBIZ**

*Provider ID: 206363*  
*Provider Gender: Male*  
*License Number: A126187*  
*NPI: 1972827806*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Farsi, Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP CHULA VISTA MED CTR, Sharp Grossmont Hospital*  
*Board Certified Specialty: No*  
 *4725 MARKET ST SAN DIEGO, CA 92102*  
 *Phone: (619) 515-2560*  
 *After Hours Phone: (619) 515-2560*  
 *Website: www.fhcsd.org*  
*Email: nancyl@fhcsd.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

**INTERVENTIONAL  
CARDIOLOGY**

**SHETABI, KAMBIZ**


*Provider ID: 206363*  
*Provider Gender: Male*  
*License Number: A126187*  
*NPI: 1972827806*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Farsi, Spanish*

*Cultural Competency: N*  
*Hospital Affiliation: SHARP CHULA VISTA MED CTR, Sharp Grossmont Hospital*  
*Board Certified Specialty: No*  
 *4725 MARKET ST SAN DIEGO, CA 92102*  
 *Phone: (619) 515-2560*  
 *After Hours Phone: (619) 515-2560*  
 *Website: www.fhcsd.org*  
*Email: nancyl@fhcsd.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*


**NEUROLOGY**

**CANTU-REYNA, GUILLERMO**

*Provider ID: 185268*  
*Provider Gender: Male*  
*License Number: A41375*  
*NPI: 1447389101*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP CHULA VISTA MED CTR*  
*Board Certified Specialty: No*  
 *4060 FAIRMOUNT AVE SAN DIEGO, CA 92105*  
 *Phone: (619) 255-9155*  
 *After Hours Phone: (619) 255-9155*  
 *Website: www.lamaestra.org*  
*Email: aschmaltz@lamaestra.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*


American Sign Language (ASL): *Cultural Competency: N*  
*N*  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*

**NEUROLOGY**  
**CANTU-REYNA, GUILLERMO**


*Provider ID: 185268*  
*Provider Gender: Male*  
*License Number: A41375*  
*NPI: 1447389101*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP CHULA VISTA MED CTR*  
*Board Certified Specialty: No*

 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105  
 *Phone: (619) 255-9155*  
 *After Hours Phone: (619) 255-9155*  
 *Website: www.lamaestra.org*  
*g*  
*Email:*

*aschmaltz@lamaestra.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*

**OBSTETRICS / GYNECOLOGY**  
**AL-MSHHDANI, AYSER**  
*Provider ID: 185268*  
*Provider Gender: Female*  
*License Number: A172929*  
*NPI: 1679008569*  
 *Provider English Spoken: Y*

*Board Certified Specialty: No*  
 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105  
 *Phone: (619) 280-4213*  
 *After Hours Phone: (619) 280-4213*  
 *Website: www.lamaestra.org*  
*g*  
*Email:*



*aschmaltz@lamaestra.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*

**OBSTETRICS / GYNECOLOGY**  
**AL-MSHHDANI, AYSER**  
*Provider ID: 185268*  
*Provider Gender: Female*  
*License Number: A172929*  
*NPI: 1679008569*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: PALOMAR MEDICAL CENTER, SCRIPPS MERCY HOSPITAL CHULA VISTA, Sharp Grossmont Hospital, SCRIPPS MERCY HOSPITAL*  
*Board Certified Specialty: No*

 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105  
 *Phone: (619) 280-4213*  
 *After Hours Phone: (619) 280-4213*  
 *Website: www.lamaestra.org*  
*g*  
*Email:*

*aschmaltz@lamaestra.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*

**OBSTETRICS / GYNECOLOGY**  
**ALIMONOS, LYSISTRATI**  
*Provider ID: 206362*  
*Provider Gender: Female*  
*License Number: 20A14919*  
*NPI: 1619397031*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*  
*Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL*  
*Board Certified Specialty: No*  
 3544 30TH ST  
 SAN DIEGO, CA 92104  
 *Phone: (619) 515-2424*  
 *After Hours Phone: (619) 515-2424*  
 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT*

**PROVIDER**  
Hours: M-TH 8:30AM-5:30PM  
F 8:30AM-5:00PM

**OBSTETRICS / GYNECOLOGY**

**ALIMONOS, LYSISTRATI**






Provider ID: 416831  
Provider Gender: Female  
License Number: 20A14919  
NPI: 1619397031  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
Board Certified Specialty: No

 3514 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424  
 Website: www.fhcsd.org  
Email: jenanm@fhcsd.org  
Medi-Cal Open Panel: Y  
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)  
Spoken: Spanish


Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
Board Certified Specialty: No  
 3544 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424  
 Website: www.fhcsd.org  
Medi-Cal Open Panel: Y  
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: 206360  
Provider Gender: Female  
License Number: 20A14919  
NPI: 1619397031  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300  
 Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org  
Medi-Cal Open Panel: Y

Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

**OBSTETRICS / GYNECOLOGY**

**ALIMONOS, LYSISTRATI**

Provider ID: 206360  
Provider Gender: Female  
License Number: 20A14919  
NPI: 1619397031  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
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515-2300  
 Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER




**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: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:30AM-5:30PM*

**OBSTETRICS / GYNECOLOGY**

**ALIMONOS, LYSISTRATI**  
*Provider ID: 206363*  
*Provider Gender: Female*  
*License Number: 20A14919*  
*NPI: 1619397031*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation:*  
 GROSSMONT HOSPITAL,  
 SCRIPPS MERCY HOSPITAL  
*Board Certified Specialty: No*  
 4725 MARKET ST  
 SAN DIEGO, CA 92102  
 *Phone: (619) 515-2560*  
 *After Hours Phone: (619) 515-2560*  
 *Website: www.fhcsd.org*

*Email: nancyl@fhcsd.org*  
*Medi-Cal Open Panel: Y*  
*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: 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  
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 *Phone: (619) 515-2424*  
 *After Hours Phone: (619) 515-2424*  
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*Email: jenanm@fhcsd.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\18*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT PROVIDER*

**OBSTETRICS / GYNECOLOGY**

**ALIMONOS, LYSISTRATI**  
*Provider ID: 402851*  
*Provider Gender: Female*

*License Number: 20A14919*  
*NPI: 1619397031*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation:*  
 GROSSMONT HOSPITAL,  
 SCRIPPS MERCY HOSPITAL  
*Board Certified Specialty: No*  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109  
 *Phone: (619) 515-2444*  
 *After Hours Phone: (619) 515-2444*  
 *Website: www.fhcsd.org*  
*Email: sabay@fhcsd.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-TH 8:30AM-5:00PM*





**OBSTETRICS / GYNECOLOGY**

**ALIMONOS, LYSISTRATI**  
*Provider ID: 402851*  
*Provider Gender: Female*  
*License Number: 20A14919*  
*NPI: 1619397031*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation:*  
 GROSSMONT HOSPITAL,  
 SCRIPPS MERCY HOSPITAL  
*Board Certified Specialty: No*  
 3705 MISSION BLVD  
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 Phone: (619) 515-2444  
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 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TH 8:30AM-5:00PM

**OBSTETRICS / GYNECOLOGY**

**BLAKE, GARY**  
 Provider ID: 206046  
 Provider Gender: Male  
 License Number: G44807  
 NPI: 1497738439  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858) 279-0925




 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M 8:30AM-5:30PM  
 TU 8:30AM-9:00PM  
 W-F 8:30AM-5:30PM  
 SA 9:00AM-4:00PM


**OBSTETRICS / GYNECOLOGY**

**BLAKE, GARY**  
 Provider ID: 206046  
 Provider Gender: Male  
 License Number: G44807  
 NPI: 1497738439  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858) 279-0925

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M 8:30AM-5:30PM  
 TU 8:30AM-9:00PM  
 W-F 8:30AM-5:30PM  
 SA 9:00AM-4:00PM






**OBSTETRICS / GYNECOLOGY**


**BLAKE, GARY**  
 Provider ID: 206046  
 Provider Gender: Male  
 License Number: G44807  
 NPI: 1497738439  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858) 279-0925

 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
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 TU 8:30AM-9:00PM  
 W-F 8:30AM-5:30PM  
 SA 9:00AM-4:00PM

**OBSTETRICS / GYNECOLOGY**

**BLAKE, GARY**  
 Provider ID: 206046  
 Provider Gender: Male  
 License Number: G44807  
 NPI: 1497738439  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858) 279-0925  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M 8:30AM-5:30PM  
 TU 8:30AM-9:00PM  
 W-F 8:30AM-5:30PM  
 SA 9:00AM-4:00PM

**OBSTETRICS / GYNECOLOGY**

**BUECHNER, CHARLENE**  
 Provider ID: 416831

Provider Gender: Female  
 License Number: A68463  
 NPI: 1376663831  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 MEMORIAL HOSPITAL,  
 SCRIPPS MERCY HOSPITAL,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA, SHARP MARY  
 BIRCH HOSP FOR WOMEN  
 AND NEWBORNS  
 Board Certified Specialty: No  
 3514 30TH ST  
 SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
 515-2424  
 Website: www.fhcsd.org  
 Email: jenanm@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\18  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**OBSTETRICS / GYNECOLOGY**

**BUECHNER, CHARLENE**  
 Provider ID: 402851  
 Provider Gender: Female  
 License Number: A68463  
 NPI: 1376663831  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA, SHARP MARY  
 BIRCH HOSP FOR WOMEN  
 AND NEWBORNS  
 Board Certified Specialty: No  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109  
 Phone: (619) 515-2444  
 After Hours Phone: (619)  
 515-2444  
 Website: www.fhcsd.org  
 Email: sabay@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**OBSTETRICS / GYNECOLOGY**

**BUECHNER, CHARLENE**  
 Provider ID: 402851  
 Provider Gender: Female  
 License Number: A68463  
 NPI: 1376663831  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 MEMORIAL HOSPITAL,  
 SCRIPPS MERCY HOSPITAL,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA, SHARP MARY  
 BIRCH HOSP FOR WOMEN  
 AND NEWBORNS  
 Board Certified Specialty: No  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109  
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After Hours Phone: (619)  
 515-2444  
 Website: www.fhcsd.org  
 Email: sabay@fhcsd.org  
 Medi-Cal Open Panel: Y  
 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: Y  
 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

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 Phone: (619) 515-2420

 After Hours Phone: (619)  
515-2420

 Website: www.fhcsd.org


Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

**OBSTETRICS / GYNECOLOGY**


**BUECHNER, CHARLENE**


Provider ID: 206360

Provider Gender: Female

License Number: A68463

NPI: 1376663831

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SHARP MARY


BIRCH HOSP FOR WOMEN


AND NEWBORNS

Board Certified Specialty: No

 1809 NATIONAL AVE

SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)  
515-2300

 Website: www.fhcsd.org

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

**OBSTETRICS / GYNECOLOGY**


**BUECHNER, CHARLENE**

Provider ID: 206360

Provider Gender: Female

License Number: A68463

NPI: 1376663831

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SHARP MARY


BIRCH HOSP FOR WOMEN


AND NEWBORNS


Board Certified Specialty: No

 1809 NATIONAL AVE

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 Website: www.fhcsd.org

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

**OBSTETRICS / GYNECOLOGY**


**BUECHNER, CHARLENE**


Provider ID: 206362

Provider Gender: Female

License Number: A68463

NPI: 1376663831

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,


SCRIPPS MERCY HOSPITAL

CHULA VISTA, SHARP MARY


BIRCH HOSP FOR WOMEN


AND NEWBORNS


Board Certified Specialty: No

 3544 30TH ST

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 Phone: (619) 515-2424


 After Hours Phone: (619)  
515-2424

 Website: www.fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150



American Sign Language (ASL): NPI: 1376663831

N  
 Accessibility: CONTACT PROVIDER



**OBSTETRICS / GYNECOLOGY**


**BUECHNER, CHARLENE**

Provider ID: 206362  
 Provider Gender: Female  
 License Number: A68463  
 NPI: 1376663831


 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS

Board Certified Specialty: No

 3544 30TH ST  
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 Phone: (619) 515-2424  
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 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Y  
 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


 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS

Board Certified Specialty: No

 3514 30TH ST  
 SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619) 515-2424

 Website: www.fhcsd.org  
 Email: jenanm@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\18



American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**

**CARTER, KHALIL**


Provider ID: 206362  
 Provider Gender: Male  
 License Number: A113001  
 NPI: 1225231582

 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish

Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL, TRI CITY MEDICAL CTR


Board Certified Specialty: No

 3544 30TH ST  
 SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619) 515-2424

 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Y

Min/Max Age: 0\150



American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER  
 Hours: M-TH 8:30AM-5:30PM  
 F 8:30AM-5:00PM

**OBSTETRICS / GYNECOLOGY**




**CARTER, KHALIL**


Provider ID: 206362  
 Provider Gender: Male  
 License Number: A113001  
 NPI: 1225231582

 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish

Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL, TRI CITY MEDICAL CTR

Board Certified Specialty: No

 3544 30TH ST  
 SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619) 515-2424

 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150






American Sign Language (ASL): N

 Accessibility: CONTACT

**PROVIDER**  
Hours: M-TH 8:30AM-5:30PM  
F 8:30AM-5:00PM

**OBSTETRICS / GYNECOLOGY**

**CARTER, KHALIL**

Provider ID: 416831  
Provider Gender: Male  
License Number: A113001  
NPI: 1225231582  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL,  
GROSSMONT HOSPITAL, TRI  
CITY MEDICAL CTR  
Board Certified Specialty: No  
 3514 30TH ST  
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: Y  
Min/Max Age: 0\18  
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)

Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL,  
GROSSMONT HOSPITAL, TRI  
CITY MEDICAL CTR  
Board Certified Specialty: No  
 1809 NATIONAL AVE  
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515-2300  
 Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M 8:00AM-7:00PM  
TU-TH 8:00AM-6:00PM  
F 8:00AM-5:30PM  
SA 8:00AM-5:00PM

**OBSTETRICS / GYNECOLOGY**





**CARTER, KHALIL**

Provider ID: 206360  
Provider Gender: Male  
License Number: A113001  
NPI: 1225231582  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL,  
GROSSMONT HOSPITAL, TRI  
CITY MEDICAL CTR  
Board Certified Specialty: No  
 1809 NATIONAL AVE

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Medi-Cal Open Panel: Y  
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)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL,  
GROSSMONT HOSPITAL, TRI  
CITY MEDICAL CTR  
Board Certified Specialty: No  
 4725 MARKET ST  
SAN DIEGO, CA 92102  
 Phone: (619) 515-2420  
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515-2420  
 Website: www.fhcsd.org  
Email: nancyl@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

American Sign Language (ASL): NPI: 1225231582

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**


**CARTER, KHALIL**

Provider ID: 206363

Provider Gender: Male

License Number: A113001

NPI: 1225231582

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS


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: Y

Min/Max Age: 0\150

American Sign Language (ASL): License Number: A113001

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM


**OBSTETRICS / GYNECOLOGY**

**CARTER, KHALIL**

Provider ID: 402851

Provider Gender: Male

License Number: A113001

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL,


GROSSMONT HOSPITAL, TRI CITY MEDICAL CTR

Board Certified Specialty: No

 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: Y

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: 402851

Provider Gender: Male

License Number: A113001

NPI: 1225231582

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS


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GROSSMONT HOSPITAL, TRI CITY MEDICAL CTR

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Hours: M-W 8:30AM-5:00PM

TH 9:30AM-6:00PM

**OBSTETRICS / GYNECOLOGY**


**CARTER, KHALIL**

Provider ID: 416831

Provider Gender: Male

License Number: A113001

NPI: 1225231582

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS


MERCY HOSPITAL,


GROSSMONT HOSPITAL, TRI CITY MEDICAL CTR


Board Certified Specialty: No

 3514 30TH ST

SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619) 515-2424

 Website: www.fhcsd.org

Email: jenanm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**

**CERVANTES, SANDRA**


Provider ID: 416831

Provider Gender: Female

License Number: A118095

NPI: 1073701041

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR,  
GROSSMONT HOSPITAL

Board Certified Specialty: No

 3514 30TH ST  
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 Website: www.fhcsd.org

Email: jenanm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**


**CERVANTES, SANDRA**


Provider ID: 402851

Provider Gender: Female

License Number: A118095


NPI: 1073701041


 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR,  
GROSSMONT HOSPITAL  
Board Certified Specialty: No

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Email: sabay@fhcsd.org

Medi-Cal Open Panel: Y

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

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NPI: 1073701041


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
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American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-TH 8:30AM-5:00PM

**OBSTETRICS / GYNECOLOGY**


**CERVANTES, SANDRA**

Provider ID: 206363

Provider Gender: Female

License Number: A118095

NPI: 1073701041

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR,  
GROSSMONT HOSPITAL

Board Certified Specialty: No

 4725 MARKET ST  
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 Phone: (619) 515-2560

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515-2560

 Website: www.fhcsd.org

Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Y

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: 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

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Email: dalvarado@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):

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PROVIDER

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F 8:00AM-5:30PM  
SA 8:00AM-5:00PM

**OBSTETRICS / GYNECOLOGY**





**CERVANTES, SANDRA**


Provider ID: 206360  
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License Number: A118095  
NPI: 1073701041

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Cultural Competency: N  
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F 8:00AM-5:30PM  
SA 8:00AM-5:00PM

**OBSTETRICS / GYNECOLOGY**



**CERVANTES, SANDRA**


Provider ID: 206362  
Provider Gender: Female  
License Number: A118095  
NPI: 1073701041

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR,  
GROSSMONT HOSPITAL  
Board Certified Specialty: No

 3544 30TH ST  
SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
515-2424

 Website: www.fhcsd.org  
Medi-Cal Open Panel: Y  
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: 206362  
Provider Gender: Female  
License Number: A118095  
NPI: 1073701041

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR,  
GROSSMONT HOSPITAL  
Board Certified Specialty: No

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 Phone: (619) 515-2424  
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 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TH 8:00AM-5:30PM  
 F 8:00AM-5:00PM



**OBSTETRICS / GYNECOLOGY**

**CERVANTES, SANDRA**

Provider ID: 416831  
 Provider Gender: Female  
 License Number: A118095  
 NPI: 1073701041

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, SHARP  
 CORONADO HOSP AND  
 HEALTHCARE CTR,  
 GROSSMONT HOSPITAL  
 Board Certified Specialty: No



 3514 30TH ST  
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 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\18  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER


**OBSTETRICS / GYNECOLOGY**


**CERVANTES, SANDRA**

Provider ID: 206363  
 Provider Gender: Female  
 License Number: A118095  
 NPI: 1073701041

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, SHARP  
 CORONADO HOSP AND  
 HEALTHCARE CTR,  
 GROSSMONT HOSPITAL  
 Board Certified Specialty: No

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 515-2560



 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 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: 416831  
 Provider Gender: Female  
 License Number: A163464  
 NPI: 1326531401

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp  
 Grossmont Hospital  
 Board Certified Specialty: No



 3514 30TH ST  
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 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\18  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TH 8:00AM-5:00PM


**OBSTETRICS / GYNECOLOGY**


**CHAKRABARTI, PRIYA**

Provider ID: 416831  
 Provider Gender: Female  
 License Number: A163464  
 NPI: 1326531401

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, Sharp  
 Grossmont Hospital  
 Board Certified Specialty: No

 3514 30TH ST  
 SAN DIEGO, CA 92104  
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 Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 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: 206360*  
*Provider Gender: Female*  
*License Number: A163464*  
*NPI: 1326531401*

*Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital*  
*Board Certified Specialty: No*

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 *Website: www.fhcsd.org*  
*Email: dalvarado@fhcsd.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

**OBSTETRICS / GYNECOLOGY**

**CHAKRABARTI, PRIYA**

*Provider ID: 206360*  
*Provider Gender: Female*  
*License Number: A163464*  
*NPI: 1326531401*

*Provider English Spoken: Y*  
 *Provider Language(s)*

*Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital*  
*Board Certified Specialty: No*  
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*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*


**OBSTETRICS / GYNECOLOGY**

**CHAKRABARTI, PRIYA**

*Provider ID: 206363*  
*Provider Gender: Female*  
*License Number: A163464*  
*NPI: 1326531401*

*Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital*  
*Board Certified Specialty: No*

 4725 MARKET ST  
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*Email: nancyl@fhcsd.org*  
*Medi-Cal Open Panel: Y*




*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
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**OBSTETRICS / GYNECOLOGY**

**CHAKRABARTI, PRIYA**

*Provider ID: 206363*  
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*License Number: A163464*  
*NPI: 1326531401*

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*Board Certified Specialty: No*







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*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

**OBSTETRICS / GYNECOLOGY**

**CHAKRABARTI, PRIYA**





*Provider ID: 402851*  
*Provider Gender: Female*  
*License Number: A163464*  
*NPI: 1326531401*



*Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital*  
*Board Certified Specialty: No*  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109  
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 *Website: www.fhcsd.org*  
*Email: sabay@fhcsd.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-W 8:30AM-5:30PM TH 9:00AM-6:00PM F 8:30AM-5:30PM*

**OBSTETRICS / GYNECOLOGY**

**CHAKRABARTI, PRIYA**




*Provider ID: 402851*  
*Provider Gender: Female*  
*License Number: A163464*  
*NPI: 1326531401*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital*  
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*American Sign Language (ASL): N*  
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*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  
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*Email: jenanm@fhcsd.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\18*  
*American Sign Language (ASL): N*  
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**OBSTETRICS / GYNECOLOGY**

**DE MIK, TRAVIS**

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*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: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

**OBSTETRICS / GYNECOLOGY**

**DE MIK, TRAVIS**

*Provider ID: 402851*  
*Provider Gender: Male*  
*License Number: A108228*  
*NPI: 1629277322*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109  
 *Phone: (619) 515-2444*  
 *After Hours Phone: (619) 515-2444*  
 *Website: www.fhcsd.org*  
*Email: sabay@fhcsd.org*  
*Medi-Cal Open Panel: Y*  
*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: Y

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)  
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Website: www.fhcsd.org

Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

**OBSTETRICS / GYNECOLOGY**

**DE MIK, TRAVIS**

Provider ID: 206360

Provider Gender: Male

License Number: A108228

NPI: 1629277322

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

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Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

**OBSTETRICS / GYNECOLOGY**

**DE MIK, TRAVIS**

Provider ID: 416831

Provider Gender: Male

License Number: A108228

NPI: 1629277322

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

3514 30TH ST  
SAN DIEGO, CA 92104

Phone: (619) 515-2424

After Hours Phone: (619)  
515-2424

Website: www.fhcsd.org

Email: jenanm@fhcsd.org

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\18

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

**OBSTETRICS / GYNECOLOGY**

**DORUELO, ASHLEY**

Provider ID: 206360

Provider Gender: Female

License Number: A178499

NPI: 1033613732

Provider English Spoken: Y

Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

1809 NATIONAL AVE  
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Website: www.fhcsd.org  
 Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

**OBSTETRICS / GYNECOLOGY**

**DORUELO, ASHLEY**

Provider ID: 206360

Provider Gender: Female

License Number: A178499

NPI: 1033613732

Provider English Spoken: Y

Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

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Website: www.fhcsd.org  
 Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

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  
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Website: www.fhcsd.org  
 Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Y

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



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Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**

**DORUELO, ASHLEY**



Provider ID: 402851  
 Provider Gender: Female  
 License Number: A178499  
 NPI: 1033613732  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, Sharp  
 Grossmont Hospital  
 Board Certified Specialty: No

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 Email: sabay@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**

**DORUELO, ASHLEY**



Provider ID: 416831  
 Provider Gender: Female  
 License Number: A178499  
 NPI: 1033613732

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, Sharp  
 Grossmont Hospital  
 Board Certified Specialty: No


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 Email: jenanm@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\18  
 American Sign Language (ASL):  
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**OBSTETRICS / GYNECOLOGY**

**DORUELO, ASHLEY**



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Email: sabay@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**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: Y  
 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: 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: Y

Min/Max Age: 0\18

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

**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  
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☎ Phone: (619) 515-2444

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🌐 Website: www.fhcsd.org

Email: sabay@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

**OBSTETRICS / GYNECOLOGY**

**FOLCH TORRES-AGUIAR, BEATRIZ**

Provider ID: 206363

Provider Gender: Female

License Number: A148014

NPI: 1457794752

☐ Provider English Spoken: Y

☐ Provider Language(s) Spoken: Spanish, Yue Chinese

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,

SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital, SCRIPPS MERCY HOSPITAL CHULA VISTA

Board Certified Specialty: No

📍 4725 MARKET ST  
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: Y

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

📍 4725 MARKET ST  
SAN DIEGO, CA 92102

 Phone: (619) 515-2560  
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 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**

**FOLCH TORRES-AGUIAR, BEATRIZ**

Provider ID: 206360

Provider Gender: Female

License Number: A148014

NPI: 1457794752

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish, Yue Chinese


Cultural Competency: N


Hospital Affiliation:


GROSSMONT HOSPITAL,  
 SCRIPPS MERCY HOSPITAL,  
 Sharp Grossmont Hospital,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA

Board Certified Specialty: No

 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619) 515-2300

 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): Hours: M 8:00AM-7:00PM  
 N  
 TU-TH 8:00AM-6:00PM

 Accessibility: CONTACT PROVIDER

Hours: M 8:00AM-7:00PM

TU-TH 8:00AM-6:00PM

F 8:00AM-5:30PM

SA 8:00AM-5:00PM

**OBSTETRICS / GYNECOLOGY**

**FOLCH TORRES-AGUIAR, BEATRIZ**

Provider ID: 206360

Provider Gender: Female

License Number: A148014

NPI: 1457794752

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish, Yue Chinese


Cultural Competency: N


Hospital Affiliation:


GROSSMONT HOSPITAL,  
 SCRIPPS MERCY HOSPITAL,  
 Sharp Grossmont Hospital,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA

Board Certified Specialty: No

 1809 NATIONAL AVE  
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 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

F 8:00AM-5:30PM

SA 8:00AM-5:00PM

**OBSTETRICS / GYNECOLOGY**

**FOLCH TORRES-AGUIAR, BEATRIZ**

Provider ID: 416831

Provider Gender: Female

License Number: A148014

NPI: 1457794752

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish, Yue Chinese


Cultural Competency: N


Hospital Affiliation:


GROSSMONT HOSPITAL,  
 SCRIPPS MERCY HOSPITAL,  
 Sharp Grossmont Hospital,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA

Board Certified Specialty: No

 3514 30TH ST  
 SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619) 515-2424


 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**

**FOLCH TORRES-AGUIAR, BEATRIZ**



Provider ID: 206362  
 Provider Gender: Female  
 License Number: A148014  
 NPI: 1457794752  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish, Yue  
 Chinese  
 Cultural Competency: N  
 Hospital Affiliation:  
 GROSSMONT HOSPITAL,  
 SCRIPPS MERCY HOSPITAL,  
 Sharp Grossmont Hospital,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA  
 Board Certified Specialty: No  
 3544 30TH ST  
 SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
 515-2424  
 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Y  
 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: 206362  
 Provider Gender: Female  
 License Number: A148014  
 NPI: 1457794752  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish, Yue  
 Chinese

Cultural Competency: N  
 Hospital Affiliation:  
 GROSSMONT HOSPITAL,  
 SCRIPPS MERCY HOSPITAL,  
 Sharp Grossmont Hospital,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA  
 Board Certified Specialty: No  
 3544 30TH ST  
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 Medi-Cal Open Panel: Y  
 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: 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  
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Website: www.fhcsd.org  
 Email: jenanm@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\18  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TH 8:00AM-5:00PM

**OBSTETRICS / GYNECOLOGY**

**HANLEY, LAUREN**

Provider ID: 416831  
 Provider Gender: Female  
 License Number: C174771  
 NPI: 1053392035  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, Sharp  
 Grossmont Hospital  
 Board Certified Specialty: No  
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 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\18  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TH 8:00AM-5:00PM

**OBSTETRICS / GYNECOLOGY**

**HANLEY, LAUREN**

Provider ID: 206360  
 Provider Gender: Female  
 License Number: C174771  
 NPI: 1053392035

Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital  
 Board Certified Specialty: No

**OBSTETRICS / GYNECOLOGY**

**HANLEY, LAUREN**  
 Provider ID: 206360  
 Provider Gender: Female  
 License Number: C174771  
 NPI: 1053392035

Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital  
 Board Certified Specialty: No

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 Website: www.fhcsd.org  
 Email: dalvarado@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**

**HANLEY, LAUREN**  
 Provider ID: 206363  
 Provider Gender: Female  
 License Number: C174771  
 NPI: 1053392035

Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital  
 Board Certified Specialty: No

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 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
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**OBSTETRICS / GYNECOLOGY**

**HANLEY, LAUREN**  
 Provider ID: 206363  
 Provider Gender: Female  
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 NPI: 1053392035

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 Accessibility: CONTACT PROVIDER


**OBSTETRICS / GYNECOLOGY**

**HANLEY, LAUREN**  
 Provider ID: 402851  
 Provider Gender: Female  
 License Number: C174771  
 NPI: 1053392035

Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital  
 Board Certified Specialty: No

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515-2444  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)



Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
Hours: M-W 8:30AM-5:30PM  
TH 9:00AM-6:00PM  
F 8:30AM-5:30PM




**OBSTETRICS / GYNECOLOGY**

**HANLEY, LAUREN**


Provider ID: 402851  
Provider Gender: Female  
License Number: C174771  
NPI: 1053392035

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp  
Grossmont Hospital  
Board Certified Specialty: No

 3705 MISSION BLVD  
SAN DIEGO, CA 92109  
 Phone: (619) 515-2444  
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Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
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 Accessibility: CONTACT  
PROVIDER  
Hours: M-W 8:30AM-5:30PM  
TH 9:00AM-6:00PM  
F 8:30AM-5:30PM



**OBSTETRICS / GYNECOLOGY**


**LIPSCHITZ, LISA**

Provider ID: 416831  
Provider Gender: Female  
License Number: A72005  
NPI: 1649208711


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR, SCRIPPS  
MERCY HOSPITAL,  
GROSSMONT HOSPITAL  
Board Certified Specialty: No

 3514 30TH ST  
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 Website: [www.fhcsd.org](http://www.fhcsd.org)  
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Medi-Cal Open Panel: Y  
Min/Max Age: 0\18

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

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Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
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N

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PROVIDER  
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**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  
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MERCY HOSPITAL,

GROSSMONT HOSPITAL  
Board Certified Specialty: No

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Website: www.fhcsd.org  
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Medi-Cal Open Panel: Y

Min/Max Age: 0\150  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
Hours: M-W 8:30AM-5:00PM  
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**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  
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Website: www.fhcsd.org  
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Medi-Cal Open Panel: Y

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: 206360  
Provider Gender: Female  
License Number: A72005  
NPI: 1649208711

Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR, SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL

Board Certified Specialty: No  
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Email: dalvarado@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
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**OBSTETRICS / GYNECOLOGY**

**LIPSCHITZ, LISA**

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**OBSTETRICS / GYNECOLOGY**

**LIPSCHITZ, LISA**

Provider ID: 416831  
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NPI: 1649208711

Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR, SCRIPPS

MERCY HOSPITAL,  
GROSSMONT HOSPITAL  
Board Certified Specialty: No

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Min/Max Age: 0\18

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**OBSTETRICS / GYNECOLOGY**

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NPI: 1649208711

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Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SHARP  
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Board Certified Specialty: No

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Board Certified Specialty: No

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Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**

**LOEFFLER, ALLISON**

Provider ID: 206363  
Provider Gender: Female  
License Number: A116680  
NPI: 1700073962

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL

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Email: nancyl@fhcsd.org

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Hours: M-F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**

**LOEFFLER, ALLISON**

Provider ID: 416831

Provider Gender: Female

License Number: A116680

NPI: 1700073962

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

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Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

**OBSTETRICS / GYNECOLOGY**

**LOEFFLER, ALLISON**

Provider ID: 206362

Provider Gender: Female

License Number: A116680

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Cultural Competency: N

Hospital Affiliation:

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SCRIPPS MERCY HOSPITAL  
CHULA VISTA

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**OBSTETRICS / GYNECOLOGY**

**LOEFFLER, ALLISON**

Provider ID: 206362

Provider Gender: Female

License Number: A116680

NPI: 1700073962

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

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SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

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PROVIDER

**OBSTETRICS / GYNECOLOGY**

**LOEFFLER, ALLISON**

Provider ID: 206360

Provider Gender: Female

License Number: A116680

NPI: 1700073962

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N



Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

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 Website: www.fhcsd.org  
 Email: dalvarado@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER  
 Hours: M 8:00AM-7:00PM  
 TU-TH 8:00AM-6:00PM  
 F 8:00AM-5:30PM  
 SA 8:00AM-5:00PM

**OBSTETRICS / GYNECOLOGY**






**LOEFFLER, ALLISON**

Provider ID: 206360  
 Provider Gender: Female  
 License Number: A116680  
 NPI: 1700073962  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA  
 Board Certified Specialty: No  
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 Hours: M 8:00AM-7:00PM  
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**OBSTETRICS / GYNECOLOGY**






**LOEFFLER, ALLISON**

Provider ID: 206363  
 Provider Gender: Female  
 License Number: A116680  
 NPI: 1700073962  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA  
 Board Certified Specialty: No  
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 After Hours Phone: (619) 515-2560  
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 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
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**OBSTETRICS / GYNECOLOGY**

**LOEFFLER, ALLISON**

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 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  
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 3705 MISSION BLVD  
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**OBSTETRICS / GYNECOLOGY**

**LOEFFLER, ALLISON**

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SCRIPPS MERCY HOSPITAL  
CHULA VISTA

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Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
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**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

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Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**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,

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Board Certified Specialty: No

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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

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Provider English Spoken: Y

Provider Language(s)  
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Cultural Competency: N

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**OBSTETRICS / GYNECOLOGY**

**MELENDEZ BERRIOS, IARA**

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**OBSTETRICS / GYNECOLOGY**



**MELENDEZ BERRIOS, IARA DEL**

Provider ID: 206363  
 Provider Gender: Female  
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 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL  
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**OBSTETRICS / GYNECOLOGY**

**MELENDEZ BERRIOS, IARA**

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**OBSTETRICS / GYNECOLOGY**

**MELENDEZ BERRIOS, IARA DEL**


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**OBSTETRICS / GYNECOLOGY**

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 Board Certified Specialty: No

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 Phone: (619) 515-2424

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 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Y  
 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: 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](http://www.fhcsd.org)  
 Medi-Cal Open Panel: Y  
 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](http://www.fhcsd.org)  
 Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\18  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**

**MELENDEZ BERRIOS, IARA DEL**

Provider ID: 206363  
 Provider Gender: Female  
 License Number: A114181  
 NPI: 1740514249  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL,

GROSSMONT HOSPITAL

Board Certified Specialty: No  
 4725 MARKET ST  
 SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619) 515-2560  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**

**PHAN, TIFFANI**

Provider ID: 417101  
 Provider Gender: Female  
 License Number: A161105  
 NPI: 1134515695  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Vietnamese  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP CHULA VISTA MED CTR, SCRIPPS MEMORIAL HOSPITAL  
 Board Certified Specialty: No  
 10737 CAMINO RUIZ STE 235  
 SAN DIEGO, CA 92126  
 Phone: (844) 200-2426  
 After Hours Phone: (844) 200-2426  
 Website: [www.operationsamahan.org](http://www.operationsamahan.org)  
 Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**


**PHAN, TIFFANI**

Provider ID: 417101

Provider Gender: Female

License Number: A161105

NPI: 1134515695

 Provider English Spoken: Y

 Provider Language(s) Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

CHULA VISTA MED CTR,


SCRIPPS MEMORIAL


HOSPITAL


Board Certified Specialty: No

 10737 CAMINO RUIZ STE 235

SAN DIEGO, CA 92126

 Phone: (844) 200-2426

 After Hours Phone: (844) 200-2426


 Website: [www.operationsamahan.org](http://www.operationsamahan.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**


**RODRIGUEZ JEREZ, ROBERTO**

Provider ID: 402851

Provider Gender: Male

License Number: A154298

NPI: 1710316450

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP


CORONADO HOSP AND


HEALTHCARE CTR,

GROSSMONT HOSPITAL

Board Certified Specialty: No

 3705 MISSION BLVD SAN DIEGO, CA 92109

 Phone: (616) 515-2444

 After Hours Phone: (616) 515-2444

 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [sabay@fhcsd.org](mailto:sabay@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Hours: M-TH 8:30AM-5:00PM

**OBSTETRICS / GYNECOLOGY**


**RODRIGUEZ JEREZ, ROBERTO**

Provider ID: 402851

Provider Gender: Male

License Number: A154298

NPI: 1710316450

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP


CORONADO HOSP AND


HEALTHCARE CTR,

GROSSMONT HOSPITAL

Board Certified Specialty: No

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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: 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

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 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [jenanm@fhcsd.org](mailto:jenanm@fhcsd.org)

Medi-Cal Open Panel: Y



Min/Max Age: 0\18

American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**


**RODRIGUEZ JEREZ, ROBERTO**

Provider ID: 206362  
 Provider Gender: Male  
 License Number: A154298  
 NPI: 1710316450

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N

Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, SHARP  
 CORONADO HOSP AND  
 HEALTHCARE CTR,  
 GROSSMONT HOSPITAL  
 Board Certified Specialty: No



 3544 30TH ST  
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 Phone: (619) 515-2424  
 After Hours Phone: (619)  
 515-2424  
 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):

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 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**


**RODRIGUEZ JEREZ, ROBERTO**


Provider ID: 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

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 Min/Max Age: 0\150  
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 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM


**OBSTETRICS / GYNECOLOGY**





**RODRIGUEZ JEREZ, ROBERTO**

Provider ID: 416831  
 Provider Gender: Male  
 License Number: A154298  
 NPI: 1710316450

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N

Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, SHARP  
 CORONADO HOSP AND  
 HEALTHCARE CTR,  
 GROSSMONT HOSPITAL  
 Board Certified Specialty: No



 3514 30TH ST

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 Phone: (619) 515-2424  
 After Hours Phone: (619)  
 515-2424  
 Website: www.fhcsd.org  
 Email: jenanm@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\18  
 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

Hours: M 8:00AM-7:00PM  
 TU-TH 8:00AM-6:00PM  
 F 8:00AM-5:30PM  
 SA 8:00AM-5:00PM

**OBSTETRICS / GYNECOLOGY**

**RODRIGUEZ JEREZ, ROBERTO**

Provider ID: 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  
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After Hours Phone: (619)  
 515-2300

Website: www.fhcsd.org  
 Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
 PROVIDER

Hours: M 8:00AM-7:00PM

TU-TH 8:00AM-6:00PM

F 8:00AM-5:30PM

SA 8:00AM-5:00PM

**OBSTETRICS / GYNECOLOGY**

**RODRIGUEZ JEREZ, ROBERTO**

Provider ID: 206363  
 Provider Gender: Male  
 License Number: A154298  
 NPI: 1710316450

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, SHARP  
 CORONADO HOSP AND  
 HEALTHCARE CTR,  
 GROSSMONT HOSPITAL

Board Certified Specialty: No

4725 MARKET ST  
 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: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
 PROVIDER

Hours: M-F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**

**RODRIGUEZ JEREZ, ROBERTO**

Provider ID: 206363  
 Provider Gender: Male  
 License Number: A154298  
 NPI: 1710316450

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, SHARP

CORONADO HOSP AND  
 HEALTHCARE CTR,  
 GROSSMONT HOSPITAL  
 Board Certified Specialty: No

4725 MARKET ST  
 SAN DIEGO, CA 92102

Phone: (619) 515-2420

After Hours Phone: (619)  
 515-2420

Website: www.fhcsd.org  
 Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
 PROVIDER

Hours: M-F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**

**SAPRA, SONIA**

Provider ID: 206363  
 Provider Gender: Female  
 License Number: A164859  
 NPI: 1952751711

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Hindi

Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL  
 Board Certified Specialty: No

4725 MARKET ST  
 SAN DIEGO, CA 92102

Phone: (619) 515-2560

After Hours Phone: (619)  
 515-2560

Website: www.fhcsd.org  
 Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Y

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: Y  
 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  
 1809 NATIONAL AVE  
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 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300  
 Website: www.fhcsd.org  
 Email: dalvarado@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**

**SAPRA, SONIA**

Provider ID: 206360  
 Provider Gender: Female  
 License Number: A164859  
 NPI: 1952751711  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Hindi  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL  
 Board Certified Specialty: No






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 Email: dalvarado@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT

PROVIDER

**OBSTETRICS / GYNECOLOGY**

**SAPRA, SONIA**

Provider ID: 416831  
 Provider Gender: Female  
 License Number: A164859  
 NPI: 1952751711  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Hindi  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL  
 Board Certified Specialty: No

 3514 30TH ST  
 SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619) 515-2424  
 Website: www.fhcsd.org  
 Email: jenanm@fhcsd.org  
 Medi-Cal Open Panel: Y  
 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: Y

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: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT

**PROVIDER**

Hours: M-W 8:30AM-5:30PM

TH 9:00AM-6:00PM

F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**

**SAPRA, SONIA**

Provider ID: 402851

Provider Gender: Female

License Number: A164859

NPI: 1952751711

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: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-W 8:30AM-5:30PM

TH 9:00AM-6:00PM

F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**

**SHUCKETT, ARIEL**

Provider ID: 206046

Provider Gender: Female

License Number: A144372

NPI: 1245590124

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP

MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS

Board Certified Specialty: No

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 279-0925

After Hours Phone: (858) 279-0925

Website: www.sdfamilycare.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**

**SHUCKETT, ARIEL**

Provider ID: 206046

Provider Gender: Female

License Number: A144372

NPI: 1245590124

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP

MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS

Board Certified Specialty: No

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 279-0925

After Hours Phone: (858) 279-0925

Website: www.sdfamilycare.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**

**SHUCKETT, ARIEL**

Provider ID: 206046

Provider Gender: Female

License Number: A144372


NPI: 1245590124


Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS

Board Certified Specialty: No

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SAN DIEGO, CA 92111

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 Website: www.sdfamilycare.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**

**SHUCKETT, ARIEL**

Provider ID: 206046

Provider Gender: Female

License Number: A144372

NPI: 1245590124


Provider English Spoken: Y  
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Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS

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Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**

**STABEN, REBECCA**

Provider ID: 402851

Provider Gender: Female

License Number: 20A13958


NPI: 1932269198


Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: Sharp

Grossmont Hospital  
Board Certified Specialty: No

 3705 MISSION BLVD  
SAN DIEGO, CA 92109

 Phone: (619) 515-2444

 After Hours Phone: (619)  
515-2444

 Website: www.fhcsd.org  
Email: sabay@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

Hours: M-W 8:30AM-5:30PM

TH 9:00AM-6:00PM

F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**

**STABEN, REBECCA**

Provider ID: 402851

Provider Gender: Female

License Number: 20A13958


NPI: 1932269198


Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: Sharp  
Grossmont Hospital

Board Certified Specialty: No

 3705 MISSION BLVD  
SAN DIEGO, CA 92109

 Phone: (619) 515-2444

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 Website: www.fhcsd.org  
Email: sabay@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
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 Accessibility: CONTACT PROVIDER

Hours: M-W 8:30AM-5:30PM

TH 9:00AM-6:00PM

F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**

**STABEN, REBECCA**

Provider ID: 416831

Provider Gender: Female

License Number: 20A13958

NPI: 1932269198

Provider English Spoken: Y



Cultural Competency: N  
Hospital Affiliation: Sharp  
Grossmont Hospital  
Board Certified Specialty: No

3514 30TH ST  
SAN DIEGO, CA 92104  
Phone: (619) 515-2424  
After Hours Phone: (619) 515-2424  
Website: www.fhcsd.org  
Email: jenanm@fhcsd.org  
Medi-Cal Open Panel: Y  
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  
After Hours Phone: (619) 515-2424  
Website: www.fhcsd.org  
Email: jenanm@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\18  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
Hours: M-TH 8:00AM-5:00PM

**OBSTETRICS / GYNECOLOGY**  
**STABEN, REBECCA**

Provider ID: 206360  
Provider Gender: Female  
License Number: 20A13958  
NPI: 1932269198

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Sharp  
Grossmont Hospital

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
Phone: (619) 515-2300  
After Hours Phone: (619) 515-2300  
Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org  
Medi-Cal Open Panel: Y  
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: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**  
**STABEN, REBECCA**

Provider ID: 206363  
Provider Gender: Female  
License Number: 20A13958  
NPI: 1932269198  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Sharp  
Grossmont Hospital  
Board Certified Specialty: No

4725 MARKET ST  
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: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**  
**STABEN, REBECCA**

Provider ID: 206363

Provider Gender: Female  
 License Number: 20A13958  
 NPI: 1932269198  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: Sharp  
 Grossmont Hospital  
 Board Certified Specialty: No  
 4725 MARKET ST  
 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**OBSTETRICS / GYNECOLOGY**

**TRUJILLO, JENNIFER**

Provider ID: 451167  
 Provider Gender: Female  
 License Number: 20A8204  
 NPI: 1053407593  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA, SHARP CHULA VISTA  
 MED CTR  
 Board Certified Specialty: No  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: www.syhealth.org  
 /clinics/king- chavez- healt  
 h- center  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

662-4100  
 Website: www.syhealth.org  
 /clinics/king- chavez- healt  
 h- center  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**OBSTETRICS / GYNECOLOGY**

**TRUJILLO, JENNIFER**

Provider ID: 451167  
 Provider Gender: Female  
 License Number: 20A8204  
 NPI: 1053407593  
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 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- healt  
 h- center  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**OBSTETRICS / GYNECOLOGY**

**WINESBURG, JENNIFER**

Provider ID: 206363  
 Provider Gender: Female  
 License Number: 20A11535  
 NPI: 1811162456  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, SHARP  
 CORONADO HOSP AND  
 HEALTHCARE CTR,  
 GROSSMONT HOSPITAL,  
 DESERT REGIONAL MED CTR  
 Board Certified Specialty: No  
 4725 MARKET ST  
 SAN DIEGO, CA 92102  
 Phone: (619) 515-2420  
 After Hours Phone: (619)  
 515-2420  
 Website: www.fhcsd.org  
 Email: nancyl@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**

**WINESBURG, JENNIFER**

Provider ID: 206363  
 Provider Gender: Female  
 License Number: 20A11535  
 NPI: 1811162456  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR,  
GROSSMONT HOSPITAL,  
DESERT REGIONAL MED CTR  
Board Certified Specialty: No

4725 MARKET ST  
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: Y  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**  
**WINESBURG, JENNIFER**

Provider ID: 206360  
Provider Gender: Female  
License Number: 20A11535  
NPI: 1811162456

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR,  
GROSSMONT HOSPITAL,  
DESERT REGIONAL MED CTR  
Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300  
After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y  
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

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Phone: (619) 515-2300  
After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

**OBSTETRICS / GYNECOLOGY**  
**WINESBURG, JENNIFER**

Provider ID: 206362  
Provider Gender: Female  
License Number: 20A11535  
NPI: 1811162456

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR,  
GROSSMONT HOSPITAL,  
DESERT REGIONAL MED CTR  
Board Certified Specialty: No

3544 30TH ST  
SAN DIEGO, CA 92104  
Phone: (619) 515-2400  
After Hours Phone: (619)  
515-2400

Website: www.fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Hours: M-TH 8:30AM-5:30PM  
F 8:30AM-5:00PM

**OBSTETRICS / GYNECOLOGY**  
**WINESBURG, JENNIFER**

Provider ID: 206362  
Provider Gender: Female  
License Number: 20A11535

NPI: 1811162456

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, SHARP  
 CORONADO HOSP AND  
 HEALTHCARE CTR,  
 GROSSMONT HOSPITAL,  
 DESERT REGIONAL MED CTR  
 Board Certified Specialty: No

3544 30TH ST  
 SAN DIEGO, CA 92104  
 Phone: (619) 515-2400  
 After Hours Phone: (619)  
 515-2400

Website: www.fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Hours: M-TH 8:30AM-5:30PM  
 F 8:30AM-5:00PM

**OBSTETRICS / GYNECOLOGY**  
**WINESBURG, JENNIFER**

Provider ID: 416831  
 Provider Gender: Female  
 License Number: 20A11535  
 NPI: 1811162456

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, SHARP  
 CORONADO HOSP AND  
 HEALTHCARE CTR,

GROSSMONT HOSPITAL,  
 DESERT REGIONAL MED CTR  
 Board Certified Specialty: No

3514 30TH ST  
 SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
 515-2424

Website: www.fhcsd.org  
 Email: jenanm@fhcsd.org

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\18

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

**OBSTETRICS / GYNECOLOGY**  
**WINESBURG, JENNIFER**

Provider ID: 402851  
 Provider Gender: Female  
 License Number: 20A11535  
 NPI: 1811162456

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, SHARP  
 CORONADO HOSP AND  
 HEALTHCARE CTR,  
 GROSSMONT HOSPITAL,  
 DESERT REGIONAL MED CTR  
 Board Certified Specialty: No

3705 MISSION BLVD  
 SAN DIEGO, CA 92109  
 Phone: (619) 515-2444  
 After Hours Phone: (619)  
 515-2444

Website: www.fhcsd.org  
 Email: sabay@fhcsd.org  
 Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Hours: M-TH 8:30AM-5:00PM

**OBSTETRICS / GYNECOLOGY**  
**WINESBURG, JENNIFER**

Provider ID: 416831  
 Provider Gender: Female  
 License Number: 20A11535  
 NPI: 1811162456

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, SHARP  
 CORONADO HOSP AND  
 HEALTHCARE CTR,  
 GROSSMONT HOSPITAL,  
 DESERT REGIONAL MED CTR

Board Certified Specialty: No

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: Y  
 Min/Max Age: 0\18

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

**OBSTETRICS / GYNECOLOGY**  
**WINESBURG, JENNIFER**

Provider ID: 402851

Provider Gender: Female  
 License Number: 20A11535  
 NPI: 1811162456  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, SHARP  
 CORONADO HOSP AND  
 HEALTHCARE CTR,  
 GROSSMONT HOSPITAL,  
 DESERT REGIONAL MED CTR  
 Board Certified Specialty: No  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109  
 Phone: (619) 515-2444  
 After Hours Phone: (619)  
 515-2444  
 Website: www.fhcsd.org  
 Email: sabay@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TH 8:30AM-5:00PM

**OBSTETRICS / GYNECOLOGY**  
**ZIEG, ALAN**

Provider ID: 402851  
 Provider Gender: Male  
 License Number: G78814  
 NPI: 1699790634  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation:  
 GROSSMONT HOSPITAL,  
 SCRIPPS MERCY HOSPITAL,  
 SHARP CORONADO HOSP

AND HEALTHCARE CTR,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA  
 Board Certified Specialty: No  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109  
 Phone: (619) 515-2444  
 After Hours Phone: (619)  
 515-2444  
 Website: www.fhcsd.org  
 Email: sabay@fhcsd.org  
 Medi-Cal Open Panel: Y  
 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: 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: Y  
 Min/Max Age: 0\18  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**OBSTETRICS / GYNECOLOGY**  
**ZIEG, ALAN**

Provider ID: 402851  
 Provider Gender: Male  
 License Number: G78814  
 NPI: 1699790634  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation:  
 GROSSMONT HOSPITAL,  
 SCRIPPS MERCY HOSPITAL,  
 SHARP CORONADO HOSP  
 AND HEALTHCARE CTR,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA  
 Board Certified Specialty: No  
 3705 MISSION BLVD  
 SAN DIEGO, CA 92109  
 Phone: (619) 515-2444  
 After Hours Phone: (619)  
 515-2444  
 Website: www.fhcsd.org  
 Email: sabay@fhcsd.org  
 Medi-Cal Open Panel: Y  
 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: 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**OBSTETRICS / GYNECOLOGY**  
**ZIEG, ALAN**


Provider ID: 206362  
 Provider Gender: Male  
 License Number: G78814  
 NPI: 1699790634  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation:  
 GROSSMONT HOSPITAL,  
 SCRIPPS MERCY HOSPITAL,  
 SHARP CORONADO HOSP  
 AND HEALTHCARE CTR,

SCRIPPS MERCY HOSPITAL  
 CHULA VISTA  
 Board Certified Specialty: No  
 3544 30TH ST  
 SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
 515-2424  
 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\18

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**OBSTETRICS / GYNECOLOGY**  
**ZIEG, ALAN**

Provider ID: 206360  
 Provider Gender: Male  
 License Number: G78814  
 NPI: 1699790634  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation:  
 GROSSMONT HOSPITAL,  
 SCRIPPS MERCY HOSPITAL,  
 SHARP CORONADO HOSP  
 AND HEALTHCARE CTR,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA  
 Board Certified Specialty: No

 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
 515-2300  
 Website: www.fhcsd.org  
 Email: dalvarado@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**OBSTETRICS / GYNECOLOGY**  
**ZIEG, ALAN**


Provider ID: 206360  
 Provider Gender: Male  
 License Number: G78814  
 NPI: 1699790634

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA  
Board Certified Specialty: No


 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
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 Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

**OBSTETRICS / GYNECOLOGY**

**ZIEG, ALAN**






Provider ID: 206363  
Provider Gender: Male  
License Number: G78814  
NPI: 1699790634  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA  
Board Certified Specialty: No


 4725 MARKET ST  
SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619)  
515-2560  
 Website: www.fhcsd.org  
Email: nancyl@fhcsd.org  
Medi-Cal Open Panel: Y  
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: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM




**OPHTHALMOLOGY**

**NAJAFI, DAVID**

Provider ID: 206360  
Provider Gender: Male  
License Number: A68124  
NPI: 1396715991  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Farsi, Persian,  
Spanish


Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL

Board Certified Specialty: No

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300

 Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org  
Medi-Cal Open Panel: Y  
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: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TU 8:30AM-6:00PM

TH 8:30AM-6:00PM

F 8:30AM-5:00PM

SA 8:30AM-5:00PM

**OPHTHALMOLOGY**

**SHAW, BLAKE**

Provider ID: 206363

Provider Gender: Male

License Number: G61394

NPI: 1649206541

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

4725 MARKET ST  
SAN DIEGO, CA 92102

Phone: (619) 515-2560

After Hours Phone: (619)  
515-2560

Website: www.fhcsd.org

Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

**OPHTHALMOLOGY**

**SHAW, BLAKE**

Provider ID: 206363

Provider Gender: Male

License Number: G61394

NPI: 1649206541

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

4725 MARKET ST  
SAN DIEGO, CA 92102

Phone: (619) 515-2560

After Hours Phone: (619)  
515-2560

Website: www.fhcsd.org

Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

**OPHTHALMOLOGY**

**ZABLIT, KARIM**

Provider ID: 403583

Provider Gender: Male

License Number: A42127

NPI: 1083700538

Provider English Spoken: Y

Provider Language(s)  
Spoken: French

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL

Board Certified Specialty: No

1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

Phone: (619) 233-8500

After Hours Phone: (619)  
233-8500

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-4:45PM

**OPHTHALMOLOGY**

**ZABLIT, KARIM**

Provider ID: 403583

Provider Gender: Male

License Number: A42127

NPI: 1083700538

Provider English Spoken: Y

Provider Language(s)  
Spoken: French

Cultural Competency: N

Hospital Affiliation: SCRIPPS



**GREEN HOSPITAL**

Board Certified Specialty: No

1501 IMPERIAL AVE  
SAN DIEGO, CA 92101  
Phone: (619) 233-8500  
After Hours Phone: (619) 233-8500  
Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-4:45PM

**OTOLARYNGOLOGY**

**DAVIS, MORGAN**

Provider ID: 206360

Provider Gender: Female

License Number: A181809

NPI: 1891359154

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
Phone: (619) 515-2300  
After Hours Phone: (619) 515-2300

Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

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: Y

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: Y

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: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

**PEDIATRICS**

**ABELL, GEOFFREY**

Provider ID: 27341

Provider Gender: Male


NPI: 1245256130

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, PARADISE VALLEY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP MARY BIRCH HOSP

**FOR WOMEN AND  
NEWBORNS, SCRIPPS MERCY  
HOSPITAL**

Board Certified Specialty: No  
 292 EUCLID AVE STE 220  
 SAN DIEGO, CA 92114  
 Phone: (619) 262-8624  
 Fax: (619) 262-6639  
 After Hours Phone: (619)  
 262-8624  
 Website: N/A

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**ABRAMSON, RACHEL**


Provider ID: 185268  
 Provider Gender: Female  
 License Number: A104918  
 NPI: 1588707178  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, SCRIPPS GREEN  
 HOSPITAL, SHARP CHULA  
 VISTA MED CTR






Board Certified Specialty: No  
 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105  
 Phone: (619) 280-4213  
 After Hours Phone: (619)  
 280-4213  
 Website: www.lamaestra.org  
 g  
 Email:

aschmaltz@lamaestra.org  
 Medi-Cal Open Panel: Y  
 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**


**ABRAMSON, RACHEL**


Provider ID: 185268  
 Provider Gender: Female  
 License Number: A104918  
 NPI: 1588707178  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, SCRIPPS GREEN  
 HOSPITAL, SHARP CHULA  
 VISTA MED CTR

Board Certified Specialty: No  
 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105  
 Phone: (619) 280-4213  
 After Hours Phone: (619)  
 280-4213  
 Website: www.lamaestra.org  
 g  
 Email:  
 aschmaltz@lamaestra.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-6:00PM  
 SA 8:00AM-2:00PM

**PEDIATRICS**

**ADJAN, ROULA**





Provider ID: 185268  
 Provider Gender: Female  
 License Number: A81682  
 NPI: 1992847263  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Arabic, Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105  
 Phone: (619) 255-9155  
 Fax: (619) 749-5480  
 After Hours Phone: (619)  
 255-9155  
 Website: www.lamaestra.org  
 g  
 Email:

aschmaltz@lamaestra.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**PEDIATRICS**

**ADJAN, ROULA**


Provider ID: 185268  
 Provider Gender: Female  
 License Number: A81682  
 NPI: 1992847263  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Arabic, Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4060 FAIRMOUNT AVE

SAN DIEGO, CA 92105  
 Phone: (619) 255-9155  
 Fax: (619) 749-5480  
 After Hours Phone: (619) 255-9155  
 Website: [www.lamaestra.org](http://www.lamaestra.org)  
 Email:  
[aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**PEDIATRICS**

**ADLOUNI, LOUBABA**

Provider ID: 230441  
 Provider Gender: Female  
 NPI: 1669443685  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Arabic  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, PALOMAR HEALTH, PALOMAR MEDICAL CENTER  
 Board Certified Specialty: No  
 16918 DOVE CANYON RD STE 200  
 SAN DIEGO, CA 92127  
 Phone: (858) 924-1960  
 Fax: (858) 924-1964  
 After Hours Phone: (858) 924-1960  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 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](http://www.sdfamilycare.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

Hours: M 8:30AM-5:30PM  
 TU 8:30AM-9:00PM  
 W-F 8:30AM-5:30PM  
 SA 9:00AM-4:00PM

**PEDIATRICS**

**ANDREE, GREGOR**

Provider ID: 233532  
 Provider Gender: Male  
 License Number: A72833  
 NPI: 1467436063  
 Provider English Spoken: Y  
 Provider Language(s)

Spoken: German, Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4305 UNIVERSITY AVE STE 150  
 SAN DIEGO, CA 92105  
 Phone: (619) 280-2058  
 After Hours Phone: (619) 280-2058  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\22  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**PEDIATRICS**

**ANDREE, GREGOR**

Provider ID: 233532  
 Provider Gender: Male  
 License Number: A72833  
 NPI: 1467436063  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: German, Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4305 UNIVERSITY AVE STE 150  
 SAN DIEGO, CA 92105  
 Phone: (619) 280-2058  
 After Hours Phone: (619) 280-2058  
 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\22  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

PROVIDER

**PEDIATRICS**

**ANDREE, GREGOR**

Provider ID: 482070

Provider Gender: Male

License Number: A72833

NPI: 1467436063

Provider English Spoken: Y

Provider Language(s)  
Spoken: German, Spanish

Cultural Competency: N

Board Certified Specialty: No

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 810-8700

After Hours Phone: (858)  
810-8700

Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM

TU 8:30AM-9:00PM

W-F 8:30AM-5:30PM

SA 9:00AM-4:00PM

**PEDIATRICS**

**ARCHAMBAULT, CHRISTIAN**

Provider ID: 5589

Provider Gender: Male

NPI: 1992776918

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MERCY  
HOSPITAL, PALOMAR HEALTH,  
SHARP MARY BIRCH HOSP  
FOR WOMEN AND  
NEWBORNS, CHILDRENS  
HOSPITAL OF ORANGE  
COUNTY, PARADISE VALLEY  
HOSPITAL, PARADISE VALLEY  
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: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**AWDYKOVYCH, MARTA**

Provider ID: 206360

Provider Gender: Female

License Number: A44027

NPI: 1447265137

Provider English Spoken: Y

Provider Language(s)  
Spoken: Chinese, French,  
Spanish, Ukrainian

Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**PEDIATRICS**

**AWDYKOVYCH, MARTA**

Provider ID: 206360

Provider Gender: Female

License Number: A44027

NPI: 1447265137

Provider English Spoken: Y

Provider Language(s)  
Spoken: Chinese, French,  
Spanish, Ukrainian

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**PEDIATRICS**

**AYSON, NICOLE**

Provider ID: 417429

Provider Gender: Female

License Number: A128091

NPI: 1013278704

☐ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO

Board Certified Specialty: No

📍 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101

☎ Phone: (619) 515-2525

📞 After Hours Phone: (619) 515-2525

🌐 Website: www.fhcsd.org

Email: janeta@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**AYSON, NICOLE**

Provider ID: 417429

Provider Gender: Female

License Number: A128091

NPI: 1013278704

☐ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO

Board Certified Specialty: No

📍 1550 BROADWAY STE 2  
SAN DIEGO, CA 92101

☎ Phone: (619) 515-2525

📞 After Hours Phone: (619) 515-2525

🌐 Website: www.fhcsd.org

Email: janeta@fhcsd.org

Medi-Cal Open Panel: Y

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

📍 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: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**BAJWA, MANDEEP**

Provider ID: 416831

Provider Gender: Male

License Number: A186551

NPI: 1720615867

☐ Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

📍 3514 30TH ST

SAN DIEGO, CA 92104

☎ Phone: (619) 515-2424

📞 After Hours Phone: (619) 515-2424

🌐 Website: www.fhcsd.org

Email: jenanm@fhcsd.org

Medi-Cal Open Panel: Y

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: Y  
 Min/Max Age: 0\18  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TH 8:00AM-5:00PM

**PEDIATRICS**


**BONSU, BEMA**

Provider ID: 227409  
 Provider Gender: Male  
 License Number: C55180  
 NPI: 1932106986  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, UCSF BENIOFF  
 CHILDREN'S HOSPITAL  
 OAKLAND  
 Board Certified Specialty: No  
 3177 OCEAN VIEW BLVD  
 SAN DIEGO, CA 92113  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: https://www.syhe  
 alth.org/locations  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT  
 PROVIDER



**PEDIATRICS**





**BONSU, BEMA**

Provider ID: 227409  
 Provider Gender: Male  
 License Number: C55180  
 NPI: 1932106986  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, UCSF BENIOFF  
 CHILDREN'S HOSPITAL  
 OAKLAND  
 Board Certified Specialty: No  
 3177 OCEAN VIEW BLVD  
 SAN DIEGO, CA 92113  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: https://www.syhe  
 alth.org/locations  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**PEDIATRICS**

**BOWERS, JESSIE**

Provider ID: 394841  
 Provider Gender: Female  
 NPI: 1730594235  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 12036 SCRIPPS

HIGHLANDS DR STE 102  
 SAN DIEGO, CA 92131  
 Phone: (858) 566-4444  
 Fax: (858) 566-3321  
 After Hours Phone: (858)  
 566-4444  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**CABARLO, JEHRIB**

Provider ID: 206360  
 Provider Gender: Male  
 License Number: 20A8516  
 NPI: 1770661340  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Board Certified Specialty: No  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
 515-2300  
 Website: www.fhcsd.org  
 Email: dalvarado@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**PEDIATRICS**

**CABARLO, JEHRIB**

Provider ID: 206360

Provider Gender: Male

License Number: 20A8516

NPI: 1770661340

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**PEDIATRICS**

**CARSON, STEPHEN**

Provider ID: 6735

Provider Gender: Male

NPI: 1780719872

Provider English Spoken: Y

Provider Language(s)  
Spoken: French

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SHARP MEMORIAL

HOSPITAL, SCRIPPS MERCY  
HOSPITAL, RADY CHILDRENS  
HOSPITAL SAN DIEGO

Board Certified Specialty: Yes

550 WASHINGTON ST STE  
300  
SAN DIEGO, CA 92103

Phone: (619) 297-5437

Fax: (619) 297-4567

After Hours Phone: (619)  
297-5437

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH 8:00AM-8:30PM

F 8:00AM-5:00PM

SA 8:00AM-2:00PM

**PEDIATRICS**

**CASTELNOVI, CLAUDIA**

Provider ID: 185268

Provider Gender: Female

License Number: A111170

NPI: 1417279324

Provider English Spoken: Y

Provider Language(s)  
Spoken: French, Italian,  
Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Phone: (619) 255-9155

After Hours Phone: (619)  
255-9155

Website: www.lamaestra.org

Email:

aschmaltz@lamaestra.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**PEDIATRICS**

**CASTELNOVI, CLAUDIA**

Provider ID: 185268

Provider Gender: Female

License Number: A111170

NPI: 1417279324

Provider English Spoken: Y

Provider Language(s)  
Spoken: French, Italian,  
Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No

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Website: www.lamaestra.org

Email:

aschmaltz@lamaestra.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 *Accessibility: CONTACT PROVIDER*

**PEDIATRICS**

**CHEN, EILEEN**

*Provider ID: 606456*


*Provider Gender: Female*

*NPI: 1932660966*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

 7910 FROST ST STE 400  
SAN DIEGO, CA 92123

 *Phone: (858) 495-0500*

*Fax: (858) 560-4279*


 *After Hours Phone: (858) 495-0500*

 *Website: N/A*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:00PM*

**PEDIATRICS**

**CHEN, JENNIFER**

*Provider ID: 206363*

*Provider Gender: Female*

*License Number: A141057*

*NPI: 1255785150*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: RADY*


*CHILDRENS HOSPITAL SAN DIEGO*

*Board Certified Specialty: No*

 4725 MARKET ST  
SAN DIEGO, CA 92102

 *Phone: (619) 515-2560*

 *After Hours Phone: (619) 515-2560*

 *Website: www.fhcsd.org*  
*Email: nancyl@fhcsd.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

**PEDIATRICS**

**CHEN, JENNIFER**

*Provider ID: 206363*

*Provider Gender: Female*

*License Number: A141057*


*NPI: 1255785150*


 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*

*Board Certified Specialty: No*

 4725 MARKET ST  
SAN DIEGO, CA 92102

 *Phone: (619) 515-2560*

 *After Hours Phone: (619) 515-2560*

 *Website: www.fhcsd.org*  
*Email: nancyl@fhcsd.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

**PEDIATRICS**

**CONE, STEPHANIE**

*Provider ID: 185268*

*Provider Gender: Female*

*License Number: A123929*

*NPI: 1437444858*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*

*MERCY HOSPITAL, SCRIPPS*


*MERCY HOSPITAL CHULA*


*VISTA, RADY CHILDRENS*


*HOSPITAL SAN DIEGO*

*Board Certified Specialty: No*

 4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

 *Phone: (619) 255-9154*

 *After Hours Phone: (619) 255-9154*

 *Website: www.lamaestra.org*


*Email:*

*aschmaltz@lamaestra.org*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-6:00PM*

*SA 8:00AM-2:00PM*

**PEDIATRICS**

**CONE, STEPHANIE**


*Provider ID: 185268*

*Provider Gender: Female*

*License Number: A123929*

*NPI: 1437444858*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*



MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, RADY CHILDRENS  
HOSPITAL SAN DIEGO

Board Certified Specialty: No

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Phone: (619) 255-9154

After Hours Phone: (619)  
255-9154

Website: www.lamaestra.org

Email:

aschmaltz@lamaestra.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-6:00PM  
SA 8:00AM-2:00PM

### **PEDIATRICS**

#### **CORDES, WILLIAM**

Provider ID: 206360

Provider Gender: Male

License Number: 20A15743

NPI: 1174942544

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-7:00PM

TU-TH 8:00AM-6:00PM

F 8:00AM-5:30PM

SA 8:00AM-5:00PM

### **PEDIATRICS**

#### **CORDES, WILLIAM**

Provider ID: 206360

Provider Gender: Male

License Number: 20A15743

NPI: 1174942544

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-7:00PM

TU-TH 8:00AM-6:00PM

F 8:00AM-5:30PM

SA 8:00AM-5:00PM

### **PEDIATRICS**

#### **DIXON, SARAH**

Provider ID: 482070

Provider Gender: Female

License Number: A137415

NPI: 1467751131

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 810-8700

After Hours Phone: (858)  
810-8700

Website: www.sdfamilycare.org

Medi-Cal Open Panel: Y

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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M 8:30AM-5:30PM  
 TU 8:30AM-8:30PM  
 W-F 8:30AM-5:30PM  
 SA 9:00AM-4:00PM

**PEDIATRICS**

**FISHMAN, ELENA**

Provider ID: 524340  
 Provider Gender: Female  
 NPI: 1740249432  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Russian  
 Cultural Competency: N  
 Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL  
 Board Certified Specialty: No  
 11943 EL CAMINO REAL STE 210  
 SAN DIEGO, CA 92130  
 Phone: (858) 793-1011  
 Fax: (858) 793-1035

After Hours Phone: (858) 793-1011  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**FORTUNE, ERIN**

Provider ID: 416831  
 Provider Gender: Male  
 License Number: A95577  
 NPI: 1801088422  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL  
 Board Certified Specialty: No  
 3514 30TH ST  
 SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619) 515-2424  
 Website: www.fhcsd.org  
 Email: jenanm@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\18  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**PEDIATRICS**





**FORTUNE, ERIN**

Provider ID: 416831  
 Provider Gender: Male  
 License Number: A95577  
 NPI: 1801088422  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL  
 Board Certified Specialty: No  
 3514 30TH ST  
 SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619) 515-2424  
 Website: www.fhcsd.org  
 Email: jenanm@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\18  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**PEDIATRICS**

**FORTUNE, ERIN**

Provider ID: 206360  
 Provider Gender: Male  
 License Number: A95577  
 NPI: 1801088422  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL  
 Board Certified Specialty: No  
 1809 NATIONAL AVE

SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300  
 Website: www.fhcsd.org  
 Email: dalvarado@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 9:00AM-5:00PM







**PEDIATRICS**

**FORTUNE, ERIN**

Provider ID: 206360  
 Provider Gender: Male  
 License Number: A95577  
 NPI: 1801088422  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL  
 Board Certified Specialty: No  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300  
 Website: www.fhcsd.org  
 Email: dalvarado@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 9:00AM-5:00PM





**PEDIATRICS**

**FRIEDMAN, JAIME**

Provider ID: 230500  
 Provider Gender: Female  
 NPI: 1144297961  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, PALOMAR HEALTH  
 Board Certified Specialty: No  
 16918 DOVE CANYON RD  
 STE 200  
 SAN DIEGO, CA 92127  
 Phone: (858) 924-1960  
 Fax: (858) 924-1964  
 After Hours Phone: (858) 924-1960  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 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  
 g  
 Email: aschmaltz@lamaestra.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**GOGGIN, SAMANTHA**


Provider ID: 185268  
 Provider Gender: Female  
 License Number: A163693  
 NPI: 1023506367  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105  
 Phone: (619) 255-9154  
 After Hours Phone: (619) 255-9154  
 Website: www.lamaestra.org  
 g  
 Email: aschmaltz@lamaestra.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**GRAY, SARAH**

Provider ID: 206360  
 Provider Gender: Female  
 License Number: A151631  
 NPI: 1508210311  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Board Certified Specialty: No



 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
 515-2300  
 Website: www.fhcsd.org  
 Email: dalvarado@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):


N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M 8:30AM-7:00PM  
 TU-TH 8:30AM-6:00PM  
 F 8:30AM-5:30PM  
 SA 8:30AM-5:00PM

**PEDIATRICS**

**GRAY, SARAH**

Provider ID: 206360  
 Provider Gender: Female  
 License Number: A151631  
 NPI: 1508210311  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Board Certified Specialty: No





 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
 515-2300  
 Website: www.fhcsd.org  
 Email: dalvarado@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):


N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M 8:30AM-7:00PM  
 TU-TH 8:30AM-6:00PM  
 F 8:30AM-5:30PM  
 SA 8:30AM-5:00PM

**PEDIATRICS**

**GUPTA, VARSHA**

Provider ID: 206360  
 Provider Gender: Female  
 License Number: A164889  
 NPI: 1891283214  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Hindi, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Board Certified Specialty: No




 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
 515-2300  
 Website: www.fhcsd.org  
 Email: dalvarado@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT  
 PROVIDER

**PEDIATRICS**

**GUPTA, VARSHA**

Provider ID: 206360  
 Provider Gender: Female  
 License Number: A164889  
 NPI: 1891283214  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Hindi, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Board Certified Specialty: No

 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
 515-2300  
 Website: www.fhcsd.org  
 Email: dalvarado@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**PEDIATRICS**


**HANSEN, JOHN**

Provider ID: 318919  
 Provider Gender: Male  
 NPI: 1780655621  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Danish  
 Cultural Competency: N

*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS*

*Board Certified Specialty: No*

 7910 FROST ST STE 400 SAN DIEGO, CA 92123

 *Phone: (858) 495-0500*  
*Fax: (858) 560-4279*

 *After Hours Phone: (858) 495-0500*

 *Website: N/A*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:00PM*

**PEDIATRICS**

**HENDERSON, TREVOR**

*Provider ID: 58111*

*Provider Gender: Male*

*NPI: 1356449425*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation:*

*GROSSMONT HOSPITAL, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, RADY CHILDRENS HOSPITAL SAN DIEGO, ALVARADO HOSPITAL LLC*


*Board Certified Specialty: No*

 6699 ALVARADO RD STE 2200

SAN DIEGO, CA 92120

 *Phone: (619) 265-3400*  
*Fax: (619) 265-3407*

 *After Hours Phone: (619) 265-3400*

 *Website: N/A*

*Medi-Cal Open Panel: Y*

*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*

*CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA*

*Board Certified Specialty: No*

 550 WASHINGTON ST STE 300

SAN DIEGO, CA 92103

 *Phone: (619) 297-5437*  
*Fax: (619) 297-4567*

 *After Hours Phone: (619) 297-5437*


 *Website: N/A*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-TH 8:00AM-8:30PM*  
*F 8:00AM-5:00PM*  
*SA 8:00AM-2:00PM*

**PEDIATRICS**

**HOANG, VY**

*Provider ID: 161902*

*Provider Gender: Female*

*NPI: 1649575135*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation:*

*GROSSMONT HOSPITAL, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, RADY CHILDRENS HOSPITAL SAN DIEGO*

*Board Certified Specialty: No*

 6699 ALVARADO RD SAN DIEGO, CA 92120

 *Phone: (619) 265-3400*  
*Fax: (619) 265-3407*


 *After Hours Phone: (619) 265-3400*

 *Website: N/A*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:00PM*

**PEDIATRICS**

**HORMOZDYARAN, SANAYA**


*Provider ID: 612398*


*Provider Gender: Female*

NPI: 1750887634

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 2790 TRUXTUN RD STE  
120A  
SAN DIEGO, CA 92106

 Phone: (619) 222-1253

Fax: (619) 222-1276


 After Hours Phone: (619)  
222-1253

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

### PEDIATRICS

#### **JORDAN, JAMIE**

Provider ID: 237831


Provider Gender: Female


NPI: 1275762833

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO


Board Certified Specialty: No

 12036 SCRIPPS  
HIGHLANDS DR STE 102  
SAN DIEGO, CA 92131

 Phone: (858) 566-4444

Fax: (858) 566-3321

 After Hours Phone: (858)  
566-4444

 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
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

 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: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

### PEDIATRICS

#### **KARMAKAR, KANKA**


Provider ID: 417101

Provider Gender: Female

License Number: C54941

NPI: 1972536654

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Bengali, Hindi,  
Polish, Spanish, Tagalog


Cultural Competency: N


Board Certified Specialty: No

 10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

 Phone: (844) 200-2426

 After Hours Phone: (844)  
200-2426

 Website: www.operationsa  
mahan.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-TU 8:30AM-5:30PM

W 10:00AM-7:00PM

TH-F 8:30AM-5:30PM

### PEDIATRICS

#### **KARMAKAR, KANKA**


Provider ID: 417101

Provider Gender: Female

License Number: C54941

NPI: 1972536654

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Bengali, Hindi,  
Polish, Spanish, Tagalog

Cultural Competency: N

Board Certified Specialty: No

 10737 CAMINO RUIZ STE

235  
SAN DIEGO, CA 92126  
Phone: (844) 200-2426  
After Hours Phone: (844) 200-2426  
Website: [www.operationsa-mahan.org](http://www.operationsa-mahan.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-TU 8:30AM-5:30PM  
W 10:00AM-7:00PM  
TH-F 8:30AM-5:30PM

**PEDIATRICS**

**KESANAPALLI, DEEPTHI**

Provider ID: 235069  
Provider Gender: Female  
NPI: 1487948584  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS  
Board Certified Specialty: No  
7910 FROST ST STE 335  
SAN DIEGO, CA 92123  
Phone: (858) 576-8010  
Fax: (858) 576-7391  
After Hours Phone: (858) 576-8010  
Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
Hours: M-TH 8:30AM-6:00PM  
F 8:30AM-0:00PM

**PEDIATRICS**

**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](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

**PEDIATRICS**

**LIU, JESICA**

Provider ID: 206363  
Provider Gender: Female  
License Number: A166312  
NPI: 1184157620  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No

4725 MARKET ST  
SAN DIEGO, CA 92102  
Phone: (619) 515-2560  
After Hours Phone: (619) 515-2560  
Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

**PEDIATRICS**

**LOPER, KAREN**




Provider ID: 490610  
Provider Gender: Female  
NPI: 1619908936  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR  
Board Certified Specialty: No  
550 WASHINGTON ST STE 300  
SAN DIEGO, CA 92103  
Phone: (619) 297-5437  
Fax: (619) 297-4567  
After Hours Phone: (619) 297-5437  
Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**LUJAN, ARLEEN**


Provider ID: 206360  
 Provider Gender: Female  
 License Number: A61687  
 NPI: 1760412431  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA

Board Certified Specialty: No

 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
 515-2300

 Website: www.fhcsd.org  
 Email: dalvarado@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150

American Sign Language (ASL):  
 N



 Accessibility: CONTACT  
 PROVIDER

**PEDIATRICS**


**LUJAN, ARLEEN**

Provider ID: 206360  
 Provider Gender: Female  
 License Number: A61687  
 NPI: 1760412431  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA

Board Certified Specialty: No

 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300

 After Hours Phone: (619)  
 515-2300

 Website: www.fhcsd.org  
 Email: dalvarado@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

**PEDIATRICS**

**MADANY, GEORGE**

Provider ID: 318924  
 Provider Gender: Male  
 NPI: 1811968837


Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Arabic, French,  
 Spanish

Cultural Competency: N  
 Hospital Affiliation: SHARP  
 MEMORIAL HOSPITAL, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, SCRIPPS MERCY  
 HOSPITAL CHULA VISTA

Board Certified Specialty: No

 7910 FROST ST STE 400  
 SAN DIEGO, CA 92123  
 Phone: (858) 495-0500  
 Fax: (858) 560-4279

 After Hours Phone: (858)  
 495-0500

 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**


**MAHENDRAN, SRIVIDYA**

Provider ID: 482070  
 Provider Gender: Female  
 License Number: A92173  
 NPI: 1487843454

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N

Board Certified Specialty: No

 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
 After Hours Phone: (858)  
 810-8700

 Website: www.sdfamilycare  
 .org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

**PEDIATRICS**

**MAHENDRAN, SRIVIDYA**

Provider ID: 482070  
 Provider Gender: Female  
 License Number: A92173  
 NPI: 1487843454

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N

Board Certified Specialty: No

 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
 After Hours Phone: (858)  
 810-8700

 Website: www.sdfamilycare



.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT  
 PROVIDER

**PEDIATRICS**

**MANRIQUEZ-CASTILLO,  
 ERENDIRA**

Provider ID: 185268  
 Provider Gender: Female  
 License Number: A75533  
 NPI: 1356397418  
 ☑ Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: VALLEY  
 CHILDRENS HOSPITAL, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Board Certified Specialty: No  
 📍 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105  
 📞 Phone: (619) 255-9155  
 📞 After Hours Phone: (619)  
 255-9155  
 🌐 Website: www.lamaestra.org  
 Email:  
 aschmaltz@lamaestra.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-6:00PM  
 SA 8:00AM-2:00PM

**PEDIATRICS**

**MANRIQUEZ-CASTILLO,  
 ERENDIRA**  
 Provider ID: 185268  
 Provider Gender: Female  
 License Number: A75533  
 NPI: 1356397418  
 ☑ Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: VALLEY  
 CHILDRENS HOSPITAL, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Board Certified Specialty: No  
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 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: Y  
 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: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, SHARP MEMORIAL

HOSPITAL  
 Board Certified Specialty: No  
 📍 7910 FROST ST STE 400  
 SAN DIEGO, CA 92123  
 📞 Phone: (858) 495-0500  
 Fax: (858) 560-4279  
 📞 After Hours Phone: (858)  
 495-0500  
 🌐 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**MLNARIK, ANASTASIA**  
 Provider ID: 558645  
 Provider Gender: Female  
 NPI: 1972000537  
 ☑ Provider English Spoken: Y  
 Cultural Competency: N  
 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: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 SA 8:00AM-0:00PM

**PEDIATRICS**

**PARK, TARI**

Provider ID: 237711

Provider Gender: Female

NPI: 1285669085

Provider English Spoken: Y

Provider Language(s)  
Spoken: Korean

Cultural Competency: N

Hospital Affiliation: SHARP

MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO

Board Certified Specialty: No

12036 SCRIPPS  
HIGHLANDS DR STE 102  
SAN DIEGO, CA 92131

Phone: (858) 566-4444

Fax: (858) 566-3321

After Hours Phone: (858)  
566-4444

Website: N/A

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-7:00PM

TU-TH 8:30AM-6:00PM

F 8:30AM-5:30PM

SA 8:30AM-5:00PM

**PEDIATRICS**

**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)  
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Website: www.fhcsd.org

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

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Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-7:00PM

TU-TH 8:30AM-6:00PM

F 8:30AM-5:30PM

SA 8:30AM-5:00PM

**PEDIATRICS**

**PAVLOVICH, WENDY**

Provider ID: 416831

Provider Gender: Female

License Number: A126181

NPI: 1740467299

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL

Board Certified Specialty: No

3514 30TH ST

SAN DIEGO, CA 92104

Phone: (619) 515-2424

After Hours Phone: (619)  
515-2424

Website: www.fhcsd.org


Email: jenanm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

**PEDIATRICS**

**PAVLOVICH, WENDY**

*Provider ID: 416831*

*Provider Gender: Female*

*License Number: A126181*

*NPI: 1740467299*


*Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation: SCRIPPS*


*MERCY HOSPITAL*

*Board Certified Specialty: No*

 3514 30TH ST  
SAN DIEGO, CA 92104

 *Phone: (619) 515-2424*

 *After Hours Phone: (619) 515-2424*

 *Website: www.fhcsd.org*


*Email: jenanm@fhcsd.org*

*Medi-Cal Open Panel: Y*

*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*

 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: Y*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:00PM*

**PEDIATRICS**

**PRESKILL, CATALINA**

*Provider ID: 403583*

*Provider Gender: Female*

*License Number: G29879*

*NPI: 1598088759*


*Provider English Spoken: Y*


*Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Board Certified Specialty: No*

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 *Phone: (619) 233-8500*

 *After Hours Phone: (619) 233-8500*

 *Website: N/A*

*Medi-Cal Open Panel: Y*

*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: Y*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:30PM*

**PEDIATRICS**

**RODRIGUEZ, ALDO**

*Provider ID: 451167*

*Provider Gender: Male*

*License Number: A134995*

*NPI: 1508209651*

*Provider English Spoken: Y*

*Provider Language(s) Spoken: Portuguese, Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*


*MEMORIAL HOSPITAL*

*Board Certified Specialty: No*

 950 S EUCLID AVE



SAN DIEGO, CA 92114  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 SA 8:00AM-4:00PM

**PEDIATRICS**

**RODRIGUEZ, ALDO**


Provider ID: 451167  
 Provider Gender: Male  
 License Number: A134995  
 NPI: 1508209651  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Portuguese, Spanish

Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL

Board Certified Specialty: No



 950 S EUCLID AVE  
 SAN DIEGO, CA 92114  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 SA 8:00AM-4:00PM

**PEDIATRICS**

**RODRIGUEZ, JAVIER**

Provider ID: 185268  
 Provider Gender: Male  
 License Number: A82639  
 NPI: 1013059385  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No



 4060 FAIRMOUNT AVE  
 SAN DIEGO, CA 92105  
 Phone: (619) 255-9155  
 After Hours Phone: (619) 255-9155

 Website: [www.lamaestra.org](http://www.lamaestra.org)  
 Email: [aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)  
 Medi-Cal Open Panel: Y  
 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](http://www.lamaestra.org)  
 Email: [aschmaltz@lamaestra.org](mailto:aschmaltz@lamaestra.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N



 Accessibility: CONTACT PROVIDER


**PEDIATRICS**

**RUBENSTEIN, STUART**

Provider ID: 521305  
 Provider Gender: Male  
 NPI: 1689633844  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL

Board Certified Specialty: No  
 11943 EL CAMINO REAL STE 210  
 SAN DIEGO, CA 92130  
 Phone: (858) 793-1011  
 Fax: (858) 793-1035

 After Hours Phone: (858) 793-1011  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19





American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 SA 8:00AM-0:00PM

**PEDIATRICS**

**SAMPATH, SRIVIDYA**

Provider ID: 416831  
 Provider Gender: Female  
 License Number: A132576  
 NPI: 1275892754

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: French  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL  
 Board Certified Specialty: No

 3514 30TH ST  
 SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
 515-2424  
 Website: www.fhcsd.org  
 Email: jenanm@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\18  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM


**PEDIATRICS**

**SAMPATH, SRIVIDYA**

Provider ID: 416831  
 Provider Gender: Female  
 License Number: A132576  
 NPI: 1275892754

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: French  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL  
 Board Certified Specialty: No

 3514 30TH ST  
 SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
 515-2424  
 Website: www.fhcsd.org  
 Email: jenanm@fhcsd.org

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\18  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM


**PEDIATRICS**

**SEBSO, JODI**

Provider ID: 416831  
 Provider Gender: Female  
 License Number: A103099  
 NPI: 1538484316

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL  
 Board Certified Specialty: No

 3514 30TH ST  
 SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
 515-2424  
 Website: www.fhcsd.org  
 Email: jenanm@fhcsd.org

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\18  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**PEDIATRICS**

**SEBSO, JODI**

Provider ID: 416831  
 Provider Gender: Female  
 License Number: A103099  
 NPI: 1538484316

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL  
 Board Certified Specialty: No


 3514 30TH ST  
 SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619)  
 515-2424  
 Website: www.fhcsd.org  
 Email: jenanm@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\18  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**PEDIATRICS**

**SEBSO, JODI**

Provider ID: 206360  
 Provider Gender: Female  
 License Number: A103099  
 NPI: 1538484316







Provider English Spoken: Y


 *Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL  
Board Certified Specialty: No*

 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
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  
 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
Medi-Cal Open Panel: Y

Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 9:00AM-5:00PM

**PEDIATRICS**

**SHENOY, ASHVIN**



Provider ID: 232392  
Provider Gender: Male  
NPI: 1619262664  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: PARADISE  
VALLEY HOSPITAL, SHARP  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SHARP MARY  
BIRCH HOSP FOR WOMEN  
AND NEWBORNS, SCRIPPS  
MERCY HOSPITAL

Board Certified Specialty: No  
 292 EUCLID AVE STE 220  
SAN DIEGO, CA 92114  
 Phone: (619) 262-8624  
Fax: (619) 262-6639  
 After Hours Phone: (619)  
262-8624  
 Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**SHETH, HASMUKH**



Provider ID: 451167

Provider Gender: Male  
License Number: A45942  
NPI: 1396812236  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Gujarati, Hindi,  
Urdu  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MERCY  
HOSPITAL

Board Certified Specialty: No  
 950 S EUCLID AVE  
SAN DIEGO, CA 92114  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org  
/clinics/king-chavez-health-center](http://www.syhealth.org/clinics/king-chavez-health-center)  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

**PEDIATRICS**

**SHETH, HASMUKH**

Provider ID: 451167  
Provider Gender: Male  
License Number: A45942  
NPI: 1396812236  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Gujarati, Hindi,  
Urdu  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MERCY

**HOSPITAL**

Board Certified Specialty: No

950 S EUCLID AVE  
SAN DIEGO, CA 92114  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Website: www.syhealth.org/clinics/king-chavez-health-center

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

**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

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: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**SPITZER, MARSHA**

Provider ID: 402851

Provider Gender: Female

License Number: A76785

NPI: 1851323315

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,

GROSSMONT HOSPITAL

Board Certified Specialty: No

3705 MISSION BLVD  
SAN DIEGO, CA 92109

Phone: (619) 515-2444

After Hours Phone: (619) 515-2444

Website: www.fhcsd.org

Email: sabay@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

**PEDIATRICS**

**SPITZER, MARSHA**

Provider ID: 402851

Provider Gender: Female

License Number: A76785

NPI: 1851323315

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,

GROSSMONT HOSPITAL

Board Certified Specialty: No

3705 MISSION BLVD  
SAN DIEGO, CA 92109

Phone: (619) 515-2444

After Hours Phone: (619) 515-2444

Website: www.fhcsd.org

Email: sabay@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

**PEDIATRICS**

**SPITZER, MARSHA**

Provider ID: 206360

Provider Gender: Female

License Number: A76785

NPI: 1851323315

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,

GROSSMONT HOSPITAL


Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619) 515-2300

Website: www.fhcsd.org

Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**PEDIATRICS**

**SPITZER, MARSHA**

Provider ID: 206360  
 Provider Gender: Female  
 License Number: A76785  
 NPI: 1851323315  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL,  
 GROSSMONT HOSPITAL  
 Board Certified Specialty: No  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
 515-2300  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 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](http://www.fhcsd.org)  
 Email: [janeta@fhcsd.org](mailto:janeta@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM

**PEDIATRICS**

**SPITZER, MARSHA**

Provider ID: 417429  
 Provider Gender: Female  
 License Number: A76785  
 NPI: 1851323315  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL,  
 GROSSMONT HOSPITAL  
 Board Certified Specialty: No  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101  
 Phone: (619) 515-2525  
 After Hours Phone: (619)

515-2525  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
 Email: [janeta@fhcsd.org](mailto:janeta@fhcsd.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM

**PEDIATRICS**

**STUMP, CHARI**

Provider ID: 587747  
 Provider Gender: Female  
 NPI: 1265968788  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 MEMORIAL HOSPITAL  
 Board Certified Specialty: No  
 7910 FROST ST STE 400  
 SAN DIEGO, CA 92123  
 Phone: (858) 495-0500  
 Fax: (858) 560-4279  
 After Hours Phone: (858)  
 495-0500  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**SUBRAMANIAN, RAMA**

Provider ID: 662343  
 Provider Gender: Female  
 NPI: 1932593506




 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 11943 EL CAMINO REAL STE  
 210  
 SAN DIEGO, CA 92130  
 *Phone: (858) 793-1011*  
*Fax: (858) 793-1035*  
 *After Hours Phone: (858)*  
*793-1011*  
 *Website: N/A*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*  
*SA 8:00AM-0:00PM*

**PEDIATRICS**


**SULEIMAN QAFITI, KHAWLA**






*Provider ID: 416831*  
*Provider Gender: Female*  
*License Number: A51318*  
*NPI: 1659303121*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS*  
*MERCY HOSPITAL, SCRIPPS*  
*MERCY HOSPITAL CHULA*  
*VISTA*  
*Board Certified Specialty: No*  
 3514 30TH ST  
 SAN DIEGO, CA 92104  
 *Phone: (619) 515-2424*  
 *After Hours Phone: (619)*  
*515-2424*  
 *Website: www.fhcsd.org*  
*Email: jenanm@fhcsd.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\18*

*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
*Hours: M-TH 8:00AM-5:00PM*

**PEDIATRICS**


**SULEIMAN QAFITI, KHAWLA**






*Provider ID: 416831*  
*Provider Gender: Female*  
*License Number: A51318*  
*NPI: 1659303121*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS*  
*MERCY HOSPITAL, SCRIPPS*  
*MERCY HOSPITAL CHULA*  
*VISTA*  
*Board Certified Specialty: No*

 3514 30TH ST  
 SAN DIEGO, CA 92104  
 *Phone: (619) 515-2424*  
 *After Hours Phone: (619)*  
*515-2424*  
 *Website: www.fhcsd.org*  
*Email: jenanm@fhcsd.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\18*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
*Hours: M-TH 8:00AM-5:00PM*

**PEDIATRICS**


**TAMAYO, MAITHE**



*Provider ID: 356145*  
*Provider Gender: Female*  
*License Number: A80504*  
*NPI: 1487748430*  
 *Provider English Spoken: Y*

 *Provider Language(s)*  
*Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS*  
*MERCY HOSPITAL, SCRIPPS*  
*MERCY HOSPITAL CHULA*  
*VISTA*  
*Board Certified Specialty: No*  
 2391 ISLAND AVE  
 SAN DIEGO, CA 92102  
 *Phone: (619) 515-2435*  
 *After Hours Phone: (619)*  
*515-2435*  
 *Website: N/A*  
*Email: dalvarado@fhcsd.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*

**PEDIATRICS**

**TAMAYO, MAITHE**

*Provider ID: 356145*  
*Provider Gender: Female*  
*License Number: A80504*  
*NPI: 1487748430*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS*  
*MERCY HOSPITAL, SCRIPPS*  
*MERCY HOSPITAL CHULA*  
*VISTA*  
*Board Certified Specialty: No*  
 2391 ISLAND AVE  
 SAN DIEGO, CA 92102  
 *Phone: (619) 515-2435*  
 *After Hours Phone: (619)*  
*515-2435*

 Website: N/A  
 Email: dalvarado@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**PEDIATRICS**

**TAMAYO, MAITHE**

Provider ID: 206360  
 Provider Gender: Female  
 License Number: A80504  
 NPI: 1487748430  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA  
 Board Certified Specialty: No  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300  
 Website: www.fhcsd.org  
 Email: dalvarado@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**PEDIATRICS**


**TAMAYO, MAITHE**

Provider ID: 206360

Provider Gender: Female  
 License Number: A80504  
 NPI: 1487748430  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA  
 Board Certified Specialty: No  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300  
 Website: www.fhcsd.org  
 Email: dalvarado@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**PEDIATRICS**





**WASSON, MINA**


Provider ID: 524333  
 Provider Gender: Female  
 NPI: 1366753022  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Russian  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL  
 Board Certified Specialty: No  
 11943 EL CAMINO REAL STE

210  
 SAN DIEGO, CA 92130  
 Phone: (858) 793-1011  
 Fax: (858) 793-1035  
 After Hours Phone: (858) 793-1011  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 SA 8:00AM-0:00PM

**PEDIATRICS**


**WATERS, ELIZABETH**

Provider ID: 153090  
 Provider Gender: Female  
 NPI: 1730477621  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, PARADISE VALLEY HOSPITAL, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, SCRIPPS MERCY HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO  
 Board Certified Specialty: No  
 292 EUCLID AVE STE 220  
 SAN DIEGO, CA 92114  
 Phone: (619) 262-8624  
 Fax: (619) 262-6639  
 After Hours Phone: (619) 262-8624  
 Website: N/A


Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**WEATHERLY, JACOB**

Provider ID: 637376  
 Provider Gender: Male  
 NPI: 1538520457  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: LUCILE  
 SALTER PACKARD CHILDRENS



HOSP, Stanford Health Care  
 Board Certified Specialty: No  
 6699 ALVARADO RD STE  
 2200  
 SAN DIEGO, CA 92120  
 Phone: (619) 265-3400  
 Fax: (619) 265-3407  
 After Hours Phone: (619)  
 265-3400  
 Website: N/A

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 SA 8:30AM-0:00PM


**PEDIATRICS**

**WONG, YOLANDA**

Provider ID: 482070  
 Provider Gender: Female  
 License Number: A94449



NPI: 1851599872  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO

Board Certified Specialty: No  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
 After Hours Phone: (858)  
 810-8700  
 Website: www.sdfamilycare  
 .org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M 8:30AM-5:30PM  
 TU 8:30AM-9:00PM  
 W-F 8:30AM-5:30PM  
 SA 9:00AM-4:00PM

**PEDIATRICS**

**WONG, YOLANDA**

Provider ID: 482070  
 Provider Gender: Female  
 License Number: A94449  
 NPI: 1851599872  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N



Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Board Certified Specialty: No





 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
 After Hours Phone: (858)  
 810-8700  
 Website: www.sdfamilycare  
 .org

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M 8:30AM-5:30PM  
 TU 8:30AM-9:00PM  
 W-F 8:30AM-5:30PM  
 SA 9:00AM-4:00PM


**PEDIATRICS**

**WONG, YOLANDA**

Provider ID: 233532  
 Provider Gender: Female  
 License Number: A94449  
 NPI: 1851599872  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N

Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Board Certified Specialty: No  
 4305 UNIVERSITY AVE STE  
 150  
 SAN DIEGO, CA 92105  
 Phone: (619) 280-2058  
 After Hours Phone: (619)  
 280-2058  
 Website: www.sdfamilycare  
 .org






Medi-Cal Open Panel: Y  
 Min/Max Age: 0\22

American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

**PEDIATRICS**

**WONG, YOLANDA**

Provider ID: 233532  
 Provider Gender: Female  
 License Number: A94449  
 NPI: 1851599872  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO

Board Certified Specialty: No  
 4305 UNIVERSITY AVE STE  
 150  
 SAN DIEGO, CA 92105  
 Phone: (619) 280-2058  
 After Hours Phone: (619)  
 280-2058  
 Website: www.sdfamilycare  
 .org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\22  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**PEDIATRICS**

**ZACHRY, ALISON**

Provider ID: 662759  
 Provider Gender: Female  
 NPI: 1922402858  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish


Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, TRI CITY MEDICAL CTR  
 Board Certified Specialty: No  
 550 WASHINGTON ST STE  
 300  
 SAN DIEGO, CA 92103  
 Phone: (619) 297-5437  
 Fax: (619) 297-4567  
 After Hours Phone: (619)  
 297-5437  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TH 8:00AM-8:00PM  
 F 8:00AM-5:00PM

**PEDIATRICS**

**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: Y  
 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: Y  
 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: Y  
 Min/Max Age: 0\22  
 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**PEDIATRICS**

**ZANDKARIMI, FARIBA**

Provider ID: 206360  
 Provider Gender: Female  
 License Number: A46161  
 NPI: 1356373674  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Farsi, Persian,  
 Spanish  
 Cultural Competency: N  
 Hospital Affiliation: MERCY  
 GENERAL HOSPITAL, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, SCRIPPS MERCY  
 HOSPITAL, SCRIPPS MERCY  
 HOSPITAL CHULA VISTA, UCSD  
 MEDICAL CTR  
 Board Certified Specialty: No  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
 515-2300  
 Website: www.fhcsd.org  
 Email: dalvarado@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

**PEDIATRICS**

**ZANDKARIMI, FARIBA**

Provider ID: 206360  
 Provider Gender: Female  
 License Number: A46161  
 NPI: 1356373674  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Farsi, Persian,  
 Spanish  
 Cultural Competency: N  
 Hospital Affiliation: MERCY  
 GENERAL HOSPITAL, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, SCRIPPS MERCY  
 HOSPITAL, SCRIPPS MERCY  
 HOSPITAL CHULA VISTA, UCSD  
 MEDICAL CTR  
 Board Certified Specialty: No  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
 515-2300  
 Website: www.fhcsd.org  
 Email: dalvarado@fhcsd.org  
 Medi-Cal Open Panel: Y  
 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: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

**PHYSICIANS ASSISTANT**

**ALVARADO, EDMUND**

Provider ID: 419529

Provider Gender: Male

License Number: PA20888

NPI: 1720303340

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

2325 COMMERCIAL ST STE  
1400

SAN DIEGO, CA 92113

Phone: (619) 515-2422

After Hours Phone: (619)  
515-2422

Website: www.fhcsd.org

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

**PHYSICIANS ASSISTANT**

**ARMENTA, JORGE**

Provider ID: 185268

Provider Gender: Male

License Number: PA13694

NPI: 1346382611

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Phone: (619) 255-9155

After Hours Phone: (619)  
255-9155

Website: www.lamaestra.org

Email:

aschmaltz@lamaestra.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-6:00PM  
SA 8:00AM-2:00PM

**PHYSICIANS ASSISTANT**

**ARMENTA, JORGE**

Provider ID: 185268

Provider Gender: Male

License Number: PA13694

NPI: 1346382611

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

4060 FAIRMOUNT AVE  
SAN DIEGO, CA 92105

Phone: (619) 255-9155

After Hours Phone: (619)  
255-9155

Website: www.lamaestra.org

Email:

aschmaltz@lamaestra.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-6:00PM  
SA 8:00AM-2:00PM

**PHYSICIANS ASSISTANT**

**BATISTA, OSVALDO**

Provider ID: 206360

Provider Gender: Male

License Number: PA17864

NPI: 1245349224

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):



N

 *Accessibility: CONTACT PROVIDER*



**PHYSICIANS ASSISTANT**

**BATISTA, OSVALDO**

*Provider ID: 206360  
Provider Gender: Male  
License Number: PA17864  
NPI: 1245349224*


 *Provider English Spoken: Y*  
 *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: Y*  
*Min/Max Age: 0\150*


*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*



**PHYSICIANS ASSISTANT**


**CASTILLO, PATRICIA**

*Provider ID: 206362  
Provider Gender: Female  
License Number: PA17220  
NPI: 1376550657*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 3544 30TH ST  
SAN DIEGO, CA 92104

 *Phone: (619) 515-2424*  
 *After Hours Phone: (619) 515-2424*

 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*


*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*



**PHYSICIANS ASSISTANT**


**CASTILLO, PATRICIA**

*Provider ID: 206362  
Provider Gender: Female  
License Number: PA17220  
NPI: 1376550657*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 3544 30TH ST  
SAN DIEGO, CA 92104

 *Phone: (619) 515-2424*  
 *After Hours Phone: (619) 515-2424*

 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Y*  
*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: Y*  
*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: Y*  
*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: Y*  
*Min/Max Age: 0\999*


*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*



*Hours: M 8:30AM-5:30PM*  
*TU-W 8:30AM-5:00PM*  
*TH 8:30AM-9:00PM*  
*F 8:30AM-5:00PM*


**PHYSICIANS ASSISTANT**  
**CONTRERAS, LORETTA**

*Provider ID: 403583*  
*Provider Gender: Female*  
*License Number: PA54617*  
*NPI: 1679096341*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 1501 IMPERIAL AVE  
 SAN DIEGO, CA 92101

 *Phone: (619) 233-8500*  
 *After Hours Phone: (619) 233-8500*

 *Website: N/A*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*

*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*

*Hours: M 8:30AM-5:30PM*



*TU-W 8:30AM-5:00PM*  
*TH 8:30AM-9:00PM*  
*F 8:30AM-5:00PM*


**PHYSICIANS ASSISTANT**  
**DOLMETSCH, JEANETTE**

*Provider ID: 417987*  
*Provider Gender: Female*  
*License Number: PA58905*  
*NPI: 1164941456*

 *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: Y*  
*Min/Max Age: 0\150*


*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*



*Hours: M-F 8:30AM-5:30PM*


**PHYSICIANS ASSISTANT**  
**DOLMETSCH, JEANETTE**

*Provider ID: 417987*  
*Provider Gender: Female*  
*License Number: PA58905*  
*NPI: 1164941456*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 4874 POLK AVE  
 SAN DIEGO, CA 92105

 *Phone: (619) 515-2426*  
 *After Hours Phone: (619) 515-2426*

 *Website: www.fhcsd.org*  
*Medi-Cal Open Panel: Y*  
*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: Y*  
*Min/Max Age: 0\150*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

**PHYSICIANS ASSISTANT**  
**DRAME, SALWA**

*Provider ID: 417987*  
*Provider Gender: Female*  
*License Number: PA59481*  
*NPI: 1093136426*

 *Provider English Spoken: Y*  
 *Provider Language(s)*



Spoken: French, Spanish  
Cultural Competency: N

Board Certified Specialty: No

4874 POLK AVE  
SAN DIEGO, CA 92105

Phone: (619) 515-2426

After Hours Phone: (619)  
515-2426

Website: www.fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**PHYSICIANS ASSISTANT**

**GARCIA, DEANA**

Provider ID: 416831

Provider Gender: Female

License Number: PA21042

NPI: 1447567995

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

3514 30TH ST  
SAN DIEGO, CA 92104

Phone: (619) 515-2424

After Hours Phone: (619)  
515-2424

Website: www.fhcsd.org

Email: jenanm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**PHYSICIANS ASSISTANT**

**GARCIA, DEANA**

Provider ID: 416831

Provider Gender: Female

License Number: PA21042

NPI: 1447567995

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

3514 30TH ST  
SAN DIEGO, CA 92104

Phone: (619) 515-2424

After Hours Phone: (619)  
515-2424

Website: www.fhcsd.org

Email: jenanm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**PHYSICIANS ASSISTANT**

**HOXMEIER, KRISTA**

Provider ID: 418142

Provider Gender: Female

License Number: PA58505

NPI: 1104203454

Provider English Spoken: Y  
Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

5160 FEDERAL BLVD  
SAN DIEGO, CA 92105

Phone: (619) 515-2454

After Hours Phone: (619)  
515-2454

Website: www.fhcsd.org

Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**PHYSICIANS ASSISTANT**

**HOXMEIER, KRISTA**

Provider ID: 418142

Provider Gender: Female

License Number: PA58505

NPI: 1104203454

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

5160 FEDERAL BLVD  
SAN DIEGO, CA 92105

Phone: (619) 515-2454

After Hours Phone: (619)  
515-2454

Website: www.fhcsd.org

Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**PHYSICIANS ASSISTANT**

**HOXMEIER, KRISTA**

Provider ID: 206363

Provider Gender: Female

License Number: PA58505

NPI: 1104203454

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

4725 MARKET ST  
SAN DIEGO, CA 92102

Phone: (619) 515-2560

☎ After Hours Phone: (619) 515-2560

🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **HOXMEIER, KRISTA**

Provider ID: 206363

Provider Gender: Female

License Number: PA58505

NPI: 1104203454

☑ Provider English Spoken: Y

☑ Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

📍 4725 MARKET ST  
SAN DIEGO, CA 92102

☎ Phone: (619) 515-2560

☎ After Hours Phone: (619) 515-2560

🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [nancyl@fhcsd.org](mailto:nancyl@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **LANDIS, SARAH**

Provider ID: 417782

Provider Gender: Female

License Number: PA58826

NPI: 1144733676

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

Board Certified Specialty: No

📍 1250 6TH AVE STE 100  
SAN DIEGO, CA 92101

☎ Phone: (619) 515-2430

☎ After Hours Phone: (619) 515-2430

🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [jinah@fhcsd.org](mailto:jinah@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PHYSICIANS ASSISTANT**

#### **LANDIS, SARAH**

Provider ID: 417782

Provider Gender: Female

License Number: PA58826

NPI: 1144733676

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

Board Certified Specialty: No

📍 1250 6TH AVE STE 100  
SAN DIEGO, CA 92101

☎ Phone: (619) 515-2430

☎ After Hours Phone: (619) 515-2430

🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [jinah@fhcsd.org](mailto:jinah@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

### **PHYSICIANS ASSISTANT**

#### **LAPINA, LORI**

Provider ID: 417937

Provider Gender: Female

License Number: PA23231

NPI: 1245670413

☑ Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

📍 4094 4TH AVE  
SAN DIEGO, CA 92103

☎ Phone: (619) 515-2545

☎ After Hours Phone: (619) 515-2545

🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

### **PHYSICIANS ASSISTANT**

#### **LAPINA, LORI**

Provider ID: 417937

Provider Gender: Female

License Number: PA23231

NPI: 1245670413

☑ Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

📍 4094 4TH AVE  
SAN DIEGO, CA 92103

☎ Phone: (619) 515-2545

☎ After Hours Phone: (619) 515-2545

🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

**PHYSICIANS ASSISTANT**

**LEON, FLOR**

Provider ID: 419529

Provider Gender: Female

License Number: PA53788

NPI: 1902358237

☐ Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

📍 2325 COMMERCIAL ST STE 1400

SAN DIEGO, CA 92113

☎ Phone: (619) 515-2422

☎ After Hours Phone: (619) 515-2422

🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

**PHYSICIANS ASSISTANT**

**LEON, FLOR**

Provider ID: 356145

Provider Gender: Female

License Number: PA53788

NPI: 1902358237

☐ Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

📍 2391 ISLAND AVE  
SAN DIEGO, CA 92102

☎ Phone: (619) 515-2435

☎ After Hours Phone: (619) 515-2435

🌐 Website: N/A  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

**PHYSICIANS ASSISTANT**

**LEON, FLOR**

Provider ID: 356145

Provider Gender: Female

License Number: PA53788

NPI: 1902358237

☐ Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

📍 2391 ISLAND AVE  
SAN DIEGO, CA 92102

☎ Phone: (619) 515-2435

☎ After Hours Phone: (619) 515-2435

🌐 Website: N/A  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

**PHYSICIANS ASSISTANT**

**LEON, FLOR**

Provider ID: 419529

Provider Gender: Female

License Number: PA53788

NPI: 1902358237

☐ Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

📍 2325 COMMERCIAL ST STE 1400

SAN DIEGO, CA 92113

☎ Phone: (619) 515-2422

☎ After Hours Phone: (619) 515-2422

🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

**PHYSICIANS ASSISTANT**

**LEON, FLOR**

Provider ID: 206360

Provider Gender: Female

License Number: PA53788

NPI: 1902358237

☐ Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

📍 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

☎ Phone: (619) 515-2300

☎ After Hours Phone: (619) 515-2300

🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

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: Y  
Min/Max Age: 0\150*


*American Sign Language (ASL): N*




 *Accessibility: CONTACT PROVIDER*


**PHYSICIANS ASSISTANT**

**LLOYD, MATTHEW**

*Provider ID: 417429  
Provider Gender: Male  
License Number: PA62752  
NPI: 1487307369*

 *Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No*

 *1550 BROADWAY STE 2  
SAN DIEGO, CA 92101*  
 *Phone: (619) 515-2525*  
 *After Hours Phone: (619) 515-2525*

 *Website: www.fhcsd.org  
Email: janeta@fhcsd.org*

*Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*



*Hours: M-F 8:30AM-5:30PM*


**PHYSICIANS ASSISTANT**

**LLOYD, MATTHEW**

*Provider ID: 417429  
Provider Gender: Male  
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: Y  
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: Y  
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: Y  
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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**PHYSICIANS ASSISTANT**

**LOPEZ, MARIO**

Provider ID: 417987  
 Provider Gender: Male  
 License Number: PA21385  
 NPI: 1932335080  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4874 POLK AVE  
 SAN DIEGO, CA 92105  
 Phone: (619) 515-2426  
 After Hours Phone: (619) 515-2426  
 Website: www.fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**PHYSICIANS ASSISTANT**

**LOPEZ, MARIO**  
 Provider ID: 417937  
 Provider Gender: Male  
 License Number: PA21385  
 NPI: 1932335080  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4094 4TH AVE  
 SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619) 515-2545  
 Website: www.fhcsd.org  
 Email: fabianm@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**PHYSICIANS ASSISTANT**

**LOPEZ, MARIO**

Provider ID: 417937  
 Provider Gender: Male  
 License Number: PA21385  
 NPI: 1932335080  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4094 4TH AVE  
 SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619) 515-2545  
 Website: www.fhcsd.org  
 Email: fabianm@fhcsd.org  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-6:00PM  
 SA 8:00AM-2:00PM

**PHYSICIANS ASSISTANT**

**MERCER, KELLY**

Provider ID: 185268  
 Provider Gender: Female  
 License Number: PA21625  
 NPI: 1154609790  
 Provider English Spoken: Y  
 Provider Language(s)



Spoken: Arabic  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4060 FAIRMOUNT AVE  
 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-6:00PM  
 SA 8:00AM-2:00PM

**PHYSICIANS ASSISTANT**






**MILLER, LAUREL**  
 Provider ID: 206363  
 Provider Gender: Female  
 License Number: PA20378  
 NPI: 1598992133  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4725 MARKET ST  
 SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619)  
 515-2560  
 Website: www.fhcsd.org  
 Email: nancyl@fhcsd.org  
 Medi-Cal Open Panel: Y  
 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  
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 Phone: (619) 515-2560  
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 515-2560  
 Website: www.fhcsd.org  
 Email: nancyl@fhcsd.org  
 Medi-Cal Open Panel: Y  
 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: Y

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  
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 515-2300  
 Website: www.fhcsd.org  
 Email: dalvarado@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**PHYSICIANS ASSISTANT**  
**PENA, NICHOLAS**

Provider ID: 206360  
 Provider Gender: Male  
 License Number: PA56636  
 NPI: 1083176077  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300

☎ After Hours Phone: (619) 515-2300

🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

**PHYSICIANS ASSISTANT**

**PENA, NICHOLAS**

Provider ID: 206360

Provider Gender: Male

License Number: PA56636

NPI: 1083176077

☑ Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

📍 1809 NATIONAL AVE  
SAN DIEGO, CA 92113

☎ Phone: (619) 515-2300

☎ After Hours Phone: (619) 515-2300

🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

**PHYSICIANS ASSISTANT**

**PHUNG, AIVI**

Provider ID: 206046

Provider Gender: Female

License Number: PA53902

NPI: 1639528110

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Board Certified Specialty: No

📍 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

☎ Phone: (858) 279-0925

☎ After Hours Phone: (858) 279-0925

🌐 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

Hours: M 8:00AM-5:00PM

TU 8:00AM-8:00PM

W-F 8:00AM-5:00PM

SA 9:00AM-1:00PM

**PHYSICIANS ASSISTANT**

**PHUNG, AIVI**

Provider ID: 206046

Provider Gender: Female

License Number: PA53902

NPI: 1639528110

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Board Certified Specialty: No

📍 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

☎ Phone: (858) 279-0925

☎ After Hours Phone: (858) 279-0925

🌐 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

Hours: M 8:00AM-5:00PM

TU 8:00AM-8:00PM

W-F 8:00AM-5:00PM

SA 9:00AM-1:00PM

**PHYSICIANS ASSISTANT**

**PHUNG, AIVI**

Provider ID: 206046

Provider Gender: Female

License Number: PA53902

NPI: 1639528110

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Board Certified Specialty: No

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☎ After Hours Phone: (858) 279-0925

🌐 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

Hours: M 8:00AM-5:00PM

TU 8:00AM-8:00PM

W-F 8:00AM-5:00PM

SA 9:00AM-1:00PM

**PHYSICIANS ASSISTANT**

**PHUNG, AIVI**

Provider ID: 206046

Provider Gender: Female  
License Number: PA53902  
NPI: 1639528110

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N

Board Certified Specialty: No

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858)  
279-0925  
 Website: www.sdfamilycare  
.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-5:00PM

TU 8:00AM-8:00PM

W-F 8:00AM-5:00PM

SA 9:00AM-1:00PM

**PHYSICIANS ASSISTANT**

**POLLEY, SHANNON**

Provider ID: 206363

Provider Gender: Female

License Number: PA60864

NPI: 1225608722

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

4725 MARKET ST  
SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619)  
515-2560

Website: www.fhcsd.org  
Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**PHYSICIANS ASSISTANT**

**POLLEY, SHANNON**

Provider ID: 206363

Provider Gender: Female

License Number: PA60864

NPI: 1225608722

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

4725 MARKET ST  
SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619)  
515-2560

Website: www.fhcsd.org  
Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**PHYSICIANS ASSISTANT**

**QUICK, ELISABETH**

Provider ID: 206360

Provider Gender: Female

License Number: PA21591

NPI: 1790055010

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**PHYSICIANS ASSISTANT**

**QUICK, ELISABETH**

Provider ID: 206360

Provider Gender: Female

License Number: PA21591

NPI: 1790055010

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**PHYSICIANS ASSISTANT**

**RALL, EMILY**

Provider ID: 227409



Provider Gender: Female

License Number: PA52141

NPI: 1407855828

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**PHYSICIANS ASSISTANT**

**RALL, EMILY**

Provider ID: 227409

Provider Gender: Female

License Number: PA52141

NPI: 1407855828

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**PHYSICIANS ASSISTANT**

**RASMUSSEN, DALE**

Provider ID: 417429

Provider Gender: Male

License Number: PA54022

NPI: 1962880864

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: MERCY  
HOSPITAL OF FOLSOM

Board Certified Specialty: No

1550 BROADWAY STE 2  
SAN DIEGO, CA 92101

Phone: (619) 515-2525

After Hours Phone: (619)  
515-2525

Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [janeta@fhcsd.org](mailto:janeta@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:30PM

**PHYSICIANS ASSISTANT**

**RASMUSSEN, DALE**

Provider ID: 417429

Provider Gender: Male

License Number: PA54022

NPI: 1962880864

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: MERCY  
HOSPITAL OF FOLSOM

Board Certified Specialty: No

1550 BROADWAY STE 2  
SAN DIEGO, CA 92101

Phone: (619) 515-2525

After Hours Phone: (619)  
515-2525

Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [janeta@fhcsd.org](mailto:janeta@fhcsd.org)

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\120

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**PHYSICIANS ASSISTANT**

**SHARPE, NORMA**

Provider ID: 517403

Provider Gender: Female

License Number: PA20490

NPI: 1619100237

Provider English Spoken: Y

Cultural Competency: N  
Board Certified Specialty: No

📍 316 25TH ST  
SAN DIEGO, CA 92102  
☎ Phone: (619) 662-4100  
🕒 After Hours Phone: (619) 662-4100

🌐 Website: N/A  
Medi-Cal Open Panel: Y  
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: Y  
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  
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☎ Phone: (619) 515-2560  
🕒 After Hours Phone: (619) 515-2560

🌐 Website: www.fhcsd.org  
Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Y  
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

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🕒 After Hours Phone: (619) 515-2560

🌐 Website: www.fhcsd.org  
Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Y  
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: Y  
Min/Max Age: 0\150

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

**PHYSICIANS ASSISTANT**

**TURNER, SHEREENA**

Provider ID: 206360

Provider Gender: Female

License Number: PA20396

NPI: 1992934988

☑ Provider English Spoken: Y  
☑ Provider Language(s) Spoken: Spanish  
Cultural Competency: N

Board Certified Specialty: No  
📍 1809 NATIONAL AVE  
SAN DIEGO, CA 92113  
☎ Phone: (619) 515-2300  
🕒 After Hours Phone: (619) 515-2300

🌐 Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org  
Medi-Cal Open Panel: Y

Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**PHYSICIANS ASSISTANT  
 TURNER, SHEREENA**

Provider ID: 206360  
 Provider Gender: Female  
 License Number: PA20396  
 NPI: 1992934988  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N

Board Certified Specialty: No

1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619) 515-2300  
 Website: www.fhcsd.org  
 Email: dalvarado@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**PHYSICIANS ASSISTANT  
 UDOH, EKAETE**

Provider ID: 418535  
 Provider Gender: Male  
 License Number: PA19664  
 NPI: 1841472776  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 9995 CARMEL MOUNTAIN

RD STE B10 AND B11  
 SAN DIEGO, CA 92129  
 Phone: (844) 200-2426  
 After Hours Phone: (844) 200-2426  
 Website: www.operationsa  
 mahan.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TU 8:30AM-5:30PM  
 W 10:00AM-7:00PM  
 TH-F 8:30AM-5:30PM

**PHYSICIANS ASSISTANT  
 UDOH, EKAETE**

Provider ID: 418535  
 Provider Gender: Male  
 License Number: PA19664  
 NPI: 1841472776  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No

9995 CARMEL MOUNTAIN  
 RD STE B10 AND B11  
 SAN DIEGO, CA 92129  
 Phone: (844) 200-2426  
 After Hours Phone: (844) 200-2426  
 Website: www.operationsa  
 mahan.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

Hours: M-TU 8:30AM-5:30PM  
 W 10:00AM-7:00PM

TH-F 8:30AM-5:30PM

**PHYSICIANS ASSISTANT  
 YOUNG-PEN, TONI**

Provider ID: 206362  
 Provider Gender: Female  
 License Number: PA18746  
 NPI: 1932297595  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish, Vietnamese  
 Cultural Competency: N

Board Certified Specialty: No

3544 30TH ST  
 SAN DIEGO, CA 92104  
 Phone: (619) 515-2424  
 After Hours Phone: (619) 515-2424

Website: www.fhcsd.org  
 Medi-Cal Open Panel: Y

Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**PHYSICIANS ASSISTANT  
 YOUNG-PEN, TONI**

Provider ID: 206362  
 Provider Gender: Female  
 License Number: PA18746  
 NPI: 1932297595  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish, Vietnamese  
 Cultural Competency: N

Board Certified Specialty: No

3544 30TH ST  
 SAN DIEGO, CA 92104  
 Phone: (619) 515-2424

☎ After Hours Phone: (619) 515-2424

🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

**PHYSICIANS ASSISTANT**

**YOUNG-PEN, TONI**

Provider ID: 233597

Provider Gender: Female

License Number: PA18746

NPI: 1932297595

☐ Provider English Spoken: Y

☐ Provider Language(s)

Spoken: Spanish, Vietnamese

Cultural Competency: N

Board Certified Specialty: No

📍 4290 POLK AVE

SAN DIEGO, CA 92105

☎ Phone: (619) 563-0250

☎ After Hours Phone: (619) 563-0250

🌐 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-2:00PM

**PHYSICIANS ASSISTANT**

**YOUNG-PEN, TONI**

Provider ID: 233597

Provider Gender: Female

License Number: PA18746

NPI: 1932297595

☐ Provider English Spoken: Y

☐ Provider Language(s)

Spoken: Spanish, Vietnamese

Cultural Competency: N

Board Certified Specialty: No

📍 4290 POLK AVE

SAN DIEGO, CA 92105

☎ Phone: (619) 563-0250

☎ After Hours Phone: (619) 563-0250

🌐 Website: [www.sdfamilycare.org](http://www.sdfamilycare.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-2:00PM

**PODIATRIST**

**JUAREZ, LETICIA**

Provider ID: 206360

Provider Gender: Female

License Number: DPM5661

NPI: 1508393778

☐ Provider English Spoken: Y

☐ Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

📍 1809 NATIONAL AVE

SAN DIEGO, CA 92113

☎ Phone: (619) 515-2300

☎ After Hours Phone: (619) 515-2300

🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

**PODIATRIST**

**JUAREZ, LETICIA**

Provider ID: 206360

Provider Gender: Female

License Number: DPM5661

NPI: 1508393778

☐ Provider English Spoken: Y

☐ Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

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Email: [dalvarado@fhcsd.org](mailto:dalvarado@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

**PODIATRIST**

**LE, DIANA**

Provider ID: 206360

Provider Gender: Female

License Number: DPM5734

NPI: 1184112864

☐ Provider English Spoken: Y

☐ Provider Language(s)

Spoken: Vietnamese

Cultural Competency: N  
Hospital Affiliation: ANAHEIM  
REGIONAL MEDICAL CTR

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**PODIATRIST**

**LE, DIANA**

Provider ID: 206363

Provider Gender: Female

License Number: DPM5734

NPI: 1184112864

Provider English Spoken: Y

Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: ANAHEIM  
REGIONAL MEDICAL CTR

Board Certified Specialty: No

4725 MARKET ST  
SAN DIEGO, CA 92102

Phone: (619) 515-2560

After Hours Phone: (619)  
515-2560

Website: www.fhcsd.org  
Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**PODIATRIST**

**LE, DIANA**

Provider ID: 206360

Provider Gender: Female

License Number: DPM5734

NPI: 1184112864

Provider English Spoken: Y

Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: ANAHEIM  
REGIONAL MEDICAL CTR

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**PODIATRIST**

**LE, DIANA**

Provider ID: 206363

Provider Gender: Female

License Number: DPM5734

NPI: 1184112864

Provider English Spoken: Y

Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: ANAHEIM

REGIONAL MEDICAL CTR  
Board Certified Specialty: No

4725 MARKET ST  
SAN DIEGO, CA 92102

Phone: (619) 515-2560

After Hours Phone: (619)  
515-2560

Website: www.fhcsd.org  
Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**PODIATRIST**

**SCHNEIDER, SARAH**

Provider ID: 206360

Provider Gender: Female

License Number: DPM4819

NPI: 1326282237

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

1809 NATIONAL AVE  
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)  
515-2300

Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**PODIATRIST**

**SCHNEIDER, SARAH**

Provider ID: 206360

Provider Gender: Female  
 License Number: DPM4819  
 NPI: 1326282237  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
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 Website: www.fhcsd.org  
 Email: dalvarado@fhcsd.org  
 Medi-Cal Open Panel: Y  
 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: Y  
 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: Y  
 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: Y

Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM

**PODIATRIST**

**SCHNEIDER, SARAH**

Provider ID: 417429  
 Provider Gender: Female  
 License Number: DPM4819  
 NPI: 1326282237  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 1550 BROADWAY STE 2  
 SAN DIEGO, CA 92101  
 Phone: (619) 515-2525  
 After Hours Phone: (619) 515-2525  
 Website: www.fhcsd.org  
 Email: janeta@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM


**PREVENTATIVE MEDICINE**

**GENERAL**

**HILL, LINDA**

Provider ID: 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M 8:30AM-5:30PM  
 TU 8:30AM-9:00PM  
 W-F 8:30AM-5:30PM  
 SA 9:00AM-4:00PM

**PREVENTATIVE MEDICINE**

**GENERAL**

**HILL, LINDA**


Provider ID: 206046  
 Provider Gender: Female  
 License Number: G41532  
 NPI: 1467434811  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: French, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR  
 Board Certified Specialty: No  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 After Hours Phone: (858)  
 279-0925  
 Website: www.sdfamilycare  
 .org

.org  
 Medi-Cal Open Panel: Y  
 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: Y  
 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: Y  
 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: Y  
 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M 8:30AM-5:30PM  
 TU 8:30AM-9:00PM  
 W-F 8:30AM-5:30PM  
 SA 9:00AM-4:00PM

**PREVENTATIVE MEDICINE**

**GENERAL**

**RISSER, JOSEPH**

Provider ID: 482070  
 Provider Gender: Male  
 License Number: G70886  
 NPI: 1952386765  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No

7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
 After Hours Phone: (858) 810-8700  
 Website: www.sdfamilycare.org

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
 Hours: M 8:30AM-5:30PM  
 TU 8:30AM-9:00PM  
 W-F 8:30AM-5:30PM  
 SA 9:00AM-4:00PM

**PREVENTATIVE MEDICINE**

**GENERAL**

**RISSER, JOSEPH**

Provider ID: 206046  
 Provider Gender: Male

License Number: G70886  
 NPI: 1952386765  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: Yes  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 Fax: (858) 279-0377  
 After Hours Phone: (858) 279-0925  
 Website: www.sdfamilycare.org

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM  
 SA 9:00AM-4:00PM

**PREVENTATIVE MEDICINE**

**GENERAL**

**RISSER, JOSEPH**

Provider ID: 206046  
 Provider Gender: Male  
 License Number: G70886  
 NPI: 1952386765  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: Yes  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 Fax: (858) 279-0377

After Hours Phone: (858) 279-0925  
 Website: www.sdfamilycare.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150



American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM  
 SA 9:00AM-4:00PM

**PREVENTATIVE MEDICINE**  
**GENERAL**

**RISSER, JOSEPH**

Provider ID: 206046  
 Provider Gender: Male  
 License Number: G70886  
 NPI: 1952386765  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: Yes  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 Fax: (858) 279-0377  
 After Hours Phone: (858) 279-0925  
 Website: www.sdfamilycare.org  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
 Hours: M 8:30AM-5:30PM  
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 W-F 8:30AM-5:30PM  
 SA 9:00AM-4:00PM

**PREVENTATIVE MEDICINE**  
**GENERAL**

**RISSER, JOSEPH**

Provider ID: 206046  
 Provider Gender: Male  
 License Number: G70886  
 NPI: 1952386765  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: Yes  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
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After Hours Phone: (858) 279-0925  
 Website: www.sdfamilycare.org

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):

Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM  
 SA 9:00AM-4:00PM

**PREVENTATIVE MEDICINE**  
**GENERAL**

**ROMERO, CAMILA**

Provider ID: 206046  
 Provider Gender: Female  
 License Number: A93812  
 NPI: 1508912130

Provider English Spoken: Y  
 Provider Language(s) Spoken: French, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS  
 Board Certified Specialty: No

6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 Fax: (858) 279-0377  
 After Hours Phone: (858) 279-0925  
 Website: www.sdfamilycare.org

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**PREVENTATIVE MEDICINE**  
**GENERAL**

**ROMERO, CAMILA**

Provider ID: 206046  
 Provider Gender: Female

License Number: A93812  
 NPI: 1508912130  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: French, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 MARY BIRCH HOSP FOR  
 WOMEN AND NEWBORNS  
 Board Certified Specialty: No  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 Fax: (858) 279-0377  
 After Hours Phone: (858)  
 279-0925  
 Website: www.sdfamilycare  
 .org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**PREVENTATIVE MEDICINE  
 GENERAL**

**ROMERO, CAMILA**  
 Provider ID: 206046  
 Provider Gender: Female  
 License Number: A93812  
 NPI: 1508912130  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: French, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 MARY BIRCH HOSP FOR  
 WOMEN AND NEWBORNS  
 Board Certified Specialty: No  
 6973 LINDA VISTA RD

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 Website: www.sdfamilycare  
 .org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**PREVENTATIVE MEDICINE  
 GENERAL**

**ROMERO, CAMILA**  
 Provider ID: 206046  
 Provider Gender: Female  
 License Number: A93812  
 NPI: 1508912130  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: French, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 MARY BIRCH HOSP FOR  
 WOMEN AND NEWBORNS  
 Board Certified Specialty: No  
 6973 LINDA VISTA RD  
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 After Hours Phone: (858)  
 279-0925  
 Website: www.sdfamilycare  
 .org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT


PROVIDER

**REGISTERED PHYSICAL  
 THERAPIST**

**BLOCKER, NIRIT**  
 Provider ID: 206360  
 Provider Gender: Female  
 License Number: PT30272  
 NPI: 1457689309  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Hebrew  
 Cultural Competency: N  
 Board Certified Specialty: No  
 1809 NATIONAL AVE  
 SAN DIEGO, CA 92113  
 Phone: (619) 515-2300  
 After Hours Phone: (619)  
 515-2300  
 Website: www.fhcsd.org  
 Email: dalvarado@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 9:00AM-5:00PM

**REGISTERED PHYSICAL  
 THERAPIST**

**BLOCKER, NIRIT**  
 Provider ID: 206360  
 Provider Gender: Female  
 License Number: PT30272  
 NPI: 1457689309  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Hebrew  
 Cultural Competency: N  
 Board Certified Specialty: No


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Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 9:00AM-5:00PM






**REGISTERED PHYSICAL  
THERAPIST**

**CHAVARRIA, JESSICA**  
Provider ID: 417937  
Provider Gender: Female  
License Number: PT292351  
NPI: 1407391808  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619)  
515-2545  
 Website: [www.fhcsd.org](http://www.fhcsd.org)  
Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
Medi-Cal Open Panel: Y  
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





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Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-TH 8:00AM-9:00PM  
F 8:00AM-5:00PM



**REGISTERED PHYSICAL  
THERAPIST**

**CONCORS, ANDREW**  
Provider ID: 417937  
Provider Gender: Male  
License Number: PT12930  
NPI: 1578706743  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 4094 4TH AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619)  
515-2545  
 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [fabianm@fhcsd.org](mailto:fabianm@fhcsd.org)  
Medi-Cal Open Panel: Y  
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  
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Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-TH 8:00AM-9:00PM  
F 8:00AM-5:00PM

**REGISTERED PHYSICAL  
THERAPIST**

**CUMMINGS, GEORGE**  
Provider ID: 417937  
Provider Gender: Male

License Number: PT295173

NPI: 1497236384

Provider English Spoken: Y

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: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

**REGISTERED PHYSICAL**

**THERAPIST**

**CUMMINGS, GEORGE**

Provider ID: 417937

Provider Gender: Male

License Number: PT295173

NPI: 1497236384

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

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Website: www.fhcsd.org

Email: fabianm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): Cultural Competency: N

N

Accessibility: CONTACT  
PROVIDER

**REGISTERED PHYSICAL**

**THERAPIST**

**DAHMS, MADELYNN**

Provider ID: 206360

Provider Gender: Female

License Number: PT295463

NPI: 1245712702

Provider English Spoken: Y

Provider Language(s)  
Spoken: Sign Language

Cultural Competency: N

Board Certified Specialty: No

1809 NATIONAL AVE

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515-2300

Website: www.fhcsd.org

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

**REGISTERED PHYSICAL**

**THERAPIST**

**DAHMS, MADELYNN**

Provider ID: 206360

Provider Gender: Female

License Number: PT295463

NPI: 1245712702

Provider English Spoken: Y

Provider Language(s)  
Spoken: Sign Language

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Website: www.fhcsd.org

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

**REGISTERED PHYSICAL**

**THERAPIST**

**FIELDING, JOSEPH**

Provider ID: 417937

Provider Gender: Male

License Number: PT40975

NPI: 1235577560

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

4094 4TH AVE

SAN DIEGO, CA 92103

Phone: (619) 515-2545

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515-2545

Website: www.fhcsd.org

Email: fabianm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

**REGISTERED PHYSICAL**

**THERAPIST**

**FIELDING, JOSEPH**

Provider ID: 417937  
 Provider Gender: Male  
 License Number: PT40975  
 NPI: 1235577560

☐ Provider English Spoken: Y  
 Cultural Competency: N

Board Certified Specialty: No

📍 4094 4TH AVE  
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 Email: fabianm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
 N

♿ Accessibility: CONTACT PROVIDER

**REGISTERED PHYSICAL THERAPIST**

**HAPKE, ELENA**

Provider ID: 417937  
 Provider Gender: Female  
 License Number: PT292613  
 NPI: 1003354895

☐ Provider English Spoken: Y  
 Cultural Competency: N

Board Certified Specialty: No

📍 4094 4TH AVE  
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☎ Phone: (619) 515-2545  
 🕒 After Hours Phone: (619) 515-2545

🌐 Website: www.fhcsd.org  
 Email: fabianm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
 N

♿ Accessibility: CONTACT PROVIDER

**REGISTERED PHYSICAL THERAPIST**

**HAPKE, ELENA**

Provider ID: 417937  
 Provider Gender: Female  
 License Number: PT292613  
 NPI: 1003354895

☐ Provider English Spoken: Y  
 Cultural Competency: N

Board Certified Specialty: No

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Medi-Cal Open Panel: Y

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: Y

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

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☎ Phone: (619) 515-2300  
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🌐 Website: www.fhcsd.org  
 Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
 N

♿ Accessibility: CONTACT PROVIDER

**REGISTERED PHYSICAL THERAPIST**

**IRIZARRY, NICOLE**

Provider ID: 206360  
 Provider Gender: Female  
 License Number: PT33914  
 NPI: 1003088063

Provider English Spoken: Y  
 Cultural Competency: N

Board Certified Specialty: No

1809 NATIONAL AVE  
 SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619) 515-2300

Website: www.fhcsd.org  
 Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

**REGISTERED PHYSICAL THERAPIST**

**IRIZARRY, NICOLE**

Provider ID: 206360  
 Provider Gender: Female  
 License Number: PT33914  
 NPI: 1003088063

Provider English Spoken: Y  
 Cultural Competency: N

Board Certified Specialty: No

1809 NATIONAL AVE  
 SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619) 515-2300

Website: www.fhcsd.org  
 Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
 N

Accessibility: CONTACT PROVIDER

**REGISTERED PHYSICAL THERAPIST**

**MAHONEY, KAITLYN**

Provider ID: 417937  
 Provider Gender: Female  
 License Number: PT296559  
 NPI: 1114583176

Provider English Spoken: Y  
 Cultural Competency: N

Board Certified Specialty: No

4094 4TH AVE  
 SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619) 515-2545

Website: www.fhcsd.org  
 Email: fabianm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

**REGISTERED PHYSICAL THERAPIST**

**MAHONEY, KAITLYN**

Provider ID: 417937  
 Provider Gender: Female  
 License Number: PT296559  
 NPI: 1114583176

Provider English Spoken: Y  
 Cultural Competency: N

Board Certified Specialty: No

4094 4TH AVE

SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619) 515-2545

Website: www.fhcsd.org  
 Email: fabianm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

**REGISTERED PHYSICAL THERAPIST**

**MIGNEA, DAVID**

Provider ID: 417937  
 Provider Gender: Male  
 License Number: PT293536  
 NPI: 1043736879

Provider English Spoken: Y  
 Cultural Competency: N

Board Certified Specialty: No

4094 4TH AVE  
 SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619) 515-2545

Website: www.fhcsd.org  
 Email: fabianm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-TH 8:00AM-9:00PM  
 F 8:00AM-5:00PM

**REGISTERED PHYSICAL**

**THERAPIST**

**MIGNEA, DAVID**

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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TH 8:00AM-9:00PM  
 F 8:00AM-5:00PM

**REGISTERED PHYSICAL THERAPIST**

**SCHMIDT, BRYAN**

Provider ID: 417937  
 Provider Gender: Male  
 License Number: PT28061  
 NPI: 1780685032  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4094 4TH AVE  
 SAN DIEGO, CA 92103  
 Phone: (619) 515-2545  
 After Hours Phone: (619) 515-2545

515-2545  
 Website: www.fhcsd.org  
 Email: fabianm@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**REGISTERED PHYSICAL THERAPIST**

**SCHMIDT, BRYAN**

Provider ID: 417937  
 Provider Gender: Male  
 License Number: PT28061  
 NPI: 1780685032  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
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 Website: www.fhcsd.org  
 Email: fabianm@fhcsd.org  
 Medi-Cal Open Panel: Y  
 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: Y  
 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  
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Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM

**RHEUMATOLOGY**

**OGANDO, SHEENA**

Provider ID: 206363

Provider Gender: Female  
 License Number: A142743  
 NPI: 1649564295  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: JOHN MUIR MEDICAL CENTER WALNUT CREEK CAMPUS  
 Board Certified Specialty: No  
 4725 MARKET ST  
 SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619) 515-2560  
 Website: www.fhcsd.org  
 Email: nancyl@fhcsd.org  
 Medi-Cal Open Panel: Y  
 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, 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: Y  
 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: Y  
 Min/Max Age: 0\999




American Sign Language (ASL): Provider Gender: Female  
N

 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:30PM

**RHEUMATOLOGY**


**REDDY, DANA**

Provider ID: 206363  
Provider Gender: Female  
License Number: A115598  
NPI: 1144538778


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP  
CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL,  
SHARP MEMORIAL HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS

Board Certified Specialty: No

 4725 MARKET ST  
SAN DIEGO, CA 92102  
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 After Hours Phone: (619)  
515-2560

 Website: www.fhcsd.org  
Email: nancyl@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150


American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

**RHEUMATOLOGY**


**REDDY, DANA**

Provider ID: 206363


License Number: A115598  
NPI: 1144538778  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP  
CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL,  
SHARP MEMORIAL HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS

Board Certified Specialty: No

 4725 MARKET ST  
SAN DIEGO, CA 92102  
 Phone: (619) 515-2560  
 After Hours Phone: (619)  
515-2560

 Website: www.fhcsd.org  
Email: nancyl@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150


American Sign Language (ASL):  
N



 Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

**SPEECH PATHOLOGIST**

**WILLIAMS, JESSICA**

Provider ID: 206360  
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: Y  
Min/Max Age: 0\150


American Sign Language (ASL):  
N




 Accessibility: CONTACT PROVIDER

**SPEECH PATHOLOGIST**

**WILLIAMS, JESSICA**

Provider ID: 206360  
Provider Gender: Female  
License Number: SP27677  
NPI: 1932680006

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

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515-2300

 Website: www.fhcsd.org  
Email: dalvarado@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

**SAN MARCOS**

**CERTIFIED NURSE**

**PRACTITIONER**

**BINETTE, DONYA**

Provider ID: 206426  
Provider Gender: Female

License Number: NP95001653  
NPI: 1427325166

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

150 VALPRED RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767

Website: www.ihpsocal.org  
Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
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American Sign Language (ASL):  
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 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 VALPREDA RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
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**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

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Provider ID: 206426

Provider Gender: Female

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NPI: 1083845069


 Provider English Spoken: Y

 Provider Language(s)  
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Cultural Competency: N

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**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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

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Provider ID: 614511

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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

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Fax: (760) 736-6744

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736-6767

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 American Sign Language (ASL):  
 N  
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 PROVIDER

**CERTIFIED NURSE  
 PRACTITIONER**

**FREEMAN, WANDA**  
 Provider ID: 206426  
 Provider Gender: Female  
 License Number: NP95003903  
 NPI: 1659504264  
 Provider English Spoken: Y

Cultural Competency: N  
 Board Certified Specialty: No  
 150 VALPRED A RD  
 SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
 736-6767  
 Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**CERTIFIED NURSE  
 PRACTITIONER**



**FREEMAN, WANDA**  
 Provider ID: 206426  
 Provider Gender: Female  
 License Number: NP95003903  
 NPI: 1659504264  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 150 VALPRED A RD  
 SAN MARCOS, CA 92069  
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 Min/Max Age: 0\150  
 American Sign Language (ASL):  
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 Accessibility: CONTACT  
 PROVIDER

**CERTIFIED NURSE  
 PRACTITIONER**

**FREEMAN, WANDA**  
 Provider ID: 206426

Provider Gender: Female  
 License Number: NP95003903  
 NPI: 1659504264  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 150 VALPRED RD  
 SAN MARCOS, CA 92069  
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 N  
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 PROVIDER




**CERTIFIED NURSE**  
**PRACTITIONER**

**HENLEY, MEARA**  
 Provider ID: 206426  
 Provider Gender: Female  
 License Number: NP95002545  
 NPI: 1538319645  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 150 VALPRED RD  
 SAN MARCOS, CA 92069  
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Board Certified Specialty: No

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**CERTIFIED NURSE**

**PRACTITIONER**

**KOUSARI, JHALEH**

Provider ID: 206426

Provider Gender: Female

License Number: NP20893

NPI: 1811262405

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Farsi, Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL

Board Certified Specialty: No

150 VALPRED A RD  
SAN MARCOS, CA 92069

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Accessibility: CONTACT PROVIDER

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**KOUSARI, JHALEH**

Provider ID: 206426

Provider Gender: Female

License Number: NP20893

NPI: 1811262405

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi, Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL

Board Certified Specialty: No

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American Sign Language (ASL):

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Accessibility: CONTACT PROVIDER

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**PRACTITIONER**

**KOUSARI, JHALEH**

Provider ID: 206426

Provider Gender: Female

License Number: NP20893

NPI: 1811262405

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi, Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL

Board Certified Specialty: No

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**PRACTITIONER**

**KOUSARI, JHALEH**

Provider ID: 206426

Provider Gender: Female

License Number: NP20893

NPI: 1811262405

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi, Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL

Board Certified Specialty: No

150 VALPRED A RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767

After Hours Phone: (760) 736-6767


Website: www.ihpsocal.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):





N  
 *Accessibility: CONTACT PROVIDER*

**CERTIFIED NURSE PRACTITIONER**




**KOUSARI, JHALEH**


*Provider ID: 206426  
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**CERTIFIED NURSE PRACTITIONER**


**MACIAS, ALISSA**


*Provider ID: 206426  
 Provider Gender: Female  
 License Number: NP21368  
 NPI: 1952658445*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Board Certified Specialty: No*

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**CERTIFIED REGISTERED**

**NURSE MIDWIFE**

**BELANGER, TANYA**

Provider ID: 206426

Provider Gender: Female

License Number: NM235844

NPI: 1407287469

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No

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Hours: M-F 8:00AM-5:00PM  
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**CERTIFIED REGISTERED**

**NURSE MIDWIFE**

**KELLY, KATHERINE**

Provider ID: 206426

Provider Gender: Female

License Number: NM235997

NPI: 1801134275

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR

MEDICAL CENTER

Board Certified Specialty: No

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**FAMILY PRACTICE**

**MATIAS, JULIE**


Provider ID: 206426


Provider Gender: Female  
 License Number: 20A15159  
 NPI: 1083094510

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N


Board Certified Specialty: No

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**FAMILY PRACTICE**

**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  
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 🌐 *Website: www.ihpsocal.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 ♿ *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*  
*SA 8:00AM-5:00PM*

**FAMILY PRACTICE**

**NATH, DEVARSHI**

*Provider ID: 206426*  
*Provider Gender: Male*  
*License Number: C54157*  
*NPI: 1275630618*  
 ☐ *Provider English Spoken: Y*  
 ☐ *Provider Language(s) Spoken: Bengali*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 📍 150 VALPRED RD  
 SAN MARCOS, CA 92069  
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*Hours: M-F 8:00AM-5:00PM*  
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**FAMILY PRACTICE**

**NATH, DEVARSHI**

*Provider ID: 206426*  
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**FAMILY PRACTICE**

**SAFI, ROOZCHEHR**

*Provider ID: 206426*  
*Provider Gender: Female*  
*License Number: A116562*  
*NPI: 1659563641*  
 ☐ *Provider English Spoken: Y*  
 ☐ *Provider Language(s) Spoken: Farsi*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 📍 150 VALPRED RD

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*License Number: A116562*  
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 Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
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 Accessibility: CONTACT  
 PROVIDER

**FAMILY PRACTICE**

**WILLIE, KADEN**

Provider ID: 206426  
 Provider Gender: Male  
 License Number: 20A17306  
 NPI: 1790133767

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Portuguese  
 Cultural Competency: N  
 Board Certified Specialty: No  
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 PROVIDER

**FAMILY PRACTICE**

**WILLIE, KADEN**

Provider ID: 206426  
 Provider Gender: Male  
 License Number: 20A17306  
 NPI: 1790133767



Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Portuguese  
 Cultural Competency: N  
 Board Certified Specialty: No

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 Provider Gender: Male  
 License Number: 20A17306  
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 Provider English Spoken: Y  
 Provider Language(s)  
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 Board Certified Specialty: No

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 PROVIDER

**FQHC**


**TRUECARE,**

Provider ID: 614511  
 NPI: 1598484255

 Provider English Spoken: Y  
 Cultural Competency: N

 1595 GRAND AVE STE 106  
 SAN MARCOS, CA 92078  
 Phone: (760) 736-6767  
 Fax: (760) 736-6744  
 After Hours Phone: (760)  
 736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
 Medi-Cal Open Panel: Y  
 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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 *Accessibility: CONTACT PROVIDER*

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Hours: M-F 8:00AM-5:00PM

**FQHC**


**TRUECARE,**

Provider ID: 614511

NPI: 1811617939

 Provider English Spoken: Y  
Cultural Competency: N

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 Website: www.ihpsocal.org

Medi-Cal Open Panel: Y

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American Sign Language (ASL):  
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Provider ID: 614511

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Cultural Competency: N

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 Website: www.ihpsocal.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

**FQHC**


**TRUECARE,**

Provider ID: 206426

NPI: 1245246917

 Provider English Spoken: Y  
Cultural Competency: N

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

Fax: (760) 736-8740


 After Hours Phone: (760)  
736-6767

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*  
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**FQHC**


**TRUECARE,**

*Provider ID: 206426*

*NPI: 1598484255*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

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**GENERAL PRACTICE**

**WITCZAK, IZABELA**


*Provider ID: 206426*

*Provider Gender: Female*

*License Number: A71311*

*NPI: 1184735201*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Polish*

*Cultural Competency: N*

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS

Board Certified Specialty: No

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**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

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 Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**INTERNAL MEDICINE**

**PONIACHIK, SAMUEL**

Provider ID: 206426  
 Provider Gender: Male  
 License Number: G74757  
 NPI: 1467485078  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 150 VALPRED RD  
 SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
 736-6767  
 Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

**OBSTETRICS / GYNECOLOGY**

**MOSTOFIAN, EIMANEH**

Provider ID: 206426  
 Provider Gender: Female  
 License Number: A97181  
 NPI: 1154477628  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Farsi, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY  
 MEDICAL CTR, PALOMAR  
 MEDICAL CENTER  
 Board Certified Specialty: No  
 150 VALPRED RD  
 SAN MARCOS, CA 92069  
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 Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**OBSTETRICS / GYNECOLOGY**

**MOSTOFIAN, EIMANEH**

Provider ID: 206426  
 Provider Gender: Female  
 License Number: A97181  
 NPI: 1154477628  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Farsi, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY  
 MEDICAL CTR, PALOMAR  
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 Board Certified Specialty: No  
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 Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N

**OBSTETRICS / GYNECOLOGY**

**MOSTOFIAN, EIMANEH**

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 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  
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 MEDICAL CENTER  
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 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 SA 8:00AM-5:00PM


**OBSTETRICS / GYNECOLOGY**

**MOSTOFIAN, EIMANEH**

Provider ID: 206426  
 Provider Gender: Female  
 License Number: A97181  
 NPI: 1154477628  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Farsi, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY  
 MEDICAL CTR, PALOMAR  
 MEDICAL CENTER  
 Board Certified Specialty: No  
 150 VALPRED RD  
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 Phone: (760) 736-6767  
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 736-6767  
 Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150

American Sign Language (ASL): NPI: 1154477628

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-5:00PM

**OBSTETRICS / GYNECOLOGY**


**MOSTOFIAN, EIMANEH**

Provider ID: 206426

Provider Gender: Female

License Number: A97181

NPI: 1154477628

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Farsi, Spanish


Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR, PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No

 150 VALPRED RD  
SAN MARCOS, CA 92069

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 After Hours Phone: (760)  
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 Website: www.ihpsocal.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

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 Accessibility: CONTACT PROVIDER

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SA 8:00AM-5:00PM


**OBSTETRICS / GYNECOLOGY**

**MOSTOFIAN, EIMANEH**

Provider ID: 206426

Provider Gender: Female

License Number: A97181

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Farsi, Spanish


Cultural Competency: N

Hospital Affiliation: TRI CITY  
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MEDICAL CENTER

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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  
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MEDICAL CENTER

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American Sign Language (ASL):

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-5:00PM

**OBSTETRICS / GYNECOLOGY**

**POUNTNEY, MARLENE**

Provider ID: 206426

Provider Gender: Female

License Number: A93248

NPI: 1174703680

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR, PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No

 150 VALPRED RD  
SAN MARCOS, CA 92069

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736-6767

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

 Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**

**POUNTNEY, MARLENE**

Provider ID: 206426



Provider Gender: Female  
 License Number: A93248  
 NPI: 1174703680  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY  
 MEDICAL CTR, PALOMAR  
 MEDICAL CENTER

Board Certified Specialty: No  
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 Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

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**POUNTNEY, MARLENE**  
 Provider ID: 206426  
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 License Number: A93248  
 NPI: 1174703680  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY  
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**OBSTETRICS / GYNECOLOGY**

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Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**

**SCHWEIKERT, SUZANNE**

Provider ID: 206426  
 Provider Gender: Female  
 License Number: A60958  
 NPI: 1477560142  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP MEMORIAL HOSPITAL, TRI CITY MEDICAL CTR, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, PALOMAR MEDICAL CENTER  
 Board Certified Specialty: No  
 150 VALPRED A RD  
 SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760) 736-6767

Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

**OBSTETRICS / GYNECOLOGY**

**SCHWEIKERT, SUZANNE**

Provider ID: 206426  
 Provider Gender: Female  
 License Number: A60958  
 NPI: 1477560142  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP MEMORIAL HOSPITAL, TRI CITY MEDICAL CTR, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, PALOMAR MEDICAL CENTER  
 Board Certified Specialty: No  
 150 VALPRED A RD  
 SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760) 736-6767  
 Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

**OBSTETRICS / GYNECOLOGY**

**SCHWEIKERT, SUZANNE**

Provider ID: 206426  
 Provider Gender: Female  
 License Number: A60958  
 NPI: 1477560142  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, TRI CITY MEDICAL CTR, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, PALOMAR MEDICAL CENTER  
 Board Certified Specialty: No  
 150 VALPRED A RD  
 SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760) 736-6767  
 Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 SA 8:00AM-5:00PM

**OBSTETRICS / GYNECOLOGY**

**SCHWEIKERT, SUZANNE**

Provider ID: 206426  
 Provider Gender: Female  
 License Number: A60958  
 NPI: 1477560142  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP MEMORIAL HOSPITAL, TRI CITY MEDICAL CTR, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, PALOMAR MEDICAL CENTER  
 Board Certified Specialty: No  
 150 VALPRED A RD  
 SAN MARCOS, CA 92069  
 Phone: (760) 736-6767

☎ After Hours Phone: (760) 736-6767

🌐 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-5:00PM

### **OBSTETRICS / GYNECOLOGY**

#### **SCHWEIKERT, SUZANNE**

Provider ID: 206426

Provider Gender: Female

License Number: A60958

NPI: 1477560142

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, TRI  
CITY MEDICAL CTR, SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
PALOMAR MEDICAL CENTER

Board Certified Specialty: No

📍 150 VALPRED A RD  
SAN MARCOS, CA 92069

☎ Phone: (760) 736-6767

☎ After Hours Phone: (760)  
736-6767

🌐 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Y

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**

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☐ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, TRI  
CITY MEDICAL CTR, SHARP  
MARY BIRCH HOSP FOR  
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PALOMAR MEDICAL CENTER

Board Certified Specialty: No

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American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-5:00PM

### **PEDIATRICS**

#### **MALHOTRA, ARATI**

Provider ID: 206426

Provider Gender: Female

License Number: A63903

NPI: 1215135306

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Hindi, Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR, PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No

📍 150 VALPRED A RD  
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Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
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♿ Accessibility: CONTACT PROVIDER

### **PEDIATRICS**

#### **MALHOTRA, ARATI**

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☐ Provider Language(s)  
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Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

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 Accessibility: CONTACT PROVIDER

**PEDIATRICS**

**MALHOTRA, ARATI**

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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


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Board Certified Specialty: No

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Min/Max Age: 0\150

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**PEDIATRICS**

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Provider Language(s)

Spoken: Hindi, Spanish

Cultural Competency: N


Hospital Affiliation: TRI CITY


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MEDICAL CENTER

Board Certified Specialty: No

 150 VALPRED A RD  
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Cultural Competency: N


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Min/Max Age: 0\150

American Sign Language (ASL):

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**PEDIATRICS**

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NPI: 1215135306

Provider English Spoken: Y

Provider Language(s) Spoken: Hindi, Spanish

Cultural Competency: N


Hospital Affiliation: TRI CITY


MEDICAL CTR, PALOMAR

MEDICAL CENTER

Board Certified Specialty: No

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 Website: www.ihpsocal.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

**PEDIATRICS**

**MATIAS, JULIE**

Provider ID: 661065

Provider Gender: Female

NPI: 1083094510

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

150 VALPRED A RD  
SAN MARCOS, CA 92069  
Phone: (760) 736-6767  
Fax: (760) 736-6797  
After Hours Phone: (760) 736-6767  
Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**MONAHAN, CAROLYN**

Provider ID: 50425  
Provider Gender: Female  
NPI: 1619973666  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: PALOMAR MEDICAL CENTER  
Board Certified Specialty: Yes

1582 W SAN MARCOS BLVD  
STE 203  
SAN MARCOS, CA 92078  
Phone: (760) 744-6710  
Fax: (760) 744-6156  
After Hours Phone: (760) 744-6710  
Website: N/A  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**POSADAS, EMERITO**

Provider ID: 206426  
Provider Gender: Male  
License Number: A48980  
NPI: 1720093198  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish, Tagalog  
Cultural Competency: N  
Hospital Affiliation: TRI CITY MEDICAL CTR, PALOMAR MEDICAL CENTER  
Board Certified Specialty: No

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**PEDIATRICS**

**POSADAS, EMERITO**

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Board Certified Specialty: No

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 PROVIDER





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 Spoken: Spanish, Tagalog  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY  
 MEDICAL CTR, PALOMAR  
 MEDICAL CENTER

Board Certified Specialty: No

 150 VALPRED A RD

SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
 736-6767  
 Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**PEDIATRICS**

**POSADAS, EMERITO**

Provider ID: 206426  
 Provider Gender: Male  
 License Number: A48980  
 NPI: 1720093198  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish, Tagalog  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY  
 MEDICAL CTR, PALOMAR  
 MEDICAL CENTER

Board Certified Specialty: No

 150 VALPRED A RD  
 SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
 736-6767  
 Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER





**PEDIATRICS**

**POSADAS, EMERITO**

Provider ID: 303661

Provider Gender: Male  
 NPI: 1720093198  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish, Tagalog  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY  
 MEDICAL CTR, PALOMAR  
 MEDICAL CENTER  
 Board Certified Specialty: No

 150 VALPRED A RD  
 SAN MARCOS, CA 92069



 Phone: (760) 736-6767  
 Fax: (760) 566-1501  
 After Hours Phone: (760)  
 736-6767  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-6:00PM


**PEDIATRICS**

**QUINTERO, CAROLYN**

Provider ID: 614767  
 Provider Gender: Female  
 NPI: 1023033156  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No

 150 VALPRED A RD  
 SAN MARCOS, CA 92069



 Phone: (760) 736-6767  
 Fax: (760) 736-8740  
 After Hours Phone: (760)  
 736-6767  
 Website: N/A

Medi-Cal Open Panel: Y  
 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 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**PEDIATRICS**

**SEBIANE, MARIA**

Provider ID: 206426  
 Provider Gender: Female

License Number: G71182  
 NPI: 1740295229  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, PALOMAR MEDICAL  
 CENTER





Board Certified Specialty: No  
 150 VALPRED A RD  
 SAN MARCOS, CA 92069  
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 736-6767  
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 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**PEDIATRICS**

**SEBIANE, MARIA**

Provider ID: 206426  
 Provider Gender: Female  
 License Number: G71182  
 NPI: 1740295229  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, PALOMAR MEDICAL  
 CENTER






Board Certified Specialty: No  
 150 VALPRED A RD  
 SAN MARCOS, CA 92069

 Phone: (760) 736-6767  
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 Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Y  
 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  
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 Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**PEDIATRICS**

**SEBIANE, MARIA**

Provider ID: 206426

Provider Gender: Female  
 License Number: G71182  
 NPI: 1740295229  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, PALOMAR MEDICAL CENTER  
 Board Certified Specialty: No  
 150 VALPRED A RD  
 SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760) 736-6767  
 Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
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**PEDIATRICS**

**SEBIANE, MARIA**

Provider ID: 206426  
 Provider Gender: Female  
 License Number: G71182  
 NPI: 1740295229  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, PALOMAR MEDICAL CENTER  
 Board Certified Specialty: No  
 150 VALPRED A RD

SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760) 736-6767  
 Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**PEDIATRICS**

**SOCHA, TRACI**

Provider ID: 428861  
 Provider Gender: Female  
 NPI: 1669478616  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: PALOMAR MEDICAL CENTER  
 Board Certified Specialty: No  
 1582 W SAN MARCOS BLVD  
 STE 203  
 SAN MARCOS, CA 92078  
 Phone: (760) 744-6710  
 Fax: (760) 744-6156  
 After Hours Phone: (760) 744-6710  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-4:45PM

**PEDIATRICS**

**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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**PHYSICIANS ASSISTANT**


**BERNARDO, RACHELLE**

Provider ID: 614511  
 Provider Gender: Female  
 License Number: PA17718  
 NPI: 1821237678  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: PALOMAR MEDICAL CENTER  
 Board Certified Specialty: No  
 1595 GRAND AVE STE 106  
 SAN MARCOS, CA 92078  
 Phone: (760) 736-6767  
 After Hours Phone: (760) 736-6767  
 Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Y



Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

**PHYSICIANS ASSISTANT**  
**BERNARDO, RACHELLE**

Provider ID: 614511

Provider Gender: Female

License Number: PA17718

NPI: 1821237678

Provider English Spoken: Y


Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Board Certified Specialty: No

 1595 GRAND AVE STE 106  
SAN MARCOS, CA 92078


 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: www.ihpsocal.org  
Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

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Provider ID: 614511

Provider Gender: Female

License Number: PA17718

NPI: 1821237678

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Spoken: Spanish

Cultural Competency: N

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MEDICAL CENTER

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Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

**PHYSICIANS ASSISTANT**  
**BLAKESPEAR, JEREMY**

Provider ID: 206426

Provider Gender: Male

License Number: PA19825


NPI: 1750474177


Provider English Spoken: Y

Cultural Competency: N


Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)  
736-6767

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER



**PHYSICIANS ASSISTANT**  
**BLAKESPEAR, JEREMY**




Provider ID: 206426  
 Provider Gender: Male  
 License Number: PA19825  
 NPI: 1750474177  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No

 150 VALPRED A RD  
 SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760) 736-6767  
 Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**PHYSICIANS ASSISTANT**  
**BLAKESPEAR, JEREMY**






Provider ID: 206426  
 Provider Gender: Male  
 License Number: PA19825  
 NPI: 1750474177  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No

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 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
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 Accessibility: CONTACT PROVIDER

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**BLAKESPEAR, JEREMY**

Provider ID: 206426  
 Provider Gender: Male  
 License Number: PA19825  
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**PHYSICIANS ASSISTANT**  
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Provider ID: 206426  
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 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No

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 Min/Max Age: 0\150  
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**PHYSICIANS ASSISTANT**  
**BLAKESPEAR, JEREMY**

Provider ID: 206426  
 Provider Gender: Male  
 License Number: PA19825  
 NPI: 1750474177  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No

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 SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760) 736-6767  
 Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Y  
 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: Y*  
*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: Y*  
*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: Y*  
*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*  
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*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT PROVIDER*


**PHYSICIANS ASSISTANT**





**CHISWICK, GARY**

*Provider ID: 206426*  
*Provider Gender: Male*  
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*NPI: 1174964001*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation:*  
**GROSSMONT HOSPITAL**  
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**PHYSICIANS ASSISTANT**

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*Provider ID: 206426*  
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*Cultural Competency: N*  
*Hospital Affiliation:*  
**GROSSMONT HOSPITAL**  
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 SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
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 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**PHYSICIANS ASSISTANT**

**KOSEL, MATTHEW**

Provider ID: 206426




Provider Gender: Male

License Number: PA17101

NPI: 1316947302

 Provider English Spoken: Y  
 Cultural Competency: N


Board Certified Specialty: No

 150 VALPRED A RD  
 SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
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 Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

**PHYSICIANS ASSISTANT**

**KOSEL, MATTHEW**

Provider ID: 206426




Provider Gender: Male

License Number: PA17101

NPI: 1316947302

 Provider English Spoken: Y

Cultural Competency: N  
 Board Certified Specialty: No

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Min/Max Age: 0\150

American Sign Language (ASL):  
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 Accessibility: CONTACT  
 PROVIDER

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Provider Gender: Male

License Number: PA17101

NPI: 1316947302

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 Cultural Competency: N

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Min/Max Age: 0\150

American Sign Language (ASL):  
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 Accessibility: CONTACT  
 PROVIDER

**PHYSICIANS ASSISTANT**

**KOSEL, MATTHEW**

Provider ID: 206426

Provider Gender: Male  
 License Number: PA17101  
 NPI: 1316947302  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
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 Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**PHYSICIANS ASSISTANT**

**SPENCE, JAMIE**

Provider ID: 206426  
 Provider Gender: Female  
 License Number: PA21723  
 NPI: 1518133032  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 150 VALPRED A RD  
 SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
 736-6767  
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**PHYSICIANS ASSISTANT**


**SPENCE, JAMIE**

Provider ID: 206426  
 Provider Gender: Female  
 License Number: PA21723  
 NPI: 1518133032  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 150 VALPRED A RD  
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 Min/Max Age: 0\150  
 American Sign Language (ASL):  
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 Accessibility: CONTACT  
 PROVIDER

**PHYSICIANS ASSISTANT**

**SPENCE, JAMIE**

Provider ID: 206426  
 Provider Gender: Female  
 License Number: PA21723  
 NPI: 1518133032  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 150 VALPRED A RD  
 SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
 736-6767  
 Website: www.ihpsocal.org

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER



**PHYSICIANS ASSISTANT**

**SPENCE, JAMIE**




Provider ID: 206426  
 Provider Gender: Female  
 License Number: PA21723  
 NPI: 1518133032  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 150 VALPRED A RD  
 SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
 736-6767  
 Website: www.ihpsocal.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**PHYSICIANS ASSISTANT**

**SPENCE, JAMIE**

Provider ID: 206426  
 Provider Gender: Female  
 License Number: PA21723  
 NPI: 1518133032  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N


Board Certified Specialty: No

 150 VALPREDA RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

**PHYSICIANS ASSISTANT**


**SPENCE, JAMIE**

Provider ID: 206426

Provider Gender: Female

License Number: PA21723




NPI: 1518133032

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

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 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

**PHYSICIANS ASSISTANT**


**TAHRIRI, BAHAREH**

Provider ID: 206426

Provider Gender: Female

License Number: PA51867




NPI: 1295147387

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi

Cultural Competency: N

Board Certified Specialty: No

 150 VALPREDA RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-5:00PM

**PHYSICIANS ASSISTANT**


**TAHRIRI, BAHAREH**

Provider ID: 206426

Provider Gender: Female

License Number: PA51867




NPI: 1295147387

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi

Cultural Competency: N

Board Certified Specialty: No

 150 VALPREDA RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
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736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-5:00PM

**PHYSICIANS ASSISTANT**

**TAHRIRI, BAHAREH**

Provider ID: 206426

Provider Gender: Female

License Number: PA51867




NPI: 1295147387

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi

Cultural Competency: N

Board Certified Specialty: No

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736-6767

 Website: [www.ihpsocal.org](http://www.ihpsocal.org)  
Medi-Cal Open Panel: Y

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**

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Provider ID: 206426

Provider Gender: Female

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 Provider Language(s)  
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Min/Max Age: 0\150

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Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-5:00PM

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NPI: 1295147387

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Provider Language(s)  
Spoken: Farsi

Cultural Competency: N

Board Certified Specialty: No

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Website: www.ihpsocal.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM  
SA 8:00AM-5:00PM

**PHYSICIANS ASSISTANT**

**TAHRIRI, BAHAREH**

Provider ID: 206426

Provider Gender: Female

License Number: PA51867

NPI: 1295147387

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi

Cultural Competency: N

Board Certified Specialty: No

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Website: www.ihpsocal.org

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**ALLERGY IMMUNOLOGY**

**REDDY, SUMANA**

Provider ID: 206292

Provider Gender: Female

License Number: C52581

NPI: 1053300251

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Cambodian, Hindi,  
Spanish, Telugu

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL

Board Certified Specialty: No


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Website: www.syhealth.org  
/clinics/san- ysidro- health  
- center

Medi-Cal Open Panel: Y

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*  
*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: Y*  
*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*  
*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: Y*  
*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: Y*  
*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  
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 *Website: https://www.syhealth.org/locations*  
*Medi-Cal Open Panel: Y*  
*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: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

**CERTIFIED NURSE  
PRACTITIONER**

**CHAUSSE CASTRO,  
EKATERINA**

Provider ID: 227469  
Provider Gender: Female  
License Number: NP95018617  
NPI: 1154040418

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
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 After Hours Phone: (619)  
662-4100  
 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N



 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

**CERTIFIED NURSE  
PRACTITIONER**

**GARCIA, TEDAYSHIA**

Provider ID: 206292  
Provider Gender: Female  
License Number: NP95003355  
NPI: 1659730778

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](https://www.syhealth.org/clinics/san-ysidro-health-center)



Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER



**CERTIFIED NURSE  
PRACTITIONER**



**GARCIA, TEDAYSHIA**

Provider ID: 206292  
Provider Gender: Female  
License Number: NP95003355  
NPI: 1659730778

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)



Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

**CERTIFIED NURSE  
PRACTITIONER**

**GUADARRAMA, IGNACIO**

Provider ID: 227469  
Provider Gender: Male  
License Number: NP95003671  
NPI: 1821331174

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N

Board Certified Specialty: No

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

**CERTIFIED NURSE  
PRACTITIONER**

**GUADARRAMA, IGNACIO**

Provider ID: 227469

Provider Gender: Male  
 License Number: NP95003671  
 NPI: 1821331174  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: <https://www.syhealth.org/locations>  
 Medi-Cal Open Panel: Y  
 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](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150

American Sign Language (ASL):  
 Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA  
 Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Y  
 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**

**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](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

Medi-Cal Open Panel: Y

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

**CERTIFIED NURSE**






**PRACTITIONER**

**IBARRA, MARTHA**

Provider ID: 206292  
 Provider Gender: Female  
 License Number: NP12112  
 NPI: 1114957289  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA  
 Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100





 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT

PROVIDER

**CERTIFIED NURSE PRACTITIONER**





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 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER


**CERTIFIED NURSE PRACTITIONER**

**KANTAS, PARIS**  
 Provider ID: 206292  
 Provider Gender: Male  
 License Number: NP18661  
 NPI: 1114329612  
 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR  
 Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE PRACTITIONER**


**KANTAS, PARIS**  
 Provider ID: 206292  
 Provider Gender: Male  
 License Number: NP18661  
 NPI: 1114329612  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR  
 Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150





American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER


**CERTIFIED NURSE PRACTITIONER**

**ORDINANZA, MYLENE**

Provider ID: 227469  
 Provider Gender: Female  
 License Number: NP95019995  
 NPI: 1265019061

 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No


 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: <https://www.syhealth.org/locations>  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150

American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM




**CERTIFIED NURSE PRACTITIONER**


**ORDINANZA, MYLENE**

Provider ID: 227469  
 Provider Gender: Female  
 License Number: NP95019995  
 NPI: 1265019061

 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No

 3364 BEYER BLVD


SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: <https://www.syhealth.org/locations>  
 Medi-Cal Open Panel: Y

Min/Max Age: 0\150  
 American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM


**CERTIFIED NURSE PRACTITIONER**

**PITTMAN, LILIANA**

Provider ID: 227469  
 Provider Gender: Female  
 License Number: NP95017732  
 NPI: 1326599002

 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No

 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: <https://www.syhealth.org/locations>  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150


American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER



**CERTIFIED NURSE PRACTITIONER**


**PITTMAN, LILIANA**

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Provider Gender: Female  
 License Number: NP95017732  
 NPI: 1326599002

 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No


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 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: <https://www.syhealth.org/locations>  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150





American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER

**CERTIFIED NURSE PRACTITIONER**

**SANCHEZ, MYRNA**

Provider ID: 227469  
 Provider Gender: Female  
 License Number: NP95003721  
 NPI: 1548614506

 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No

 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: <https://www.syhealth.org/locations>  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150

American Sign Language (ASL):  
N  
 Accessibility: CONTACT

PROVIDER

**CERTIFIED NURSE  
PRACTITIONER**

**SANCHEZ, MYRNA**

Provider ID: 227469

Provider Gender: Female


License Number: NP95003721


NPI: 1548614506

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

**CERTIFIED NURSE  
PRACTITIONER**

**VAZQUEZ-ERLBECK, MARTHA**

Provider ID: 227469

Provider Gender: Female


License Number: NP95001960


NPI: 1669865960

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: <https://www.syhealth.org/locations>

[alth.org/locations](https://www.syhealth.org/locations)  
Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

**CERTIFIED NURSE  
PRACTITIONER**

**VAZQUEZ-ERLBECK, MARTHA**

Provider ID: 227469

Provider Gender: Female


License Number: NP95001960


NPI: 1669865960

 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER



**CHIROPRACTOR  
OCHOA, RAUL**

Provider ID: 206292

Provider Gender: Male

License Number: DC33693

NPI: 1518401827


 Provider English Spoken: Y  
 Provider Language(s)


Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

**CHIROPRACTOR  
OCHOA, RAUL**

Provider ID: 206292

Provider Gender: Male

License Number: DC33693


NPI: 1518401827


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

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662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

**ENDOCRINOLOGY**

**METABOLISM DIABETES**

**CRUZ, MICHAEL**

Provider ID: 206292

Provider Gender: Male

License Number: A138772

NPI: 1265851133

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Board Certified Specialty: No

4004 BEYER BLVD

SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

**ENDOCRINOLOGY**

**METABOLISM DIABETES**

**CRUZ, MICHAEL**

Provider ID: 206292

Provider Gender: Male

License Number: A138772

NPI: 1265851133

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Board Certified Specialty: No

4004 BEYER BLVD

SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**ALGHAMDI, ASMA**

Provider ID: 227469

Provider Gender: Female

License Number: A167529

NPI: 1316310840

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

3364 BEYER BLVD

SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**ALGHAMDI, ASMA**

Provider ID: 227469

Provider Gender: Female

License Number: A167529

NPI: 1316310840

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

3364 BEYER BLVD

SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

**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

4004 BEYER BLVD

SAN YSIDRO, CA 92173

Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

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

 4050 BEYER BLVD SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:00PM

**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

 4004 BEYER BLVD SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

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

 4050 BEYER BLVD SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:00PM

**FAMILY PRACTICE**

**ARRIETA, NOEMI**

Provider ID: 206292

Provider Gender: Female

License Number: 20A11153

NPI: 1912223496

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

Board Certified Specialty: No

 4004 BEYER BLVD SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:30PM  
 SA 8:30AM-2:00PM

**FAMILY PRACTICE**

**ARRIETA, NOEMI**


Provider ID: 206292  
 Provider Gender: Female  
 License Number: 20A11153  
 NPI: 1912223496  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL  
 Board Certified Specialty: No

 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:30PM  
 SA 8:30AM-2:00PM

**FAMILY PRACTICE**



**BAUM, PETER**

Provider ID: 227411  
 Provider Gender: Male  
 License Number: 20A14949  
 NPI: 1174919971  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No



 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/maternal-child-health-center](http://www.syhealth.org/clinics/maternal-child-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:00PM

**FAMILY PRACTICE**

**BAUM, PETER**




Provider ID: 227411  
 Provider Gender: Male  
 License Number: 20A14949  
 NPI: 1174919971  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)

662-4100

 Website: [www.syhealth.org/clinics/maternal-child-health-center](http://www.syhealth.org/clinics/maternal-child-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:00PM

**FAMILY PRACTICE**

**BORSAN, COSMIN**

Provider ID: 206292  
 Provider Gender: Male  
 License Number: 20A17643  
 NPI: 1679060255  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Romanian  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:30PM  
 SA 8:30AM-2:00PM

**FAMILY PRACTICE**

**BORSAN, COSMIN**



Provider ID: 206292  
 Provider Gender: Male  
 License Number: 20A17643  
 NPI: 1679060255  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Romanian  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:30PM  
 SA 8:30AM-2:00PM

**FAMILY PRACTICE**

**CAMPOS, MELISSA**

Provider ID: 227411  
 Provider Gender: Female  
 License Number: A138474  
 NPI: 1427475318  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA  
 Board Certified Specialty: No  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173

Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**CAMPOS, MELISSA**

Provider ID: 227411  
 Provider Gender: Female  
 License Number: A138474  
 NPI: 1427475318  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA  
 Board Certified Specialty: No

Board Certified Specialty: No

4050 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**CARRIEDO CENICEROS, MARIA**

Provider ID: 206292  
 Provider Gender: Female  
 License Number: A78373  
 NPI: 1295746618  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 Fax: (619) 205-6341  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**


**CARRIEDO CENICEROS, MARIA**

Provider ID: 206292  
 Provider Gender: Female  
 License Number: A78373  
 NPI: 1295746618  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 Fax: (619) 205-6341  
 After Hours Phone: (619)

662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**CASTILLO, STEPHANIE**

Provider ID: 206292  
 Provider Gender: Female  
 License Number: A159673  
 NPI: 1902330723  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No


 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:30PM  
 SA 8:30AM-2:00PM

**FAMILY PRACTICE**

**CASTILLO, STEPHANIE**



Provider ID: 206292  
 Provider Gender: Female  
 License Number: A159673





NPI: 1902330723  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)


Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:30PM  
 SA 8:30AM-2:00PM

**FAMILY PRACTICE**

**CEVALLOS, JAMES**

Provider ID: 206292  
 Provider Gender: Male  
 License Number: A55469  
 NPI: 1720181829  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N



Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA  
 Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 Fax: (619) 205-6341  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org](http://www.syhealth.org)

[/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER




**FAMILY PRACTICE**

**CEVALLOS, JAMES**

Provider ID: 206292  
 Provider Gender: Male  
 License Number: A55469  
 NPI: 1720181829

 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA

Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 Fax: (619) 205-6341

 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**CORONADO, MYRNA**

Provider ID: 206292

Provider Gender: Female

License Number: A112627

NPI: 1710147566

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**CORONADO, MYRNA**

Provider ID: 206292

Provider Gender: Female

License Number: A112627

NPI: 1710147566

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

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: [www.syhealth.org/clinics/s/maternal-child-health-center](http://www.syhealth.org/clinics/s/maternal-child-health-center)

Medi-Cal Open Panel: Y

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: [www.syhealth.org/clinics/s/maternal-child-health-center](http://www.syhealth.org/clinics/s/maternal-child-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**DALUGDUGAN, ESTHER**

Provider ID: 206292

Provider Gender: Female

License Number: A112511

NPI: 1962662718

Provider English Spoken: Y

Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT

<p>PROVIDER</p>	<p>MERCY HOSPITAL CHULA</p>	<p> Phone: (619) 662-4100</p>
<p><b><u>FAMILY PRACTICE</u></b></p>	<p>VISTA, SCRIPPS GREEN</p>	<p> After Hours Phone: (619)</p>
<p><b>DALUGDUGAN, ESTHER</b></p>	<p>HOSPITAL, SCRIPPS</p>	<p>662-4100</p>
<p>Provider ID: 206292</p>	<p>MEMORIAL HOSPITAL</p>	<p> Website: <a href="http://www.syhealth.org/clinics/san-ysidro-health-center">www.syhealth.org/clinics/san-ysidro-health-center</a></p>
<p>Provider Gender: Female</p>	<p>Board Certified Specialty: No</p>	<p>Medi-Cal Open Panel: Y</p>
<p>License Number: A112511</p>	<p> 4004 BEYER BLVD</p>	<p>Min/Max Age: 0\150</p>
<p>NPI: 1962662718</p>	<p>SAN YSIDRO, CA 92173</p>	<p>American Sign Language (ASL):</p>
<p> Provider English Spoken: Y</p>	<p> Phone: (619) 662-4100</p>	<p>N</p>
<p> Provider Language(s) Spoken: Tagalog</p>	<p> After Hours Phone: (619)</p>	<p>Accessibility: CONTACT PROVIDER</p>
<p>Cultural Competency: N</p>	<p>662-4100</p>	<p>Hours: M-F 8:00AM-5:30PM</p>
<p>Hospital Affiliation: SHARP</p>	<p> Website: <a href="http://www.syhealth.org/clinics/san-ysidro-health-center">www.syhealth.org/clinics/san-ysidro-health-center</a></p>	<p>SA 8:30AM-2:00PM</p>
<p>Hospital Affiliation: SHARP</p>	<p>Medi-Cal Open Panel: Y</p>	<p><b><u>FAMILY PRACTICE</u></b></p>
<p>CHULA VISTA MED CTR</p>	<p>Min/Max Age: 0\150</p>	<p><b>HEINRICI, ALEKA</b></p>
<p>Board Certified Specialty: No</p>	<p>American Sign Language (ASL):</p>	<p>Provider ID: 206292</p>
<p> 4004 BEYER BLVD</p>	<p>N</p>	<p>Provider Gender: Female</p>
<p>SAN YSIDRO, CA 92173</p>	<p> Accessibility: CONTACT PROVIDER</p>	<p>License Number: A125329</p>
<p> Phone: (619) 662-4100</p>	<p>Hours: M-F 8:00AM-5:30PM</p>	<p>NPI: 1780979120</p>
<p> After Hours Phone: (619)</p>	<p>SA 8:30AM-2:00PM</p>	<p> Provider English Spoken: Y</p>
<p>662-4100</p>	<p><b><u>FAMILY PRACTICE</u></b></p>	<p> Provider Language(s) Spoken: Spanish</p>
<p> Website: <a href="http://www.syhealth.org/clinics/san-ysidro-health-center">www.syhealth.org/clinics/san-ysidro-health-center</a></p>	<p><b>ESTRADA, JOHANNA</b></p>	<p>Cultural Competency: N</p>
<p>Medi-Cal Open Panel: Y</p>	<p>Provider ID: 206292</p>	<p>Hospital Affiliation: SCRIPPS</p>
<p>Min/Max Age: 0\150</p>	<p>Provider Gender: Female</p>	<p>MEMORIAL HOSPITAL</p>
<p>American Sign Language (ASL):</p>	<p>License Number: A127188</p>	<p>Board Certified Specialty: No</p>
<p>N</p>	<p>NPI: 1255698155</p>	<p> 4004 BEYER BLVD</p>
<p> Accessibility: CONTACT PROVIDER</p>	<p> Provider English Spoken: Y</p>	<p>SAN YSIDRO, CA 92173</p>
<p></p>	<p> Provider Language(s) Spoken: Spanish</p>	<p> Phone: (619) 662-4100</p>
<p></p>	<p>Cultural Competency: N</p>	<p> After Hours Phone: (619)</p>
<p></p>	<p>Hospital Affiliation: SCRIPPS</p>	<p>662-4100</p>
<p></p>	<p>MERCY HOSPITAL, SCRIPPS</p>	<p> Website: <a href="http://www.syhealth.org/clinics/san-ysidro-health-center">www.syhealth.org/clinics/san-ysidro-health-center</a></p>
<p></p>	<p>MERCY HOSPITAL CHULA</p>	<p>Medi-Cal Open Panel: Y</p>
<p></p>	<p>VISTA, SCRIPPS GREEN</p>	<p>Min/Max Age: 0\150</p>
<p></p>	<p>HOSPITAL, SCRIPPS</p>	<p>American Sign Language (ASL):</p>
<p></p>	<p>MEMORIAL HOSPITAL</p>	<p>N</p>
<p></p>	<p>Board Certified Specialty: No</p>	<p>Accessibility: CONTACT PROVIDER</p>
<p></p>	<p> 4004 BEYER BLVD</p>	<p></p>
<p></p>	<p>SAN YSIDRO, CA 92173</p>	<p></p>

Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

**FAMILY PRACTICE**

**HEINRICI, ALEKA**

Provider ID: 206292

Provider Gender: Female

License Number: A125329

NPI: 1780979120

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**HENDRIX, JEFFERSON**

Provider ID: 227469

Provider Gender: Male

License Number: A32571

NPI: 1235142738

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

3364 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**HERNANDEZ, RALPH**

Provider ID: 227469

Provider Gender: Male

License Number: C42207

NPI: 1285782151

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

3364 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**HERNANDEZ, RALPH**

Provider ID: 206292

Provider Gender: Male

License Number: C42207

NPI: 1285782151

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org](http://www.syhealth.org)

/clinics/san- ysidro- health  
- center  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**HERNANDEZ, RALPH**

Provider ID: 227469  
Provider Gender: Male  
License Number: C42207  
NPI: 1285782151

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Board Certified Specialty: No

3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**HERNANDEZ, RALPH**

Provider ID: 206292  
Provider Gender: Male  
License Number: C42207  
NPI: 1285782151

Provider English Spoken: Y  
 Provider Language(s)

Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san- ysidro- health - center](http://www.syhealth.org/clinics/san- ysidro- health - center)

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**KAUFHOLD, ANNE**

Provider ID: 206292  
Provider Gender: Female  
License Number: A88893  
NPI: 1164508073

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic, Spanish

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san- ysidro- health - center](http://www.syhealth.org/clinics/san- ysidro- health - center)

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**KAUFHOLD, ANNE**

Provider ID: 206292  
Provider Gender: Female  
License Number: A88893  
NPI: 1164508073

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic, Spanish  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san- ysidro- health - center](http://www.syhealth.org/clinics/san- ysidro- health - center)




Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**LARA, LESLEY**



Provider ID: 206292  
Provider Gender: Female  
License Number: A173435  
NPI: 1184112682


Provider English Spoken: Y

 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*  
 *Website: www.syhealth.org /clinics/san-ysidro-health-center*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Hours: SU 10:00AM-4:00PM*  
*M-F 8:30AM-5:30PM*  
*SA 8:00AM-2:30PM*

**FAMILY PRACTICE**


**LARA, LESLEY**





*Provider ID: 206292*  
*Provider Gender: Female*  
*License Number: A173435*  
*NPI: 1184112682*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*  
 *Website: www.syhealth.org /clinics/san-ysidro-health-center*  
*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Hours: SU 10:00AM-4:00PM*  
*M-F 8:30AM-5:30PM*  
*SA 8:00AM-2:30PM*


**FAMILY PRACTICE**

**LEE, JOSEPH**

*Provider ID: 206292*  
*Provider Gender: Male*  
*License Number: A164201*  
*NPI: 1417480948*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: ST ELIZABETH HOSP*  
*Board Certified Specialty: No*

 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
*Fax: (619) 205-6341*  
 *After Hours Phone: (619) 662-4100*  
 *Website: www.syhealth.org /clinics/san-ysidro-health-center*

*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:30PM*  
*SA 8:30AM-2:00PM*

**FAMILY PRACTICE**





**LEE, JOSEPH**

*Provider ID: 206292*

*Provider Gender: Male*  
*License Number: A164201*  
*NPI: 1417480948*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: ST ELIZABETH HOSP*  
*Board Certified Specialty: No*  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
*Fax: (619) 205-6341*  
 *After Hours Phone: (619) 662-4100*  
 *Website: www.syhealth.org /clinics/san-ysidro-health-center*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:30PM*  
*SA 8:30AM-2:00PM*

**FAMILY PRACTICE**


**LEE, JOSEPH**






*Provider ID: 227469*  
*Provider Gender: Male*  
*License Number: A164201*  
*NPI: 1417480948*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: ST ELIZABETH HOSP*  
*Board Certified Specialty: No*  
 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619)*

662-4100  
 Website: <https://www.syhealth.org/locations>  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**FAMILY PRACTICE**

**LEE, JOSEPH**



Provider ID: 227469  
 Provider Gender: Male  
 License Number: A164201  
 NPI: 1417480948  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: ST ELIZABETH HOSP  
 Board Certified Specialty: No


 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: <https://www.syhealth.org/locations>  
 Medi-Cal Open Panel: Y  
 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](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**LEPEZ, DAVID**

Provider ID: 206292  
 Provider Gender: Male  
 License Number: A130348  
 NPI: 1205196029  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA  
 Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Y  
 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 MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA  
 Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER



Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

**FAMILY PRACTICE**

**LEUTE, ERIC**

Provider ID: 206292  
Provider Gender: Male  
License Number: A80832  
NPI: 1720171507

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

**FAMILY PRACTICE**

**MOYA, MARY**

Provider ID: 206292  
Provider Gender: Female  
License Number: A80185

NPI: 1093844417

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

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

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 After Hours Phone: (619)  
662-4100  
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Medi-Cal Open Panel: Y  
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: Y  
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: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**NGUYEN, CARIE**

Provider ID: 206292

Provider Gender: Female

License Number: A106103

NPI: 1174781132

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

SA 8:30AM-2:00PM

**FAMILY PRACTICE**

**NGUYEN, CARIE**

Provider ID: 206292

Provider Gender: Female

License Number: A106103

NPI: 1174781132

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT

PROVIDER

Hours: M-F 8:00AM-5:30PM

SA 8:30AM-2:00PM

**FAMILY PRACTICE**

**NIKZAD, JASON**

Provider ID: 206292

Provider Gender: Male

License Number: 20A12653

NPI: 1508121674

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi, Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

SA 8:30AM-2:00PM

**FAMILY PRACTICE**

**NIKZAD, JASON**

Provider ID: 206292


Provider Gender: Male

License Number: 20A12653

NPI: 1508121674



Provider English Spoken: Y

 *Provider Language(s)*  
Spoken: Farsi, Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)


*Medi-Cal Open Panel: Y*  
*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](http://www.syhealth.org)


*/clinics/san-ysidro-health  
-center*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
N  
 *Accessibility: CONTACT  
PROVIDER*  
*Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM*

**FAMILY PRACTICE**

**ORTEGA, LUIS**


*Provider ID: 206292*  
*Provider Gender: Male*  
*License Number: A180886*  
*NPI: 1558924936*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
Spoken: Spanish



Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)


*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
N  
 *Accessibility: CONTACT  
PROVIDER*  
*Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM*

**FAMILY PRACTICE**

**ORTIZ, KENNETH**

*Provider ID: 206292*  
*Provider Gender: Male*  
*License Number: A156607*  
*NPI: 1356761571*  
 *Provider English Spoken: Y*  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL



Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
N  
 *Accessibility: CONTACT  
PROVIDER*

**FAMILY PRACTICE**

**ORTIZ, KENNETH**

*Provider ID: 206292*  
*Provider Gender: Male*  
*License Number: A156607*  
*NPI: 1356761571*  
 *Provider English Spoken: Y*  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL  
Board Certified Specialty: No  
 4004 BEYER BLVD

SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**ORTIZ ILIZALITURRI, ANA**

Provider ID: 206292  
 Provider Gender: Female  
 License Number: A178949  
 NPI: 1316407026  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA  
 Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

PROVIDER

**FAMILY PRACTICE**

**ORTIZ ILIZALITURRI, ANA**

Provider ID: 227411  
 Provider Gender: Female  
 License Number: A178949  
 NPI: 1316407026  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA  
 Board Certified Specialty: No  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:00PM

**FAMILY PRACTICE**


**ORTIZ ILIZALITURRI, ANA**



Provider ID: 206292  
 Provider Gender: Female  
 License Number: A178949  
 NPI: 1316407026  
 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA  
 Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**ORTIZ ILIZALITURRI, ANA**

Provider ID: 227411  
 Provider Gender: Female  
 License Number: A178949  
 NPI: 1316407026  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA  
 Board Certified Specialty: No  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100

 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:00PM




**FAMILY PRACTICE**


**RAJAIPOUR, NEGIN**

Provider ID: 206292  
 Provider Gender: Female  
 License Number: A145480  
 NPI: 1508286709  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Farsi


Cultural Competency: N  
 Hospital Affiliation: CHULA VISTA COMM HOSP

Board Certified Specialty: No

 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:30PM  
 SA 8:30AM-2:00PM

**FAMILY PRACTICE**




**RAJAIPOUR, NEGIN**


Provider ID: 206292  
 Provider Gender: Female  
 License Number: A145480  
 NPI: 1508286709

Provider English Spoken: Y  
 Provider Language(s) Spoken: Farsi

Cultural Competency: N  
 Hospital Affiliation: CHULA VISTA COMM HOSP

Board Certified Specialty: No

 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:30PM  
 SA 8:30AM-2:00PM

**FAMILY PRACTICE**

**RAJAIPOUR, NEGIN**

Provider ID: 227469  
 Provider Gender: Female  
 License Number: A145480  
 NPI: 1508286709

Provider English Spoken: Y  
 Provider Language(s) Spoken: Farsi

Cultural Competency: N  
 Hospital Affiliation: CHULA VISTA COMM HOSP

Board Certified Specialty: No

 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Y  
 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

 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**


**RITTER, STEVEN**

Provider ID: 206292

Provider Gender: Male


License Number: 20A7435


NPI: 1356556021


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**RITTER, STEVEN**

Provider ID: 206292

Provider Gender: Male


License Number: 20A7435


NPI: 1356556021


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**


**ROJAS, STEVEN**

Provider ID: 206292

Provider Gender: Male

License Number: A132982

NPI: 1801230297


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

**FAMILY PRACTICE**


**ROJAS, STEVEN**

Provider ID: 206292

Provider Gender: Male

License Number: A132982

NPI: 1801230297


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100


 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

**FAMILY PRACTICE**

**ROSENBAUM, HERBERT**

Provider ID: 206292

Provider Gender: Male

License Number: A169694

NPI: 1922532712


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173


 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

**FAMILY PRACTICE**


**ROSENBAUM, HERBERT**

Provider ID: 206292

Provider Gender: Male

License Number: A169694

NPI: 1922532712


 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100


 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

**FAMILY PRACTICE**

**SALEM, RAMSEY**

Provider ID: 206292


Provider Gender: Male


License Number: A158364


NPI: 1245401298


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**SALEM, RAMSEY**

Provider ID: 206292

Provider Gender: Male


License Number: A158364


NPI: 1245401298


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**SHAHTAJI, ALAN**

Provider ID: 206292

Provider Gender: Male

License Number: 20A11087

NPI: 1972751089

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD


MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100


 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**SHAHTAJI, ALAN**

Provider ID: 206292

Provider Gender: Male

License Number: 20A11087

NPI: 1972751089


 Provider English Spoken: Y  
Cultural Competency: N




Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**


**SNYDER, CHRISTOPHER**

Provider ID: 206292

Provider Gender: Male

License Number: 20A7502

NPI: 1922041235

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PIH

Hospital - Downey, JOHN F

KENNEDY MEMORIAL HOSP,

CEDARS SINAI MEDICAL

CENTER, SCRIPPS MEMORIAL

HOSPITAL ENCINITAS,


EISENHOWER MEDICAL CTR,

GROSSMONT HOSPITAL

Board Certified Specialty: No

 4004 BEYER BLVD

SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)

662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

- center

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): Provider ID: 206292

N

 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**


**SNYDER, CHRISTOPHER**

Provider ID: 206292

Provider Gender: Male

License Number: 20A7502

NPI: 1922041235

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PIH

Hospital - Downey, JOHN F

KENNEDY MEMORIAL HOSP,

CEDARS SINAI MEDICAL

CENTER, SCRIPPS MEMORIAL

HOSPITAL ENCINITAS,


EISENHOWER MEDICAL CTR,

GROSSMONT HOSPITAL

Board Certified Specialty: No


 4004 BEYER BLVD

SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)

662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

- center

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**STALEY, MICHAELA**

Provider Gender: Female

License Number: A157772

NPI: 1912438250


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No


 4004 BEYER BLVD

SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)

662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

- center

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**STALEY, MICHAELA**

Provider ID: 206292

Provider Gender: Female

License Number: A157772

NPI: 1912438250


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No


 4004 BEYER BLVD

SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)

662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

- center


Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):



N

 Accessibility: CONTACT PROVIDER

**FAMILY PRACTICE**

**SWEET, PATRICK**

Provider ID: 206292

Provider Gender: Male

License Number: A101827


NPI: 1457407702


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: HOAG HOSPITAL IRVINE, SCRIPPS MERCY HOSPITAL CHULA VISTA, GROSSMONT HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, DESERT REGIONAL MED CTR, SHARP CORONADO HOSP AND HEALTHCARE CTR, PIONEERS MEMORIAL HOSPITAL, PIONEERS MEMORIAL HOSPITAL

Board Certified Specialty: No

 4004 BEYER BLVD SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:30PM

SA 8:30AM-2:00PM

**FAMILY PRACTICE**

**SWEET, PATRICK**

Provider ID: 206292

Provider Gender: Male

License Number: A101827


NPI: 1457407702


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: HOAG HOSPITAL IRVINE, SCRIPPS MERCY HOSPITAL CHULA VISTA, GROSSMONT HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, DESERT REGIONAL MED CTR, SHARP CORONADO HOSP AND HEALTHCARE CTR, PIONEERS MEMORIAL HOSPITAL, PIONEERS MEMORIAL HOSPITAL

Board Certified Specialty: No

 4004 BEYER BLVD SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:30PM

SA 8:30AM-2:00PM

**FAMILY PRACTICE**

**TALAVERA, GREGORY**

Provider ID: 206292

Provider Gender: Male

License Number: A40061

NPI: 1740337161


 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish


Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-TU 8:30AM-5:30PM

**FAMILY PRACTICE**

**TALAVERA, GREGORY**


Provider ID: 206292

Provider Gender: Male

License Number: A40061


NPI: 1740337161


 Provider English Spoken: Y


 Provider Language(s) Spoken: Spanish

Cultural Competency: N


Board Certified Specialty: No

 4004 BEYER BLVD SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org](http://www.syhealth.org)

/clinics/san- ysidro- health  
- center  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-TU 8:30AM-5:30PM

**FAMILY PRACTICE**

**TREJO, RAUL**

Provider ID: 206292  
Provider Gender: Male  
License Number: A77936  
NPI: 1174534184  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: www.syhealth.org  
/clinics/san- ysidro- health  
- center  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**

**TREJO, RAUL**

Provider ID: 206292




Provider Gender: Male  
License Number: A77936  
NPI: 1174534184  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA


Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: www.syhealth.org  
/clinics/san- ysidro- health  
- center  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**



**UTZ, JACK**

Provider ID: 206292  
Provider Gender: Male  
License Number: A183145  
NPI: 1194353094  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100

 Website: www.syhealth.org  
/clinics/san- ysidro- health  
- center  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

**FAMILY PRACTICE**



**UTZ, JACK**

Provider ID: 206292  
Provider Gender: Male  
License Number: A183145  
NPI: 1194353094  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: www.syhealth.org  
/clinics/san- ysidro- health  
- center  
Medi-Cal Open Panel: Y  
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: Y*  
*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**

**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: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:30PM SA 8:30AM-2:00PM*

**FAMILY PRACTICE**

**VELASQUEZ, SHARON**

*Provider ID: 206292*  
*Provider Gender: Female*  
*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: Y*  
*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: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

**FQHC**

**SAN YSIDRO HEALTH MATERNAL AND CHILD**

**HEALTH CTR,**  
*Provider ID: 227411*  
*NPI: 1558852947*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
*Fax: (619) 205-1967*  
 *After Hours Phone: (619) 662-4100*



 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**FQHC**

**SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR,**

Provider ID: 227411  
 NPI: 1558852947

 Provider English Spoken: Y  
 Cultural Competency: N  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 Fax: (619) 205-1967  
 After Hours Phone: (619) 662-4100

 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**FQHC**

**SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER,**

Provider ID: 206292  
 NPI: 1952364747

 Provider English Spoken: Y  
 Cultural Competency: N  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 Fax: (619) 205-6305  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:30PM  
 SA 8:30AM-2:00PM

**FQHC**

**SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER,**

Provider ID: 206292  
 NPI: 1952364747

 Provider English Spoken: Y  
 Cultural Competency: N  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 Fax: (619) 205-6305  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER


Hours: M-F 8:00AM-5:30PM  
 SA 8:30AM-2:00PM

**FQHC**

**SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS,**

Provider ID: 227469  
 NPI: 1801438239

 Provider English Spoken: Y  
 Cultural Competency: N  
 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 Fax: (619) 600-4870  
 After Hours Phone: (619) 662-4100

 Website: <https://www.syhealth.org/locations>  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


Hours: M-F 8:00AM-5:00PM


**FQHC**

**SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS,**

Provider ID: 227469  
 NPI: 1801438239

 Provider English Spoken: Y  
 Cultural Competency: N  
 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 Fax: (619) 600-4870  
 After Hours Phone: (619) 662-4100

 Website: <https://www.syhealth.org/locations>  
 Medi-Cal Open Panel: Y

Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**GENERAL PRACTICE**

**REYNAGA, JOSUE**

Provider ID: 206292  
 Provider Gender: Male  
 License Number: A181644  
 NPI: 1356929111  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL  
 Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: www.syhealth.org /clinics/san-ysidro-health-center  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:30PM  
 SA 8:30AM-2:00PM

**GENERAL PRACTICE**




**REYNAGA, JOSUE**

Provider ID: 206292  
 Provider Gender: Male  
 License Number: A181644  
 NPI: 1356929111  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL  
 Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: www.syhealth.org /clinics/san-ysidro-health-center  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:30PM  
 SA 8:30AM-2:00PM

**GENERAL PRACTICE**

**TEJEDA, FRANCISCO**

Provider ID: 206292  
 Provider Gender: Male  
 License Number: A66885  
 NPI: 1407940075  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173

 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: www.syhealth.org /clinics/san-ysidro-health-center  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 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: Y  
 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: Y  
 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: Y  
 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:30PM SA 8:30AM-2:00PM

**INFECTIOUS DISEASE**

**PROMER, KATHERINE**  
 Provider ID: 206292  
 Provider Gender: Female  
 License Number: A131952  
 NPI: 1306280607  
 Provider English Spoken: Y  
 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

**INTERNAL MEDICINE**

**ALDOUS, JEANNETTE**

Provider ID: 206292

Provider Gender: Female

License Number: A101017

NPI: 1073650339

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: www.syhealth.org  
/clinics/san-ysidro-health  
-center

Medi-Cal Open Panel: Y

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: Y

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: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT

PROVIDER

Hours: M-F 8:00AM-5:30PM

SA 8:30AM-2:00PM

**INTERNAL MEDICINE**

**CARPENTER, ROBERT**

Provider ID: 206292

Provider Gender: Male

License Number: 20A10964

NPI: 1356343040

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

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662-4100

Website: www.syhealth.org  
/clinics/san-ysidro-health  
-center

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

SA 8:30AM-2:00PM

**INTERNAL MEDICINE**

**CHEN, TSUH YIN**

Provider ID: 206292

Provider Gender: Female

License Number: C55563

NPI: 1093803520

Provider English Spoken: Y  
 Provider Language(s)

Spoken: Portuguese,

Spanish  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 Fax: (619) 205-6341

After Hours Phone: (619)  
 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**INTERNAL MEDICINE**

**CHEN, TSUH YIN**

Provider ID: 206292  
 Provider Gender: Female  
 License Number: C55563  
 NPI: 1093803520  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Portuguese,  
 Spanish  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 Fax: (619) 205-6341  
 After Hours Phone: (619)

662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**INTERNAL MEDICINE**

**CHOW, MAN HUNG**

Provider ID: 227469  
 Provider Gender: Female  
 License Number: G66745  
 NPI: 1225149115  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Chinese, Mandarin  
 Cultural Competency: N

Hospital Affiliation: PARADISE  
 VALLEY HOSPITAL, SHARP  
 CHULA VISTA MED CTR,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA, SCRIPPS  
 MEMORIAL HOSPITAL,  
 SCRIPPS MERCY HOSPITAL  
 Board Certified Specialty: No

3364 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: <https://www.syhealth.org/locations>  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**INTERNAL MEDICINE**

**CHOW, MAN HUNG**

Provider ID: 227469  
 Provider Gender: Female  
 License Number: G66745  
 NPI: 1225149115  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Chinese, Mandarin  
 Cultural Competency: N

Hospital Affiliation: PARADISE  
 VALLEY HOSPITAL, SHARP  
 CHULA VISTA MED CTR,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA, SCRIPPS  
 MEMORIAL HOSPITAL,  
 SCRIPPS MERCY HOSPITAL  
 Board Certified Specialty: No

3364 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: <https://www.syhealth.org/locations>  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**INTERNAL MEDICINE**

**DE LA ROSA, JOSE**

Provider ID: 206292  
 Provider Gender: Male  
 License Number: A49267  
 NPI: 1689646572  
 Provider English Spoken: Y  
 Cultural Competency: N



Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**INTERNAL MEDICINE**

**DE LA ROSA, JOSE**

Provider ID: 206292

Provider Gender: Male

License Number: A49267

NPI: 1689646572

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT

PROVIDER

**INTERNAL MEDICINE**

**DILLON, BENEDICT**

Provider ID: 227411

Provider Gender: Male

License Number: A111118

NPI: 1710142708

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, CHULA VISTA  
COMM HOSP

Board Certified Specialty: No

4050 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**INTERNAL MEDICINE**

**DILLON, BENEDICT**

Provider ID: 227411

Provider Gender: Male

License Number: A111118

NPI: 1710142708

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, CHULA VISTA  
COMM HOSP

Board Certified Specialty: No

4050 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**INTERNAL MEDICINE**

**HURST, MICHAEL**

Provider ID: 206292

Provider Gender: Male

License Number: 20A8081

NPI: 1205893104

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SUTTER  
TRACY COMMUNITY HOSP,  
SCRIPPS MEMORIAL  
HOSPITAL

Board Certified Specialty: No

4004 BEYER BLVD

SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-8:00PM

SA 8:00AM-2:00PM

**INTERNAL MEDICINE**


**HURST, MICHAEL**

Provider ID: 206292

Provider Gender: Male

License Number: 20A8081

NPI: 1205893104

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SUTTER


TRACY COMMUNITY HOSP,


SCRIPPS MEMORIAL


HOSPITAL

Board Certified Specialty: No

 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-8:00PM

SA 8:00AM-2:00PM

**INTERNAL MEDICINE**


**KAUFER, DAVID**

Provider ID: 206292

Provider Gender: Male


License Number: G80107


NPI: 1710082789


 Provider English Spoken: Y


Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100


 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

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

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 SAN YSIDRO, CA 92173

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Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:30PM

SA 8:30AM-2:00PM

**INTERNAL MEDICINE**

**KAUFER, DAVID**

Provider ID: 227469

Provider Gender: Male


License Number: G80107


NPI: 1710082789


 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100


 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Y

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  
 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**  
**LAMANTIA, MICHELE**

Provider ID: 206292  
 Provider Gender: Female  
 License Number: G71855  
 NPI: 1124176102  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150

American Sign Language (ASL): EISENHOWER MEDICAL CTR  
 N  
 Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**  
**LAMANTIA, MICHELE**

Provider ID: 206292  
 Provider Gender: Female  
 License Number: G71855  
 NPI: 1124176102  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**  
**MAY, LOUIS**

Provider ID: 206292  
 Provider Gender: Male  
 License Number: A138568  
 NPI: 1720497514  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation:

Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**  
**MAY, LOUIS**


Provider ID: 206292  
 Provider Gender: Male  
 License Number: A138568  
 NPI: 1720497514  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: EISENHOWER MEDICAL CTR  
 Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

**INTERNAL MEDICINE**




**PARK, DANIEL**


*Provider ID: 206292  
Provider Gender: Male  
License Number: A99433  
NPI: 1538371844*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Hospital Affiliation: UCSD  
MEDICAL CTR, SCRIPPS  
MEMORIAL HOSPITAL*

*Board Certified Specialty: No*

 *4004 BEYER BLVD  
SAN YSIDRO, CA 92173*  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619)  
662-4100*

 *Website: www.syhealth.org  
/clinics/san-ysidro-health  
-center*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM*

**INTERNAL MEDICINE**

**PARK, DANIEL**



*Provider ID: 206292  
Provider Gender: Male  
License Number: A99433  
NPI: 1538371844*


 *Provider English Spoken: Y  
Cultural Competency: N*

*Hospital Affiliation: UCSD*

*MEDICAL CTR, SCRIPPS  
MEMORIAL HOSPITAL*

*Board Certified Specialty: No*

 *4004 BEYER BLVD  
SAN YSIDRO, CA 92173*  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619)  
662-4100*

 *Website: www.syhealth.org  
/clinics/san-ysidro-health  
-center*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

*Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM*




**INTERNAL MEDICINE**


**POAST, JENNIFER**

*Provider ID: 206292  
Provider Gender: Female  
License Number: 20A8245  
NPI: 1164435681*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Board Certified Specialty: No*

 *4004 BEYER BLVD  
SAN YSIDRO, CA 92173*  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619)  
662-4100*

 *Website: www.syhealth.org  
/clinics/san-ysidro-health  
-center*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT*

*PROVIDER*



**INTERNAL MEDICINE**


**POAST, JENNIFER**

*Provider ID: 206292  
Provider Gender: Female  
License Number: 20A8245  
NPI: 1164435681*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Board Certified Specialty: No*

 *4004 BEYER BLVD  
SAN YSIDRO, CA 92173*  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619)  
662-4100*

 *Website: www.syhealth.org  
/clinics/san-ysidro-health  
-center*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\150*



*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

**INTERNAL MEDICINE**

**RAMIREZ SANCHEZ, CLAUDIA**



*Provider ID: 206292  
Provider Gender: Female  
License Number: A160493  
NPI: 1659720555*

 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA*

*Board Certified Specialty: No*

 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**

**RAMIREZ SANCHEZ, CLAUDIA**

Provider ID: 206292  
 Provider Gender: Female  
 License Number: A160493  
 NPI: 1659720555  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA  
 Board Certified Specialty: No

 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**


**SALERNO, MARIANA**





Provider ID: 206292  
 Provider Gender: Female  
 License Number: A131021  
 NPI: 1598921645  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: Providence St. Joseph Hospital Eureka  
 Board Certified Specialty: No

 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**

**SALERNO, MARIANA**

Provider ID: 206292  
 Provider Gender: Female  
 License Number: A131021  
 NPI: 1598921645  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: Providence St. Joseph Hospital Eureka  
 Board Certified Specialty: No  
 4004 BEYER BLVD

SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**

**SCHNEIDER-MUNOZ, MARGARITA**


Provider ID: 206292  
 Provider Gender: Female  
 License Number: G81461  
 NPI: 1821299520  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER


**INTERNAL MEDICINE**

**SCHNEIDER-MUNOZ,  
MARGARITA**

Provider ID: 206292  
 Provider Gender: Female  
 License Number: G81461  
 NPI: 1821299520

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No

 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**INTERNAL MEDICINE**


**SHEIKH MOHAMED, AMIRA**

Provider ID: 227469  
 Provider Gender: Female  
 License Number: A153975  
 NPI: 1831583079  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Arabic, French,  
 Hindi, Italian, Urdu  
 Cultural Competency: N

Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA  
 Board Certified Specialty: No

 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**INTERNAL MEDICINE**


**SY, RAMON**

Provider ID: 227469  
 Provider Gender: Male  
 License Number: A51843  
 NPI: 1982617403

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish, Tagalog  
 Cultural Competency: N

Hospital Affiliation: SHARP  
 CHULA VISTA MED CTR,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA, SCRIPPS  
 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

**INTERNAL MEDICINE**




**SY, RAMON**




Provider ID: 227469  
 Provider Gender: Male  
 License Number: A51843  
 NPI: 1982617403

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish, Tagalog  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 CHULA VISTA MED CTR,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA, SCRIPPS  
 MEMORIAL HOSPITAL,  
 PARADISE VALLEY HOSPITAL  
 Board Certified Specialty: No  
 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: <https://www.syhealth.org/locations>  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**INTERNAL MEDICINE**

**VELAZQUEZ CAMARENA,  
MARIA**

Provider ID: 206292  
 Provider Gender: Female  
 License Number: A56153  
 NPI: 1518965714  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA  
 Board Certified Specialty: No  
 4004 BEYER BLVD

SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Y  
 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  
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 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

PROVIDER

**INTERNAL MEDICINE**


**WEN, AKI YEN CHANG**

Provider ID: 227411  
 Provider Gender: Male  
 License Number: 20A12555  
 NPI: 1205126505  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)  
 Medi-Cal Open Panel: Y  
 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](http://syhealth.org/clinics/maternal-child-health-center)


enter  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 N  
 Accessibility: CONTACT PROVIDER

**INTERVENTIONAL**

**CARDIOLOGY**

**MOUSSAVIAN, MEHRAN**





Provider ID: 206292  
 Provider Gender: Male  
 License Number: 20A7241  
 NPI: 1689788234  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Farsi  
 Cultural Competency: N  
 Hospital Affiliation: SHARP CHULA VISTA MED CTR, TRI CITY MEDICAL CTR, SHARP MEMORIAL HOSPITAL, ALVARADO HOSPITAL LLC, GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, Adventist Health and Rideout  
 Board Certified Specialty: No  
 4004 BEYER BLVD SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 Fax: (619) 205-6341  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)


Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**INTERVENTIONAL**

**CARDIOLOGY**




**MOUSSAVIAN, MEHRAN**

Provider ID: 206292  
 Provider Gender: Male  
 License Number: 20A7241  
 NPI: 1689788234  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Farsi  
 Cultural Competency: N  
 Hospital Affiliation: SHARP CHULA VISTA MED CTR, TRI CITY MEDICAL CTR, SHARP MEMORIAL HOSPITAL, ALVARADO HOSPITAL LLC, GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, Adventist Health and Rideout  
 Board Certified Specialty: No  
 4004 BEYER BLVD SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 Fax: (619) 205-6341  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Y

Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**

**BERGGREN, ERICA**

Provider ID: 227411  
 Provider Gender: Female  
 License Number: C158543  
 NPI: 1912159674  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS GREEN HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL  
 Board Certified Specialty: No  
 4050 BEYER BLVD SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:00PM  
**OBSTETRICS / GYNECOLOGY**



**BERGGREN, ERICA**

Provider ID: 227411  
 Provider Gender: Female  
 License Number: C158543  
 NPI: 1912159674  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 MEMORIAL HOSPITAL, SHARP  
 MARY BIRCH HOSP FOR  
 WOMEN AND NEWBORNS,  
 SCRIPPS MEMORIAL  
 HOSPITAL, SCRIPPS GREEN  
 HOSPITAL, SCRIPPS MERCY  
 HOSPITAL CHULA VISTA,  
 SCRIPPS MERCY HOSPITAL  
 Board Certified Specialty: No

4050 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:00PM

**OBSTETRICS / GYNECOLOGY**

**CARR, MIANDA**

Provider ID: 206292  
 Provider Gender: Female  
 License Number: A104660  
 NPI: 1083815823  
 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: ST  
 JOSEPHS MEDICAL CENTER,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA, SCRIPPS MERCY  
 HOSPITAL

Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**

**CARR, MIANDA**

Provider ID: 227411  
 Provider Gender: Female  
 License Number: A104660  
 NPI: 1083815823  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: ST  
 JOSEPHS MEDICAL CENTER,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA, SCRIPPS MERCY  
 HOSPITAL

Board Certified Specialty: No  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

enter  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**

**CARR, MIANDA**

Provider ID: 206292  
 Provider Gender: Female  
 License Number: A104660  
 NPI: 1083815823  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: ST  
 JOSEPHS MEDICAL CENTER,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA, SCRIPPS MERCY  
 HOSPITAL

Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
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 662-4100  
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 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**

**CARR, MIANDA**

Provider ID: 227411  
 Provider Gender: Female

License Number: A104660  
 NPI: 1083815823  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: ST  
 JOSEPHS MEDICAL CENTER,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA, SCRIPPS MERCY  
 HOSPITAL

Board Certified Specialty: No

4050 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: [syhealth.org/clinic/s/maternal-child-health-center](http://syhealth.org/clinic/s/maternal-child-health-center)

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**OBSTETRICS / GYNECOLOGY**

**CARSON, LATISA**

Provider ID: 206292  
 Provider Gender: Female  
 License Number: A72235  
 NPI: 1245229129  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 CHULA VISTA MED CTR  
 Board Certified Specialty: No

4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)

662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**OBSTETRICS / GYNECOLOGY**

**CARSON, LATISA**

Provider ID: 206292  
 Provider Gender: Female  
 License Number: A72235  
 NPI: 1245229129  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 CHULA VISTA MED CTR  
 Board Certified Specialty: No

4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**OBSTETRICS / GYNECOLOGY**

**DANESHMAND, SHAHRAM**

Provider ID: 227411

Provider Gender: Male  
 License Number: A63844  
 NPI: 1891867412  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Farsi, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, GROSSMONT  
 HOSPITAL, SHARP MEMORIAL  
 HOSPITAL, SCRIPPS  
 MEMORIAL HOSPITAL  
 ENCINITAS, SCRIPPS  
 MEMORIAL HOSPITAL, TRI  
 CITY MEDICAL CTR, SHARP  
 MARY BIRCH HOSP FOR  
 WOMEN AND NEWBORNS,  
 SHARP MARY BIRCH HOSP  
 FOR WOMEN AND  
 NEWBORNS, SCRIPPS GREEN  
 HOSPITAL, SCRIPPS MERCY  
 HOSPITAL, SCRIPPS MERCY  
 HOSPITAL CHULA VISTA  
 Board Certified Specialty: No

4050 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 Fax: (619) 205-1948  
 After Hours Phone: (619)  
 662-4100  
 Website: [syhealth.org/clinic/s/maternal-child-health-center](http://syhealth.org/clinic/s/maternal-child-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:30AM-5:00PM

**OBSTETRICS / GYNECOLOGY**

**DANESHMAND, SHAHRAM**

Provider ID: 206292

Provider Gender: Male

License Number: A63844

NPI: 1891867412

Provider English Spoken: Y


Provider Language(s)  
Spoken: Farsi, Spanish


Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, GROSSMONT  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, SCRIPPS  
MEMORIAL HOSPITAL, TRI  
CITY MEDICAL CTR, SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
SHARP MARY BIRCH HOSP  
FOR WOMEN AND  
NEWBORNS, SCRIPPS GREEN  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL CHULA VISTA

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:30PM

SA 8:30AM-2:00PM

**OBSTETRICS / GYNECOLOGY**

**DANESHMAND, SHAHRAM**

Provider ID: 227411

Provider Gender: Male

License Number: A63844

NPI: 1891867412


Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi, Spanish

Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, GROSSMONT  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, SCRIPPS  
MEMORIAL HOSPITAL, TRI  
CITY MEDICAL CTR, SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
SHARP MARY BIRCH HOSP  
FOR WOMEN AND  
NEWBORNS, SCRIPPS GREEN  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL CHULA VISTA


Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 Fax: (619) 205-1948

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinic/s/maternal-child-health-c](http://syhealth.org/clinic/s/maternal-child-health-c)

enter

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:00PM

**OBSTETRICS / GYNECOLOGY**

**DANESHMAND, SHAHRAM**

Provider ID: 206292

Provider Gender: Male

License Number: A63844

NPI: 1891867412

Provider English Spoken: Y


Provider Language(s)  
Spoken: Farsi, Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, GROSSMONT  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, SCRIPPS  
MEMORIAL HOSPITAL, TRI  
CITY MEDICAL CTR, SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
SHARP MARY BIRCH HOSP  
FOR WOMEN AND  
NEWBORNS, SCRIPPS GREEN  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL CHULA VISTA

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

☎ After Hours Phone: (619) 662-4100  
 🌐 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Y  
 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: 206292  
 Provider Gender: Female  
 License Number: 20A9907  
 NPI: 1316146996

☐ Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 📍 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 ☎ Phone: (619) 662-4100  
 ☎ After Hours Phone: (619) 662-4100  
 🌐 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**  
**DINH, MY**

Provider ID: 227411  
 Provider Gender: Female

License Number: 20A9907  
 NPI: 1316146996  
 ☐ Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 📍 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 ☎ Phone: (619) 662-4100  
 ☎ After Hours Phone: (619) 662-4100  
 🌐 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)  
 Medi-Cal Open Panel: Y  
 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](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER

PROVIDER

**OBSTETRICS / GYNECOLOGY**  
**DINH, MY**

Provider ID: 227411  
 Provider Gender: Female  
 License Number: 20A9907  
 NPI: 1316146996  
 ☐ Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 📍 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 ☎ Phone: (619) 662-4100  
 ☎ After Hours Phone: (619) 662-4100  
 🌐 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**  
**GOLDSTEIN, EDWARD**

Provider ID: 227411  
 Provider Gender: Male  
 License Number: G20087  
 NPI: 1982617494  
 ☐ Provider English Spoken: Y  
 ☐ Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS

MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
Board Certified Specialty: No

4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
Phone: (619) 662-4100  
Fax: (619) 205-1948

After Hours Phone: (619)  
662-4100

Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Y

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

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SAN YSIDRO, CA 92173  
Phone: (619) 662-4100  
Fax: (619) 205-1948

After Hours Phone: (619)  
662-4100

Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**OBSTETRICS / GYNECOLOGY**

**GOMEZ, DANIELA**

Provider ID: 227411

Provider Gender: Female

License Number: A175006

NPI: 1255878997

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

4050 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:00PM

**OBSTETRICS / GYNECOLOGY**

**GOMEZ, DANIELA**

Provider ID: 227411

Provider Gender: Female

License Number: A175006

NPI: 1255878997

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

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SAN YSIDRO, CA 92173

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After Hours Phone: (619)  
662-4100

Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:00PM

**OBSTETRICS / GYNECOLOGY**

**GOMEZ, DANIELA**

Provider ID: 206292

Provider Gender: Female

License Number: A175006

NPI: 1255878997

Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT

**PROVIDER**  
Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

**OBSTETRICS / GYNECOLOGY**  
**GOMEZ, DANIELA**

Provider ID: 206292  
Provider Gender: Female  
License Number: A175006  
NPI: 1255878997  
 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No

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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: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:30PM  
SA 8:30AM-2:00PM

**OBSTETRICS / GYNECOLOGY**  
**JENKINS, ENCHANTA**

Provider ID: 227411  
Provider Gender: Female  
License Number: C143625  
NPI: 1285604702

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY

**HOSPITAL**  
Board Certified Specialty: No

4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: syhealth.org/clinics/maternal-child-health-center

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**  
**JENKINS, ENCHANTA**

Provider ID: 227411  
Provider Gender: Female  
License Number: C143625  
NPI: 1285604702

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: syhealth.org/clinics/maternal-child-health-center

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**  
**MAJERSKI GONZALEZ, MANDY**

Provider ID: 227411  
Provider Gender: Female  
License Number: A113914  
NPI: 1982812392

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR

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: Y  
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: Y*  
*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, SAN JOAQUIN COMM HOSP,*

*SCRIPPS MERCY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, KERN MEDICAL CENTER*  
*Board Certified Specialty: No*  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*  
 *Website: syhealth.org/clinics/maternal-child-health-center*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

**OBSTETRICS / GYNECOLOGY**

**MENDEZ, DIEGO**


*Provider ID: 227411*  
*Provider Gender: Male*  
*License Number: A47906*  
*NPI: 1437181922*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: MERCY GENERAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, BAKERSFIELD MEMORIAL HOSP, SHARP JOAQUIN COMM HOSP, SCRIPPS MERCY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS*

*MEMORIAL HOSPITAL, KERN MEDICAL CENTER*  
*Board Certified Specialty: No*  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*  
 *Website: syhealth.org/clinics/maternal-child-health-center*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

**OBSTETRICS / GYNECOLOGY**

**SEFA-BOAKYE, KOFI**

*Provider ID: 206292*  
*Provider Gender: Male*  
*License Number: G59670*  
*NPI: 1902993660*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP CHULA VISTA MED CTR, SHARP CORONADO HOSP AND HEALTHCARE CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA*  
*Board Certified Specialty: No*  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*  
 *Website: www.syhealth.org/clinics/san-ysidro-health*

- center  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**

**SEFA-BOAKYE, KOFI**

Provider ID: 206292  
 Provider Gender: Male  
 License Number: G59670  
 NPI: 1902993660  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP CHULA VISTA MED CTR, SHARP CORONADO HOSP AND HEALTHCARE CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA  
 Board Certified Specialty: No  
 4004 BEYER BLVD SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: www.syhealth.org /clinics/san-ysidro-health-center  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**

**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  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: www.syhealth.org /clinics/san-ysidro-health-center  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**

**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  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: www.syhealth.org /clinics/san-ysidro-health-center  
 Medi-Cal Open Panel: Y  
 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: Y  
 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER



**OPHTHALMOLOGY**

**SKAF, AYHAM**

Provider ID: 227469  
 Provider Gender: Male  
 License Number: A120584  
 NPI: 1285888628  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Arabic, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: EL CENTRO REGIONAL MEDICAL CENTER, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL  
 Board Certified Specialty: No  
 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: <https://www.syhealth.org/locations>  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**OPHTHALMOLOGY**




**SKAF, AYHAM**


Provider ID: 227469  
 Provider Gender: Male  
 License Number: A120584  
 NPI: 1285888628  
 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Arabic, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: EL CENTRO REGIONAL MEDICAL CENTER, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL  
 Board Certified Specialty: No  
 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: <https://www.syhealth.org/locations>  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**PEDIATRICS**

**ACEVEDO, SUSANA**

Provider ID: 227411  
 Provider Gender: Female  
 License Number: A74960  
 NPI: 1801971569  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [syhealth.org/clinic-s/maternal-child-health-center](https://syhealth.org/clinic-s/maternal-child-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):

N  
 *Accessibility: CONTACT PROVIDER*

**PEDIATRICS**

**ACEVEDO, SUSANA**

*Provider ID: 227411*  
*Provider Gender: Female*  
*License Number: A74960*  
*NPI: 1801971569*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*  
 *Website: syhealth.org/clinic/s/maternal- child- health- center*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*


**PEDIATRICS**

**BARBADILLO, FERDINAND**

*Provider ID: 206292*  
*Provider Gender: Male*  
*License Number: A49307*  
*NPI: 1982662193*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish, Tagalog*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP CHULA VISTA MED CTR*  
*Board Certified Specialty: No*

 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*  
 *Website: www.syhealth.org/clinics/san- ysidro- health - center*





*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-TU 8:30AM-5:30PM*

**PEDIATRICS**

**BARBADILLO, FERDINAND**

*Provider ID: 227411*  
*Provider Gender: Male*  
*License Number: A49307*  
*NPI: 1982662193*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish, Tagalog*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP CHULA VISTA MED CTR*  
*Board Certified Specialty: No*

 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
*Fax: (619) 205-1948*  
 *After Hours Phone: (619) 662-4100*  
 *Website: syhealth.org/clinic/s/maternal- child- health- center*

*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*


 *Accessibility: CONTACT PROVIDER*

**PEDIATRICS**

**BARBADILLO, FERDINAND**

*Provider ID: 206292*  
*Provider Gender: Male*  
*License Number: A49307*  
*NPI: 1982662193*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish, Tagalog*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP CHULA VISTA MED CTR*  
*Board Certified Specialty: No*

 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 *Phone: (619) 662-4100*  
 *After Hours Phone: (619) 662-4100*  
 *Website: www.syhealth.org/clinics/san- ysidro- health - center*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-TU 8:30AM-5:30PM*

**PEDIATRICS**

**BARBADILLO, FERDINAND**

*Provider ID: 227411*  
*Provider Gender: Male*  
*License Number: A49307*  
*NPI: 1982662193*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish, Tagalog*  
*Cultural Competency: N*

Hospital Affiliation: SHARP  
CHULA VISTA MED CTR

Board Certified Specialty: No

4050 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-1948

After Hours Phone: (619)  
662-4100

Website: syhealth.org/clinic  
s/maternal- child- health- c  
enter

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**PEDIATRICS**

**CABARLO, JEHRIB**

Provider ID: 227411

Provider Gender: Male

License Number: 20A8516

NPI: 1770661340

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

4050 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: syhealth.org/clinic  
s/maternal- child- health- c  
enter

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**PEDIATRICS**

**CABARLO, JEHRIB**

Provider ID: 227411

Provider Gender: Male

License Number: 20A8516

NPI: 1770661340

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

4050 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: syhealth.org/clinic  
s/maternal- child- health- c  
enter

Medi-Cal Open Panel: Y

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/clinic  
s/maternal- child- health- c  
enter

Medi-Cal Open Panel: Y

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/clinic  
s/maternal- child- health- c  
enter

Medi-Cal Open Panel: Y






Min/Max Age: 0\150

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER


**PEDIATRICS**




**FUJII, CINDY**

Provider ID: 227411  
 Provider Gender: Female  
 License Number: G52183  
 NPI: 1871664821  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER


**PEDIATRICS**

**FUJII, CINDY**

Provider ID: 227411  
 Provider Gender: Female  
 License Number: G52183  
 NPI: 1871664821  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4050 BEYER BLVD

SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)





Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

**PEDIATRICS**


**GHAHREMANI, SIMIN**

Provider ID: 206292  
 Provider Gender: Female  
 License Number: C51110  
 NPI: 1508904657  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Farsi  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL  
 Board Certified Specialty: No

 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):

N





 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:30PM  
 SA 8:30AM-2:00PM

**PEDIATRICS**


**GHAHREMANI, SIMIN**

Provider ID: 206292  
 Provider Gender: Female  
 License Number: C51110  
 NPI: 1508904657  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Farsi  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:30PM  
 SA 8:30AM-2:00PM

**PEDIATRICS**

**HERMAN, ANDREA**

Provider ID: 227411

Provider Gender: Female  
 License Number: A72721  
 NPI: 1518970037  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA, SHARP CHULA VISTA  
 MED CTR, SCRIPPS MEMORIAL  
 HOSPITAL  
 Board Certified Specialty: No  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 Fax: (619) 205-1948  
 After Hours Phone: (619)  
 662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**PEDIATRICS**

**HERMAN, ANDREA**

Provider ID: 227411  
 Provider Gender: Female  
 License Number: A72721  
 NPI: 1518970037  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL CHULA

VISTA, SHARP CHULA VISTA  
 MED CTR, SCRIPPS MEMORIAL  
 HOSPITAL  
 Board Certified Specialty: No  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 Fax: (619) 205-1948  
 After Hours Phone: (619)  
 662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)  
 Medi-Cal Open Panel: Y  
 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](http://www.syhealth.org)

/clinics/san-ysidro-health-center  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-5:30PM  
 SA 8:30AM-2:00PM

**PEDIATRICS**

**NISSAN, BETI**

Provider ID: 206292  
 Provider Gender: Female  
 License Number: A64487  
 NPI: 1396705299  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Farsi, Persian  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, HOLLYWOOD  
 PRESBYTERIAN MED CTR,  
 SHARP MEMORIAL HOSPITAL  
 Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-5:30PM

SA 8:30AM-2:00PM

**PEDIATRICS**

**PIANSAY, MARIA CORAZON**

Provider ID: 206292

Provider Gender: Female

License Number: A93785

NPI: 1669680351

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

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](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

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](http://syhealth.org/clinics/maternal-child-health-center)

enter

Medi-Cal Open Panel: Y

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](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

**PEDIATRICS**

**RUELAS, ROBERTO**

Provider ID: 227411

Provider Gender: Male


License Number: A170141


NPI: 1194257386


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): DIEGO

N

 Accessibility: CONTACT  
PROVIDER

### PEDIATRICS

#### **RUELAS, ROBERTO**

Provider ID: 227411

Provider Gender: Male


License Number: A170141


NPI: 1194257386


 Provider English Spoken: Y  
Cultural Competency: N

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100


 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

### PEDIATRICS


#### **SAHMS, TIMOTHY**

Provider ID: 227411

Provider Gender: Male

License Number: G51462

NPI: 1780697276

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN


DIEGO


Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

Fax: (619) 205-1948

 After Hours Phone: (619)  
662-4100

 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)

Medi-Cal Open Panel: Y

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](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y

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](http://syhealth.org/clinics)

s/maternal- child- health- center  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-7:30PM  
 SA 8:30AM-2:00PM

**PEDIATRICS**

**SHAHIDYAZDANI, TINA**

Provider ID: 227411  
 Provider Gender: Female  
 License Number: A94813  
 NPI: 1891924858  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No

4050 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: syhealth.org/clinics/maternal-child-health-center

Medi-Cal Open Panel: Y  
 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

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 Website: syhealth.org/clinics/maternal-child-health-center

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

**PEDIATRICS**

**SULLIVAN, ELISSA**

Provider ID: 227411  
 Provider Gender: Female  
 License Number: A169577  
 NPI: 1790216422

Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No

4050 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: syhealth.org/clinics/maternal-child-health-center

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:00PM

**PEDIATRICS**

**SULLIVAN, ELISSA**

Provider ID: 227411  
 Provider Gender: Female  
 License Number: A169577  
 NPI: 1790216422

Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No


4050 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)







662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:00PM

**PEDIATRICS**

**TAYLOR, TASHA**




Provider ID: 227411  
 Provider Gender: Female  
 License Number: A82187  
 NPI: 1528144433  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY MEDICAL CTR  
 Board Certified Specialty: No  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173

 Phone: (619) 662-4100  
 Fax: (619) 205-1948  
 After Hours Phone: (619) 662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**PEDIATRICS**




**TAYLOR, TASHA**



Provider ID: 227411  
 Provider Gender: Female  
 License Number: A82187  
 NPI: 1528144433  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY MEDICAL CTR  
 Board Certified Specialty: No

 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 Fax: (619) 205-1948  
 After Hours Phone: (619) 662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**PHYSICIANS ASSISTANT**

**BUCKNER, JOSEPH**

Provider ID: 206292  
 Provider Gender: Male  
 License Number: PA18363  
 NPI: 1215909205  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100

 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**PHYSICIANS ASSISTANT**

**BUCKNER, JOSEPH**

Provider ID: 206292  
 Provider Gender: Male  
 License Number: PA18363  
 NPI: 1215909205  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**PHYSICIANS ASSISTANT**

**GI, HUNG**

Provider ID: 206292  
 Provider Gender: Male  
 License Number: PA16994  
 NPI: 1023207404  
 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Chinese, French, Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**PHYSICIANS ASSISTANT**

**GI, HUNG**

Provider ID: 206292  
 Provider Gender: Male  
 License Number: PA16994  
 NPI: 1023207404  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Chinese, French, Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**PHYSICIANS ASSISTANT**

**HARMIS, NATASHA**

Provider ID: 227469  
 Provider Gender: Female  
 License Number: PA58672  
 NPI: 1013516996  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: <https://www.syhealth.org/locations>

[alth.org/locations](http://www.syhealth.org/locations)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**PHYSICIANS ASSISTANT**

**KAMOTO, LYNN**



Provider ID: 206292  
 Provider Gender: Female  
 License Number: PA17162  
 NPI: 1447326459  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**PHYSICIANS ASSISTANT**

**KAMOTO, LYNN**

Provider ID: 206292  
 Provider Gender: Female  
 License Number: PA17162  
 NPI: 1447326459

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**PHYSICIANS ASSISTANT**  
**PORTO MADURSKI, KRISTINE**






Provider ID: 227411  
 Provider Gender: Female  
 License Number: PA16269  
 NPI: 1053403782  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT



PROVIDER

**PHYSICIANS ASSISTANT**  
**PORTO MADURSKI, KRISTINE**








Provider ID: 227411  
 Provider Gender: Female  
 License Number: PA16269  
 NPI: 1053403782  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4050 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: [syhealth.org/clinics/maternal-child-health-center](http://syhealth.org/clinics/maternal-child-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**PHYSICIANS ASSISTANT**  
**ROSS, COLLIN**

Provider ID: 206292  
 Provider Gender: Male  
 License Number: PA16058  
 NPI: 1629182050  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100







 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**PHYSICIANS ASSISTANT**  
**ROSS, COLLIN**

Provider ID: 206292  
 Provider Gender: Male  
 License Number: PA16058  
 NPI: 1629182050  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Y  
 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](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Y  
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](http://www.syhealth.org/clinics/san-ysidro-health-center)  
Medi-Cal Open Panel: Y  
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](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y  
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](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y


Min/Max Age: 0\150  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**PHYSICIANS ASSISTANT**

**SUNA SITTO, MOHEEN**

Provider ID: 227469  
Provider Gender: Female  
License Number: PA22855  
NPI: 1497196729

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
662-4100  
 Website: <https://www.syhealth.org/locations>  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150




American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**PHYSICIANS ASSISTANT**

**SUNA SITTO, MOHEEN**

Provider ID: 227469  
Provider Gender: Female  
License Number: PA22855  
NPI: 1497196729

 Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
 3364 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100  
 Website: <https://www.syhealth.org/locations>  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**PHYSICIANS ASSISTANT**

**TRUJILLO, MIGUEL**

Provider ID: 206292  
 Provider Gender: Male  
 License Number: PA15656  
 NPI: 1285806794  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**PHYSICIANS ASSISTANT**






**TRUJILLO, MIGUEL**


Provider ID: 206292  
 Provider Gender: Male  
 License Number: PA15656

NPI: 1285806794  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Y  
 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  
 Cultural Competency: N  
 Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR  
 Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 Fax: (619) 205-6341  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y  
 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  
 Cultural Competency: N  
 Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR  
 Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 Fax: (619) 205-6341  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)  
 Medi-Cal Open Panel: Y  
 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*  
*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: Y*  
*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*  
*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: Y*  
*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: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT*  
 PROVIDER  
*Hours: M-F 8:00AM-5:00PM*

**REGISTERED PHYSICAL**

**THERAPIST**

**CLARK, SKYLAR**







*Provider ID: 227469*  
*Provider Gender: Female*  
*License Number: PT302385*  
*NPI: 1457089187*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173

 *Phone: (619) 662-4100*  
 *After Hours Phone: (619)*  
 662-4100  
 *Website: <https://www.syhealth.org/locations>*  
*Medi-Cal Open Panel: Y*  
*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](http://www.syhealth.org/clinics/san-ysidro-health-center)*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT*  
 PROVIDER  
**REGISTERED PHYSICAL**  
**THERAPIST**  
**TORRES, JOANN**  
*Provider ID: 206292*

Provider Gender: Female  
 License Number: PT296607  
 NPI: 1134732522

Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No

4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
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 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT PROVIDER

**SPEECH PATHOLOGIST**

**HILL, CARLA**

Provider ID: 206292  
 Provider Gender: Female  
 License Number: SP9075  
 NPI: 1043950751

Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No

4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y  
 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  
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 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT PROVIDER

**SURGERY GENERAL**

**OKWUOSA, CHRIS**

Provider ID: 206292  
 Provider Gender: Male  
 License Number: A170738  
 NPI: 1114336260

Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: Providence  
 St Mary Medical Center  
 Board Certified Specialty: No

4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619)

662-4100

Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y  
 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  
 Cultural Competency: N  
 Hospital Affiliation: Providence  
 St Mary Medical Center  
 Board Certified Specialty: No

4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 After Hours Phone: (619) 662-4100  
 Website: [www.syhealth.org/clinics/san-ysidro-health-center](http://www.syhealth.org/clinics/san-ysidro-health-center)

Medi-Cal Open Panel: Y  
 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**

**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: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**MANGINE, REGINA**

Provider ID: 366456

Provider Gender: Female

NPI: 1417177577

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, GROSSMONT

HOSPITAL, SHARP MARY

BIRCH HOSP FOR WOMEN  
AND NEWBORNS

Board Certified Specialty: No

9600 CUYAMACA ST STE  
101

SANTEE, CA 92071

Phone: (619) 749-2150

Fax: (619) 456-9744

After Hours Phone: (619)  
749-2150

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

**SPRING VALLEY**

**CERTIFIED NURSE**

**PRACTITIONER**

**LEONARD, BEVERLY**

Provider ID: 206361

Provider Gender: Female

License Number: NP10943

NPI: 1285772392

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

8788 JAMACHA RD  
SPRING VALLEY, CA 91977

Phone: (619) 515-2555

After Hours Phone: (619)  
515-2555

Website: www.fhcsd.org

Email: angelad@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

**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

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Website: www.fhcsd.org

Email: angelad@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

**CERTIFIED NURSE**

**PRACTITIONER**

**WILLIAMS, TAKISHA**

Provider ID: 206361

Provider Gender: Female

License Number: NP95013978

NPI: 1881727386

Provider English Spoken: Y

Provider Language(s)



Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 8788 JAMACHA RD  
 SPRING VALLEY, CA 91977  
 Phone: (619) 515-2555  
 After Hours Phone: (619)  
 515-2555  
 Website: www.fhcsd.org  
 Email: angelad@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**CERTIFIED NURSE**

**PRACTITIONER**

**WILLIAMS, TAKISHA**

Provider ID: 206361  
 Provider Gender: Female  
 License Number: NP95013978  
 NPI: 1881727386  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
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 515-2555  
 Website: www.fhcsd.org  
 Email: angelad@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**FAMILY PRACTICE**


**BACHARACH, REBECCA**

Provider ID: 206361  
 Provider Gender: Female  
 License Number: 20A15459  
 NPI: 1225442643  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 8788 JAMACHA RD  
 SPRING VALLEY, CA 91977  
 Phone: (619) 515-2555  
 After Hours Phone: (619)  
 515-2555  
 Website: www.fhcsd.org  
 Email: angelad@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**FAMILY PRACTICE**

**BACHARACH, REBECCA**

Provider ID: 206361  
 Provider Gender: Female  
 License Number: 20A15459  
 NPI: 1225442643  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 8788 JAMACHA RD  
 SPRING VALLEY, CA 91977  
 Phone: (619) 515-2555  
 After Hours Phone: (619)  
 515-2555  
 Website: www.fhcsd.org  
 Email: angelad@fhcsd.org  
 Medi-Cal Open Panel: Y

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: Y  
 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: Y

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: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM

TU 8:30AM-7:00PM

W-F 8:30AM-5:30PM

**FAMILY PRACTICE**

**CONSTANTINO, STEPHANIE**

Provider ID: 206361

Provider Gender: Female

License Number: A149063

NPI: 1366824971

Provider English Spoken: Y

Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL

Board Certified Specialty: No

8788 JAMACHA RD  
SPRING VALLEY, CA 91977

Phone: (619) 515-2555

After Hours Phone: (619)  
515-2555

Website: www.fhcsd.org

Email: angelad@fhcsd.org

Medi-Cal Open Panel: Y

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: Y

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: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM

TU 8:30AM-7:00PM

W-F 8:30AM-5:30PM

**FQHC**

**GROSSMONT SPRING VALLEY**

**FAMILY HLTH CTRS INC,**

Provider ID: 206361

NPI: 1508801069

Provider English Spoken: Y  
Cultural Competency: N

8788 JAMACHA RD  
SPRING VALLEY, CA 91977

Phone: (619) 515-2555

Fax: (619) 462-5584

After Hours Phone: (619)  
515-2555

Website: www.fhcsd.org

Email: angelad@fhcsd.org

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\150

American Sign Language (ASL): NPI: 1619397031

N

Accessibility: CONTACT  
PROVIDER

**OBSTETRICS / GYNECOLOGY**

**ALIMONOS, LYSISTRATI**

Provider ID: 206361

Provider Gender: Female

License Number: 20A14919

NPI: 1619397031

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,

SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

8788 JAMACHA RD  
SPRING VALLEY, CA 91977

Phone: (619) 515-2555

After Hours Phone: (619)  
515-2555

Website: www.fhcsd.org

Email: angelad@fhcsd.org

Medi-Cal Open Panel: Y

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

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

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Medi-Cal Open Panel: Y

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

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Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**OBSTETRICS / GYNECOLOGY**

**BUECHNER, CHARLENE**

Provider ID: 206361

Provider Gender: Female

License Number: A68463

NPI: 1376663831

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SHARP MARY

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Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**OBSTETRICS / GYNECOLOGY**

**CARTER, KHALIL**

Provider ID: 206361

Provider Gender: Male

License Number: A113001

NPI: 1225231582

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,

GROSSMONT HOSPITAL, TRI

CITY MEDICAL CTR

Board Certified Specialty: No

8788 JAMACHA RD  
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Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM

TU 8:30AM-7:00PM

W-F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**

**CARTER, KHALIL**

Provider ID: 206361

Provider Gender: Male

License Number: A113001

NPI: 1225231582

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

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GROSSMONT HOSPITAL, TRI

CITY MEDICAL CTR

Board Certified Specialty: No

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TU 8:30AM-7:00PM

W-F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**

**CERVANTES, SANDRA**

Provider ID: 206361

Provider Gender: Female

License Number: A118095

NPI: 1073701041

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR,  
GROSSMONT HOSPITAL  
Board Certified Specialty: No  
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515-2555  
Website: www.fhcsd.org  
Email: angelad@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

American Sign Language (ASL):  
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Accessibility: CONTACT  
PROVIDER  
Hours: M 8:30AM-5:30PM  
TU 8:30AM-7:00PM  
W-F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**

**CERVANTES, SANDRA**

Provider ID: 206361  
Provider Gender: Female  
License Number: A118095  
NPI: 1073701041  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR,  
GROSSMONT HOSPITAL  
Board Certified Specialty: No  
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Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
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PROVIDER  
Hours: M 8:30AM-5:30PM  
TU 8:30AM-7:00PM  
W-F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**

**CHAKRABARTI, PRIYA**

Provider ID: 206361  
Provider Gender: Female  
License Number: A163464  
NPI: 1326531401  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp  
Grossmont Hospital  
Board Certified Specialty: No  
8788 JAMACHA RD  
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Phone: (619) 515-2555  
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Website: www.fhcsd.org  
Email: angelad@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

**OBSTETRICS / GYNECOLOGY**

**CHAKRABARTI, PRIYA**

Provider ID: 206361  
Provider Gender: Female  
License Number: A163464  
NPI: 1326531401  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, Sharp  
Grossmont Hospital  
Board Certified Specialty: No  
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Website: www.fhcsd.org  
Email: angelad@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

**OBSTETRICS / GYNECOLOGY**

**DE MIK, TRAVIS**

Provider ID: 206361  
Provider Gender: Male  
License Number: A108228  
NPI: 1629277322  
Provider English Spoken: Y  
Cultural Competency: N  
Board Certified Specialty: No  
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🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **DE MIK, TRAVIS**

Provider ID: 206361

Provider Gender: Male

License Number: A108228

NPI: 1629277322

☐ Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

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Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **DORUELO, ASHLEY**

Provider ID: 206361

Provider Gender: Female

License Number: A178499

NPI: 1033613732

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

📍 8788 JAMACHA RD  
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☎ Phone: (619) 515-2555

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🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **DORUELO, ASHLEY**

Provider ID: 206361

Provider Gender: Female

License Number: A178499

NPI: 1033613732

☐ Provider English Spoken: Y

☐ Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

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Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

### **OBSTETRICS / GYNECOLOGY**

#### **FOLCH TORRES-AGUIAR, BEATRIZ**

Provider ID: 206361

Provider Gender: Female

License Number: A148014

NPI: 1457794752

☐ Provider English Spoken: Y

☐ Provider Language(s)

Spoken: Spanish, Yue Chinese

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,

Sharp Grossmont Hospital,

SCRIPPS MERCY HOSPITAL

CHULA VISTA

Board Certified Specialty: No

📍 8788 JAMACHA RD  
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🌐 Website: [www.fhcsd.org](http://www.fhcsd.org)

Email: [angelad@fhcsd.org](mailto:angelad@fhcsd.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N



♿ Accessibility: CONTACT PROVIDER

Hours: M-F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**




**FOLCH TORRES-AGUIAR, BEATRIZ**


Provider ID: 206361  
 Provider Gender: Female  
 License Number: A148014  
 NPI: 1457794752

 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish, Yue Chinese

Cultural Competency: N  
 Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital, SCRIPPS MERCY HOSPITAL CHULA VISTA

Board Certified Specialty: No

 8788 JAMACHA RD  
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 Phone: (619) 515-2555  
 After Hours Phone: (619) 515-2555

 Website: www.fhcsd.org  
 Email: angelad@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150

American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER


Hours: M-F 8:30AM-5:30PM




**OBSTETRICS / GYNECOLOGY**


**HANLEY, LAUREN**

Provider ID: 206361  
 Provider Gender: Female  
 License Number: C174771  
 NPI: 1053392035

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital  
 Board Certified Specialty: No

 8788 JAMACHA RD  
 SPRING VALLEY, CA 91977  
 Phone: (619) 515-2555  
 After Hours Phone: (619) 515-2555

 Website: www.fhcsd.org  
 Email: angelad@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150



American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

**OBSTETRICS / GYNECOLOGY**


**HANLEY, LAUREN**


Provider ID: 206361  
 Provider Gender: Female  
 License Number: C174771  
 NPI: 1053392035

 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish

Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, Sharp Grossmont Hospital  
 Board Certified Specialty: No

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 After Hours Phone: (619) 515-2555



 Website: www.fhcsd.org  
 Email: angelad@fhcsd.org

Medi-Cal Open Panel: Y  
 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

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 Website: www.fhcsd.org  
 Email: angelad@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Hours: M 8:30AM-5:30PM  
 TU 8:30AM-7:00PM  
 W-F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**

**LIPSCHITZ, LISA**

Provider ID: 206361  
 Provider Gender: Female  
 License Number: A72005  
 NPI: 1649208711

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Hospital Affiliation: SHARP  
 CORONADO HOSP AND  
 HEALTHCARE CTR, SCRIPPS  
 MERCY HOSPITAL,  
 GROSSMONT HOSPITAL  
 Board Certified Specialty: No

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Website: www.fhcsd.org  
 Email: angelad@fhcsd.org  
 Medi-Cal Open Panel: Y  
 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  
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 515-2555

Website: www.fhcsd.org  
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 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER  
 Hours: M 8:30AM-5:30PM  
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**OBSTETRICS / GYNECOLOGY**

**LOEFFLER, ALLISON**

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 Spoken: Spanish

Cultural Competency: N  
 Hospital Affiliation:  
 GROSSMONT HOSPITAL,  
 SCRIPPS MERCY HOSPITAL,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA

Board Certified Specialty: No  
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Accessibility: CONTACT  
 PROVIDER  
 Hours: M 8:30AM-5:30PM  
 TU 8:30AM-7:00PM  
 W-F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**

**MELLENDEZ 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  
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Website: www.fhcsd.org  
 Email: angelad@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):




N  
 **Accessibility: CONTACT PROVIDER**  
 Hours: M 8:30AM-5:30PM  
 TU 8:30AM-7:00PM  
 W-F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**

**MELENDEZ BERRIOS, IARA DEL**

Provider ID: 206361  
 Provider Gender: Female  
 License Number: A114181  
 NPI: 1740514249  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL  
 Board Certified Specialty: No  
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 American Sign Language (ASL):

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 TU 8:30AM-7:00PM  
 W-F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**  
**RODRIGUEZ JEREZ, ROBERTO**





Provider ID: 206361  
 Provider Gender: Male  
 License Number: A154298  
 NPI: 1710316450  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, GROSSMONT HOSPITAL  
 Board Certified Specialty: No  
 8788 JAMACHA RD  
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 Min/Max Age: 0\150  
 American Sign Language (ASL):  
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 **Accessibility: CONTACT PROVIDER**  
 Hours: M-F 8:30AM-5:30PM


**OBSTETRICS / GYNECOLOGY**  
**RODRIGUEZ JEREZ, ROBERTO**

Provider ID: 206361  
 Provider Gender: Male  
 License Number: A154298  
 NPI: 1710316450  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP

CORONADO HOSP AND HEALTHCARE CTR, GROSSMONT HOSPITAL  
 Board Certified Specialty: No  
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 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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):

N  
 *Accessibility: CONTACT PROVIDER*

**OBSTETRICS / GYNECOLOGY**

**SAPRA, SONIA**

*Provider ID: 206361  
 Provider Gender: Female  
 License Number: A164859  
 NPI: 1952751711*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Hindi*  
*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS MERCY HOSPITAL*

*Board Certified Specialty: No*






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 *Website: www.fhcsd.org*  
*Email: angelad@fhcsd.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*

**OBSTETRICS / GYNECOLOGY**

**STABEN, REBECCA**

*Provider ID: 206361  
 Provider Gender: Female  
 License Number: 20A13958  
 NPI: 1932269198*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: Sharp Grossmont Hospital*

*Board Certified Specialty: No*  
 8788 JAMACHA RD  
 SPRING VALLEY, CA 91977  
 *Phone: (619) 515-2555*  
 *After Hours Phone: (619) 515-2555*  
 *Website: www.fhcsd.org*  
*Email: angelad@fhcsd.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT PROVIDER*

**OBSTETRICS / GYNECOLOGY**

**STABEN, REBECCA**

*Provider ID: 206361  
 Provider Gender: Female  
 License Number: 20A13958  
 NPI: 1932269198*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: Sharp Grossmont Hospital*  
*Board Certified Specialty: No*

 8788 JAMACHA RD  
 SPRING VALLEY, CA 91977  
 *Phone: (619) 515-2555*  
 *After Hours Phone: (619) 515-2555*  
 *Website: www.fhcsd.org*  
*Email: angelad@fhcsd.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT PROVIDER*

**OBSTETRICS / GYNECOLOGY**

**WINESBURG, JENNIFER**

*Provider ID: 206361  
 Provider Gender: Female  
 License Number: 20A11535  
 NPI: 1811162456*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*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: Y*  
*Min/Max Age: 0\150*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M 8:30AM-5:30PM  
 TU 8:30AM-7:00PM  
 W-F 8:30AM-5:30PM*

**OBSTETRICS / GYNECOLOGY**

**WINESBURG, JENNIFER**  
*Provider ID: 206361  
 Provider Gender: Female  
 License Number: 20A11535  
 NPI: 1811162456*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*


Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR,  
GROSSMONT HOSPITAL,  
DESERT REGIONAL MED CTR

Board Certified Specialty: No  
 8788 JAMACHA RD  
SPRING VALLEY, CA 91977  
 Phone: (619) 515-2555  
 After Hours Phone: (619)  
515-2555  
 Website: www.fhcsd.org  
Email: angelad@fhcsd.org

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M 8:30AM-5:30PM  
TU 8:30AM-7:00PM  
W-F 8:30AM-5:30PM

**OBSTETRICS / GYNECOLOGY**


**ZIEG, ALAN**

Provider ID: 206361  
Provider Gender: Male  
License Number: G78814  
NPI: 1699790634  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA


Board Certified Specialty: No  
 8788 JAMACHA RD  
SPRING VALLEY, CA 91977  
 Phone: (619) 515-2555  
 After Hours Phone: (619)  
515-2555  
 Website: www.fhcsd.org  
Email: angelad@fhcsd.org  
Medi-Cal Open Panel: Y  
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  
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 After Hours Phone: (619)  
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 Website: www.fhcsd.org  
Email: angelad@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
Hours: M-F 9:00AM-5:00PM

**PEDIATRICS**



**JI, AMANDA**

Provider ID: 206361  
Provider Gender: Female  
License Number: A169342  
NPI: 1750745493  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL  
Board Certified Specialty: No  
 8788 JAMACHA RD  
SPRING VALLEY, CA 91977  
 Phone: (619) 515-2555  
 After Hours Phone: (619)  
515-2555  
 Website: www.fhcsd.org  
Email: angelad@fhcsd.org  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

**PEDIATRICS**

**JI, AMANDA**

Provider ID: 206361  
Provider Gender: Female  
License Number: A169342  
NPI: 1750745493  
 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL  
 Board Certified Specialty: No  
 8788 JAMACHA RD  
 SPRING VALLEY, CA 91977  
 Phone: (619) 515-2555  
 After Hours Phone: (619)  
 515-2555  
 Website: www.fhcsd.org  
 Email: angelad@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**PHYSICIANS ASSISTANT**

**TRAN, TU-UYEN**

Provider ID: 206361  
 Provider Gender: Female  
 License Number: PA54588  
 NPI: 1598293748  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Vietnamese  
 Cultural Competency: N  
 Board Certified Specialty: No  
 8788 JAMACHA RD  
 SPRING VALLEY, CA 91977  
 Phone: (619) 515-2555  
 After Hours Phone: (619)  
 515-2555  
 Website: www.fhcsd.org  
 Email: angelad@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT

PROVIDER  
 Hours: M 8:30AM-5:30PM  
 TU 8:30AM-7:00PM  
 W-F 8:30AM-5:30PM

**PHYSICIANS ASSISTANT**

**TRAN, TU-UYEN**

Provider ID: 206361  
 Provider Gender: Female  
 License Number: PA54588  
 NPI: 1598293748  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Vietnamese  
 Cultural Competency: N

Board Certified Specialty: No  
 8788 JAMACHA RD  
 SPRING VALLEY, CA 91977  
 Phone: (619) 515-2555  
 After Hours Phone: (619)  
 515-2555  
 Website: www.fhcsd.org  
 Email: angelad@fhcsd.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

Hours: M 8:30AM-5:30PM  
 TU 8:30AM-7:00PM  
 W-F 8:30AM-5:30PM

**VALLEY CENTER**

**CLINIC OUTPATIENT**

**NEIGHBORHOOD**

**HEALTHCARE,**

Provider ID: 519918  
 NPI: 1437335148  
 Provider English Spoken: Y

Cultural Competency: N  
 28477 LIZARD ROCKS RD  
 VALLEY CENTER, CA 92082  
 Phone: (760) 742-9919  
 Fax: (360) 462-2750  
 After Hours Phone: (760)  
 742-9919  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**CLINIC OUTPATIENT**

**NEIGHBORHOOD**

**HEALTHCARE,**

Provider ID: 519918  
 NPI: 1437335148  
 Provider English Spoken: Y  
 Cultural Competency: N  
 28477 LIZARD ROCKS RD  
 VALLEY CENTER, CA 92082  
 Phone: (760) 742-9919  
 Fax: (360) 462-2750  
 After Hours Phone: (760)  
 742-9919  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**FAMILY PRACTICE**

**AYON MARTINEZ, CARLOS**

Provider ID: 519918  
 Provider Gender: Male  
 License Number: A114419  
 NPI: 1154583128  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 28477 LIZARD ROCKS RD  
 VALLEY CENTER, CA 92082  
 Phone: (760) 742-9919  
 After Hours Phone: (760)  
 742-9919  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT

PROVIDER

**FAMILY PRACTICE**

**CASTANER, ZALYA**

Provider ID: 519918  
 Provider Gender: Female  
 License Number: A139490  
 NPI: 1487072179  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: PALOMAR  
 MEDICAL CENTER  
 Board Certified Specialty: No  
 28477 LIZARD ROCKS RD  
 VALLEY CENTER, CA 92082  
 Phone: (760) 742-9912  
 After Hours Phone: (760)  
 742-9912  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 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: Y  
 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**FAMILY PRACTICE**

**SCHULTZ, JAMES**

Provider ID: 519918

Provider Gender: Male

License Number: G61829

NPI: 1356376164

Provider English Spoken: Y

Provider Language(s)

Spoken: Farsi, Greek, Spanish

Cultural Competency: N

Hospital Affiliation:

SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
PALOMAR MEDICAL CENTER

Board Certified Specialty: No

28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082

Phone: (760) 742-9919

After Hours Phone: (760)  
742-9919

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

**FQHC**

**NEIGHBORHOOD  
HEALTHCARE,**

Provider ID: 519918

NPI: 1437335148

Provider English Spoken: Y

Cultural Competency: N

28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082

Phone: (760) 742-9919

Fax: (360) 462-2750

After Hours Phone: (760)  
742-9919

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

**FQHC**

**NEIGHBORHOOD  
HEALTHCARE,**

Provider ID: 519918

NPI: 1437335148

Provider English Spoken: Y  
Cultural Competency: N

28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082

Phone: (760) 742-9919

Fax: (360) 462-2750

After Hours Phone: (760)  
742-9919

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**CRAYCHEE, LEO**

Provider ID: 71887

Provider Gender: Male

NPI: 1265432710

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Board Certified Specialty: No

28714 VALLEY CENTER RD  
STE L

VALLEY CENTER, CA 92082

Phone: (760) 749-7770

Fax: (760) 751-9988

After Hours Phone: (760)  
749-7770

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-5:00PM

**PHYSICIANS ASSISTANT**

**AGUEY, OMAR**

Provider ID: 519918

Provider Gender: Male

License Number: PA18708

NPI: 1851479372

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

28477 LIZARD ROCKS RD  
VALLEY CENTER, CA 92082

Phone: (760) 742-9919


After Hours Phone: (760)  
742-9919

Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\999



American Sign Language (ASL):

N  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*


**PHYSICIANS ASSISTANT**


**AGUEY, OMAR**

*Provider ID: 519918*  
*Provider Gender: Male*  
*License Number: PA18708*  
*NPI: 1851479372*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*

*Board Certified Specialty: No*  
 28477 LIZARD ROCKS RD  
 VALLEY CENTER, CA 92082  
 *Phone: (760) 742-9919*  
 *After Hours Phone: (760) 742-9919*

 *Website: N/A*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*


**VISTA**

**CERTIFIED NURSE**

**PRACTITIONER**

**HALGEDAHL, YI**

*Provider ID: 400339*  
*Provider Gender: Female*  
*License Number: NP95006826*  
*NPI: 1619246907*


 *Provider English Spoken: Y*  
 *Provider Language(s)*

*Spoken: Mandarin*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 134 GRAPEVINE RD  
 VISTA, CA 92083  
 *Phone: (760) 631-5000*  
 *After Hours Phone: (760) 631-5000*  
 *Website: www.vistacommunityclinic.org*

*Email: credentialing@vcc.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*

*American Sign Language (ASL):*



N  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M 8:00AM-5:00PM*  
*TU 10:30AM-7:30PM*  
*W-F 8:00AM-5:00PM*

**CERTIFIED NURSE**




**PRACTITIONER**

**HALGEDAHL, YI**

*Provider ID: 400339*  
*Provider Gender: Female*  
*License Number: NP95006826*  
*NPI: 1619246907*


 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Mandarin*  
*Cultural Competency: N*

*Board Certified Specialty: No*  
 134 GRAPEVINE RD  
 VISTA, CA 92083

 *Phone: (760) 631-5000*  
 *After Hours Phone: (760) 631-5000*  
 *Website: www.vistacommunityclinic.org*

*Email: credentialing@vcc.org*  
*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\999*  
*American Sign Language (ASL):*


N  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M 8:00AM-5:00PM*  
*TU 10:30AM-7:30PM*  
*W-F 8:00AM-5:00PM*

**CERTIFIED NURSE**

**PRACTITIONER**

**SCHAEPE, RHODORA**

*Provider ID: 400339*  
*Provider Gender: Female*  
*License Number: RN410247*  
*NPI: 1700974789*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*

 134 GRAPEVINE RD  
 VISTA, CA 92083  
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 *After Hours Phone: (760) 631-5000*  
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*Email: credentialing@vcc.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*






*Hours: M 8:00AM-5:00PM*  
*TU 10:30AM-7:30PM*  
*W-F 8:00AM-5:00PM*

**CERTIFIED NURSE**

**PRACTITIONER**

**SCHAEPE, RHODORA**






*Provider ID: 400339*

Provider Gender: Female  
 License Number: RN410247  
 NPI: 1700974789  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 134 GRAPEVINE RD  
 VISTA, CA 92083  
 Phone: (760) 631-5000  
 After Hours Phone: (760)  
 631-5000  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M 8:00AM-5:00PM  
 TU 10:30AM-7:30PM  
 W-F 8:00AM-5:00PM

**CERTIFIED NURSE PRACTITIONER**






**SCHAEPE, RHODORA**

Provider ID: 400339  
 Provider Gender: Female  
 License Number: NP7791  
 NPI: 1700974789  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 134 GRAPEVINE RD  
 VISTA, CA 92083  
 Phone: (760) 631-5000  
 After Hours Phone: (760)  
 631-5000  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)  
 Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M 8:00AM-5:00PM  
 TU 10:30AM-7:30PM  
 W-F 8:00AM-5:00PM

**CERTIFIED NURSE PRACTITIONER**






**SCHAEPE, RHODORA**


Provider ID: 400339  
 Provider Gender: Female  
 License Number: NP7791  
 NPI: 1700974789  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 134 GRAPEVINE RD  
 VISTA, CA 92083  
 Phone: (760) 631-5000  
 After Hours Phone: (760)  
 631-5000  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M 8:00AM-5:00PM  
 TU 10:30AM-7:30PM  
 W-F 8:00AM-5:00PM

**CERTIFIED NURSE PRACTITIONER**


**WILLIAMS, JINA**

Provider ID: 400339  
 Provider Gender: Female  
 License Number: NP95020624  
 NPI: 1225500259  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Board Certified Specialty: No  
 134 GRAPEVINE RD  
 VISTA, CA 92083  
 Phone: (760) 631-5000  
 After Hours Phone: (760)  
 631-5000  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)


Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)  
 Medi-Cal Open Panel: Y  
 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  
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 631-5000  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)  
 Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)  
 Medi-Cal Open Panel: Y  
 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: Y  
 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: Y  
 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: Y  
 Min/Max Age: 12\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM








**FQHC**  
**VCC DURIAN,**

Provider ID: 411518  
 NPI: 1851300123

 Provider English Spoken: Y  
 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:00PM

**FQHC**

**VCC DURIAN,**

Provider ID: 411518  
 NPI: 1851300123  
 Provider English Spoken: Y  
 Cultural Competency: N  
 105 DURIAN ST STE A  
 VISTA, CA 92083  
 Phone: (844) 308-5003  
 Fax: (760) 414-3892  
 After Hours Phone: (844)  
 308-5003  
 Website: www.vistacommunityclinic.org  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M 8:00AM-5:00PM  
 TU 10:30AM-7:30PM  
 W-F 8:00AM-5:00PM

**FQHC**

**VISTA COMMUNITY CLINIC  
 GRAPEVINE,**

Provider ID: 400339  
 NPI: 1851300123  
 Provider English Spoken: Y  
 Cultural Competency: N  
 134 GRAPEVINE RD  
 VISTA, CA 92083  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Website: www.vistacommunityclinic.org  
 Email: credentialing@vcc.org  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999

American Sign Language (ASL): Provider Gender: Male  
 License Number: G77176  
 NPI: 1225017353

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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**GENERAL PRACTICE**

**RONAN, KEVIN**

Provider ID: 400339

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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**PEDIATRICS**

**AMANI, RAMIN**

Provider ID: 79901  
 Provider Gender: Male  
 NPI: 1659366292  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Farsi, Persian, Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 950 CIVIC CENTER DR STE A  
 VISTA, CA 92083  
 Phone: (760) 439-4839

Fax: (760) 439-4841

☎ After Hours Phone: (760) 439-4839

🌐 Website: N/A

Email:

RAMINAMANIMD@GMAIL.COM

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Hours: M-TU 9:00AM-4:00PM

W 9:00AM-0:00PM

TH-F 9:00AM-4:00PM

**PEDIATRICS**

**AMBO, STANLEY**

Provider ID: 52269

Provider Gender: Male

NPI: 1891735676

☐ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR, SCRIPPS

MEMORIAL HOSPITAL  
ENCINITAS, RADY CHILDRENS

HOSPITAL SAN DIEGO

Board Certified Specialty: No

📍 2067 W VISTA WAY STE 180  
VISTA, CA 92083

☎ Phone: (760) 945-3434

Fax: (760) 945-6761

☎ After Hours Phone: (760) 945-3434

🌐 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT

**PROVIDER**

Hours: M-F 8:00AM-5:00PM

**PEDIATRICS**

**ASSELIN, LYNETTE**

Provider ID: 65507

Provider Gender: Female

NPI: 1053484568

☐ Provider English Spoken: Y  
☐ Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR

Board Certified Specialty: No

📍 2067 W VISTA WAY STE 280  
VISTA, CA 92083

☎ Phone: (760) 941-3630

Fax: (760) 941-1214

☎ After Hours Phone: (760) 941-3630

🌐 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-6:00PM

SA 9:00AM-1:00PM

**PEDIATRICS**

**BEDROSIAN, DIANE**

Provider ID: 80272

Provider Gender: Female

NPI: 1447323951

☐ Provider English Spoken: Y  
☐ Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY

**MEDICAL CTR**

Board Certified Specialty: No

📍 2067 W VISTA WAY STE 280  
VISTA, CA 92083

☎ Phone: (760) 941-3630

Fax: (760) 941-1214

☎ After Hours Phone: (760) 941-3630

🌐 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Hours: M-F 8:30AM-6:00PM

SA 9:00AM-1:00PM

**PEDIATRICS**

**CASTRO, JORGE**

Provider ID: 100779

Provider Gender: Male

NPI: 1326082868

☐ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, RADY CHILDRENS

HOSPITAL SAN DIEGO

Board Certified Specialty: No

📍 2067 W VISTA WAY STE 180  
VISTA, CA 92083

☎ Phone: (760) 945-3434

Fax: (760) 945-6761


☎ After Hours Phone: (760) 945-3434

🌐 Website: N/A

Medi-Cal Open Panel: Y






Min/Max Age: 0\19


American Sign Language (ASL):

N  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:00AM-5:00PM*

**PEDIATRICS**





**HARTFORD, NICOLE**


*Provider ID: 411518*  
*Provider Gender: Female*  
*License Number: 20A14390*  
*NPI: 1346530466*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 105 DURIAN ST STE A  
 VISTA, CA 92083  
 *Phone: (760) 631-5000*  
 *After Hours Phone: (760) 631-5000*  
 *Website: www.vistacommunityclinic.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*


N  
 *Accessibility: CONTACT PROVIDER*

**PEDIATRICS**

**HARTFORD, NICOLE**




*Provider ID: 411518*  
*Provider Gender: Female*  
*License Number: 20A14390*  
*NPI: 1346530466*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Board Certified Specialty: No*  
 105 DURIAN ST STE A  
 VISTA, CA 92083  
 *Phone: (760) 631-5000*  
 *After Hours Phone: (760) 631-5000*

 *Website: www.vistacommunityclinic.org*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*


N  
 *Accessibility: CONTACT PROVIDER*

**PEDIATRICS**


**KARP, MICHAEL**

*Provider ID: 95672*  
*Provider Gender: Male*  
*NPI: 1295808632*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: TRI CITY MEDICAL CTR*  
*Board Certified Specialty: No*  
 2067 W VISTA WAY STE 280  
 VISTA, CA 92083  
 *Phone: (760) 941-3630*  
*Fax: (760) 941-1214*

 *After Hours Phone: (760) 941-3630*


 *Website: N/A*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\19*


*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:30AM-6:00PM*  
*SA 9:00AM-1:00PM*


**PEDIATRICS**

**KRAK, MICHAEL**


*Provider ID: 23455*  
*Provider Gender: Male*  
*NPI: 1003989419*  
 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS, TRI CITY MEDICAL CTR*

*Board Certified Specialty: Yes*  
 2067 W VISTA WAY STE 280  
 VISTA, CA 92083

 *Phone: (760) 941-3630*  
*Fax: (760) 941-1214*



 *After Hours Phone: (760) 941-3630*

 *Website: N/A*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL):*


N  
 *Accessibility: CONTACT PROVIDER*  
*Hours: M-F 8:30AM-6:00PM*  
*SA 9:00AM-1:00PM*



**PEDIATRICS**

**LUSCHWITZ, BRIAN**

*Provider ID: 400339*  
*Provider Gender: Male*  
*License Number: A60517*  
*NPI: 1205868510*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: TRI CITY MEDICAL CTR*

*Board Certified Specialty: No*








 134 GRAPEVINE RD  
 VISTA, CA 92083

 *Phone: (760) 631-5000*  
 *After Hours Phone: (760) 631-5000*

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)  
 Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M 8:00AM-5:00PM  
 TU 10:30AM-7:30PM  
 W-F 8:00AM-5:00PM

**PEDIATRICS**

**LUSCHWITZ, BRIAN**


Provider ID: 400339  
 Provider Gender: Male  
 License Number: A60517  
 NPI: 1205868510  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY MEDICAL CTR  
 Board Certified Specialty: No  
 134 GRAPEVINE RD  
 VISTA, CA 92083  
 Phone: (760) 631-5000  
 After Hours Phone: (760) 631-5000  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)  
 Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M 8:00AM-5:00PM

TU 10:30AM-7:30PM  
 W-F 8:00AM-5:00PM

**PEDIATRICS**


**NAUDIN, VERONICA**

Provider ID: 84118  
 Provider Gender: Female  
 NPI: 1093755878  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, RADY CHILDRENS HOSPITAL SAN DIEGO  
 Board Certified Specialty: No  
 2067 W VISTA WAY STE 180  
 VISTA, CA 92083  
 Phone: (760) 945-3434  
 Fax: (760) 945-6761  
 After Hours Phone: (760) 945-3434  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N






 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 SA 8:00AM-0:00PM

**PEDIATRICS**

**PERTL, URSULA**







Provider ID: 593894  
 Provider Gender: Female  
 NPI: 1609947464  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY

MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, RADY CHILDRENS HOSPITAL SAN DIEGO, CHILDRENS HOSP OF LOS ANGELES

Board Certified Specialty: No  
 2067 W VISTA WAY STE 180  
 VISTA, CA 92083  
 Phone: (760) 945-3434  
 Fax: (760) 945-6761  
 After Hours Phone: (760) 945-3434  
 Website: N/A  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: SU 10:00AM-2:00PM  
 M-F 8:00AM-5:00PM  
 SA 8:00AM-0:00PM

**PHYSICIANS ASSISTANT**

**WEAVER, APRIL**

Provider ID: 400339  
 Provider Gender: Female  
 License Number: PA20775  
 NPI: 1063552800  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Board Certified Specialty: No  
 134 GRAPEVINE RD  
 VISTA, CA 92083  
 Phone: (760) 631-5000  
 After Hours Phone: (760) 631-5000  
 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-TH 9:00AM-2:00PM

F 8:00AM-5:00PM

SA 8:00AM-4:00PM

### **PHYSICIANS ASSISTANT**


#### **WEAVER, APRIL**

Provider ID: 400339

Provider Gender: Female

License Number: PA20775

NPI: 1063552800


 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000

 Website: [www.vistacommunityclinic.org](http://www.vistacommunityclinic.org)

Email: [credentialing@vcc.org](mailto:credentialing@vcc.org)

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-TH 9:00AM-2:00PM

F 8:00AM-5:00PM

SA 8:00AM-4:00PM

**ALPINE**

**CHIROPRACTOR**

**KELCHNER, MATTHEW**

Provider ID: 290507

Board Certified Specialty: No

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619)  
662-4100

Provider Gender: Male

NPI: 1174656755

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: SU 10:00AM-4:00PM

M 8:30AM-5:30PM

TU-TH 8:00AM-2:30PM

F 8:30AM-5:30PM

SA 8:00AM-2:30PM

Website: N/A

**FAMILY PRACTICE**

**DUBE, BIANCA**

Provider ID: 295477

Board Certified Specialty: No

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

Phone: (619) 662-4100

Fax: (619) 662-4196

After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1740535152

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

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: 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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:00PM

Website: N/A

**PSYCHOLOGIST**

**FRITZ, JENNIFER**

Provider ID: 290496

Board Certified Specialty: No

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

Phone: (619) 662-4100

Fax: (916) 205-6305

After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1013071497

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**PSYCHOLOGIST**

**SMITH, STEPHANIE**

Provider ID: 290676

Board Certified Specialty: No

1620 ALPINE BLVD STE 110  
ALPINE, CA 91901

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1346700325

Provider English Spoken: Y



Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*

**CARLSBAD**


**CERTIFIED NURSE**


**PRACTITIONER**

**HOOPER, BONNIE**

*Provider ID: 275252*

*Board Certified Specialty: No*

 6010 HIDDEN VALLEY RD  
STE 120  
CARLSBAD, CA 92011

 *Phone: (760) 884-5990*

*Fax: (760) 448-4404*

 *After Hours Phone: (760) 884-5990*

*Provider Gender: Female*

*NPI: 1821062878*


 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F*  
*8:00AM-5:00PM*

 *Website: N/A*


**CERTIFIED NURSE**


**PRACTITIONER**

**RICE, ELIZABETH**

*Provider ID: 304664*

*Board Certified Specialty: No*

 6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

 *Phone: (760) 631-3000*

*Fax: (760) 631-3016*

 *After Hours Phone: (760) 631-3000*

*Provider Gender: Female*

*NPI: 1902470537*


 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Medi-Cal Open Panel: Y*

*Min/Max Age: 18\999*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F*  
*8:00AM-5:00PM*

 *Website: N/A*

**HEARING AID DEALER /**


**SUPPLIER**

**DAVIS, KELLE**

*Provider ID: 268654*

*Board Certified Specialty: No*

 1820 MARRON RD STE 102  
CARLSBAD, CA 92008

 *Phone: (760) 434-0125*

*Fax: (760) 434-4531*

 *After Hours Phone: (760) 434-0125*

*Provider Gender: Female*

*NPI: 1902853344*

 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Medi-Cal Open Panel: Y*

*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*

*MEMORIAL HOSPITAL,*

*PALOMAR MEDICAL CENTER,*

*TRI CITY MEDICAL CTR,*

*SCRIPPS MERCY HOSPITAL*


*Medi-Cal Open Panel: Y*


*Min/Max Age: 18\999*

*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F*  
*8:00AM-5:00PM*


 *Website: N/A*


**OTOLARYNGOLOGY**

**DONALDSON, CHADWICK**

*Provider ID: 268146*

*Board Certified Specialty: No*

 2390 FARADAY AVE  
CARLSBAD, CA 92008

 *Phone: (858) 909-0770*

*Fax: (858) 909-0880*

 *After Hours Phone: (858)*



909-0770  
 Provider Gender: Male  
 NPI: 1891743910  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation:  
 GROSSMONT HOSPITAL,  
 TEMECULA VALLEY HOSPITAL  
 INC, SCRIPPS MEMORIAL  
 HOSPITAL, SOUTHWEST  
 HEALTHCARE RANCHO  
 SPRINGS HOSPITAL,  
 SOUTHWEST HEALTHCARE  
 INLAND VALLEY HOSPITAL,  
 SHARP MEMORIAL HOSPITAL,  
 SHARP CHULA VISTA MED  
 CTR, SHARP CHULA VISTA  
 MED CTR, Sharp Grossmont  
 Hospital  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**PHYSICIANS ASSISTANT**  
**HERMANSON, KATHLEEN**

Provider ID: 269004  
 Board Certified Specialty: No  
 6010 HIDDEN VALLEY RD  
 STE 200  
 CARLSBAD, CA 92011  
 Phone: (760) 631-3000  
 Fax: (760) 631-3016  
 After Hours Phone: (760)

631-3000  
 Provider Gender: Female  
 NPI: 1598160343  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-4:00PM  
 Website: N/A

**PHYSICIANS ASSISTANT**  
**INOCELDA, ANDREW**

Provider ID: 269089  
 Board Certified Specialty: No  
 6010 HIDDEN VALLEY RD  
 STE 200  
 CARLSBAD, CA 92011  
 Phone: (760) 631-3000  
 Fax: (760) 631-3016  
 After Hours Phone: (760)  
 631-3000  
 Provider Gender: Male  
 NPI: 1497950208

Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**PHYSICIANS ASSISTANT**  
**SHIMIZU, KELSIE MIDORI**


Provider ID: 296819  
 Board Certified Specialty: No  
 2390 FARADAY AVE  
 CARLSBAD, CA 92008  
 Phone: (858) 909-0770  
 Fax: (858) 909-0880  
 After Hours Phone: (858)  
 909-0770  
 Provider Gender: Female  
 NPI: 1972107811  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: KECK  
 HOSPITAL OF USC, USC  
 KENNETH NORRIS JR CANCER  
 HOSPITAL, USC VERDUGO  
 HILLS HOSPITAL  
 Medi-Cal Open Panel: Y  
 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**  
**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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


**REGISTERED PHYSICAL THERAPIST**

**AMBROSE, CHRISTOPHER**

Provider ID: 248010

Board Certified Specialty: No

 3070 MADISON ST  
CARLSBAD, CA 92008

 Phone: (760) 434-6100

Fax: (760) 471-5139

 After Hours Phone: (760)  
591-7750

Provider Gender: Male


NPI: 1114977535


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 8\125

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M 7:00AM-7:00PM  
TU 7:00AM-5:00PM  
W 7:00AM-7:00PM  
TH 7:00AM-5:00PM  
F 7:00AM-7:00PM


 Website: N/A


**REGISTERED PHYSICAL THERAPIST**

**BOUTELLE, DAVID**

Provider ID: 248307

Board Certified Specialty: No

 3070 MADISON ST  
CARLSBAD, CA 92008

 Phone: (760) 434-6100

Fax: (760) 471-5139

 After Hours Phone: (760)  
434-6100

Provider Gender: Male

NPI: 1063461101


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M 7:00AM-7:00PM  
TU 7:00AM-5:00PM  
W 7:00AM-7:00PM  
TH 7:00AM-5:00PM  
F 7:00AM-7:00PM


 Website: N/A


**REGISTERED PHYSICAL THERAPIST**

**BOUTELLE, BARBARA**

Provider ID: 246318

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: Female

NPI: 1437107711


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M 7:00AM-7:00PM  
TU 7:00AM-5:00PM  
W 7:00AM-7:00PM  
TH 7:00AM-5:00PM  
F 7:00AM-7:00PM


 Website: N/A


**REGISTERED PHYSICAL THERAPIST**

**MCGEE, JACQUELINE**

Provider ID: 252472

Board Certified Specialty: No

 3070 MADISON ST  
CARLSBAD, CA 92008

 Phone: (760) 434-6100

Fax: (760) 434-4583

 After Hours Phone: (760)  
434-6100

Provider Gender: Female

NPI: 1194217133


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 8\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
7:00AM-6:00PM


 Website: N/A

**SURGERY NEUROLOGICAL**

**BEN-HAIM, SHARONA**

Provider ID: 244069

Board Certified Specialty: No

 6010 HIDDEN VALLEY RD  
STE 200  
CARLSBAD, CA 92011

 Phone: (800) 926-8273

☎ After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1942469663  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Hebrew, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**SURGERY NEUROLOGICAL**

**BLASKIEWICZ, DONALD**

Provider ID: 270283  
 Board Certified Specialty: No  
 6010 HIDDEN VALLEY RD  
 STE 200  
 CARLSBAD, CA 92011  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1215176839  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR  
 Medi-Cal Open Panel: Y

Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**SURGERY NEUROLOGICAL**

**MURTHY, NIKHIL**

Provider ID: 299996  
 Board Certified Specialty: No  
 6010 HIDDEN VALLEY RD  
 STE 200  
 CARLSBAD, CA 92011  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273

Provider Gender: Male  
 NPI: 1710371273  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A

**SURGERY NEUROLOGICAL**

**PHAM, MARTIN**

Provider ID: 203510  
 Board Certified Specialty: No  
 6010 HIDDEN VALLEY RD  
 STE 200  
 CARLSBAD, CA 92011  
 Phone: (619) 543-5540  
 After Hours Phone: (619)  
 543-5540

Provider Gender: Male  
 NPI: 1609130921  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**CHULA VISTA**

**ANESTHESIOLOGY PAIN  
 MANAGEMENT**

**DAIRO, BRANDON**


Provider ID: 300088  
 Board Certified Specialty: No  
 340 4TH AVE STE 19  
 CHULA VISTA, CA 91910  
 Phone: (619) 761-5308  
 Fax: (619) 591-1910  
 After Hours Phone: (619)  
 761-5308  
 Provider Gender: Male  
 NPI: 1689092470  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY  
 MEDICAL CTR, SCRIPPS  
 MERCY HOSPITAL, SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA  
 Medi-Cal Open Panel: Y


Min/Max Age: 18\999

American Sign Language (ASL): Board Certified Specialty: No

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### **ANESTHESIOLOGY PAIN**


#### **MANAGEMENT**

#### **DAIRO, BRANDON**


Provider ID: 299879

Board Certified Specialty: No

 340 4TH AVE STE 19  
CHULA VISTA, CA 91910

 Phone: (619) 761-5308

Fax: (619) 591-1910

 After Hours Phone: (619)  
761-5308

Provider Gender: Male

NPI: 1689092470

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR, SCRIPPS

MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA


VISTA


Medi-Cal Open Panel: Y

Min/Max Age: 18\100

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### **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: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
9:00AM-5:00PM

 Website: N/A

### **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

 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: Y


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### **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: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

**CARDIOLOGY**

**ROUGH, STEVEN**




Provider ID: 298442  
Board Certified Specialty: No  
 754 MEDICAL CENTER CT  
STE 101  
CHULA VISTA, CA 91911  
 Phone: (619) 434-4288  
Fax: (619) 434-4315  
 After Hours Phone: (619)  
434-4288  
Provider Gender: Male  
NPI: 1386821460



 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM



 Website: N/A


**CARDIOLOGY**

**SHEREV, DIMITRI**

Provider ID: 268950  
Board Certified Specialty: No  
 752 MEDICAL CENTER CT  
STE 207  
CHULA VISTA, CA 91911  
 Phone: (619) 867-0557  
Fax: (619) 867-0558  
 After Hours Phone: (619)  
867-0557  
Provider Gender: Male  
NPI: 1154323996




 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Bulgarian, Russian,  
Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL,  
GROSSMONT HOSPITAL,  
ALVARADO COMMUNITY  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL,  
ALVARADO HOSPITAL LLC,  
SHARP CHULA VISTA MED  
CTR, SHARP CHULA VISTA  
MED CTR, TRI CITY MEDICAL  
CTR, SCRIPPS MERCY  
HOSPITAL CHULA VISTA, Sharp  
Grossmont Hospital  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N




 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F

8:30AM-5:00PM  
 Website: N/A

**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: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

**CARDIOLOGY**

**YAU, STEPHEN**

Provider ID: 296946  
Board Certified Specialty: No  
 450 4TH AVE STE 215  
CHULA VISTA, CA 91910  
 Phone: (619) 434-0204  
Fax: (619) 337-0191  
 After Hours Phone: (619)  
434-0204  
Provider Gender: Male

NPI: 1689037376


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MERCY  
HOSPITAL


Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:00PM

 Website: N/A


### **CARDIOLOGY**

#### **YAU, STEPHEN**

Provider ID: 295855

Board Certified Specialty: No

 429 BROADWAY  
CHULA VISTA, CA 91910

 Phone: (619) 434-0204

Fax: (619) 337-0191

 After Hours Phone: (619)  
434-0204

Provider Gender: Male

NPI: 1689037376


 Provider English Spoken: Y  
Cultural Competency: N



Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MERCY  
HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A


### **CARDIOLOGY**

#### **YAU, STEPHEN**


Provider ID: 302105

Board Certified Specialty: No

 429 BROADWAY  
CHULA VISTA, CA 91910

 Phone: (619) 434-0204

Fax: (619) 337-0191

 After Hours Phone: (619)  
434-0204

Provider Gender: Male

NPI: 1689037376

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MERCY  
HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### **CARDIOVASCULAR DISEASE**


#### **LERNER, JONATHAN**

Provider ID: 303445

Board Certified Specialty: No

 765 MEDICAL CENTER CT  
STE 211

CHULA VISTA, CA 91911

 Phone: (619) 616-2100


Fax: (619) 616-2104

 After Hours Phone: (619)

616-2100

Provider Gender: Male

NPI: 1962899823

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SHARP  
CHULA VISTA MED CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### **CERTIFIED ACUPUNCTURIST**

#### **LAM, KHANH**

Provider ID: 295381

Board Certified Specialty: No

 340 4TH AVE STE 19  
CHULA VISTA, CA 91910


 Phone: (619) 761-5308


Fax: (619) 591-1910

 After Hours Phone: (619)  
761-5308

Provider Gender: Male

NPI: 1649594979

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Chinese, French,  
Vietnamese



Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 18\999



American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A



**CERTIFIED ACUPUNCTURIST**  
**WILCOX, WENONAH**

Provider ID: 290591  
Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
Fax: (619) 425-1184


 After Hours Phone: (619)  
662-4100


Provider Gender: Female  
NPI: 1598037178

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999

American Sign Language (ASL):  
N



 Accessibility: CONTACT  
PROVIDER


 Website: N/A

**CERTIFIED NURSE**


**PRACTITIONER**  
**BRAYTENBAH, MELANIE**

Provider ID: 262342  
Board Certified Specialty: No

 752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911  
 Phone: (619) 421-3361  
Fax: (619) 869-4378


 After Hours Phone: (619)  
421-3361

Provider Gender: Female  
NPI: 1508370875

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
9:00AM-5:00PM



 Website: N/A


**CERTIFIED NURSE**

**PRACTITIONER**


**BRAYTENBAH, MELANIE**

Provider ID: 295830  
Board Certified Specialty: No

 752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911  
 Phone: (619) 421-3361  
Fax: (619) 869-4378


 After Hours Phone: (619)  
421-3361

Provider Gender: Female  
NPI: 1508370875

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
9:00AM-5:00PM

 Website: N/A


**CERTIFIED NURSE**

**PRACTITIONER**

**BRAYTENBAH, MELANIE**


Provider ID: 268746

Board Certified Specialty: No  
 752 MEDICAL CENTER CT  
STE 302  
CHULA VISTA, CA 91911

 Phone: (619) 421-3361  
Fax: (619) 869-4378


 After Hours Phone: (619)  
421-3361

Provider Gender: Female  
NPI: 1508370875

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
9:00AM-5:00PM



 Website: N/A


**CERTIFIED NURSE**

**PRACTITIONER**


**CARAPIA, FABIOLA**

Provider ID: 54496  
Board Certified Specialty: No

 340 4TH AVE STE 4  
CHULA VISTA, CA 91910  
 Phone: (619) 427-1144  
Fax: (619) 427-1185



 After Hours Phone: (619)  
427-1144

Provider Gender: Female  
NPI: 1184905994

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 18\150


American Sign Language (ASL):  
N

 Accessibility: CONTACT




**PROVIDER**  
 Hours: M-F  
 9:00AM-5:00PM  
 Website: N/A





**CERTIFIED NURSE  
 PRACTITIONER**

**CARAPIA, FABIOLA**  
 Provider ID: 295918  
 Board Certified Specialty: No  
 340 4TH AVE STE 4  
 CHULA VISTA, CA 91910  
 Phone: (619) 427-1144  
 Fax: (619) 427-1185  
 After Hours Phone: (619)  
 427-1144

Provider Gender: Female  
 NPI: 1184905994  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 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  
 After Hours Phone: (619)  
 425-3840  
 Provider Gender: Female

NPI: 1023178233  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-6:00PM  
 Website: N/A




**CERTIFIED NURSE  
 PRACTITIONER**



**DE DIOS, SARAH**  
 Provider ID: 302418  
 Board Certified Specialty: No  
 450 4TH AVE STE 215  
 CHULA VISTA, CA 91910  
 Phone: (619) 425-3840  
 Fax: (619) 425-3842  
 After Hours Phone: (619)  
 425-3840  
 Provider Gender: Female  
 NPI: 1528632742  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 CHULA VISTA MED CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM




 Website: N/A

**CERTIFIED NURSE  
 PRACTITIONER**

**GUADARRAMA, IGNACIO**  
 Provider ID: 300304  
 Board Certified Specialty: No  
 880 THIRD AVE STE A  
 CHULA VISTA, CA 91911  
 Phone: (619) 662-4100  
 Fax: (619) 618-2035  
 After Hours Phone: (619)  
 662-4100  
 Provider Gender: Male  
 NPI: 1821331174


 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: SU 10:00AM-4:00PM  
 M-F 8:30AM-7:30PM  
 SA 8:00AM-2:30PM  
 Website: N/A


**CERTIFIED NURSE  
 PRACTITIONER**

**GUADARRAMA, IGNACIO**  
 Provider ID: 262418  
 Board Certified Specialty: No  
 1323 3RD AVE  
 CHULA VISTA, CA 91911  
 Phone: (619) 409-6900  
 Fax: (619) 409-6901  
 After Hours Phone: (619)  
 409-6900  
 Provider Gender: Male



NPI: 1821331174

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


### CERTIFIED NURSE

#### PRACTITIONER


#### **KANTAS, PARIS**

Provider ID: 293297


Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910


 Phone: (619) 662-4100

Fax: (619) 425-1184

 After Hours Phone: (619)  
662-4100

Provider Gender: Male

NPI: 1114329612

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND


HEALTHCARE CTR

Medi-Cal Open Panel: Y

Min/Max Age: 2\999

American Sign Language (ASL):


N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 10:00AM-4:00PM

M-F 8:30AM-5:30PM

SA 8:00AM-2:30PM

 Website: N/A

### CERTIFIED NURSE

#### PRACTITIONER


#### **LANE, KIMBERLY**

Provider ID: 301598

Board Certified Specialty: No

 752 MEDICAL CENTER CT  
STE 101

CHULA VISTA, CA 91911

 Phone: (619) 397-4500

Fax: (858) 429-7931

 After Hours Phone: (619)  
397-4500

Provider Gender: Female

NPI: 1457670119

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### EMERGENCY MEDICINE


#### **DILLMAN, ARIANA**

Provider ID: 290495


Board Certified Specialty: Yes

 333 H ST STE 2080

CHULA VISTA, CA 91910


 Phone: (619) 662-4100

Fax: (661) 205-6305

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1497067862

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: BEVERLY  
HOSPITAL, TRI CITY MEDICAL

CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:30AM-5:30PM

SA 8:00AM-2:30PM

 Website: N/A

### EMERGENCY MEDICINE


#### **EINSTEIN, ERIC**

Provider ID: 290482

Board Certified Specialty: No

 333 H ST STE 2080

CHULA VISTA, CA 91910


 Phone: (619) 662-4100

Fax: (619) 205-6305

 After Hours Phone: (619)  
662-4100

Provider Gender: Male

NPI: 1154683787

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: CORONA

REGIONAL MED CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:30AM-5:30PM

SA 8:00AM-2:30PM

 Website: N/A

### EMERGENCY MEDICINE

#### **FRENCH, TONIANNE**

Provider ID: 290538

Board Certified Specialty: No

333 H ST STE 2080  
CHULA VISTA, CA 91910

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1770578411

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MEMORIAL  
HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:30PM  
SA 8:00AM-2:30PM

Website: N/A

### **EMERGENCY MEDICINE**

#### **GALASSO, MADISON**

Provider ID: 290477

Board Certified Specialty: No

333 H ST STE 2080  
CHULA VISTA, CA 91910

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1053766766

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:30PM  
SA 8:00AM-2:30PM

Website: N/A

### **EMERGENCY MEDICINE**

#### **GRIESINGER, MICHAEL**

Provider ID: 290537

Board Certified Specialty: No

333 H ST STE 2080  
CHULA VISTA, CA 91910

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619)  
662-4100

Provider Gender: Male

NPI: 1336556604

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SAN  
JOAQUIN COMM HOSP

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:30PM  
SA 8:00AM-2:30PM

Website: N/A

### **EMERGENCY MEDICINE**

#### **HARRELL-BURDER, BEVERLY**

Provider ID: 295890

Board Certified Specialty: No

333 H ST STE 2080

CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1619907581

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA

VISTA, SCRIPPS MERCY

HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

### **EMERGENCY MEDICINE**

#### **PHAM, LILY**

Provider ID: 304935

Board Certified Specialty: No

386 E H ST STE 202  
CHULA VISTA, CA 91910

Phone: (858) 966-1720

Fax: (858) 966-1725

After Hours Phone: (858)  
966-1720

Provider Gender: Female

NPI: 1811423072

Provider English Spoken: Y  
Provider Language(s)

Spoken: Vietnamese




Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO



Medi-Cal Open Panel: Y



Min/Max Age: 0\19

American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM  
 Website: N/A

**EMERGENCY MEDICINE**

**QUENZER, FAITH**

Provider ID: 290637  
 Board Certified Specialty: No  
 333 H ST STE 2080  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 Fax: (619) 205-6305  
 After Hours Phone: (619) 662-4100  
 Provider Gender: Female  
 NPI: 1295112670  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation:  
UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR, UNIVERSITY  
HSP OF SAN DIEGO CO  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999

American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:30AM-5:30PM  
SA 8:30AM-2:30PM  
 Website: N/A




**EMERGENCY MEDICINE**

**REARDON, JACQUELINE**

Provider ID: 290673  
 Board Certified Specialty: No

 333 H ST STE 2080  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 Fax: (619) 205-6305  
 After Hours Phone: (619) 662-4100  
 Provider Gender: Female  
 NPI: 1417928557


 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MEMORIAL  
HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):


N  
 Accessibility: CONTACT PROVIDER  
 Hours: SU 10:00AM-4:00PM  
M-F 8:30AM-5:30PM  
SA 8:00AM-2:30PM  
 Website: N/A

**EMERGENCY MEDICINE**

**ROXAS, ROGER**





Provider ID: 290600  
 Board Certified Specialty: No  
 333 H ST STE 2080  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 Fax: (619) 205-6305  
 After Hours Phone: (619) 662-4100  
 Provider Gender: Male  
 NPI: 1578910840




 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 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**

**TOVAR, JUAN**

Provider ID: 295954  
 Board Certified Specialty: No  
 333 H ST STE 2080  
CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 Fax: (619) 205-6305  
 After Hours Phone: (619) 662-4100  
 Provider Gender: Male  
 NPI: 1508896333  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA  
 Medi-Cal Open Panel: Y  
 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

**ENDOCRINOLOGY**

**METABOLISM DIABETES**

**CARRILLO, MARITZA**  
 Provider ID: 290970

Board Certified Specialty: No

678 3RD AVE  
CHULA VISTA, CA 91910

Phone: (619) 662-4100

Fax: (619) 425-1184

After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1649628587

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-8:00PM

SA 8:00AM-4:00PM

Website: N/A

### **FAMILY PRACTICE**

#### **DEIS, CRISTINA**

Provider ID: 302757

Board Certified Specialty: No

1637 THIRD AVE STE H  
CHULA VISTA, CA 91911

Phone: (619) 662-4100

Fax: (619) 662-4196

After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1639478811

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### **FAMILY PRACTICE**

#### **HERNANDEZ, RALPH**

Provider ID: 300230

Board Certified Specialty: No

880 3RD AVE STE A  
CHULA VISTA, CA 91911

Phone: (619) 662-4100

Fax: (619) 618-2035

After Hours Phone: (619)  
662-4100

Provider Gender: Male

NPI: 1285782151

Provider English Spoken: Y  
Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

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

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: Y

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**

#### **SEARLES, ROBERT**

Provider ID: 300125

Board Certified Specialty: No

678 THIRD AVE  
CHULA VISTA, CA 91910

Phone: (619) 662-4100

Fax: (619) 425-1184

After Hours Phone: (619)  
662-4100

Provider Gender: Male

NPI: 1891807764

Provider English Spoken: Y  
Provider Language(s)

Spoken: Spanish



Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Y

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**  
**VELASQUEZ, SHARON**

Provider ID: 299164  
 Board Certified Specialty: No

 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 Fax: (619) 425-1184

 After Hours Phone: (619)  
 662-4100

Provider Gender: Female  
 NPI: 1972732584


 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish


Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

 Hours: M-F  
 8:30AM-5:30PM  
 SA 8:00AM-2:30PM

 Website: N/A

**GASTROENTEROLOGY**  
**NOVO, MEGAN**

Provider ID: 296068

Board Certified Specialty: No

 296 H ST STE 301

CHULA VISTA, CA 91910  
 Phone: (619) 266-3332  
 Fax: (619) 266-6000

 After Hours Phone: (619)  
 266-3332

Provider Gender: Female  
 NPI: 1770961971

 Provider English Spoken: Y  
 Cultural Competency: N


Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR, UNIVERSITY OF  
 CALIFORNIA IRVINE MED CTR,  
 PARADISE VALLEY HOSPITAL,


TRI CITY MEDICAL CTR,  
 SCRIPPS MEMORIAL  
 HOSPITAL ENCINITAS,  
 SCRIPPS MERCY HOSPITAL,  
 SCRIPPS MERCY HOSPITAL,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

 Hours: M-F  
 8:00AM-5:00PM



 Website: N/A

**GASTROENTEROLOGY**

**WIENER, GREGORY**



Provider ID: 257480

Board Certified Specialty: Yes

 353 CHURCH AVE STE A  
 CHULA VISTA, CA 91910  
 Phone: (619) 585-8883  
 Fax: (619) 585-8892

 After Hours Phone: (619)

585-8883  
 Provider Gender: Male  
 NPI: 1811099534

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: French, Spanish  
 Cultural Competency: N


Hospital Affiliation: SHARP  
 MEMORIAL HOSPITAL,  
 SCRIPPS MEMORIAL  
 HOSPITAL, SCRIPPS MERCY  
 HOSPITAL, SHARP CHULA  
 VISTA MED CTR, SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

 Hours: M-TH  
 8:30AM-4:30PM  
 F 8:30AM-3:00PM

 Website: N/A

**GENERAL PRACTICE**

**SAMI, REMAN**



Provider ID: 295214

Board Certified Specialty: No

 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 Fax: (619) 425-1184

 After Hours Phone: (619)  
 662-4100


Provider Gender: Female  
 NPI: 1295362242

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N

Medi-Cal Open Panel: Y  
 Min/Max Age: 18\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A


**HEARING AID DEALER / SUPPLIER**

**ANDERSON, ELAINE**

Provider ID: 268688  
 Board Certified Specialty: No  
 310 3RD AVE STE C11  
 CHULA VISTA, CA 91910  
 Phone: (619) 426-0841  
 Fax: (619) 426-9197  
 After Hours Phone: (619)  
 426-0841  
 Provider Gender: Female  
 NPI: 1063558856  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 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: 1902853344  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 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: 297145  
 Board Certified Specialty: No  
 855 3RD AVE STE 3330  
 CHULA VISTA, CA 91911  
 Phone: (619) 745-1031  
 Fax: (619) 745-1032  
 After Hours Phone: (619)  
 745-1031  
 Provider Gender: Male  
 NPI: 1972513695  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish, Tagalog  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 CHULA VISTA MED CTR,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA, SCRIPPS MERCY  
 HOSPITAL  
 Medi-Cal Open Panel: Y  
 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**





**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: Y  
 Min/Max Age: 18\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**HEMATOLOGY / ONCOLOGY**


**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: Y


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  
VISTA, LOMA LINDA  
UNIVERSITY MED CTR  
MURRIETA, SHARP CHULA  
VISTA MED CTR


Medi-Cal Open Panel: Y


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### **HEMATOLOGY / ONCOLOGY**


#### **MOOLANI, RAMESH**


Provider ID: 295976

Board Certified Specialty: No

 855 3RD AVE STE 3330  
CHULA VISTA, CA 91911

 Phone: (619) 745-1031

 Fax: (619) 745-1032

 After Hours Phone: (619)  
745-1031

Provider Gender: Male

NPI: 1437272010

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA  
VISTA, LOMA LINDA

UNIVERSITY MED CTR

MURRIETA, SHARP CHULA  
VISTA MED CTR


Medi-Cal Open Panel: Y

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**


#### **SCHWERKOSKE, JOHN**

Provider ID: 298654

Board Certified Specialty: No

 450 4TH AVE STE 311  
CHULA VISTA, CA 91910


 Phone: (619) 371-9156

 Fax: (619) 526-0833

 After Hours Phone: (619)  
371-9156

Provider Gender: Male

NPI: 1912260829

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:

METHODIST HOSP OF  
SACRAMENTO, MERCY SAN  
JUAN MEDICAL CENTER,  
MERCY GENERAL HOSPITAL,  
CITY OF HOPE NATIONAL  
MED CTR, MERCY HOSPITAL

OF FOLSOM, UC DAVIS

MEDICAL CTR, WOODLAND  
MEMORIAL HOSP,

WOODLAND MEMORIAL

HOSP, LOMA LINDA

UNIVERSITY MED CTR

MURRIETA, Hemet Valley  
Medical Center

Medi-Cal Open Panel: Y

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**

**NAIDZIONAK, ULADZISLAU**

Provider ID: 290568  
Board Certified Specialty: No  
📍 750 MEDICAL CENTER CT  
STE 9  
CHULA VISTA, CA 91911  
📞 Phone: (619) 421-6922  
Fax: (619) 421-5569  
🕒 After Hours Phone: (619)  
421-6922  
Provider Gender: Male  
NPI: 1023246212  
📄 Provider English Spoken: Y  
📄 Provider Language(s)  
Spoken: Russian  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP  
CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS MERCY  
HOSPITAL

Medi-Cal Open Panel: Y  
Min/Max Age: 18\999  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M 9:00AM-4:00PM  
TU 9:00AM-5:00PM  
W 9:00AM-4:00PM  
TH-F 9:00AM-5:00PM  
🌐 Website: N/A

**INTERVENTIONAL  
CARDIOLOGY**

**SUDHAKAR, DEEPTHI**

Provider ID: 296051  
Board Certified Specialty: No  
📍 765 MEDICAL CENTER CT  
STE 211  
CHULA VISTA, CA 91911  
📞 Phone: (619) 616-2100  
Fax: (619) 616-2104

🕒 After Hours Phone: (619)  
616-2100  
Provider Gender: Female  
NPI: 1811307051  
📄 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Sharp  
Grossmont Hospital, SHARP  
CHULA VISTA MED CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 15\99  
American Sign Language (ASL):

N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

**MATERNAL AND FETAL  
MEDICINE**

**MCCULLOUGH, DEIRDRE**

Provider ID: 277263  
Board Certified Specialty: No  
📍 386 E H ST STE 202  
CHULA VISTA, CA 91910  
📞 Phone: (858) 966-6710  
Fax: (858) 966-6711  
🕒 After Hours Phone: (858)  
966-6710

Provider Gender: Female  
NPI: 1639153018  
📄 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP

MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
Sharp Grossmont Hospital,  
SHARP MEMORIAL HOSPITAL,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO

Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A



**MATERNAL AND FETAL  
MEDICINE**

**MELBER, DORA**

Provider ID: 296993  
Board Certified Specialty: No  
📍 386 E H ST STE 202  
CHULA VISTA, CA 91910  
📞 Phone: (858) 966-6710  
Fax: (858) 966-6711

🕒 After Hours Phone: (858)  
966-6710  
Provider Gender: Female  
NPI: 1124413026  
📄 Provider English Spoken: Y  
📄 Provider Language(s)  
Spoken: Hungarian, Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Y  
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: 294653*  
*Board Certified Specialty: No*

 386 E H ST STE 202  
 CHULA VISTA, CA 91910  
 *Phone: (858) 966-6710*  
*Fax: (858) 966-6711*

 *After Hours Phone: (858) 966-6710*


*Provider Gender: Female*  
*NPI: 1801207634*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*

*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\19*

*American Sign Language (ASL):*


N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

**MATERNAL AND FETAL MEDICINE**

**RICHARDSON, ALVIE**

*Provider ID: 264687*  
*Board Certified Specialty: No*

 386 E H ST STE 202  
 CHULA VISTA, CA 91910

 *Phone: (858) 966-6710*  
*Fax: (858) 966-6711*

 *After Hours Phone: (858) 966-6710*

*Provider Gender: Male*  
*NPI: 1154305977*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: SHARP MEMORIAL HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO, Sharp Grossmont Hospital*

*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\19*

*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*



 *Hours: M-F 8:00AM-5:00PM*

 *Website: N/A*

**MATERNAL AND FETAL MEDICINE**

**WESTERMANN, MELISSA**

*Provider ID: 242523*  
*Board Certified Specialty: No*

 386 E H ST STE 202  
 CHULA VISTA, CA 91910  
 *Phone: (858) 966-6710*  
*Fax: (858) 966-6711*

 *After Hours Phone: (858) 966-6710*

*Provider Gender: Female*  
*NPI: 1760730758*


 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS,*

*EARL AND LORRAINE MILLER CHILDRENS HSP, LONG BEACH MEMORIAL MED CTR, UNIVERSITY OF CALIFORNIA IRVINE MED CTR, SHARP MEMORIAL HOSPITAL, GROSSMONT HOSPITAL, Sharp Grossmont Hospital, Sharp Grossmont Hospital Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\19*

*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*



 *Hours: M-F 8:00AM-5:00PM*

 *Website: N/A*

**NEONATAL / PERINATAL MEDICINE**

**FLEMING, SARAH**

*Provider ID: 205646*  
*Board Certified Specialty: No*

 435 H ST  
 CHULA VISTA, CA 91910  
 *Phone: (619) 691-7000*  
 *After Hours Phone: (619) 691-7000*

*Provider Gender: Female*  
*NPI: 1679809826*




 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA*

*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\19*

*American Sign Language (ASL):*

N


 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**NEONATAL / PERINATAL**

**MEDICINE**



**MATOBA, NANA**

Provider ID: 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: Y  
 Min/Max Age: 0\19

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
 8:00AM-5:00PM


 Website: N/A

**NEONATAL / PERINATAL**

**MEDICINE**

**NIEMI, ANNA-KAISA**

Provider ID: 262159  
 Board Certified Specialty: No

 435 H ST

CHULA VISTA, CA 91910  
 Phone: (858) 966-5818  
 Fax: (858) 966-7483

 After Hours Phone: (858)  
 966-5818

Provider Gender: Female  
 NPI: 1497941397


 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
 8:00AM-5:00PM


 Website: N/A

**NEONATAL / PERINATAL**

**MEDICINE**

**NYMAN, KATHERINE**

Provider ID: 301823  
 Board Certified Specialty: No

 435 H ST  
 CHULA VISTA, CA 91910  
 Phone: (619) 691-7000  
 Fax: (619) 260-7055

 After Hours Phone: (619)  
 691-7000

Provider Gender: Female  
 NPI: 1003260951

 Provider English Spoken: Y  
 Cultural Competency: N


Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
 8:00AM-5:00PM



 Website: N/A


**NEONATAL / PERINATAL**

**MEDICINE**


**SPEZIALE, MARK**

Provider ID: 304829  
 Board Certified Specialty: No

 435 H ST  
 CHULA VISTA, CA 91910  
 Phone: (619) 691-7000  
 Fax: (619) 260-7055

 After Hours Phone: (619)  
 691-7000

Provider Gender: Male  
 NPI: 1801978143

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL  
 CHULA VISTA, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, SOUTHWEST  
 HEALTHCARE INLAND VALLEY

HOSPITAL, SOUTHWEST  
 HEALTHCARE RANCHO  
 SPRINGS HOSPITAL, SCRIPPS  
 MERCY HOSPITAL, UCSD

MEDICAL CTR, UCSD MEDICAL  
 CTR, SCRIPPS MEMORIAL  
 HOSPITAL ENCINITAS

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19

American Sign Language (ASL):

N  
 Accessibility: CONTACT 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: SCRIPPS  
 MERCY HOSPITAL, PARADISE  
 VALLEY HOSPITAL

Medi-Cal Open Panel: Y  
 Min/Max Age: 18\150

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

Hours: M-F  
 9:00AM-5:00PM

Website: N/A

**NEPHROLOGY**

**HOREISH, ADAM**

Provider ID: 99947  
 Board Certified Specialty: No

340 4TH AVE STE 4  
 CHULA VISTA, CA 91910

Phone: (619) 427-1144  
 Fax: (619) 427-1185

After Hours Phone: (619) 427-1144

Provider Gender: Male  
 NPI: 1760461206

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Arabic, Spanish  
 Cultural Competency: N

Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, PARADISE  
 VALLEY HOSPITAL

Medi-Cal Open Panel: Y  
 Min/Max Age: 18\150

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

Hours: M-F  
 9:00AM-5:00PM

Website: N/A

**NEPHROLOGY**

**HOREISH, ADAM**

Provider ID: 290100  
 Board Certified Specialty: No

340 4TH AVE STE 4  
 CHULA VISTA, CA 91910

Phone: (619) 427-1144  
 Fax: (619) 427-1185

After Hours Phone: (619) 427-1144

Provider Gender: Male  
 NPI: 1760461206

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Arabic, Spanish  
 Cultural Competency: N

Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, PARADISE  
 VALLEY HOSPITAL

Medi-Cal Open Panel: Y  
 Min/Max Age: 18\999  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

Hours: M-F  
 9:00AM-5:00PM

Website: N/A

**NEPHROLOGY**

**MOOLANI, UJJALA**

Provider ID: 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: Y  
 Min/Max Age: 18\999

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

Hours: M-F  
 9:00AM-5:00PM

Website: N/A

**NEPHROLOGY**

**MOOLANI, UJJALA**

Provider ID: 296069

Board Certified Specialty: No

752 MEDICAL CENTER CT  
STE 302

CHULA VISTA, CA 91911

Phone: (619) 421-3361

Fax: (619) 869-4378

After Hours Phone: (619)  
421-3361

Provider Gender: Female

NPI: 1528221421

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi, Sindhi,  
Spanish, Urdu

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Medi-Cal Open Panel: Y

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: Yes

340 4TH AVE STE 4  
CHULA VISTA, CA 91910

Phone: (619) 427-1144

Fax: (619) 427-1185

After Hours Phone: (619)  
427-1144

Provider Gender: Male

NPI: 1821359605

Provider English Spoken: Y

Provider Language(s)  
Spoken: Gujarati, Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
9:00AM-5:00PM

Website: N/A

**NEPHROLOGY**

**PHAM, JENNIFER**

Provider ID: 302863

Board Certified Specialty: No

340 FOURTH AVESTE 4  
CHULA VISTA, CA 91910

Phone: (619) 427-1144

Fax: (619) 427-1185

After Hours Phone: (619)  
427-1144

Provider Gender: Female

NPI: 1235629932

Provider English Spoken: Y

Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

CHULA VISTA MED CTR

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

9:00AM-5:00PM

Website: N/A

**NEPHROLOGY**

**VIDEEN, JOHN**

Provider ID: 262286

Board Certified Specialty: No

752 MEDICAL CENTER CT  
STE 302

CHULA VISTA, CA 91911

Phone: (619) 421-3361

Fax: (619) 869-4378

After Hours Phone: (619)  
421-3361

Provider Gender: Male

NPI: 1043318199

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

SHARP CORONADO HOSP

AND HEALTHCARE CTR,

PARADISE VALLEY HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
9:00AM-5:00PM

Website: N/A

**NEPHROLOGY**






**VIDEEN, JOHN**

Provider ID: 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: Y  
 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 9:00AM-5:00PM  
 Website: N/A

### NEPHROLOGY







#### **YUAN, HENRY**

Provider ID: 268551  
 Board Certified Specialty: No  
 340 4TH AVE STE 4  
 CHULA VISTA, CA 91910  
 Phone: (619) 427-1144  
 Fax: (619) 427-1185  
 After Hours Phone: (619) 427-1144  
 Provider Gender: Male  
 NPI: 1043442379  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Chinese, Mandarin  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, PARADISE VALLEY HOSPITAL, Providence St Joseph Hospital, Providence St Jude Medical Center, SOUTH COAST GLOBAL MEDICAL CENTER INC, ENCOMPASS HEALTH REHABILITATION HOSPITAL OF TUSTIN, Foothill Regional Medical Center,

Foothill Regional Medical Center, KINDRED HOSPITAL BREA, KINDRED HOSPITAL LA MIRADA, KINDRED HOSPITAL SANTA ANA  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 9:00AM-5:00PM  
 Website: N/A

### NEUROLOGY

#### **HOSSEIN ZADEH MALEKI, ANA**

Provider ID: 304999  
 Board Certified Specialty: No  
 450 FOURTH AVESTE 215  
 CHULA VISTA, CA 91910  
 Phone: (619) 425-3840  
 Fax: (619) 485-5440  
 After Hours Phone: (619) 425-3840  
 Provider Gender: Female  
 NPI: 1316471485  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Arabic, Persian  
 Cultural Competency: N  
 Hospital Affiliation: TEMECULA VALLEY HOSPITAL INC  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**NEUROLOGY**

**SORIA LOPEZ, JOSE**

Provider ID: 295744

Board Certified Specialty: No

450 4TH AVE STE 215  
CHULA VISTA, CA 91910

Phone: (619) 425-3840

Fax: (619) 485-5440

After Hours Phone: (619)  
425-3840

Provider Gender: Male

NPI: 1225474034

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, TEMECULA

VALLEY HOSPITAL INC

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-6:00PM

Website: N/A

**OBSTETRICS / GYNECOLOGY**

**ATIGA, SCHUBERT**

Provider ID: 268953

Board Certified Specialty: Yes

752 MEDICAL CENTER CT  
STE 106

CHULA VISTA, CA 91911

Phone: (619) 482-8406

Fax: (619) 482-6656

After Hours Phone: (619)  
482-8406

Provider Gender: Male

NPI: 1033138714

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

PARADISE VALLEY HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH  
8:00AM-5:00PM  
F 8:00AM-0:00PM

Website: N/A

**OBSTETRICS / GYNECOLOGY**

**ATIGA, SCHUBERT**

Provider ID: 290331

Board Certified Specialty: Yes

752 MEDICAL CENTER CT  
STE 106

CHULA VISTA, CA 91911

Phone: (619) 482-8406

Fax: (619) 482-6656

After Hours Phone: (619)  
482-8406

Provider Gender: Male

NPI: 1033138714

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

PARADISE VALLEY HOSPITAL

Medi-Cal Open Panel: Y

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

**OBSTETRICS / GYNECOLOGY**

**SEFA-BOAKYE, KOFI**

Provider ID: 290712

Board Certified Specialty: No

678 3RD AVE  
CHULA VISTA, CA 91910

Phone: (619) 662-4100

Fax: (619) 425-1184

After Hours Phone: (619)  
662-4100

Provider Gender: Male

NPI: 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

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**OBSTETRICS / GYNECOLOGY**

**SEFA-BOAKYE, KOFI**

Provider ID: 205412  
 Board Certified Specialty: No  
 340 4TH AVE STE 5  
 CHULA VISTA, CA 91910  
 Phone: (619) 422-2121  
 Fax: (619) 422-2427  
 After Hours Phone: (619) 422-2121  
 Provider Gender: Male  
 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  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19

American Sign Language (ASL):  
 N

Accessibility: CONTACT PROVIDER  
 Hours: SU 8:00AM-5:00PM  
 M-TH 9:00AM-5:00PM  
 F 8:00AM-5:00PM  
 SA 8:00AM-5:00PM  
 Website: N/A

**OBSTETRICS / GYNECOLOGY**  
**SHORT, ABIADÉ**

Provider ID: 290872  
 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: 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  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 16\999  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-8:00PM  
 SA 8:00AM-4:00PM  
 Website: N/A

**OCCUPATIONAL THERAPIST**

**MORRIS, SHEILA**

Provider ID: 268926  
 Board Certified Specialty: No  
 1020 TIERRA DEL REY STE  
 A-1  
 CHULA VISTA, CA 91910  
 Phone: (619) 585-7104  
 Fax: (619) 585-7106  
 After Hours Phone: (619) 585-7104

Provider Gender: Female  
 NPI: 1689039877  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 7:00AM-6:00PM  
 SA 7:00AM-2:00PM  
 Website: N/A

**ONCOLOGY MEDICAL**  
**SONG, SEUNG-YIL**

Provider ID: 290500  
 Board Certified Specialty: No  
 750 MEDICAL CENTER CT  
 STE 9  
 CHULA VISTA, CA 91911  
 Phone: (858) 571-2811  
 After Hours Phone: (858) 571-2811

Provider Gender: Male  
 NPI: 1578677860  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Korean, Russian, Spanish, Vietnamese  
 Cultural Competency: N

Hospital Affiliation: SHARP  
 MEMORIAL HOSPITAL, SHARP  
 CHULA VISTA MED CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 18\999  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 9:00AM-5:00PM  
 Website: N/A

**OPHTHALMOLOGY**  
**BRYANT, DUANE**

Provider ID: 297630  
 Board Certified Specialty: No

342 F ST  
CHULA VISTA, CA 91910  
Phone: (619) 422-1471  
Fax: (619) 422-0450  
After Hours Phone: (619) 422-1471  
Provider Gender: Male  
NPI: 1023117124  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP  
CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS MERCY  
HOSPITAL  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M 8:00AM-5:00PM  
TU 7:00AM-5:00PM  
W 8:00AM-5:00PM  
TH-F 7:00AM-5:00PM  
Website: N/A

### **OPHTHALMOLOGY**

#### **BRYANT, DUANE**

Provider ID: 244753  
Board Certified Specialty: No  
342 F ST  
CHULA VISTA, CA 91910  
Phone: (619) 422-1471  
Fax: (619) 422-0450  
After Hours Phone: (619) 422-1471  
Provider Gender: Male  
NPI: 1023117124  
Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SHARP  
CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS MERCY  
HOSPITAL  
Medi-Cal Open Panel: Y  
Min/Max Age: 13\130  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M 8:00AM-5:00PM  
TU 7:00AM-5:00PM  
W 8:00AM-5:00PM  
TH-F 7:00AM-5:00PM  
Website: N/A

### **OPHTHALMOLOGY**

#### **HO, AMIEE**

Provider ID: 297633  
Board Certified Specialty: No  
342 F ST  
CHULA VISTA, CA 91910  
Phone: (619) 422-1471  
Fax: (619) 422-0450  
After Hours Phone: (619) 422-1471  
Provider Gender: Female  
NPI: 1396009478  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Chinese  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM  
Website: N/A

### **OPTOMETRIST**

#### **CHAIN, PEI CHI**



Provider ID: 297621  
Board Certified Specialty: No  
342 F ST  
CHULA VISTA, CA 91910  
Phone: (619) 422-1471  
Fax: (619) 422-2025  
After Hours Phone: (619) 422-1471  
Provider Gender: Female  
NPI: 1730676727  
Provider English Spoken: Y  
Provider Language(s)  
Spoken: Mandarin  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
9:00AM-5:00PM  
Website: N/A

### **OPTOMETRIST**

#### **KOO, ANITA**



Provider ID: 304830  
Board Certified Specialty: No  
678 3RD AVE  
CHULA VISTA, CA 91910  
Phone: (619) 662-4100  
After Hours Phone: (619) 662-4100  
Provider Gender: Female  
NPI: 1669825667  
Provider English Spoken: Y



Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 18\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A


**OPTOMETRIST**

**KOO, ANITA**


Provider ID: 304537  
 Board Certified Specialty: No  
 835 THIRD AVE STE A  
 CHULA VISTA, CA 91911  
 Phone: (619) 425-7755  
 Fax: (619) 425-2138


 After Hours Phone: (619) 425-7755


Provider Gender: Female  
 NPI: 1669825667

 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 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: 268679  
 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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
 9:00AM-6:00PM

 Website: N/A

**OPTOMETRIST**


**MASCARENO, EFRAIN**

Provider ID: 262228  
 Board Certified Specialty: No  
 2260 OTAY LAKES RD STE  
 111  
 CHULA VISTA, CA 91915  
 Phone: (619) 421-5550  
 Fax: (866) 254-5707

 After Hours Phone: (619) 421-5550

Provider Gender: Male

NPI: 1457507279


 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
 9:00AM-6:00PM


 Website: N/A

**OPTOMETRIST**

**MASCARENO, EFRAIN**

Provider ID: 268680  
 Board Certified Specialty: No

 440 4TH AVE STE 9  
 CHULA VISTA, CA 91910


 Phone: (619) 427-2020

Fax: (866) 254-5707

 After Hours Phone: (619) 427-2020

Provider Gender: Male

NPI: 1457507279

 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
 9:00AM-6:00PM


 Website: N/A

**OPTOMETRIST**


**MASCARENO, EFRAIN**

Provider ID: 262229  
 Board Certified Specialty: No

 440 4TH AVE STE 9  
 CHULA VISTA, CA 91910

 Phone: (619) 427-2020

Fax: (866) 254-5707

 After Hours Phone: (619) 427-2020

Provider Gender: Male

NPI: 1457507279

 Provider English Spoken: Y



Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
 N






 Accessibility: CONTACT

**PROVIDER**  
 Hours: M-F  
 9:00AM-6:00PM  
 Website: N/A

**OPTOMETRIST**



**NGUYEN, THU**

Provider ID: 125032  
 Board Certified Specialty: No  
 342 F ST  
 CHULA VISTA, CA 91910  
 Phone: (619) 422-1471  
 Fax: (619) 422-0450  
 After Hours Phone: (619)  
 422-1471  
 Provider Gender: Female  
 NPI: 1326323627

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish, Tagalog,  
 Vietnamese  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 13\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**OPTOMETRIST**

**NGUYEN, THU**

Provider ID: 298022  
 Board Certified Specialty: No  
 342 F ST  
 CHULA VISTA, CA 91910  
 Phone: (619) 422-1471  
 Fax: (619) 422-0450  
 After Hours Phone: (619)  
 422-1471





Provider Gender: Female  
 NPI: 1326323627

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish, Tagalog,  
 Vietnamese  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**OPTOMETRIST**

**NGUYEN, THU**


Provider ID: 265518  
 Board Certified Specialty: No  
 342 F ST  
 CHULA VISTA, CA 91910  
 Phone: (619) 422-1471  
 Fax: (619) 422-0450  
 After Hours Phone: (619)  
 422-1471  
 Provider Gender: Female  
 NPI: 1326323627




 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish, Tagalog,  
 Vietnamese  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A

**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: Y  
 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: Y  
 Min/Max Age: 0\999

American Sign Language (ASL): NPI: 1134144454

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: Y

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

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic, Spanish

Cultural Competency: N

Hospital Affiliation:


GROSSMONT HOSPITAL,  
ALVARADO HOSPITAL LLC


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### OTOLARYNGOLOGY

#### **SAEZ, NEIL**

Provider ID: 302432

Board Certified Specialty: No

 765 MEDICAL CENTER CT  
STE 210  
CHULA VISTA, CA 91911

 Phone: (619) 482-0565

Fax: (619) 482-2775

 After Hours Phone: (619)  
482-0565

Provider Gender: Male

NPI: 1518456508

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR

Medi-Cal Open Panel: Y


Min/Max Age: 0\999


American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F  
9:00AM-5:00PM

 Website: N/A


### PEDIATRIC EMERGENCY MEDICINE

#### **AGHILI, ROXANA**

Provider ID: 303782

Board Certified Specialty: No

 386 E H ST STE 202  
CHULA VISTA, CA 91910

 Phone: (858) 966-1720


Fax: (858) 966-1725

 After Hours Phone: (858)  
966-1720

Provider Gender: Female

NPI: 1851927883

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: KAISER  
FOUNDATION HOSPITAL SAN  
DIEGO, RADY CHILDRENS  
HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM

SA 1:00PM-10:00PM



 Website: N/A


### PEDIATRIC EMERGENCY MEDICINE




#### **BETTY, MARYANN**

Provider ID: 245751

Board Certified Specialty: No




 386 E H ST STE 202  
CHULA VISTA, CA 91910  
 Phone: (858) 966-1720  
Fax: (858) 966-1725  
 After Hours Phone: (858)  
966-1720  
Provider Gender: Female  
NPI: 1285014498


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19




American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM  
 Website: N/A

**PEDIATRIC EMERGENCY  
MEDICINE**

**DEVERA, GEMMIE**



Provider ID: N/A  
Board Certified Specialty: No  
 386 E H ST STE 202  
CHULA VISTA, CA 91910  
 Phone: (858) 966-1720  
 After Hours Phone: (858)  
966-1720  
Provider Gender: Female  
NPI: 1366622078



 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Y




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: 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: Male  
NPI: 1942223664  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19


American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM  
 Website: N/A



**PEDIATRIC EMERGENCY  
MEDICINE**

**MENDES, CHANTAL**

Provider ID: 295669

Board Certified Specialty: No  
 386 E H ST STE 202  
CHULA VISTA, CA 91910  
 Phone: (858) 966-1720  
Fax: (858) 966-1725  
 After Hours Phone: (858)  
966-1720  
Provider Gender: Female  
NPI: 1134681265



 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19

American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM  
 Website: N/A

**PEDIATRIC EMERGENCY  
MEDICINE**

**MINKA, GENEVIEVE**

Provider ID: 289468  
Board Certified Specialty: No  
 386 E H ST STE 202  
CHULA VISTA, CA 91910  
 Phone: (858) 966-1720  
Fax: (858) 966-1725  
 After Hours Phone: (858)  
966-1720  
Provider Gender: Female  
NPI: 1689646689

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: French  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MERCY  
HOSPITAL CHULA VISTA


Medi-Cal Open Panel: Y


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

 Website: N/A

### PEDIATRIC EMERGENCY


#### MEDICINE

**OZAKI, YOSHIHIRO**

Provider ID: 241923

Board Certified Specialty: No

 386 E H ST STE 202  
CHULA VISTA, CA 91910


 Phone: (858) 966-1720

Fax: (858) 966-1725

 After Hours Phone: (858)  
966-1720

Provider Gender: Male

NPI: 1467898239

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Japanese

Cultural Competency: N

Hospital Affiliation: VALLEY  
CHILDRENS HOSPITAL, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y


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

**TYGART, MELISSA**

Provider ID: 294098

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: 1336602507

 Provider English Spoken: Y


Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: N

Min/Max Age: 0\19

American Sign Language (ASL):

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

 Website: N/A

### PEDIATRIC EMERGENCY


#### MEDICINE

**VAIDYA, KAMALA**

Provider ID: 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  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y


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: Y  
 Min/Max Age: 18\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**PHYSICIANS ASSISTANT**

**BEITTER, KEERSTIN**






Provider ID: 300093  
 Board Certified Specialty: No  
 340 4TH AVE STE 19  
 CHULA VISTA, CA 91910  
 Phone: (619) 761-5308  
 Fax: (619) 591-1910  
 After Hours Phone: (619)  
 761-5308  
 Provider Gender: Female  
 NPI: 1477129302  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA

Medi-Cal Open Panel: Y  
 Min/Max Age: 18\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**PHYSICIANS ASSISTANT**

**DOUGHERTY, CLARA**






Provider ID: 301592

Board Certified Specialty: No  
 752 MEDICAL CENTER CT  
 STE 101  
 CHULA VISTA, CA 91911  
 Phone: (619) 397-4500  
 Fax: (858) 429-7931  
 After Hours Phone: (619)  
 397-4500  
 Provider Gender: Female  
 NPI: 1609987619  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL  
 ENCINITAS, SCRIPPS  
 MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 18\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**PHYSICIANS ASSISTANT**

**GI, HUNG**

Provider ID: 302126  
 Board Certified Specialty: No  
 280 E ST  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 Fax: (619) 662-4196  
 After Hours Phone: (619)  
 662-4100  
 Provider Gender: Male  
 NPI: 1023207404  
 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Chinese, French,  
 Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: N  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A


**PHYSICIANS ASSISTANT**








**GUTH, CARA**

Provider ID: 299110  
 Board Certified Specialty: No  
 480 4TH AVE STE 501  
 CHULA VISTA, CA 91910  
 Phone: (619) 425-9510  
 Fax: (619) 425-0539  
 After Hours Phone: (619)  
 425-9510  
 Provider Gender: Female  
 NPI: 1992177182  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 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**

**VARGAS, CHRISTOPHER**




Provider ID: 268744  
 Board Certified Specialty: No  
 2452 FENTON ST STE C203

CHULA VISTA, CA 91914  
 Phone: (619) 600-5309  
 Fax: (619) 655-4700  
 After Hours Phone: (619) 600-5309  
 Provider Gender: Male  
 NPI: 1922505775  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**PHYSICIANS ASSISTANT**

**VARGAS, CHRISTOPHER**



Provider ID: 295945  
 Board Certified Specialty: No  
 2452 FENTON ST STE C101 CHULA VISTA, CA 91914  
 Phone: (619) 600-5309  
 Fax: (619) 655-4700  
 After Hours Phone: (619) 600-5309  
 Provider Gender: Male  
 NPI: 1922505775  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA

VISTA  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**PHYSICIANS ASSISTANT**

**VARGAS, CHRISTOPHER**





Provider ID: 295828  
 Board Certified Specialty: No  
 2452 FENTON ST STE C203 CHULA VISTA, CA 91914  
 Phone: (619) 600-5309  
 Fax: (619) 655-4700  
 After Hours Phone: (619) 600-5309  
 Provider Gender: Male  
 NPI: 1922505775

 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish

Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**PHYSICIANS ASSISTANT**

**WRIGHT, DEREK**

Provider ID: 302389  
 Board Certified Specialty: No  
 340 FOURTH AVE STE 19 CHULA VISTA, CA 91910  
 Phone: (619) 761-5308  
 Fax: (619) 591-1910  
 After Hours Phone: (619) 761-5308  
 Provider Gender: Male  
 NPI: 1629674858  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 18\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**PODIATRIST**

**DAVIDSON, JOHN**

Provider ID: 129545  
 Board Certified Specialty: No  
 345 F ST STE 100 CHULA VISTA, CA 91910  
 Phone: (619) 427-3481  
 Fax: (619) 420-7807  
 After Hours Phone: (619) 427-3481  
 Provider Gender: Male  
 NPI: 1689069874  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA


Medi-Cal Open Panel: Y


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
9:00AM-4:30PM

 Website: N/A


### **PODIATRIST**

#### **READ, TRENTON**

Provider ID: 296655

Board Certified Specialty: No

 855 3RD AVE STE 1100  
CHULA VISTA, CA 91911


 Phone: (619) 631-4033


Fax: (619) 880-5057

 After Hours Phone: (619)  
631-4033

Provider Gender: Male

NPI: 1952963431

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Y


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
9:00AM-5:00PM

 Website: N/A


### **PSYCHOLOGIST**

#### **BAYLON, ALDO**


Provider ID: 290243

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

Fax: (619) 425-6941

 After Hours Phone: (619)  
662-4100

Provider Gender: Male

NPI: 1649429150

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-8:00PM

SA 8:00AM-4:00PM

 Website: N/A


### **PSYCHOLOGIST**

#### **CELAYA, PATRICIA**

Provider ID: 294875

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910


 Phone: (619) 662-4100

Fax: (619) 425-1184

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1952656902

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### **PSYCHOLOGIST**

#### **GOULD, HILARY**


Provider ID: 290467

Board Certified Specialty: No

 678 3RD AVE  
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

Fax: (619) 271-0260

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1104297696

 Provider English Spoken: Y

Cultural Competency: N



Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: SU 10:00AM-4:00PM  
 M-F 8:30AM-5:30PM  
 SA 8:00AM-2:30PM  
 Website: N/A


**PSYCHOLOGIST**

**WIJAYARATNE, IMANIE**

Provider ID: 290092  
 Board Certified Specialty: No  
 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 Fax: (619) 271-0260  
 After Hours Phone: (619)  
 662-4100


Provider Gender: Male


NPI: 1932358355

 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A


**RADIATION ONCOLOGY**



**CARMONA, RUBEN**

Provider ID: 303101

Board Certified Specialty: No

 769 MEDICAL CENTER CT  
 CHULA VISTA, CA 91911

 Phone: (858) 939-5010


Fax: (619) 740-8499  
 After Hours Phone: (858)  
 939-5010  
 Provider Gender: Male  
 NPI: 1275929242  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 CHULA VISTA MED CTR, Sharp  
 Grossmont Hospital, SHARP  
 MEMORIAL HOSPITAL


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A


**RADIATION ONCOLOGY**

**COLEMAN, LORI**

Provider ID: 206393

Board Certified Specialty: No

 769 MEDICAL CENTER CT  
 CHULA VISTA, CA 91911



 Phone: (619) 502-5851

Fax: (619) 502-5865

 After Hours Phone: (619)  
 502-5851

Provider Gender: Female

NPI: 1053348920

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: SHARP

CHULA VISTA MED CTR,  
 SHARP MEMORIAL HOSPITAL,  
 GROSSMONT HOSPITAL,

PALOMAR MEDICAL CENTER,  
 Sharp Grossmont Hospital  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 19\100  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A


**RADIATION ONCOLOGY**

**VOLPP, PAUL**

Provider ID: 221102

Board Certified Specialty: No

 769 MEDICAL CENTER CT  
 CHULA VISTA, CA 91911



 Phone: (619) 502-5851

Fax: (619) 502-5865

 After Hours Phone: (619)  
 502-5851

Provider Gender: Male

NPI: 1225186232

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SHARP  
 MEMORIAL HOSPITAL, SHARP  
 CHULA VISTA MED CTR,  
 GROSSMONT HOSPITAL,  
 PALOMAR MEDICAL CENTER


Medi-Cal Open Panel: Y

Min/Max Age: 19\100

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A

**RADIATION ONCOLOGY**

**WEINSTEIN, GEOFFREY**

Provider ID: 200538

Board Certified Specialty: No

769 MEDICAL CENTER CT  
CHULA VISTA, CA 91911

Phone: (619) 502-5851

Fax: (619) 502-5865

After Hours Phone: (619)  
502-5851

Provider Gender: Male

NPI: 1841233947

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SHARP MEMORIAL HOSPITAL,  
SHARP CHULA VISTA MED CTR

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH  
7:00AM-7:00PM

F 7:00AM-5:00PM

SA 8:00AM-1:00PM

Website: N/A

**REGISTERED PHYSICAL**

**THERAPIST**

**DAGOSTINO, JACQUELINE**

Provider ID: 243632

Board Certified Specialty: No

1392 E PALOMAR ST STE  
503

CHULA VISTA, CA 91913

Phone: (619) 482-3000

Fax: (619) 482-3001

After Hours Phone: (619)  
482-3000

Provider Gender: Female

NPI: 1710457379

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

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: Y

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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 7:00AM-7:00PM  
 Website: N/A


**REGISTERED PHYSICAL THERAPIST**







**DORSEY, KYLE**

Provider ID: 286987  
 Board Certified Specialty: No  
 1392 E PALOMAR ST STE 503  
 CHULA VISTA, CA 91913  
 Phone: (619) 482-3000  
 Fax: (619) 482-3001  
 After Hours Phone: (619) 482-3000  
 Provider Gender: Male  
 NPI: 1790334316  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 7:00AM-7:00PM  
 Website: N/A

**REGISTERED PHYSICAL THERAPIST**

**HERMAN, RACHEL**



Provider ID: 286656  
 Board Certified Specialty: No  
 1392 E PALOMAR ST STE

503  
 CHULA VISTA, CA 91913  
 Phone: (619) 482-3000  
 Fax: (619) 482-3001  
 After Hours Phone: (619) 482-3000  
 Provider Gender: Female  
 NPI: 1477121762  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**REGISTERED PHYSICAL THERAPIST**









**HERMAN, RACHEL**

Provider ID: 301376  
 Board Certified Specialty: No  
 1392 E PALOMAR ST STE 503  
 CHULA VISTA, CA 91913  
 Phone: (619) 482-3000  
 Fax: (619) 482-3001  
 After Hours Phone: (619) 482-3000  
 Provider Gender: Female  
 NPI: 1477121762  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

 Hours: M-F 8:00AM-5:00PM  
 Website: N/A


**REGISTERED PHYSICAL THERAPIST**

**JAIN, ALEXANDRA**

Provider ID: 305150  
 Board Certified Specialty: No  
 880 THIRD AVE STE A  
 CHULA VISTA, CA 91911  
 Phone: (619) 205-4585  
 Fax: (619) 271-3183  
 After Hours Phone: (619) 205-4585  
 Provider Gender: Female  
 NPI: 1063170603  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 55\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**REGISTERED PHYSICAL THERAPIST**

**JIMENEZ, ANDREA**

Provider ID: 299889  
 Board Certified Specialty: No  
 1392 E PALOMAR ST STE 503  
 CHULA VISTA, CA 91913  
 Phone: (619) 482-3000  
 Fax: (619) 482-3001  
 After Hours Phone: (619)

482-3000  
 Provider Gender: Female  
 NPI: 1407440670  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 7:00AM-7:00PM  
 Website: N/A

**REGISTERED PHYSICAL**

**THERAPIST**

**KARANDE, PRACHI**

Provider ID: 287100  
 Board Certified Specialty: No  
 1392 E PALOMAR ST STE  
 503  
 CHULA VISTA, CA 91913  
 Phone: (619) 482-3000  
 Fax: (619) 482-3001  
 After Hours Phone: (619)  
 482-3000  
 Provider Gender: Female  
 NPI: 1699357525  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 16\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**REGISTERED PHYSICAL**

**THERAPIST**

**KARANDE, PRACHI**

Provider ID: 301380  
 Board Certified Specialty: No  
 1392 E PALOMAR ST STE  
 503  
 CHULA VISTA, CA 91913  
 Phone: (619) 482-3000  
 Fax: (619) 482-3001  
 After Hours Phone: (619)  
 482-3000  
 Provider Gender: Female  
 NPI: 1699357525

Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TH  
 7:00AM-7:00PM  
 F 7:00AM-4:00PM  
 Website: N/A

**REGISTERED PHYSICAL**

**THERAPIST**

**NGUYEN, TIA**

Provider ID: 305013  
 Board Certified Specialty: No  
 1392 E PALOMAR ST STE  
 503  
 CHULA VISTA, CA 91913  
 Phone: (619) 482-3000  
 Fax: (619) 482-3001  
 After Hours Phone: (619)  
 482-3000  
 Provider Gender: Female  
 NPI: 1457136269  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 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: Y

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

After Hours Phone: (619) 482-3000

Provider Gender: Male

NPI: 1447723937

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

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: 129142

Board Certified Specialty: No

1392 E PALOMAR ST STE 503

CHULA VISTA, CA 91913

Phone: (619) 482-3000

Fax: (619) 482-3001

After Hours Phone: (619) 482-3000

Provider Gender: Male

NPI: 1265481139

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 7:00AM-7:00PM  
TU 7:00AM-0:00PM

W-TH 7:00AM-7:00PM

F 7:00AM-0:00PM

Website: N/A

**REGISTERED PHYSICAL**

**THERAPIST**

**SPARKS, TODD**

Provider ID: 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: Y

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  
Cultural Competency: N


Medi-Cal Open Panel: Y


Min/Max Age: 0\999

American Sign Language (ASL):  Phone: (619) 623-3000

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### **REGISTERED PHYSICAL**

#### **THERAPIST**


#### **VILLANUEVA, GIOVANNI**

Provider ID: 301532

Board Certified Specialty: No

 1392 E PALOMAR ST STE 503

CHULA VISTA, CA 91913

 Phone: (619) 482-3000

Fax: (619) 482-3001

 After Hours Phone: (619) 482-3000

Provider Gender: Male

NPI: 1063046878

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 7:00AM-7:00PM

 Website: N/A

### **RHEUMATOLOGY**


#### **CHITKARA, PUJA**

Provider ID: 262358

Board Certified Specialty: No

 765 MEDICAL CENTER CT STE 216

CHULA VISTA, CA 91911


 Fax: (619) 623-3001

 After Hours Phone: (619) 623-3000

Provider Gender: Female

NPI: 1871718189

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Hindi, Russian,  
Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS MERCY

HOSPITAL


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-4:30PM

 Website: N/A

### **RHEUMATOLOGY**


#### **CHWA, JEFFREY**

Provider ID: 268780

Board Certified Specialty: No

 765 MEDICAL CENTER CT STE 216

CHULA VISTA, CA 91911

 Phone: (619) 623-3000

Fax: (619) 623-3001

 After Hours Phone: (619) 623-3000

Provider Gender: Male

NPI: 1285989236

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

GREEN HOSPITAL, SHARP

CHULA VISTA MED CTR


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### **RHEUMATOLOGY**


#### **REDDY, DANA**

Provider ID: 262363

Board Certified Specialty: No

 272 CHURCH AVE STE 1

CHULA VISTA, CA 91910


 Phone: (619) 427-1721

Fax: (619) 427-1235

 After Hours Phone: (619) 427-1721

Provider Gender: Female

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


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N





 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-4:00PM  
 Website: N/A



**RHEUMATOLOGY**


**REDDY, DANA**

Provider ID: 244971  
 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: 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


Medi-Cal Open Panel: Y  
 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


**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: Y  
 Min/Max Age: 18\999



American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Website: N/A



**SPEECH PATHOLOGIST**

**CLARK, MELISSA**

Provider ID: 296923  
 Board Certified Specialty: No  
 333 H ST STE 5000  
 CHULA VISTA, CA 91910  
 Phone: (877) 757-8353  
 Fax: (818) 357-2505

 After Hours Phone: (877) 757-8353


Provider Gender: Female  
 NPI: 1760546428

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Arabic, Armenian,  
 Farsi, Spanish

Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 18\999

American Sign Language (ASL):  
 N


 Accessibility: CONTACT  
 PROVIDER

 Hours: SU 7:00AM-7:00PM  
 M-F 7:00AM-7:00PM

 Website: N/A



**SPEECH PATHOLOGIST**

**MADERA RIVERA, PAULA**

Provider ID: 296579  
 Board Certified Specialty: No  
 333 H ST STE 5000  
 CHULA VISTA, CA 91910  
 Phone: (877) 757-8353  
 Fax: (818) 357-2505

 After Hours Phone: (877) 757-8353


Provider Gender: Female  
 NPI: 1205443769

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Arabic, Armenian,  
 Farsi, Spanish

Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 18\999

American Sign Language (ASL):  
 N



 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F 7:00AM-7:00PM

 Website: N/A



**SPEECH PATHOLOGIST**

**O'DORAN, KAYLA**

Provider ID: 296587  
 Board Certified Specialty: No  
 333 H ST STE 5000  
 CHULA VISTA, CA 91910  
 Phone: (877) 757-8353  
 Fax: (818) 357-2505

 After Hours Phone: (877) 757-8353

Provider Gender: Female  
 NPI: 1275021438

 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Arabic, Armenian, Farsi, Spanish


Cultural Competency: N

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### SURGERY GENERAL

#### **MORAL, JOHN**

Provider ID: 297841

Board Certified Specialty: No

 480 4TH AVE STE 404  
CHULA VISTA, CA 91910

 Phone: (619) 425-7470


Fax: (619) 425-7472

 After Hours Phone: (619) 425-7470

Provider Gender: Male

NPI: 1720426190

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL


CHULA VISTA

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH  
8:00AM-5:00PM  
F 8:00AM-4:00PM

 Website: N/A


### SURGERY GENERAL

#### **MORAL, JOHN**

Provider ID: 299238

Board Certified Specialty: No

 480 4TH AVE STE 404  
CHULA VISTA, CA 91910

 Phone: (619) 425-7470

Fax: (619) 425-7472


 After Hours Phone: (619)

425-7470

Provider Gender: Male

NPI: 1720426190

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N


Hospital Affiliation: SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH  
8:00AM-5:00PM  
F 8:00AM-4:00PM


 Website: N/A


### SURGERY ORTHOPEDIC

#### **ANDRY, JAMES**

Provider ID: 302084

Board Certified Specialty: No

 750 MEDICAL CENTER CT  
STE 14  
CHULA VISTA, CA 91911

 Phone: (858) 824-1703

Fax: (858) 455-6473

 After Hours Phone: (858) 824-1703

Provider Gender: Male

NPI: 1679726103

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N





Hospital Affiliation: SHARP CHULA VISTA MED CTR, SHARP CORONADO HOSP



AND HEALTHCARE CTR, Sharp  
Grossmont Hospital, SHARP  
MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

### **SURGERY ORTHOPEDIC**


#### **KUSNEZOV, NICHOLAS**


Provider ID: 303195  
Board Certified Specialty: No  
 750 MEDICAL CENTER CT  
STE 14  
CHULA VISTA, CA 91911  
 Phone: (858) 824-1703  
Fax: (858) 455-6473  
 After Hours Phone: (858)  
824-1703  
Provider Gender: Male  
NPI: 1396185161  
 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: TWIN  
CITIES COMMUNITY HOSPITAL  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

### **SURGERY ORTHOPEDIC**






#### **MCKNIGHT, BRADEN**

Provider ID: 303713  
Board Certified Specialty: No  
 750 MEDICAL CENTER CT

STE 14  
CHULA VISTA, CA 91911  
 Phone: (858) 824-1703  
Fax: (858) 455-6473  
 After Hours Phone: (858)  
824-1703  
Provider Gender: Male  
NPI: 1366983587  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, SHARP  
MEMORIAL HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR, PARADISE  
VALLEY HOSPITAL  
Medi-Cal Open Panel: Y  
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: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

### **CMP PENDLETON**

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **FREEMAN, WANDA**

Provider ID: 298117  
Board Certified Specialty: No  
 619 CROUCH ST  
CMP PENDLETON, CA  
92054  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
736-6767

Provider Gender: Female  
NPI: 1659504264  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **HARRIS, PAMELA**

Provider ID: 302288

Board Certified Specialty: No

818 PIER VIEW WAY  
CMP PENDLETON, CA  
92054

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1407545221

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

## CORONADO

### CERTIFIED NURSE

#### PRACTITIONER

#### **LANE, KIMBERLY**

Provider ID: 301599

Board Certified Specialty: No

230 PROSPECT PL STE 210  
CORONADO, CA 92118

Phone: (619) 299-0670

Fax: (858) 429-7929

After Hours Phone: (619)  
299-0670

Provider Gender: Female

NPI: 1457670119

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

### HEARING AID DEALER /

#### SUPPLIER

#### **DAVIS, KELLE**

Provider ID: 268655

Board Certified Specialty: No

801 ORANGE AVE  
CORONADO, CA 92118

Phone: (619) 437-8154

Fax: (310) 989-3092

After Hours Phone: (619)  
437-8154

Provider Gender: Female

NPI: 1902853344

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:30AM-5:00PM

Website: N/A

### PHYSICIANS ASSISTANT

#### **DOUGHERTY, CLARA**

Provider ID: 301587

Board Certified Specialty: No

230 PROSPECT PL STE 210  
CORONADO, CA 92118

Phone: (619) 299-0670

Fax: (858) 429-7929

After Hours Phone: (619)

299-0670

Provider Gender: Female

NPI: 1609987619

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

### SURGERY ORTHOPEDIC

#### **ANDRY, JAMES**

Provider ID: 302087

Board Certified Specialty: No

230 PROSPECT PL STE 230  
CORONADO, CA 92118

Phone: (619) 435-7282

Fax: (619) 435-3723

After Hours Phone: (619)  
435-7282

Provider Gender: Male

NPI: 1679726103

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

SHARP CORONADO HOSP

AND HEALTHCARE CTR, Sharp

Grossmont Hospital, SHARP


**MEMORIAL HOSPITAL**


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**SURGERY ORTHOPEDIC**

**PALLIA, CHRISTOPHER**

Provider ID: 302102

Board Certified Specialty: Yes

 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


Medi-Cal Open Panel: Y

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

 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: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

**EL CAJON**


**CARDIOLOGY**


**SHEREV, DIMITRI**

Provider ID: 302988

Board Certified Specialty: No


 1380 EL CAJON BLVD  
EL CAJON, CA 92020

 Phone: (619) 867-0557

 After Hours Phone: (619)  
867-0557

Provider Gender: Male

NPI: 1154323996

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Bulgarian, Russian,  
Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,  
GROSSMONT HOSPITAL,

ALVARADO COMMUNITY  
HOSPITAL, SHARP MEMORIAL

HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL,  
ALVARADO HOSPITAL LLC,

SHARP CHULA VISTA MED  
CTR, SHARP CHULA VISTA

MED CTR, TRI CITY MEDICAL  
CTR, SCRIPPS MERCY

HOSPITAL CHULA VISTA, Sharp

Grossmont Hospital

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

 Accessibility: CONTACT PROVIDER

 Website: N/A


**CARDIOLOGY**

**SUDHAKAR, DEEPTHI**

Provider ID: 295843

Board Certified Specialty: No

 1625 E MAIN ST STE 201  
EL CAJON, CA 92021

 Phone: (619) 486-6512

Fax: (619) 616-2104

 After Hours Phone: (619)  
486-6512



Provider Gender: Female

NPI: 1811307051

 Provider English Spoken: Y  
Cultural Competency: N




Hospital Affiliation: Sharp

Grossmont Hospital, SHARP

CHULA VISTA MED CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A









**CARDIOLOGY**

**YAU, STEPHEN**

Provider ID: 295856  
 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: Male  
 NPI: 1689037376  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA, SCRIPPS MERCY  
 HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 9:00AM-5:00PM  
 Website: N/A






**CARDIOVASCULAR DISEASE**

**LERNER, JONATHAN**

Provider ID: 303446  
 Board Certified Specialty: No  
 1625 E MAIN ST STE 201  
 EL CAJON, CA 92021  
 Phone: (619) 486-6512  
 Fax: (619) 616-2104  
 After Hours Phone: (619)  
 486-6512  
 Provider Gender: Male  
 NPI: 1962899823  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 CHULA VISTA MED CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**CERTIFIED ACUPUNCTURIST**



**CRAFT, KEVIN**

Provider ID: 290945  
 Board Certified Specialty: No  
 855 E MADISON AVE  
 EL CAJON, CA 92020  
 Phone: (619) 440-2751  
 Fax: (360) 462-2746  
 After Hours Phone: (619)  
 440-2751  
 Provider Gender: Male  
 NPI: 1659745610  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: TU-F  
 8:00AM-5:00PM  
 Website: N/A

**CERTIFIED ACUPUNCTURIST**



**SLOAN, ERICA**

Provider ID: 303149  
 Board Certified Specialty: No  
 855 E MADISON AVE  
 EL CAJON, CA 92020  
 Phone: (619) 440-2751  
 Fax: (360) 462-2746  
 After Hours Phone: (619)  
 440-2751  
 Provider Gender: Female  
 NPI: 1740962752  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**BRANNEN, MANDY**

Provider ID: 241600  
 Board Certified Specialty: No  
 215 W MADISON AVE  
 EL CAJON, CA 92020  
 Phone: (619) 667-6125

Fax: (619) 590-9036

☎ After Hours Phone: (619) 667-6125

Provider Gender: Female

NPI: 1891205159

☑ Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
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

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: Y  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M 4:00PM-7:00PM  
W 4:00PM-7:00PM  
F 4:00PM-7:00PM

🌐 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**HAMID, WAHIDA**

Provider ID: 302295

Board Certified Specialty: No

📍 875 EL CAJON BLVD  
EL CAJON, CA 92020

☎ Phone: (619) 662-4100

Fax: (619) 205-6305

☎ After Hours Phone: (619) 662-4100

Provider Gender: Female

NPI: 1164812293

☑ Provider English Spoken: Y  
☑ Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max 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: Y  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-4:00PM

🌐 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**WILLIAMS, SHANTRICE**

Provider ID: 296007

Board Certified Specialty: No

📍 855 E MADISON AVE  
EL CAJON, CA 92020

☎ Phone: (619) 440-2751

Fax: (360) 462-2746

☎ After Hours Phone: (619) 440-2751

Provider Gender: Female

NPI: 1578865549

☑ Provider English Spoken: Y  
☑ Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M 8:00AM-2:00PM  
TU-F 8:00AM-5:00PM

🌐 Website: N/A

**CHIROPRACTOR**

**FULKS, ZACKARY**

Provider ID: 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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**CHIROPRACTOR**

**FULKES, 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: Y

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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**CHIROPRACTOR**

**MCCOWN, BARRY**

Provider ID: 301343

Board Certified Specialty: No

855 E MADISON AVE  
EL CAJON, CA 92020

Phone: (619) 440-2751

Fax: (360) 462-2746

After Hours Phone: (619)  
440-2751

Provider Gender: Male

NPI: 1487781035

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**CHIROPRACTOR**

**ZECHA, RONALD**

Provider ID: 303983

Board Certified Specialty: No

855 E MADISON AVE  
EL CAJON, CA 92020

Phone: (619) 440-2751

Fax: (858) 633-4697

After Hours Phone: (619)

440-2751  
 Provider Gender: Male  
 NPI: 1427252121  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-6:00PM  
 Website: N/A

**CHIROPRACTOR**

**ZECHA, RONALD**

Provider ID: 290678  
 Board Certified Specialty: No  
 855 E MADISON AVE  
 EL CAJON, CA 92020  
 Phone: (619) 440-2751  
 Fax: (858) 633-4697  
 After Hours Phone: (619)  
 440-2751  
 Provider Gender: Male  
 NPI: 1427252121  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-6:00PM  
 Website: N/A

**DERMATOLOGY**

**CHIANG, JENNIFER**

Provider ID: 107659  
 Board Certified Specialty: No  
 292 AVOCADO AVE  
 EL CAJON, CA 92020  
 Phone: (619) 267-8303  
 Fax: (619) 267-4835  
 After Hours Phone: (619)  
 267-8303  
 Provider Gender: Female  
 NPI: 1457656738  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Chinese, Mandarin,  
 Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:30AM-4:30PM  
 Website: N/A

**DERMATOLOGY**

**CHIANG, JENNIFER**

Provider ID: 290517  
 Board Certified Specialty: No  
 292 AVOCADO AVE  
 EL CAJON, CA 92020  
 Phone: (619) 267-8303  
 Fax: (619) 267-4835  
 After Hours Phone: (619)  
 267-8303  
 Provider Gender: Female  
 NPI: 1457656738  
 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Chinese, Mandarin,  
 Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:30AM-4:30PM  
 Website: N/A

**DERMATOLOGY**

**CHIANG, JENNIFER**

Provider ID: 269156  
 Board Certified Specialty: No  
 292 AVOCADO AVE  
 EL CAJON, CA 92020  
 Phone: (619) 267-8303  
 Fax: (619) 267-4835  
 After Hours Phone: (619)  
 267-8303  
 Provider Gender: Female  
 NPI: 1457656738  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Chinese, Mandarin,  
 Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:30AM-4:30PM  
 Website: N/A

**DERMATOLOGY**

**GONZALEZ, JOSE**

Provider ID: 302908  
 Board Certified Specialty: No  
 292 AVOCADO AVE  
 EL CAJON, CA 92020  
 Phone: (619) 579-5115  
 Fax: (619) 749-6174

After Hours Phone: (619) 579-5115

Provider Gender: Male

NPI: 1437646288

Provider English Spoken: Y  
 Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F  
 8:30AM-4:30PM

Website: N/A

**DERMATOLOGY**

**NELSON, AISLYN**

Provider ID: 302937

Board Certified Specialty: No

292 AVOCADO AVE  
 EL CAJON, CA 92020

Phone: (619) 579-5115

After Hours Phone: (619) 579-5115

Provider Gender: Female

NPI: 1154717288

Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N

Hospital Affiliation: PARADISE VALLEY HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F  
 8:30AM-4:30PM

Website: N/A

**DERMATOLOGY**

**TYAGI, ABHILASHA**

Provider ID: 295773

Board Certified Specialty: No

292 AVOCADO AVE  
 EL CAJON, CA 92020

Phone: (619) 267-8303

Fax: (619) 267-4835

After Hours Phone: (619) 267-8303

Provider Gender: Female

NPI: 1609262963

Provider English Spoken: Y  
 Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F  
 8:30AM-4:30PM

Website: N/A

**DERMATOLOGY**

**TYAGI, ABHILASHA**

Provider ID: 293506

Board Certified Specialty: No

292 AVOCADO AVE  
 EL CAJON, CA 92020

Phone: (619) 267-8303

Fax: (619) 267-4835

After Hours Phone: (619) 267-8303

Provider Gender: Female

NPI: 1609262963

Provider English Spoken: Y  
 Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F  
 8:30AM-4:30PM

Website: N/A

**DERMATOLOGY**

**UEBELHOER, NATHAN**

Provider ID: 290447

Board Certified Specialty: No

292 AVOCADO AVE  
 EL CAJON, CA 92020

Phone: (619) 267-8303

Fax: (619) 267-4835

After Hours Phone: (619) 267-8303

Provider Gender: Male

NPI: 1659344513

Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: NAVAL

MEDICAL CTR SD RBE

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F  
 8:30AM-4:30PM

Website: N/A

**DERMATOLOGY**

**UEBELHOER, NATHAN**

Provider ID: 302915



Board Certified Specialty: No

292 AVOCADO AVE  
EL CAJON, CA 92020

Phone: (619) 267-8303

Fax: (619) 267-4835

After Hours Phone: (619)  
267-8303

Provider Gender: Male

NPI: 1659344513

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: NAVAL

MEDICAL CTR SD RBE

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-4:30PM

Website: N/A

### DERMATOLOGY

#### **UEBELHOER, NATHAN**

Provider ID: 125012

Board Certified Specialty: No

292 AVOCADO AVE  
EL CAJON, CA 92020

Phone: (619) 267-8303

Fax: (619) 267-4835

After Hours Phone: (619)  
267-8303

Provider Gender: Male

NPI: 1659344513

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: NAVAL

MEDICAL CTR SD RBE

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-4:30PM

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: Y

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

Phone: (619) 440-2751

Fax: (360) 462-2746

After Hours Phone: (619)  
440-2751

Provider Gender: Female

NPI: 1275160012

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

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: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR, UNIVERSITY OF

CALIFORNIA IRVINE MED CTR,  
PARADISE VALLEY HOSPITAL,

TRI CITY MEDICAL CTR,  
SCRIPPS MEMORIAL








HOSPITAL ENCINITAS,  
SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL

CHULA VISTA

Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**HEARING AID DEALER /  
 SUPPLIER**

**DAVIS, KELLE**  
 Provider ID: 268650  
 Board Certified Specialty: No  
 1767 E MAIN ST  
 EL CAJON, CA 92021

 Phone: (619) 440-6516  
 Fax: (619) 440-6547  
 After Hours Phone: (619)  
 440-6516  
 Provider Gender: Female  
 NPI: 1902853344  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 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: Y  
 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**









**MANSOUR, DAVID**  
 Provider ID: 291543  
 Board Certified Specialty: No  
 855 E MADISON AVE  
 EL CAJON, CA 92020  
 Phone: (619) 440-2751  
 Fax: (360) 462-2746  
 After Hours Phone: (619)  
 440-2751  
 Provider Gender: Male  
 NPI: 1689164949  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Arabic  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 14\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**INTERNAL MEDICINE**









**MAY, LOUIS**  
 Provider ID: 294916  
 Board Certified Specialty: No  
 875 EL CAJON BLVD  
 EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 Fax: (619) 205-6305  
 After Hours Phone: (619)  
 662-4100  
 Provider Gender: Male  
 NPI: 1720497514  
 Provider English Spoken: Y  
 Provider Language(s)

*Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation:*  
 EISENHOWER MEDICAL CTR  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*





### **INTERNAL MEDICINE**

**MICHAEL, RAMI**  
*Provider ID: 294908*  
*Board Certified Specialty: No*  
 875 EL CAJON BLVD  
 EL CAJON, CA 92020  
 *Phone: (619) 662-4100*  
*Fax: (619) 785-3356*  
 *After Hours Phone: (619) 662-4100*  
*Provider Gender: Male*  
*NPI: 1467871673*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Arabic*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 18\999*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:30AM-5:00PM*  
 *Website: N/A*

### **INTERNAL MEDICINE**








**SHEIKH-MOHAMED, HALA**  
*Provider ID: 295219*  
*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: 1972946770*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Arabic, Hindi, Urdu*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*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*  
*Cultural Competency: N*


*Hospital Affiliation: Sharp Grossmont Hospital*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 12\999*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

### **OCCUPATIONAL THERAPIST**

**DAMATO, MICHELLE**  
*Provider ID: 295939*  
*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: 1356814776*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*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: Vietnamese  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**PHYSICIANS ASSISTANT**

**INDA, PRISCILLA**

Provider ID: 265073  
 Board Certified Specialty: No  
 328 HIGHLAND AVE STE 200  
 EL CAJON, CA 92020  
 Phone: (619) 930-9404  
 Fax: (619) 930-9426  
 After Hours Phone: (619) 930-9404  
 Provider Gender: Female  
 NPI: 1679008379  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Arabic, Russian, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA



Medi-Cal Open Panel: Y  
 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


 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 3\999





American Sign Language (ASL): N




 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**PHYSICIANS ASSISTANT**

**RAMOS, JACQUELYN**

Provider ID: 301106  
 Board Certified Specialty: No  
 855 E MADISON AVE  
 EL CAJON, CA 92020

 Phone: (619) 270-3600  
 Fax: (360) 462-2746  
 After Hours Phone: (619) 270-3600  
 Provider Gender: Female  
 NPI: 1003515131  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**PSYCHOLOGIST**



**ARAIZA, ERNESTINA**

Provider ID: 290286  
 Board Certified Specialty: No  
 875 EL CAJON BLVD  
 EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 Fax: (619) 785-3356  
 After Hours Phone: (619) 662-4100

Provider Gender: Female  
 NPI: 1568608636

 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER  
 Website: N/A

**PSYCHOLOGIST**

**CASEY, SHANNON**

Provider ID: 290309

Board Certified Specialty: No

215 W MADISON AVE  
EL CAJON, CA 92020

Phone: (619) 667-6125

Fax: (619) 590-9036

After Hours Phone: (619)  
667-6125

Provider Gender: Female

NPI: 1548873755

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT

**PROVIDER**

Website: N/A

**PSYCHOLOGIST**

**WHEELER, KIM**

Provider ID: 302144

Board Certified Specialty: No

875 EL CAJON BLVD  
EL CAJON, CA 92020

Phone: (619) 662-4100

Fax: (619) 785-3356

After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1700577434

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 11\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**REGISTERED PHYSICAL**

**THERAPIST**

**CAMPA, PATRICIA**

Provider ID: 302398

Board Certified Specialty: No

860 JAMACHA RD STE 203  
EL CAJON, CA 92019

Phone: (619) 573-6373

Fax: (619) 378-6578

After Hours Phone: (619)  
573-6373

Provider Gender: Female

NPI: 1528079357

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**REGISTERED PHYSICAL**

**THERAPIST**

**MORRIS, CHAD**

Provider ID: 302403

Board Certified Specialty: No

860 JAMACHA RD STE 203  
EL CAJON, CA 92019

Phone: (619) 573-6373

Fax: (619) 378-6578

After Hours Phone: (619)  
573-6373

Provider Gender: Male

NPI: 1841307063

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**ENCINITAS**

**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: Y

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: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F

8:00AM-5:00PM

🌐 Website: N/A

### **CERTIFIED ACUPUNCTURIST**

#### **JULIAN, FIDES**

Provider ID: 304133

Board Certified Specialty: No

📍 1200 GARDEN VIEW RD  
ENCINITAS, CA 92024

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1407401128

🗣 Provider English Spoken: Y

🗣 Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **CARDINELL, ANNA**

Provider ID: 291412

Board Certified Specialty: No

📍 1200 GARDEN VIEW RD  
ENCINITAS, CA 92024

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1306978614

🗣 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **CHAMBERS, KATRINA**

Provider ID: 303521

Board Certified Specialty: No

📍 781 GARDEN VIEW CT STE  
100

ENCINITAS, CA 92024

☎ Phone: (760) 183-0441

Fax: (760) 635-5972

🕒 After Hours Phone: (760)  
183-0441

Provider Gender: Female

NPI: 1710695143

🗣 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **DWYER, ERIN**

Provider ID: 301447

Board Certified Specialty: No

320 SANTA FE DR STE 108  
ENCINITAS, CA 92024

Phone: (760) 436-4558

Fax: (858) 429-7926

After Hours Phone: (760)  
436-4558

Provider Gender: Female

NPI: 1003260894

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### CERTIFIED NURSE

#### PRACTITIONER

**HEAD, KRISTIN**

Provider ID: 268657

Board Certified Specialty: No

477 N EL CAMINO REAL  
STE D302  
ENCINITAS, CA 92024

Phone: (760) 944-5545

Fax: (760) 944-3927

After Hours Phone: (760)  
944-5545

Provider Gender: Female

NPI: 1699078923

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### CERTIFIED NURSE

#### PRACTITIONER

**HOOPER, BONNIE**

Provider ID: 275253

Board Certified Specialty: No

477 N EL CAMINO REAL  
STE D308  
ENCINITAS, CA 92024

Phone: (760) 436-2300

Fax: (760) 436-5482

After Hours Phone: (760)  
436-2300

Provider Gender: Female

NPI: 1821062878

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max 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: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### CERTIFIED NURSE

#### PRACTITIONER

**LANE, KIMBERLY**

Provider ID: 301602

Board Certified Specialty: No

320 SANTA FE DR STE 108  
ENCINITAS, CA 92024

Phone: (760) 436-4558

Fax: (858) 429-7926

After Hours Phone: (760)  
436-4558

Provider Gender: Female

NPI: 1457670119

Provider English Spoken: Y


Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*

**CERTIFIED NURSE**


**PRACTITIONER**

**PAKENHAM, KATE**

*Provider ID: 296268*

*Board Certified Specialty: No*

 1130 2ND ST  
ENCINITAS, CA 92024

 *Phone: (760) 736-6767*

*Fax: (760) 736-8740*

 *After Hours Phone: (760)  
736-6767*

*Provider Gender: Female*

*NPI: 1578299343*


 *Provider English Spoken: Y  
Cultural Competency: N*


*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\999*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: SU 8:00AM-8:00PM  
M-F 8:00AM-8:00PM  
SA 8:00AM-5:00PM*

 *Website: N/A*

**CERTIFIED NURSE**


**PRACTITIONER**

**SRILASAK, MICHELE**

*Provider ID: 281856*

*Board Certified Specialty: No*

 1200 GARDEN VIEW RD  
STE 200  
ENCINITAS, CA 92024

 *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: Y*

*Min/Max Age: 0\999*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*

**CERTIFIED NURSE**


**PRACTITIONER**

**YEO, ALEXANDRIA**

*Provider ID: 299940*

*Board Certified Specialty: No*

 1505 ENCINITAS BLVD  
ENCINITAS, CA 92024

 *Phone: (800) 926-8273*

*Fax: (888) 539-8781*

 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Female*

*NPI: 1902368319*


 *Provider English Spoken: Y  
Cultural Competency: N*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\999*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

**GASTROENTEROLOGY**


**DILAURO, STEVEN**

*Provider ID: 302998*


*Board Certified Specialty: No*

 781 GARDEN VIEW CT STE  
100

ENCINITAS, CA 92024


 *Phone: (760) 783-0441*

*Fax: (760) 635-5972*

 *After Hours Phone: (760)  
783-0441*

*Provider Gender: Male*

*NPI: 1629117643*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS*

*MEMORIAL HOSPITAL*


*ENCINITAS*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\999*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*

**GASTROENTEROLOGY**


**DILAURO, STEVEN**

*Provider ID: 66036*


*Board Certified Specialty: No*

 700 GARDEN VIEW CT STE  
102

ENCINITAS, CA 92024

 *Phone: (760) 783-0441*

*Fax: (760) 635-5972*

 *After Hours Phone: (760)  
783-0441*

*Provider Gender: Male*



NPI: 1629117643

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### **GASTROENTEROLOGY**

#### **DILAURO, STEVEN**

Provider ID: 298437

Board Certified Specialty: No

781 GARDEN VIEW CT STE  
100

ENCINITAS, CA 92024

Phone: (760) 783-0441

Fax: (760) 635-5972

After Hours Phone: (760)  
783-0441

Provider Gender: Male

NPI: 1629117643

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS

Medi-Cal Open Panel: Y

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**

#### **RUBENZI, TAMARA**

Provider ID: 282127

Board Certified Specialty: No

1200 GARDEN VIEW RD  
STE 200

ENCINITAS, CA 92024

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1811200652

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Y

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**

#### **RUBENZI, TAMARA**

Provider ID: 245575

Board Certified Specialty: No

1200 GARDEN VIEW RD

STE 100

ENCINITAS, CA 92024

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1811200652

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### **MATERNAL AND FETAL**

#### **MEDICINE**

#### **BALLAS, JERASIMOS**

Provider ID: 209562

Board Certified Specialty: No

781 GARDEN VIEW CT STE  
200

ENCINITAS, CA 92024

Phone: (858) 657-7200

After Hours Phone: (858)  
657-7200

Provider Gender: Male

NPI: 1871767384




Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD





MEDICAL CTR, UCSD LA JOLLA




JOHN SALLY THORNTON,

**EISENHOWER MEDICAL CTR** N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 16\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**MATERNAL AND FETAL MEDICINE**








**HULL, ANDREW**

Provider ID: 209483  
 Board Certified Specialty: No  
 781 GARDEN VIEW CT STE 200  
 ENCINITAS, CA 92024  
 Phone: (858) 657-7200  
 After Hours Phone: (858) 657-7200  
 Provider Gender: Male  
 NPI: 1902862121  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD MEDICAL CTR, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, PALOMAR MEDICAL CENTER, SCRIPPS MEMORIAL HOSPITAL, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD LA JOLLA JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 16\999  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A








**MATERNAL AND FETAL MEDICINE**

**LAURENT, LOUISE**

Provider ID: 208641  
 Board Certified Specialty: No  
 781 GARDEN VIEW CT STE 200  
 ENCINITAS, CA 92024  
 Phone: (858) 657-7200  
 After Hours Phone: (858) 657-7200  
 Provider Gender: Female  
 NPI: 1770532707  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, PALOMAR MEDICAL CENTER, SCRIPPS MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A





**MATERNAL AND FETAL MEDICINE**

**MOORE, THOMAS**

Provider ID: 208645  
 Board Certified Specialty: No  
 781 GARDEN VIEW CT STE 200  
 ENCINITAS, CA 92024  
 Phone: (858) 657-7200  
 After Hours Phone: (858) 657-7200  
 Provider Gender: Male  
 NPI: 1184682379  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 16\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**MATERNAL AND FETAL MEDICINE**

**RICHARDSON, ALVIE**

Provider ID: 277315  
 Board Certified Specialty: No  
 477 N EL CAMINO REAL BLDG D STE 302  
 ENCINITAS, CA 92024  
 Phone: (858) 966-6710  
 Fax: (858) 966-6711  
 After Hours Phone: (858) 966-6710  
 Provider Gender: Male  
 NPI: 1154305977  
 Provider English Spoken: Y  
 Cultural Competency: N


Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, Sharp Grossmont  
Hospital


Medi-Cal Open Panel: Y


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

**MATERNAL AND FETAL  
MEDICINE**


**WOELKERS, DOUGLAS**


Provider ID: 209384

Board Certified Specialty: No

 781 GARDEN VIEW CT STE  
200


ENCINITAS, CA 92024

 Phone: (858) 657-7200

 After Hours Phone: (858)  
657-7200

Provider Gender: Male

NPI: 1013965748

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, PALOMAR

MEDICAL CENTER, UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR, UCSD MEDICAL CTR


Medi-Cal Open Panel: Y


Min/Max Age: 16\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

**MATERNAL AND FETAL  
MEDICINE**


**WOLF, RICHARD**


Provider ID: 209254

Board Certified Specialty: No

 781 GARDEN VIEW CT STE  
200

ENCINITAS, CA 92024

 Phone: (858) 657-7200

 After Hours Phone: (858)  
657-7200

Provider Gender: Male

NPI: 1497713846

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, PALOMAR

MEDICAL CENTER, UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON,

UCSD LA JOLLA JOHN SALLY


THORNTON

Medi-Cal Open Panel: Y

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

 354 SANTA FE DR  
ENCINITAS, CA 92024

 Phone: (760) 633-6120

 After Hours Phone: (760)  
633-6120

Provider Gender: Female

NPI: 1528454188

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

**NEONATAL / PERINATAL  
MEDICINE**

**NYMAN, KATHERINE**

Provider ID: 301821

Board Certified Specialty: No

 354 SANTA FE DR  
ENCINITAS, CA 92024

☎ Phone: (760) 633-6120  
 Fax: (760) 633-7385  
 📞 After Hours Phone: (760) 633-6120  
 Provider Gender: Female  
 NPI: 1003260951  
 🗣 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Y  
 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: 303905  
 Board Certified Specialty: No  
 📍 354 SANTA FE DR ENCINITAS, CA 92024  
 ☎ Phone: (760) 633-6120  
 Fax: (760) 633-7385  
 📞 After Hours Phone: (760) 633-6120  
 Provider Gender: Male  
 NPI: 1538388988  
 🗣 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, PALOMAR MEDICAL CENTER,

SCRIPPS MERCY HOSPITAL CHULA VISTA, PALOMAR HEALTH, SCRIPPS MEMORIAL HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):

N  
 ♿ Accessibility: CONTACT PROVIDER  
 🕒 Hours: M-F 8:00AM-5:00PM  
 🌐 Website: N/A

**NEUROLOGY**

**JINDAL, ANUJA**  
 Provider ID: 206264  
 Board Certified Specialty: No  
 📍 477 N EL CAMINO REAL STE 302 ENCINITAS, CA 92024  
 ☎ 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: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER  
 🕒 Hours: M-F 8:00AM-5:00PM  
 🌐 Website: N/A

**NEUROLOGY**

**SCHORR, EMILY**  
 Provider ID: 305022  
 Board Certified Specialty: No  
 📍 1200 GARDEN VIEW RD ENCINITAS, CA 92024  
 ☎ Phone: (800) 926-8273

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1255862041

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

### **NEUROLOGY CHILD**

#### **KIM MCMANUS, OLIVIA**

Provider ID: 206258

Board Certified Specialty: No

📍 477 N EL CAMINO REAL  
BLDG D STE 302  
ENCINITAS, CA 92024

☎ Phone: (760) 944-5545  
Fax: (760) 944-3927

☎ After Hours Phone: (760) 944-5545

Provider Gender: Female

NPI: 1174870067

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR, CHILDRENS  
HOSPITAL OF ORANGE  
COUNTY, RADY CHILDRENS  
HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

### **NEUROLOGY CHILD**

#### **SAHAGIAN, MICHELLE**

Provider ID: 206073

Board Certified Specialty: No

📍 477 N EL CAMINO REAL  
STE D302  
ENCINITAS, CA 92024

☎ Phone: (760) 944-5545  
Fax: (760) 944-3927

☎ After Hours Phone: (760) 944-5545

Provider Gender: Female

NPI: 1275604035

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

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: Y

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**

#### **DELCore, LAURA**

Provider ID: 291325

Board Certified Specialty: No

📍 1200 GARDEN VIEW RD  
ENCINITAS, CA 92024

☎ Phone: (800) 926-8273  
Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1790128759

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

**OBSTETRICS / GYNECOLOGY**

**DRIEBE, AMY**

Provider ID: 291336

Board Certified Specialty: No

1200 GARDEN VIEW RD  
ENCINITAS, CA 92024

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1730507567

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**OBSTETRICS / GYNECOLOGY**

**DRIEBE, AMY**

Provider ID: 293447

Board Certified Specialty: No

781 GARDEN VIEW CT STE  
200  
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: Y

Min/Max Age: 16\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**OBSTETRICS / GYNECOLOGY**

**DRIEBE, AMY**

Provider ID: 293448

Board Certified Specialty: No

1505 ENCINITAS BLVD  
ENCINITAS, CA 92024

Phone: (800) 926-8372

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8372

Provider Gender: Female

NPI: 1730507567

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**OBSTETRICS / GYNECOLOGY**

**LAMALE-SMITH, LEAH**

Provider ID: 208682

Board Certified Specialty: No

781 GARDEN VIEW CT STE  
200  
ENCINITAS, CA 92024

Phone: (858) 657-7200

After Hours Phone: (858)  
657-7200

Provider Gender: Female

NPI: 1396904876

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, EISENHOWER MEDICAL

CTR

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**OBSTETRICS / GYNECOLOGY**

**MACKAY, GILLIAN**

Provider ID: 303061

Board Certified Specialty: No

1200 GARDEN VIEW RD  
ENCINITAS, CA 92024

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1770702177

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR


Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL): **OPHTHALMOLOGY**

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

**OBSTETRICS / GYNECOLOGY**


**SHAH, NEMI**

Provider ID: 272578

Board Certified Specialty: No

 1200 GARDEN VIEW RD  
STE 100

ENCINITAS, CA 92024


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1558715268

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, SOUTHWEST

HEALTHCARE RANCHO

SPRINGS HOSPITAL,

TEMECULA VALLEY HOSPITAL  
INC

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


**BANSAL, PREETI**

Provider ID: 205617

Board Certified Specialty: No

 477 N EL CAMINO REAL  
STE D302

ENCINITAS, CA 92024


 Phone: (858) 309-7702

Fax: (760) 944-3927

 After Hours Phone: (858)  
309-7702

Provider Gender: Female

NPI: 1871664631

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, GROSSMONT

HOSPITAL, SHARP MARY

BIRCH HOSP FOR WOMEN

AND NEWBORNS, SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SCRIPPS MEMORIAL

HOSPITAL, TRI CITY MEDICAL

CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\19


American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

**OPHTHALMOLOGY**


**BHATIA, SHAGUN**

Provider ID: 267315

Board Certified Specialty: No

 477 N EL CAMINO REAL  
STE D302

ENCINITAS, CA 92024


 Phone: (760) 944-5545

Fax: (760) 944-3927

 After Hours Phone: (760)  
944-5545

Provider Gender: Female

NPI: 1104237353

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, RADY CHILDRENS


HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

**OPHTHALMOLOGY**


**HENNEIN, LAUREN**

Provider ID: 297012

Board Certified Specialty: No

 477 N EL CAMINO REAL  
STE D302

ENCINITAS, CA 92024


 Phone: (760) 944-5545

Fax: (760) 944-3927

 After Hours Phone: (760)  
944-5545

Provider Gender: Female

NPI: 1699216010

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Y


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**OPHTHALMOLOGY**

**MOLL, ANGELA**


Provider ID: 205507

Board Certified Specialty: No

 477 N EL CAMINO REAL STE D302 ENCINITAS, CA 92024

 Phone: (760) 944-5545

Fax: (760) 944-3927

 After Hours Phone: (760) 944-5545

Provider Gender: Female

NPI: 1861648602

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO, GROSSMONT HOSPITAL, SHARP MEMORIAL HOSPITAL, UCSF BENIOFF

CHILDREN'S HOSPITAL OAKLAND, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA

Medi-Cal Open Panel: Y


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


**OPHTHALMOLOGY**


**MOVAGHAR, MANSOOR**

Provider ID: 216413

Board Certified Specialty: No

 477 N EL CAMINO REAL BLD D STE 302 ENCINITAS, CA 92024

 Phone: (760) 944-5545

 After Hours Phone: (760) 944-5545

Provider Gender: Male

NPI: 1497792220

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**OPHTHALMOLOGY**

**OHALLORAN, HENRY**

Provider ID: 205886

Board Certified Specialty: No

 477 N EL CAMINO REAL STE D302 ENCINITAS, CA 92024

 Phone: (760) 944-5545

Fax: (760) 944-3927

 After Hours Phone: (760)

944-5545

Provider Gender: Male

NPI: 1235287947

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**OPTOMETRIST**

**AOTO, KIM**

Provider ID: 296797

Board Certified Specialty: No

 320 SANTA FE DR STE 104 ENCINITAS, CA 92024


 Phone: (760) 943-7141

Fax: (760) 943-0371

 After Hours Phone: (760) 943-7141

Provider Gender: Female

NPI: 1780935650

 Provider English Spoken: Y

 Provider Language(s) Spoken: Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT



**PROVIDER**  
 Hours: M 9:00AM-5:00PM  
 TU 8:30AM-4:30PM  
 W 7:30AM-4:30PM  
 TH 9:30AM-5:00PM  
 F 8:30AM-4:00PM  
 Website: N/A

**OTOLARYNGOLOGY**

**BLISS, MORGAN**

Provider ID: 206085  
 Board Certified Specialty: No  
 477 N EL CAMINO REAL  
 STE 302  
 ENCINITAS, CA 92024  
 Phone: (760) 944-5545  
 Fax: (760) 944-3927  
 After Hours Phone: (760)  
 944-5545

Provider Gender: Female  
 NPI: 1760707657  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**OTOLARYNGOLOGY**

**FRIESEN, TZYYNONG**

Provider ID: 244900  
 Board Certified Specialty: No  
 477 N EL CAMINO REAL  
 STE D302

ENCINITAS, CA 92024  
 Phone: (760) 944-5545  
 After Hours Phone: (760)  
 944-5545  
 Provider Gender: Female  
 NPI: 1952740177  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**OTOLARYNGOLOGY**

**LEUIN, SHELBY**

Provider ID: 206112  
 Board Certified Specialty: No  
 477 N EL CAMINO REAL  
 STE D302  
 ENCINITAS, CA 92024  
 Phone: (760) 944-5545  
 Fax: (760) 944-3927  
 After Hours Phone: (760)  
 944-5545  
 Provider Gender: Female  
 NPI: 1124230909  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, UCSF BENIOFF  
 CHILDREN'S HOSPITAL  
 OAKLAND  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**OTOLARYNGOLOGY**

**PATEL, VIJAY**

Provider ID: 297035  
 Board Certified Specialty: No  
 477 N EL CAMINO REAL  
 STE D302  
 ENCINITAS, CA 92024  
 Phone: (760) 944-5545  
 Fax: (760) 944-3927  
 After Hours Phone: (760)  
 944-5545

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: Y  
 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: Y  
 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: Y  
 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: Y  
 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: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**PEDIATRIC**






**GASTROENTEROLOGY**



**CHU, CHRISTOPHER**

Provider ID: 301641  
 Board Certified Specialty: No  
 477 N EL CAMINO REAL STE D302 ENCINITAS, CA 92024  
 Phone: (760) 944-5545  
 Fax: (760) 944-3927  
 After Hours Phone: (760) 944-5545  
 Provider Gender: Male  
 NPI: 1912369273  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish, Yue



Chinese  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A





**PEDIATRIC**  
**GASTROENTEROLOGY**  
**YOUNG, JOCELYN**

Provider ID: 294676  
 Board Certified Specialty: No  
 477 N EL CAMINO REAL  
 STE D302  
 ENCINITAS, CA 92024  
 Phone: (760) 944-5545  
 Fax: (760) 944-3927  
 After Hours Phone: (760)  
 944-5545  
 Provider Gender: Female  
 NPI: 1306227491  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UC DAVIS  
 MEDICAL CTR, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER


 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A


**PEDIATRIC PULMONOLOGY**  
**CERNELC KOHAN, MATEJKA**

Provider ID: 243043  
 Board Certified Specialty: No  
 477 N EL CAMINO REAL  
 STE 302 BLDG D  
 ENCINITAS, CA 92024  
 Phone: (760) 944-5545  
 Fax: (760) 944-3927  
 After Hours Phone: (760)  
 944-5545  
 Provider Gender: Female  
 NPI: 1871752451





 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSF  
 BENIOFF CHILDREN'S  
 HOSPITAL OAKLAND, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A




**PEDIATRIC PULMONOLOGY**  
**LENHART-PENDERGRASS,  
 PATRICIA**

Provider ID: 294642  
 Board Certified Specialty: No  
 477 N EL CAMINO REAL  
 STE D302  
 ENCINITAS, CA 92024

 Phone: (760) 944-5545  
 Fax: (760) 944-3927  
 After Hours Phone: (760)  
 944-5545  
 Provider Gender: Female  
 NPI: 1144615659  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: Y  
 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: 246395  
 Board Certified Specialty: No  
 477 N EL CAMINO REAL  
 STE D302  
 ENCINITAS, CA 92024  
 Phone: (760) 944-5545  
 After Hours Phone: (760)  
 944-5545  
 Provider Gender: Female  
 NPI: 1821242199  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):

N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*




**PHYSICAL MEDICINE / REHABILITATION**

**LEE, HAEWON**

*Provider ID: 256227*  
*Board Certified Specialty: No*  
 477 N EL CAMINO REAL STE C100  
 ENCINITAS, CA 92024  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1447661657*


 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Korean*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD*

*MEDICAL CTR, UCSD LA JOLLA*  
*JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*



N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*




**PHYSICIANS ASSISTANT**

**DOUGHERTY, CLARA**

*Provider ID: 269171*  
*Board Certified Specialty: No*  
 320 SANTA FE DR STE 108



ENCINITAS, CA 92024  
 *Phone: (760) 436-4558*  
*Fax: (858) 429-7926*  
 *After Hours Phone: (760) 436-4558*  
*Provider Gender: Female*  
*NPI: 1609987619*



 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*


**PHYSICIANS ASSISTANT**

**DOUGHERTY, CLARA**

*Provider ID: 295926*  
*Board Certified Specialty: No*  
 320 SANTA FE DR STE 108  
 ENCINITAS, CA 92024  
 *Phone: (760) 436-4558*  
*Fax: (858) 429-7926*  
 *After Hours Phone: (760) 436-4558*  
*Provider Gender: Female*  
*NPI: 1609987619*




 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS*


MEMORIAL HOSPITAL  
 ENCINITAS, SCRIPPS  
 MEMORIAL HOSPITAL  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 18\999*  
*American Sign Language (ASL):*




N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

**PHYSICIANS ASSISTANT**

**HIGGINS, JOSHUA**

*Provider ID: 287134*  
*Board Certified Specialty: No*  
 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: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

**PHYSICIANS ASSISTANT**

**KIVIAT, ANNETTE**

Provider ID: 302454

Board Certified Specialty: No

477 N EL CAMINO REAL  
STE D302

ENCINITAS, CA 92024

Phone: (760) 944-5545

Fax: (760) 944-5545

After Hours Phone: (760)  
944-5545

Provider Gender: Female

NPI: 1205381845

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL

Medi-Cal Open Panel: N

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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**PHYSICIANS ASSISTANT**

**SUTTON, BRIAN**

Provider ID: 272241

Board Certified Specialty: No

1200 GARDEN VIEW RD  
STE 200

ENCINITAS, CA 92024

Phone: (760) 598-1776

Fax: (760) 598-5744

After Hours Phone: (760)  
598-1776

Provider Gender: Male

NPI: 1629174727

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**PHYSICIANS ASSISTANT**

**VANETSKY, GARY**

Provider ID: 269152

Board Certified Specialty: No

477 N EL CAMINO REAL  
STE D308

ENCINITAS, CA 92024

Phone: (760) 436-2300

Fax: (760) 436-5482

After Hours Phone: (760)  
436-2300

Provider Gender: Male

NPI: 1417034489

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**PODIATRIST**

**DUSTIN, ADAM**

Provider ID: 275800

Board Certified Specialty: No

326 ENCINITAS BLVD STE  
100

ENCINITAS, CA 92024

Phone: (760) 436-5533

Fax: (760) 436-0611

After Hours Phone: (760)  
436-5533

Provider Gender: Male

NPI: 1043389026

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

ENCINITAS

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  N

Accessibility: CONTACT PROVIDER

Hours: M-F  
9:00AM-5:00PM

Website: N/A

**PSYCHOLOGIST**

**GOMEZ, JUANITA**

Provider ID: 291423

Board Certified Specialty: No

1505 ENCINITAS BLVD  
ENCINITAS, CA 92024

Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1790915759

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  N

Accessibility: CONTACT PROVIDER

Website: N/A

**PULMONARY DISEASES**

**BAUTISTA, JENNIFER**

Provider ID: 300863

Board Certified Specialty: No

326 SANTA FE DR STE 100  
ENCINITAS, CA 92024

Phone: (760) 230-8994  
Fax: (760) 944-1309

After Hours Phone: (760)  
230-8994

Provider Gender: Female

NPI: 1770727034

Provider English Spoken: Y

Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, COMMUNITY

HOSPITAL OF THE MONTEREY

PENINSULA, NATIVIDAD

MEDICAL CENTER

Medi-Cal Open Panel: Y

Min/Max Age: 21\199

American Sign Language (ASL):  N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**PULMONARY DISEASES**

**BAUTISTA, JENNIFER**

Provider ID: 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: Y

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  
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: Y

Min/Max Age: 21\999

American Sign Language (ASL):  N

Accessibility: CONTACT PROVIDER

Hours: M-F

8:00AM-5:00PM  
 Website: N/A


**SURGERY COLON SURGERY**

**PARRY, LISA**

Provider ID: 278552

Board Certified Specialty: No

 1200 GARDEN VIEW RD  
 STE 200  
 ENCINITAS, CA 92024

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
 926-8273

Provider Gender: Female

NPI: 1235369067

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A


**SURGERY GENERAL**

**ARMANI, AVA**

Provider ID: 282143

Board Certified Specialty: No

 1200 GARDEN VIEW RD  
 STE 200  
 ENCINITAS, CA 92024

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
 926-8273

Provider Gender: Female

NPI: 1861759383

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: MEDICAL  
 CTR AT UCSF, UCSF Medical  
 Center At Mission Bay, UCSF  
 MEDICAL CENTER AT MOUNT  
 ZION, UCSD LA JOLLA JOHN  
 SALLY THORNTON, UCSD  
 MEDICAL CTR


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A


**SURGERY GENERAL**


**JACOBSEN, GARTH**

Provider ID: 201730

Board Certified Specialty: No

 1200 GARDEN VIEW RD  
 ENCINITAS, CA 92024

 Phone: (858) 657-8860

 After Hours Phone: (858)  
 657-8860

Provider Gender: Male

NPI: 1265649966

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A

**SURGERY NEUROLOGICAL**


**RHOTEN, REX LLOYD**

Provider ID: 301724

Board Certified Specialty: No

 477 N EL CAMINO REAL  
 STE C204

ENCINITAS, CA 92024



 Phone: (760) 230-2256

Fax: (833) 986-0104

 After Hours Phone: (760)  
 230-2256

Provider Gender: Male

NPI: 1083792220

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: CEDARS  
 SINAI MEDICAL CENTER,  
 ALVARADO COMMUNITY  
 HOSPITAL


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 9:00AM-4:00PM

 Website: N/A

**SURGERY PEDIATRIC**

**FAIRBANKS, TIMOTHY**

Provider ID: 205497

Board Certified Specialty: No

 477 N EL CAMINO REAL

STE D302  
ENCINITAS, CA 92024  
Phone: (760) 944-5545  
Fax: (760) 944-3927  
After Hours Phone: (760) 944-5545  
Provider Gender: Male  
NPI: 1407010556  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

### **SURGERY PEDIATRIC**

#### **KLING, KAREN**

Provider ID: 206128  
Board Certified Specialty: No  
477 N EL CAMINO REAL STE D302  
ENCINITAS, CA 92024  
Phone: (760) 944-5545  
Fax: (760) 944-3927  
After Hours Phone: (760) 944-5545  
Provider Gender: Female  
NPI: 1982775144  
Provider English Spoken: Y

Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, NATIONAL NAVAL MED CTR, SHARP MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

### **SURGERY PLASTIC**

#### **REID, CHRISTOPHER**

Provider ID: 238130  
Board Certified Specialty: No  
1200 GARDEN VIEW RD  
ENCINITAS, CA 92024  
Phone: (800) 926-8273  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1982964276  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM  
Website: N/A

### **ESCONDIDO**

### **ANESTHESIOLOGY PAIN MANAGEMENT**

#### **DAIRO, BRANDON**

Provider ID: 299881  
Board Certified Specialty: No  
1955 CITRACADO PKWY STE 203  
ESCONDIDO, CA 92029  
Phone: (760) 738-5533  
Fax: (760) 738-3835  
After Hours Phone: (760) 738-5533  
Provider Gender: Male  
NPI: 1689092470  
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: Y  
Min/Max Age: 18\100  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

### **ANESTHESIOLOGY PAIN MANAGEMENT**

#### **DAIRO, BRANDON**

Provider ID: 300090  
Board Certified Specialty: No



1955 CITRACADO PKWY  
STE 203  
ESCONDIDO, CA 92029

Phone: (760) 738-5533

Fax: (760) 738-3835

After Hours Phone: (760)  
738-5533

Provider Gender: Male

NPI: 1689092470

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

### **ANESTHESIOLOGY PAIN**

#### **MANAGEMENT**

#### **ROBINSON, COLE**

Provider ID: 300171

Board Certified Specialty: No

160 N DATE ST  
ESCONDIDO, CA 92025

Phone: (888) 873-6220

Fax: (888) 873-6220

After Hours Phone: (888)  
873-6220

Provider Gender: Male

NPI: 1871799528

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 21\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

7:00AM-4:00PM

SA 7:00AM-4:00PM

Website: N/A

### **CARDIOLOGY**

#### **BAYAT, HAMED**

Provider ID: 296842

Board Certified Specialty: No

2130 CITRACADO PKWYSTE  
220

ESCONDIDO, CA 92029

Phone: (760) 743-0546

Fax: (760) 743-8837

After Hours Phone: (760)  
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: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

### **CARDIOLOGY**

#### **BAYAT, HAMED**

Provider ID: 296843

Board Certified Specialty: No

2130 CITRACADO PKWYSTE  
220

ESCONDIDO, CA 92029

Phone: (760) 743-0546

Fax: (760) 743-8837

After Hours Phone: (760)  
743-0546

Provider Gender: Male

NPI: 1356344196

Provider English Spoken: Y

Provider Language(s)

Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: PALOMAR

HEALTH, PALOMAR MEDICAL

CENTER

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

### **CARDIOLOGY**

#### **CHEN, ANDREW**

Provider ID: 296830

Board Certified Specialty: No

2130 CITRACADO PKWYSTE  
220

ESCONDIDO, CA 92029

Phone: (760) 743-4789

Fax: (760) 743-8005

After Hours Phone: (760)  
743-4789

Provider Gender: Male

NPI: 1134357007

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

GREEN HOSPITAL, PALOMAR

HEALTH, PALOMAR MEDICAL

CENTER  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A

**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: Y  
 Min/Max Age: 0\150  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A

**CARDIOLOGY**

**MALEK, MIKHAIL**

Provider ID: 296831  
 Board Certified Specialty: No

2130 CITRACADO PKWYSTE  
 220  
 ESCONDIDO, CA 92029  
 Phone: (760) 743-0546  
 Fax: (760) 317-9769

After Hours Phone: (760)  
 743-0546  
 Provider Gender: Male  
 NPI: 1467455212  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Arabic

Cultural Competency: N  
 Hospital Affiliation: PALOMAR  
 MEDICAL CENTER, PALOMAR  
 HEALTH  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A

**CARDIOLOGY**

**SAWHNEY, NAVINDER**

Provider ID: 304784  
 Board Certified Specialty: No  
 2130 CITRACADO PKWYSTE  
 320  
 ESCONDIDO, CA 92029  
 Phone: (858) 485-0130  
 Fax: (858) 485-9424

After Hours Phone: (858)  
 485-0130  
 Provider Gender: Male  
 NPI: 1619174133

Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: PALOMAR  
 HEALTH, PALOMAR MEDICAL  
 CENTER, SCRIPPS MEMORIAL

HOSPITAL, SCRIPPS GREEN  
 HOSPITAL, UCSD MEDICAL  
 CTR, SHARP MEMORIAL  
 HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\150

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A

**CARDIOLOGY**

**SERRY, ROD**

Provider ID: 304765  
 Board Certified Specialty: No  
 2130 CITRACADO PKWYSTE  
 220  
 ESCONDIDO, CA 92029  
 Phone: (760) 743-0546  
 Fax: (760) 317-9769  
 After Hours Phone: (760)  
 743-0546

Provider Gender: Male  
 NPI: 1912945130  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Farsi, Portuguese,  
 Spanish

Cultural Competency: N  
 Hospital Affiliation: SHARP  
 MEMORIAL HOSPITAL,  
 PALOMAR HEALTH, PALOMAR  
 MEDICAL CENTER  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A

**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: Y

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**

**SERRY, ROD**

Provider ID: 296811

Board Certified Specialty: No

2130 CITRACADO PKWY STE 200

ESCONDIDO, CA 92029

Phone: (760) 743-0546

Fax: (760) 317-9769

After Hours Phone: (760) 743-0546

Provider Gender: Male

NPI: 1912945130

Provider English Spoken: Y

Provider Language(s) Spoken: Farsi, Portuguese, Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, PALOMAR HEALTH, PALOMAR MEDICAL CENTER

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**HEAD, KRISTIN**

Provider ID: 277866

Board Certified Specialty: No

2125 CITRACADO PKWY STE 100

ESCONDIDO, CA 92029

Phone: (760) 294-9260

Fax: (760) 294-9274

After Hours Phone: (760) 294-9260

Provider Gender: Female

NPI: 1699078923

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 18\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**MCCARTHY, KATHRYN**

Provider ID: 298143

Board Certified Specialty: No

488 E VALLEY PKWY STE 404

ESCONDIDO, CA 92025

Phone: (760) 466-9800

Fax: (360) 462-2741

☎ After Hours Phone: (760) 466-9800

Provider Gender: Female

NPI: 1700850781

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**STONE, JENINE**

Provider ID: 302343

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: 1801262332

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

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**

**WALDRUP, LA'RHONDA**

Provider ID: 299259

Board Certified Specialty: No

📍 2185 CITRACADO PKWY  
ESCONDIDO, CA 92029

☎ Phone: (442) 281-3193

Fax: (442) 281-3197

☎ After Hours Phone: (442) 281-3193

Provider Gender: Female

NPI: 1831627181

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER, RADY

CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Y

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**

**WILSON, HAYLEE**

Provider ID: 303145

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: 1154040665

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS, SHARP

MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS

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

**CERTIFIED REGISTERED**

**NURSE ANESTHETIST**

**SEILNACHT-BERNARD, KAREN**

Provider ID: 269203

Board Certified Specialty: No

📍 488 E VALLEY PKWY  
ESCONDIDO, CA 92025

☎ Phone: (877) 217-8505

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: Y




Min/Max Age: 0\999

American Sign Language (ASL):  
N

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 9:00AM-5:00PM*  
 *Website: N/A*



**CHIROPRACTOR**

**ZECHA, RONALD**

*Provider ID: 303985*  
*Board Certified Specialty: No*  
 488 E VALLEY PKWY STE 411  
 ESCONDIDO, CA 92025  
 *Phone: (760) 466-9800*  
*Fax: (360) 462-2741*  
 *After Hours Phone: (760) 466-9800*

*Provider Gender: Male*

*NPI: 1427252121*


 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8:00AM-5:00PM*

 *Website: N/A*



**CHIROPRACTOR**

**ZECHA, RONALD**

*Provider ID: 303984*  
*Board Certified Specialty: No*  
 460 N ELM ST  
 ESCONDIDO, CA 92025  
 *Phone: (760) 520-8100*  
*Fax: (360) 462-2745*  
 *After Hours Phone: (760)*

*520-8100*  
*Provider Gender: Male*

*NPI: 1427252121*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*


*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\999*

*American Sign Language (ASL): N*




 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8:00AM-6:00PM*

 *Website: N/A*



**CHIROPRACTOR**

**ZECHA, RONALD**

*Provider ID: 290679*  
*Board Certified Specialty: No*  
 460 N ELM ST  
 ESCONDIDO, CA 92025  
 *Phone: (760) 520-8100*  
*Fax: (360) 462-2745*  
 *After Hours Phone: (760) 520-8100*

*Provider Gender: Male*

*NPI: 1427252121*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*


 *Hours: M-F 8:00AM-6:00PM*

 *Website: N/A*

**EMERGENCY MEDICINE**



**PHAM, LILY**

*Provider ID: 304936*  
*Board Certified Specialty: No*  
 2125 CITRACADO PKWY STE 100  
 ESCONDIDO, CA 92029  
 *Phone: (760) 739-1543*  
*Fax: (760) 294-9274*

 *After Hours Phone: (760) 739-1543*

*Provider Gender: Female*

*NPI: 1811423072*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Vietnamese*

*Cultural Competency: N*


*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*


*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\19*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*



 *Hours: SU 1:00PM-10:00PM M-F 4:00PM-10:00PM SA 1:00PM-10:00PM*

 *Website: N/A*

**ENDOCRINOLOGY**

**METABOLISM DIABETES**

**REDDY, NAVYA**

*Provider ID: 302350*  
*Board Certified Specialty: No*  
 625 CITRACADO PKWY STE 108  
 ESCONDIDO, CA 92025  
 *Phone: (760) 743-1431*  
*Fax: (760) 743-6455*

☎ After Hours Phone: (760) 743-1431

Provider Gender: Female

NPI: 1083069611

☑ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

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

#### **ORTIZ, KENNETH**

Provider ID: 301799

Board Certified Specialty: No

📍 704 E GRAND AVE  
ESCONDIDO, CA 92025

☎ Phone: (619) 662-4100

Fax: (619) 662-4196

☎ After Hours Phone: (619) 662-4100

Provider Gender: Male

NPI: 1356761571

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F

8:00AM-5:00PM

🌐 Website: N/A

### GASTROENTEROLOGY

#### **CHELIMILLA, HARITHA**

Provider ID: 269204

Board Certified Specialty: No

📍 735 E OHIO AVE STE 204  
ESCONDIDO, CA 92025

☎ Phone: (760) 294-7600

Fax: (760) 294-7603

☎ After Hours Phone: (760) 294-7600

Provider Gender: Female

NPI: 1528235892

☑ Provider English Spoken: Y

☑ Provider Language(s)

Spoken: Hindi, Telugu

Cultural Competency: N

Hospital Affiliation: Hemet

Global Medical Center,

PALOMAR MEDICAL CENTER,

KINDRED HOSPITAL

RIVERSIDE, KINDRED

HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F

8:00AM-5:00PM

🌐 Website: N/A

### GASTROENTEROLOGY

#### **GARA, NAVEEN**

Provider ID: 269145

Board Certified Specialty: No

📍 661 E PENNSYLVANIA AVE  
ESCONDIDO, CA 92025

☎ Phone: (760) 690-2800

Fax: (760) 690-2801

☎ After Hours Phone: (760) 690-2800

Provider Gender: Male

NPI: 1942406533

☑ Provider English Spoken: Y

☑ Provider Language(s)

Spoken: Hindi, Telugu

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, PALOMAR

MEDICAL CENTER, PALOMAR

HEALTH

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F

8:00AM-5:00PM

🌐 Website: N/A

### HEARING AID DEALER /

#### **SUPPLIER**

#### **ANDERSON, ELAINE**

Provider ID: 268690

Board Certified Specialty: No

📍 330 W FELICITA AVE STE  
A4

ESCONDIDO, CA 92025

☎ Phone: (760) 489-1323

Fax: (760) 489-0975

☎ After Hours Phone: (760) 489-1323

Provider Gender: Female

NPI: 1063558856

☑ Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Y


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


**MATERNAL AND FETAL  
MEDICINE**

**MELBER, DORA**


Provider ID: 296996

Board Certified Specialty: No

 2125 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029

 Phone: (858) 966-6710


Fax: (858) 966-6711

 After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1124413026

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Hungarian, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, RADY CHILDRENS


HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


**MATERNAL AND FETAL  
MEDICINE**

**REIMERS, REBECCA**

Provider ID: 294655

Board Certified Specialty: No

 2125 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029


 Phone: (858) 966-6710

Fax: (858) 966-6711

 After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1801207634

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**NEONATAL / PERINATAL  
MEDICINE**

**LE, CRYSTAL**

Provider ID: 283707

Board Certified Specialty: No

 2185 CITRACADO PKWY  
ESCONDIDO, CA 92029

 Phone: (442) 281-3193

Fax: (442) 281-3197

 After Hours Phone: (442)  
281-3193

Provider Gender: Female

NPI: 1003028416

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SOUTHWEST  
HEALTHCARE INLAND VALLEY  
HOSPITAL, SOUTHWEST  
HEALTHCARE RANCHO  
SPRINGS HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS


Medi-Cal Open Panel: Y


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  
RANCHO SPRINGS HOSPITAL,  
SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19

American Sign Language (ASL): N

N  
 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A

**NEONATAL / PERINATAL  
MEDICINE**

**SUTTNER, DENISE**

Provider ID: 206137  
Board Certified Specialty: No

 2185 CITRACADO PKWY  
ESCONDIDO, CA 92029

 Phone: (442) 281-2850

Fax: (442) 281-2999

 After Hours Phone: (442)  
281-2850

Provider Gender: Female

NPI: 1457433799

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, SOUTHWEST

HEALTHCARE INLAND VALLEY N


HOSPITAL, SOUTHWEST  
HEALTHCARE RANCHO  
SPRINGS HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MEMORIAL


HOSPITAL, SCRIPPS MERCY  
HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**NEONATAL / PERINATAL  
MEDICINE**

**SWEENEY, NATHALY**

Provider ID: 283801

Board Certified Specialty: No

 2185 CITRACADO PKWY  
ESCONDIDO, CA 92029

 Phone: (442) 281-3193

Fax: (442) 281-3197

 After Hours Phone: (442)  
281-3193

Provider Gender: Female

NPI: 1164572632

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, RADY


CHILDRENS HOSPITAL SAN  
DIEGO, PALOMAR MEDICAL  
CENTER


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**NEPHROLOGY**

**AL-DAHMAN, ZAID**

Provider ID: 297898

Board Certified Specialty: No

 631 E GRAND AVE  
ESCONDIDO, CA 92025


 Phone: (760) 294-1660

Fax: (760) 745-5016

 After Hours Phone: (760)  
294-1660

Provider Gender: Male

NPI: 1740716828

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER, PALOMAR  
HEALTH


Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
9:00AM-5:00PM

 Website: N/A

**NEPHROLOGY**

**KAYAL, ANAS**

Provider ID: 262156

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: 1851376917  
 🗣 Provider English Spoken: Y  
 🗣 Provider Language(s) Spoken: Arabic  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY MEDICAL CTR, PALOMAR MEDICAL CENTER, TEMECULA VALLEY HOSPITAL INC, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\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: 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: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER  
 🕒 Hours: M-F 8:00AM-5:00PM  
 🌐 Website: N/A

**NEUROLOGY**

**JINDAL, ANUJA**

Provider ID: 277838  
 Board Certified Specialty: No  
 📍 2125 CITRACADO PKWY STE 100 ESCONDIDO, CA 92029  
 ☎ Phone: (760) 294-9260  
 Fax: (760) 294-9274  
 📞 After Hours Phone: (760) 294-9260  
 Provider Gender: Female  
 NPI: 1194046581  
 🗣 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8:00AM-5:00PM  
 🌐 Website: N/A

**NEUROLOGY**

**KIM MCMANUS, OLIVIA**




Provider ID: 277873  
 Board Certified Specialty: No  
 📍 2125 CITRACADO PKWY STE 100 ESCONDIDO, CA 92029  
 ☎ Phone: (858) 966-5819  
 Fax: (760) 294-9274  
 📞 After Hours Phone: (858) 966-5819  
 Provider Gender: Female  
 NPI: 1174870067  
 🗣 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UNIVERSITY OF CALIFORNIA IRVINE MED CTR, CHILDRENS HOSPITAL OF ORANGE COUNTY, RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N



♿ Accessibility: CONTACT PROVIDER  
 🕒 Hours: M-F 8:00AM-5:00PM  
 🌐 Website: N/A

**NEUROLOGY**

**NELSON, JAMES**






Provider ID: 277849  
 Board Certified Specialty: No  
 📍 2125 CITRACADO PKWY STE 100 ESCONDIDO, CA 92029




 Phone: (858) 966-5819  
 After Hours Phone: (858) 966-5819  
 Provider Gender: Male  
 NPI: 1568434546  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: VALLEY CHILDRENS HOSPITAL, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

### **NEUROLOGY**







#### **ZIMBRIC, MICHAEL**

Provider ID: 277891  
 Board Certified Specialty: No  
 2125 CITRACADO PKWY STE 100 ESCONDIDO, CA 92029  
 Phone: (760) 294-9260  
 Fax: (760) 294-9274  
 After Hours Phone: (760) 294-9260  
 Provider Gender: Male  
 NPI: 1487819546  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: French  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF

CHILDREN'S HOSPITAL OAKLAND  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A









### **NEUROLOGY CHILD**

#### **SAHAGIAN, MICHELLE**

Provider ID: 206076  
 Board Certified Specialty: No  
 625 CITRACADO PKWY STE 100 ESCONDIDO, CA 92025  
 Phone: (760) 294-9260  
 Fax: (760) 294-9274  
 After Hours Phone: (760) 294-9260  
 Provider Gender: Female  
 NPI: 1275604035  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Y  
 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**




#### **BULLOCH, EDGAR**

Provider ID: 298657  
 Board Certified Specialty: No  
 460 N ELM ST ESCONDIDO, CA 92025  
 Phone: (760) 520-8100  
 Fax: (619) 401-0522  
 After Hours Phone: (760) 520-8100  
 Provider Gender: Male  
 NPI: 1508046376  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: GROSSMONT HOSPITAL, Sharp Grossmont Hospital  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 12\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM SA 8:00AM-0:00PM  
 Website: N/A








### **OBSTETRICS / GYNECOLOGY**

#### **HINSHAW, PAUL**

Provider ID: 277041  
 Board Certified Specialty: No  
 488 E VALLEY PKWY STE 400 ESCONDIDO, CA 92025  
 Phone: (760) 658-6101  
 Fax: (760) 658-6106  
 After Hours Phone: (760) 658-6101  
 Provider Gender: Male  
 NPI: 1215170717  
 Provider English Spoken: Y





*Cultural Competency: N*  
*Hospital Affiliation: PALOMAR MEDICAL CENTER*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-TH 9:00AM-4:30PM F 9:00AM-2:00PM*  
 *Website: N/A*

**OBSTETRICS / GYNECOLOGY**  
**HINSHAW, PAUL**

*Provider ID: 285629*  
*Board Certified Specialty: No*  
 488 E VALLEY PKWY STE 400  
 ESCONDIDO, CA 92025  
 *Phone: (760) 658-6101*  
*Fax: (760) 658-6106*  
 *After Hours Phone: (760) 658-6101*  
*Provider Gender: Male*  
*NPI: 1215170717*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: PALOMAR MEDICAL CENTER*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 16\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-TH 9:00AM-4:30PM F 9:00AM-2:00PM*  
 *Website: N/A*

**OBSTETRICS / GYNECOLOGY**

**HINSHAW, PAUL**  
*Provider ID: 277040*  
*Board Certified Specialty: No*  
 1955 CITRACADO PKWY STE 302  
 ESCONDIDO, CA 92029  
 *Phone: (760) 233-1896*  
 *After Hours Phone: (760) 233-1896*  
*Provider Gender: Male*  
*NPI: 1215170717*



 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: PALOMAR MEDICAL CENTER*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-TH 9:00AM-4:30PM F 9:00AM-2:00PM*  
 *Website: N/A*





**OBSTETRICS / GYNECOLOGY**  
**HINSHAW, PAUL**

*Provider ID: 285628*  
*Board Certified Specialty: No*  
 1955 CITRACADO PKWY STE 302  
 ESCONDIDO, CA 92029  
 *Phone: (760) 233-1896*  
 *After Hours Phone: (760) 233-1896*  
*Provider Gender: Male*  
*NPI: 1215170717*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: PALOMAR*

*MEDICAL CENTER*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 16\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-TH 9:00AM-4:30PM F 9:00AM-2:00PM*  
 *Website: N/A*

**OBSTETRICS / GYNECOLOGY**  
**LAMALE-SMITH, LEAH**

*Provider ID: 285518*  
*Board Certified Specialty: No*  
 2125 CITRACADO PKWY STE 210  
 ESCONDIDO, CA 92029  
 *Phone: (760) 739-2921*  
*Fax: (760) 739-3162*  
 *After Hours Phone: (760) 739-2921*  
*Provider Gender: Female*  
*NPI: 1396904876*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, EISENHOWER MEDICAL CTR*  
*Medi-Cal Open Panel: Y*  
*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**  
**SHORT, ABIADÉ**


Provider ID: 290595

Board Certified Specialty: No

 255 N ASH ST STE 101  
ESCONDIDO, CA 92027


 Phone: (619) 662-4100

Fax: (619) 205-6305

 After Hours Phone: (619)  
662-4100

Provider Gender: Male

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

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Website: N/A


**OPHTHALMOLOGY**

**BANSAL, PREETI**

Provider ID: 277883

Board Certified Specialty: No

 2125 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029

 Phone: (760) 755-7600

Fax: (760) 755-7699

 After Hours Phone: (760)  
755-7600

Provider Gender: Female

NPI: 1871664631

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, GROSSMONT  
HOSPITAL, SHARP MARY


BIRCH HOSP FOR WOMEN  
AND NEWBORNS, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MEMORIAL


HOSPITAL, TRI CITY MEDICAL  
CTR


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


**OPHTHALMOLOGY**

**BHATIA, SHAGUN**

Provider ID: 277877

Board Certified Specialty: No

 2125 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029

 Phone: (760) 755-7600

Fax: (760) 755-7699

 After Hours Phone: (760)  
755-7600

Provider Gender: Female

NPI: 1104237353

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


**OPHTHALMOLOGY**

**HENNEIN, LAUREN**

Provider ID: 297014

Board Certified Specialty: No

 2125 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029

 Phone: (760) 755-7600

Fax: (760) 755-7699

 After Hours Phone: (760)  
755-7600

Provider Gender: Female

NPI: 1699216010

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

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: Y


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

**OPHTHALMOLOGY**


**MOLL, ANGELA**

Provider ID: 277824

Board Certified Specialty: No

 2125 CITRACADO PKWY STE 200

ESCONDIDO, CA 92029

 Phone: (760) 755-7600

Fax: (760) 755-7699

 After Hours Phone: (760) 755-7600

Provider Gender: Female

NPI: 1861648602

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, GROSSMONT HOSPITAL, SHARP MEMORIAL HOSPITAL, UCSF BENIOFF CHILDREN'S HOSPITAL


OAKLAND, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

 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

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

 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: Y

Min/Max Age: 0\19

American Sign Language (ASL):

 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

Medi-Cal Open Panel: Y

Min/Max Age: 0\999


American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

**OPTOMETRIST**


**AOTO, KIM**

Provider ID: 296796


Board Certified Specialty: No

 700 W EL NORTE PKWY STE 200

ESCONDIDO, CA 92026

 Phone: (760) 743-5872


Fax: (760) 743-5879

 After Hours Phone: (760) 743-5872

Provider Gender: Female

NPI: 1780935650

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Vietnamese


Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M 9:00AM-5:00PM

TU 8:30AM-4:30PM

W 7:30AM-4:30PM

TH 9:30AM-5:00PM

F 8:30AM-4:00PM

 Website: N/A

**OTOLARYNGOLOGY**


**BLISS, MORGAN**

Provider ID: 277537


Board Certified Specialty: No

 2125 CITRACADO PKWY STE 200

ESCONDIDO, CA 92029


 Phone: (760) 755-7600

Fax: (760) 755-7699

 After Hours Phone: (760) 755-7600

Provider Gender: Female

NPI: 1760707657

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

**OTOLARYNGOLOGY**


**FRIESEN, TZYYNONG**

Provider ID: 277853

Board Certified Specialty: No

 2125 CITRACADO PKWY STE 200

ESCONDIDO, CA 92029


 Phone: (760) 755-7600

Fax: (760) 755-7699

 After Hours Phone: (760) 755-7600

Provider Gender: Female

NPI: 1952740177

 Provider English Spoken: Y


Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

**OTOLARYNGOLOGY**


**JIANG, WEN**

Provider ID: 277860

Board Certified Specialty: No

 2125 CITRACADO PKWY STE 200

ESCONDIDO, CA 92029

 Phone: (760) 755-7600


Fax: (760) 755-7699

 After Hours Phone: (760) 755-7600

Provider Gender: Female

NPI: 1659305753

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN


DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


### **OTOLARYNGOLOGY**

#### **PATEL, VIJAY**

Provider ID: 297038

Board Certified Specialty: No

 2125 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029

 Phone: (760) 755-7600

Fax: (760) 755-7699

 After Hours Phone: (760)  
755-7600

Provider Gender: Male

NPI: 1508250747

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, VALLEY CHILDRENS

HOSPITAL


Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### **PEDIATRIC CARDIOLOGY**

#### **HALEY, JESSICA**


Provider ID: 205689

Board Certified Specialty: No

 625 CITRACADO PKWY STE

100

ESCONDIDO, CA 92025


 Phone: (760) 294-9260

Fax: (760) 294-9274

 After Hours Phone: (760)  
294-9260

Provider Gender: Female

NPI: 1023329885

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO


Medi-Cal Open Panel: Y


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: Y


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: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**PEDIATRIC CARDIOLOGY**




**SAH, SERENA**


Provider ID: 301737  
 Board Certified Specialty: No  
 2125 CITRACADO PKWY



STE 100  
 ESCONDIDO, CA 92029  
 Phone: (760) 294-9260  
 Fax: (760) 294-9274  
 After Hours Phone: (760)  
 294-9260  
 Provider Gender: Female  
 NPI: 1295042653  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Chinese, Mandarin  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**PEDIATRIC CARDIOLOGY**

**SILVA SEPULVEDA, JOSE**


Provider ID: 206298  
 Board Certified Specialty: No  
 625 CITRACADO PKWY STE  
 100  
 ESCONDIDO, CA 92025  
 Phone: (760) 294-9260  
 Fax: (760) 294-9274  
 After Hours Phone: (760)  
 294-9260


Provider Gender: Male  
 NPI: 1417222472  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN




DIEGO  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**PEDIATRIC DERMATOLOGY**

**BOIKO, SUSAN**

Provider ID: 277158  
 Board Certified Specialty: No  
 2125 CITRACADO PKWY  
 STE 100  
 ESCONDIDO, CA 92029  
 Phone: (760) 755-7600  
 Fax: (760) 755-7699  
 After Hours Phone: (760)  
 755-7600  
 Provider Gender: Female  
 NPI: 1053488981

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**PEDIATRIC EMERGENCY**

**MEDICINE**

**AGHILI, ROXANA**



Provider ID: 303783  
 Board Certified Specialty: No  
 2125 CITRACADO PKWY  
 STE 100  
 ESCONDIDO, CA 92029  
 Phone: (760) 739-1543  
 Fax: (760) 294-9274  
 After Hours Phone: (760) 739-1543  
 Provider Gender: Female  
 NPI: 1851927883  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Farsi  
 Cultural Competency: N  
 Hospital Affiliation: KAISER  
 FOUNDATION HOSPITAL SAN  
 DIEGO, RADY CHILDRENS  
 HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Y  
 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: 277865  
 Board Certified Specialty: No  
 2125 CITRACADO PKWY  
 STE 100  
 ESCONDIDO, CA 92029  
 Phone: (760) 739-1543  
 Fax: (760) 294-9274  
 After Hours Phone: (760) 739-1543

Provider Gender: Male  
 NPI: 1700926698  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, UCSF BENIOFF  
 CHILDREN'S HOSPITAL  
 OAKLAND  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: SU 1:00PM-10:00PM  
 M-F 4:00PM-10:00PM  
 SA 1:00PM-10:00PM  
 Website: N/A

**PEDIATRIC EMERGENCY  
 MEDICINE**

**GORHAM, LAURA**  
 Provider ID: 277851  
 Board Certified Specialty: No  
 2125 CITRACADO PKWY  
 STE 100  
 ESCONDIDO, CA 92029  
 Phone: (760) 739-1543  
 Fax: (760) 294-9274  
 After Hours Phone: (760) 739-1543  
 Provider Gender: Female  
 NPI: 1316162324

Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: SU 1:00PM-10:00PM  
 M-F 4:00PM-10:00PM  
 SA 1:00PM-10:00PM  
 Website: N/A

**PEDIATRIC EMERGENCY**

**MEDICINE**

**GROSS, MATTHEW**

Provider ID: 297178

Board Certified Specialty: No

2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

Phone: (760) 739-1543

Fax: (760) 294-9274

After Hours Phone: (760)  
739-1543

Provider Gender: Male

NPI: 1942223664

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

Website: N/A

**PEDIATRIC EMERGENCY**

**MEDICINE**

**JOSHI, WEENA**

Provider ID: 277907

Board Certified Specialty: No

2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

Phone: (760) 739-1543

Fax: (760) 294-9274

After Hours Phone: (760)  
739-1543

Provider Gender: Female

NPI: 1376862177

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, PALOMAR HEALTH

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

Website: N/A

**PEDIATRIC EMERGENCY**

**MEDICINE**

**LOVEJOY, AMY**

Provider ID: 277884

Board Certified Specialty: No

2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

Phone: (760) 739-1543

Fax: (760) 294-9274

After Hours Phone: (760)  
739-1543

Provider Gender: Female

NPI: 1790856557

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, CHILDRENS HOSPITAL  
OF ORANGE COUNTY

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

Website: N/A

**PEDIATRIC EMERGENCY**

**MEDICINE**

**MENDES, CHANTAL**

Provider ID: 295670

Board Certified Specialty: No

2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

Phone: (760) 739-1543

Fax: (760) 294-9274

After Hours Phone: (760)  
739-1543

Provider Gender: Female

NPI: 1134681265

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

Website: N/A

**PEDIATRIC EMERGENCY**

**MEDICINE**

**MINKA, GENEVIEVE**

Provider ID: 277859

Board Certified Specialty: No

2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

Phone: (760) 739-1543

Fax: (760) 294-9274

After Hours Phone: (760)  
739-1543

Provider Gender: Female

NPI: 1689646689

Provider English Spoken: Y

Provider Language(s)  
Spoken: French

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS MERCY

HOSPITAL CHULA VISTA

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

Website: N/A

**PEDIATRIC EMERGENCY  
MEDICINE**

**OZAKI, YOSHIHIRO**

Provider ID: 277902

Board Certified Specialty: No

2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

Phone: (760) 739-1543

Fax: (760) 294-9274

After Hours Phone: (760)  
739-1543

Provider Gender: Male

NPI: 1467898239

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Japanese

Cultural Competency: N

Hospital Affiliation: VALLEY  
CHILDRENS HOSPITAL, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

Website: N/A

**PEDIATRIC EMERGENCY  
MEDICINE**

**PARKER, SHERINE**

Provider ID: 277872

Board Certified Specialty: No

2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

Phone: (760) 739-1543

Fax: (760) 294-9274

After Hours Phone: (760)  
739-1543

Provider Gender: Female

NPI: 1477626513

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: GLENDALE  
ADVENTIST MED CTR,  
GLENDALE MEMORIAL HOSP

AND HEALTH CTR, TRI CITY  
MEDICAL CTR, RADY

CHILDRENS HOSPITAL SAN

DIEGO, VALLEY CHILDRENS  
HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

Website: N/A

**PEDIATRIC EMERGENCY  
MEDICINE**

**QUINONES-PEREZ, BIANCA**

Provider ID: 277810

Board Certified Specialty: No

2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

Phone: (760) 739-1543

Fax: (760) 294-9274

After Hours Phone: (760)  
739-1543

Provider Gender: Female

NPI: 1124360565

Provider English Spoken: Y  
Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM

SA 1:00PM-10:00PM  
Website: N/A

**PEDIATRIC EMERGENCY  
MEDICINE**

**TODD, SARAH**

Provider ID: 302802

Board Certified Specialty: No

2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

Phone: (760) 739-1543

Fax: (760) 294-9274

After Hours Phone: (760)  
739-1543

Provider Gender: Female

NPI: 1407299787

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RONALD  
REAGAN UCLA MED CTR,  
SANTA MONICA UCLA MED  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Y

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**

**TYGART, MELISSA**

Provider ID: 295046

Board Certified Specialty: No

625 CITRACADO PKWY STE  
200

ESCONDIDO, CA 92025

Phone: (760) 746-2641

Fax: (760) 740-2178

After Hours Phone: (760)  
746-2641

Provider Gender: Female

NPI: 1336602507

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM  
SA 8:30AM-0:00PM

Website: N/A

**PEDIATRIC EMERGENCY  
MEDICINE**

**TYGART, MELISSA**

Provider ID: 294099

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: 1336602507

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: N

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

Website: N/A

**PEDIATRIC EMERGENCY  
MEDICINE**

**VAIDYA, KAMALA**

Provider ID: 289412

Board Certified Specialty: No

2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029

Phone: (760) 739-1543

Fax: (760) 294-9274

After Hours Phone: (760)  
739-1543

Provider Gender: Female

NPI: 1083840920

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

Website: N/A

**PEDIATRIC EMERGENCY  
MEDICINE**

**VAIDYA, KAMALA**

Provider ID: 205812

Board Certified Specialty: No

📍 625 CITRACADO PKWY STE 100

ESCONDIDO, CA 92025

☎ Phone: (760) 739-1543

Fax: (760) 294-9274

📞 After Hours Phone: (760) 739-1543

Provider Gender: Female

NPI: 1083840920

📄 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

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: 277868

Board Certified Specialty: No

📍 2125 CITRACADO PKWY  
STE 100

ESCONDIDO, CA 92029

☎ Phone: (760) 739-1543

Fax: (760) 294-9274

📞 After Hours Phone: (760)  
739-1543

Provider Gender: Female

NPI: 1427142363

📄 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

🌐 Website: N/A

**PEDIATRIC  
GASTROENTEROLOGY**

**CHU, CHRISTOPHER**

Provider ID: 301643

Board Certified Specialty: No

📍 2125 CITRACADO PKWY  
STE 100

ESCONDIDO, CA 92029

☎ Phone: (760) 294-9260

Fax: (760) 294-9274

📞 After Hours Phone: (760)  
294-9260

Provider Gender: Male

NPI: 1912369273

📄 Provider English Spoken: Y  
Provider Language(s)

Spoken: Spanish, Yue  
Chinese

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

**PEDIATRIC  
GASTROENTEROLOGY**

**PATHAK, SAGAR**

Provider ID: 301826

Board Certified Specialty: No

📍 2125 CITRACADO PKWY  
STE 100

ESCONDIDO, CA 92029

☎ Phone: (760) 294-9260

Fax: (760) 294-9274

📞 After Hours Phone: (760)  
294-9260

Provider Gender: Male

NPI: 1700318292

📄 Provider English Spoken: Y

📄 Provider Language(s)  
Spoken: Gujarati, Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

**PEDIATRICS**

**CAMERON, MELISSA**

Provider ID: 205966

Board Certified Specialty: No

2185 CITRACADO PKWY  
ESCONDIDO, CA 92029

Phone: (442) 281-2850

Fax: (442) 281-2999

After Hours Phone: (442)  
281-2850

Provider Gender: Female

NPI: 1902983752

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, PALOMAR MEDICAL  
CENTER

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**PHYSICAL MEDICINE /  
REHABILITATION**

**RICHARDSON, HENRY**

Provider ID: 295277

Board Certified Specialty: No

1955 CITRACADO PKWY  
STE 203  
ESCONDIDO, CA 92029

Phone: (760) 738-5533

Fax: (909) 204-7863

After Hours Phone: (760)  
738-5533

Provider Gender: Male

NPI: 1407052459

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, PALOMAR MEDICAL  
CENTER

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**PHYSICAL MEDICINE /  
REHABILITATION**

**RYAN, KYLE**

Provider ID: 275660

Board Certified Specialty: No

625 CITRACADO PKWY  
ESCONDIDO, CA 92025

Phone: (760) 294-9260

Fax: (760) 294-9274

After Hours Phone: (760)  
294-9260

Provider Gender: Male

NPI: 1447645742

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**PHYSICIANS ASSISTANT**

**BEITTER, KEERSTIN**

Provider ID: 300094

Board Certified Specialty: No

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: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**PHYSICIANS ASSISTANT**

**CHATFIELD, ALEXANDRA**

Provider ID: 276716

Board Certified Specialty: No

1955 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029

Phone: (760) 743-4789

Fax: (858) 673-5187

After Hours Phone: (760)  
743-4789

Provider Gender: Female  
NPI: 1215584628

☐ Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

**PHYSICIANS ASSISTANT**

**CORVINI, NICOLAS**

Provider ID: 296999

Board Certified Specialty: No

📍 425 N DATE ST  
ESCONDIDO, CA 92025

☎ Phone: (760) 520-8300

Fax: (858) 633-4698

🕒 After Hours Phone: (760)  
520-8300

Provider Gender: Male

NPI: 1194242461

☐ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

**PHYSICIANS ASSISTANT**

**CUTCHON, SYDNEY**

Provider ID: 302306

Board Certified Specialty: No

📍 625 CITRACADO PKWY STE  
108

ESCONDIDO, CA 92025

☎ Phone: (760) 743-1431

Fax: (760) 743-6455

🕒 After Hours Phone: (760)  
743-1431

Provider Gender: Female

NPI: 1659914240

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

**PHYSICIANS ASSISTANT**

**GANGJI, SHAZMIN**

Provider ID: 298110

Board Certified Specialty: No

📍 460 N ELM ST  
ESCONDIDO, CA 92025

☎ Phone: (760) 520-8100

Fax: (360) 462-2745

🕒 After Hours Phone: (760)  
520-8100

Provider Gender: Female

NPI: 1346763638

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 14\999

American Sign Language (ASL):  
N

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

**PHYSICIANS ASSISTANT**

**KIVIAT, ANNETTE**

Provider ID: 302456

Board Certified Specialty: No

📍 2125 CITRACADO PKWY  
STE 100

ESCONDIDO, CA 92029

☎ Phone: (760) 294-9260

Fax: (760) 294-9274

🕒 After Hours Phone: (760)

294-9260  
 Provider Gender: Female  
 NPI: 1205381845

Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, SCRIPPS MEMORIAL  
 HOSPITAL, SHARP MEMORIAL  
 HOSPITAL

Medi-Cal Open Panel: N  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**PHYSICIANS ASSISTANT**

**MEHTA, NOOPUR**

Provider ID: 297093  
 Board Certified Specialty: No  
 460 N ELM ST  
 ESCONDIDO, CA 92025  
 Phone: (760) 520-8100  
 Fax: (760) 466-1373

After Hours Phone: (760)  
 520-8100

Provider Gender: Female  
 NPI: 1417682931

Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F

8:00AM-5:00PM  
 Website: N/A

**PHYSICIANS ASSISTANT**

**MONTES, VIVIAN**

Provider ID: 298090  
 Board Certified Specialty: No

728 E VALLEY PKWY  
 ESCONDIDO, CA 92025  
 Phone: (760) 737-6900  
 Fax: (360) 462-2741

After Hours Phone: (760)  
 737-6900

Provider Gender: Female  
 NPI: 1881358026

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Hours: M-F  
 8:00AM-5:00PM

Website: N/A

**PHYSICIANS ASSISTANT**

**NIAKAMAL, EVAN**

Provider ID: 291250  
 Board Certified Specialty: No

425 N DATE ST  
 ESCONDIDO, CA 92025  
 Phone: (760) 520-8340  
 Fax: (858) 633-4698

After Hours Phone: (760)  
 520-8340

Provider Gender: Male  
 NPI: 1639796873

Provider English Spoken: Y

Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 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**

**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: Y  
 Min/Max Age: 0\999

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Hours: M-F  
 8:00AM-5:00PM

Website: N/A

**PHYSICIANS ASSISTANT**

**WILE, KIMBERLY**

Provider ID: 302351  
 Board Certified Specialty: No







625 CITRACADO PKWY STE  
 108










ESCONDIDO, CA 92025  
 Phone: (760) 743-1431  
 Fax: (760) 743-6455  
 After Hours Phone: (760) 743-1431  
 Provider Gender: Female  
 NPI: 1174194641  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 18\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

### **PHYSICIANS ASSISTANT**

#### **WRIGHT, DEREK**


Provider ID: 302390  
 Board Certified Specialty: No  
 1955 CITRACADO PKWY  
 ESCONDIDO, CA 92029  
 Phone: (760) 738-5533  
 Fax: (760) 738-3835  
 After Hours Phone: (760) 738-5533  
 Provider Gender: Male  
 NPI: 1629674858  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 18\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A



### **PODIATRIST**

**ALGHURAIBI, OHOUD**  
 Provider ID: 295998  
 Board Certified Specialty: No  
 460 N ELM ST  
 ESCONDIDO, CA 92025  
 Phone: (760) 520-8100  
 Fax: (760) 466-1373  
 After Hours Phone: (760) 520-8100  
 Provider Gender: Female  
 NPI: 1669842357  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

### **PODIATRIST**








#### **LARKINS, PHILIP**

Provider ID: 297044  
 Board Certified Specialty: No  
 460 N ELM ST  
 ESCONDIDO, CA 92025  
 Phone: (760) 520-8100  
 Fax: (360) 462-2745  
 After Hours Phone: (760) 520-8100  
 Provider Gender: Male  
 NPI: 1659375103  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: CLOVIS COMMUNITY HOSPITAL, ST AGNES MEDICAL CENTER,

MADERA COMMUNITY HOSPITAL  
 Medi-Cal Open Panel: Y  
 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  
 Website: N/A

### **PODIATRIST**

#### **NEGRON, RICARDO**

Provider ID: 290470  
 Board Certified Specialty: No  
 728 E VALLEY PKWY  
 ESCONDIDO, CA 92025  
 Phone: (760) 737-6900  
 Fax: (858) 633-4694  
 After Hours Phone: (760) 737-6900  
 Provider Gender: Male  
 NPI: 1932548393  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: Providence St Joseph Hospital  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

### **PODIATRIST**

#### **NEGRON, RICARDO**

Provider ID: 274646

Board Certified Specialty: No

1001 E GRAND AVE  
ESCONDIDO, CA 92025

Phone: (760) 520-8200

Fax: (858) 633-4693

After Hours Phone: (760)  
520-8200

Provider Gender: Male

NPI: 1932548393

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: Providence

St Joseph Hospital

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### **PODIATRIST**

#### **READ, TRENTON**

Provider ID: 296654

Board Certified Specialty: No

215 S HICKORY ST STE 118  
ESCONDIDO, CA 92025

Phone: (760) 480-1189

Fax: (858) 485-1515

After Hours Phone: (760)  
480-1189

Provider Gender: Male

NPI: 1952963431

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### **PODIATRIST**

#### **READ, TRENTON**

Provider ID: 300882

Board Certified Specialty: No

215 S HICKORY ST STE 118  
ESCONDIDO, CA 92025

Phone: (760) 480-1189

Fax: (858) 485-1515

After Hours Phone: (760)  
480-1189

Provider Gender: Male

NPI: 1952963431

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### **PSYCHOLOGIST**

#### **CARLTON PENN, CORNELIA**

Provider ID: 290406

Board Certified Specialty: No

425 N DATE ST  
ESCONDIDO, CA 92025

Phone: (760) 520-8340

Fax: (360) 462-2752

After Hours Phone: (760)  
520-8340

Provider Gender: Female

NPI: 1891720611

Provider English Spoken: Y

Provider Language(s)  
Spoken: German

Cultural Competency: N

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 14\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:00AM-5:00PM  
SA 8:00AM-0:00PM  
Website: N/A

**PSYCHOLOGIST**  
**SCHEUBER, TIMOTHY**

Provider ID: 290956  
Board Certified Specialty: No

425 N DATE ST  
ESCONDIDO, CA 92025  
Phone: (760) 520-8340  
Fax: (360) 462-2752

After Hours Phone: (760) 520-8340

Provider Gender: Male  
NPI: 1083017396

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
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

Website: N/A

**PSYCHOLOGIST**  
**SUOZZO, JOSEPH**

Provider ID: 290758  
Board Certified Specialty: No

425 N DATE ST  
ESCONDIDO, CA 92025  
Phone: (760) 520-8340  
Fax: (858) 633-4698

After Hours Phone: (760) 520-8340

Provider Gender: Male  
NPI: 1821013228

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Website: N/A

**PSYCHOLOGIST**  
**TEETER-WITT, ALYSSA**

Provider ID: 290891  
Board Certified Specialty: No

425 N DATE ST  
ESCONDIDO, CA 92025  
Phone: (760) 520-8300  
Fax: (858) 633-4698

After Hours Phone: (760) 520-8300

Provider Gender: Female  
NPI: 1932308442

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
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: Y  
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) Spoken: German, Spanish  
Cultural Competency: N

Medi-Cal Open Panel: Y  
Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Website: N/A

**PSYCHOLOGIST**  
**VALLEZ-BARLAM, ANDREA**






Provider ID: 290631  
Board Certified Specialty: No

488 E VALLEY PKWY STE

404  
 ESCONDIDO, CA 92025  
 Phone: (760) 466-9800  
 Fax: (858) 633-4693  
 After Hours Phone: (760) 466-9800  
 Provider Gender: Female  
 NPI: 1710902143  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: German, Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

 Website: N/A

**PSYCHOLOGIST**

**WOODWORTH, JENNIFER**

Provider ID: 290634  
 Board Certified Specialty: No  
 425 N DATE ST  
 ESCONDIDO, CA 92025  
 Phone: (760) 520-8340  
 Fax: (858) 633-4698  
 After Hours Phone: (760) 520-8340  
 Provider Gender: Female  
 NPI: 1639362494  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**PULMONARY DISEASES**

**BENDER, FRANK**

Provider ID: 304863  
 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: Male  
 NPI: 1912015363  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: PALOMAR

MEDICAL CENTER, PALOMAR HEALTH

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**PULMONARY DISEASES**

**QUAN, MICHELE**

Provider ID: 287097  
 Board Certified Specialty: No  
 2125 CITRACADO PKWY  
 STE 230  
 ESCONDIDO, CA 92029  
 Phone: (760) 489-1458  
 Fax: (760) 489-1246  
 After Hours Phone: (760) 489-1458  
 Provider Gender: Female  
 NPI: 1629462882  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: REDLANDS COMMUNITY HOSP  
 Medi-Cal Open Panel: Y  
 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: 221090  
 Board Certified Specialty: No

2125 CITRACADO PKWY  
STE 110  
ESCONDIDO, CA 92029

Phone: (760) 739-3371

Fax: (760) 739-3779

After Hours Phone: (760)  
739-3371

Provider Gender: Female

NPI: 1053348920

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,  
SHARP MEMORIAL HOSPITAL,  
GROSSMONT HOSPITAL,  
PALOMAR MEDICAL CENTER,  
Sharp Grossmont Hospital

Medi-Cal Open Panel: Y

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: 221103

Board Certified Specialty: No

2125 CITRACADO PKWY  
STE 110  
ESCONDIDO, CA 92029

Phone: (760) 739-3371

Fax: (760) 739-3779

After Hours Phone: (760)  
739-3371

Provider Gender: Male

NPI: 1225186232

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, SHARP  
CHULA VISTA MED CTR,  
GROSSMONT HOSPITAL,  
PALOMAR MEDICAL CENTER

Medi-Cal Open Panel: Y

Min/Max Age: 19\100

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-4:00PM

Website: N/A

### RADIATION ONCOLOGY

#### **WEINSTEIN, GEOFFREY**

Provider ID: 220041

Board Certified Specialty: No

2125 CITRACADO PKWY  
STE 110  
ESCONDIDO, CA 92029

Phone: (760) 739-3371

Fax: (760) 739-3779

After Hours Phone: (760)  
739-3371

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: Y

Min/Max Age: 19\100

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### RADIOLOGY DIAGNOSTIC

#### **VAKILIAN, SIAVOSH**

Provider ID: 283206

Board Certified Specialty: No

701 E GRAND AVE STE 200  
ESCONDIDO, CA 92025

Phone: (760) 839-7370

Fax: (858) 429-7938

After Hours Phone: (760)  
839-7370

Provider Gender: Male

NPI: 1427456151

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PIONEERS  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### REGISTERED PHYSICAL

#### THERAPIST


#### **MCGEE, JACQUELINE**

Provider ID: 252473


Board Certified Specialty: No

1815 E VALLEY PKWY STE 5  
ESCONDIDO, CA 92027


Phone: (760) 233-9655


Fax: (760) 233-9648  
 After Hours Phone: (760) 233-9655


Provider Gender: Female  
 NPI: 1194217133

 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 8\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 7:00AM-6:00PM


 Website: N/A


### **SPEECH PATHOLOGIST**

#### **AROCHO-SALGADO, MIRELIS**

Provider ID: 296931

Board Certified Specialty: No

 500 LA TERRAZA BLVD STE 150  
 ESCONDIDO, CA 92025

 Phone: (877) 757-8353

Fax: (818) 357-2505

 After Hours Phone: (877) 757-8353

Provider Gender: Female


NPI: 1063660165


 Provider English Spoken: Y  
 Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER


 Website: N/A


### **SPEECH PATHOLOGIST**

#### **CLARK, MELISSA**

Provider ID: 296924

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: 1760546428

 Provider English Spoken: Y

 Provider Language(s)  
 Spoken: Arabic, Armenian,  
 Farsi, Spanish


Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

 Hours: SU 7:00AM-7:00PM  
 M-F 7:00AM-7:00PM


 Website: N/A


### **SPEECH PATHOLOGIST**

#### **MADERA RIVERA, PAULA**

Provider ID: 296577

Board Certified Specialty: No

 500 LA TERRAZA BLVD STE 150  
 ESCONDIDO, CA 92025

 Phone: (877) 757-8353


Fax: (818) 357-2505

 After Hours Phone: (877) 757-8353

Provider Gender: Female

NPI: 1205443769

 Provider English Spoken: Y

 Provider Language(s)  
 Spoken: Arabic, Armenian,  
 Farsi, Spanish


Cultural Competency: N


Medi-Cal Open Panel: Y

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

Medi-Cal Open Panel: Y

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: 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: Y

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)  
480-8770

Provider Gender: Male

NPI: 1013048412

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, UCSF BENIOFF

CHILDREN'S HOSPITAL

OAKLAND

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**SURGERY ORTHOPEDIC**

**KNUTSON, THOMAS**

Provider ID: 296851

Board Certified Specialty: No

2130 CITRACADO PKWYSTE  
200

ESCONDIDO, CA 92029

Phone: (760) 743-4789

Fax: (760) 743-4779

After Hours Phone: (760)  
743-4789

Provider Gender: Male

NPI: 1962409938

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: PALOMAR

MEDICAL CENTER

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**SURGERY ORTHOPEDIC**

**SHARP, LORRA**

Provider ID: 296808

Board Certified Specialty: No

2130 CITRACADO PKWY  
STE 200

ESCONDIDO, CA 92029

Phone: (760) 743-4789

Fax: (858) 385-1690

After Hours Phone: (760)  
743-4789

Provider Gender: Female

NPI: 1689689176

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: POMONA

VALLEY HOSP MED CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**SURGERY ORTHOPEDIC**

**SHARP, LORRA**

Provider ID: 304761

Board Certified Specialty: No

2130 CITRACADO PKWYSTE  
220

ESCONDIDO, CA 92029

Phone: (760) 743-0546

Fax: (760) 317-9769

☎ After Hours Phone: (760) 743-0546

Provider Gender: Female

NPI: 1689689176

☐ Provider English Spoken: Y

☐ Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: POMONA

VALLEY HOSP MED CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

### **SURGERY PEDIATRIC**

#### **KLING, KAREN**

Provider ID: 206130

Board Certified Specialty: No

📍 625 CITRACADO PKWY STE 206

ESCONDIDO, CA 92025

☎ Phone: (760) 755-7600

Fax: (760) 755-7699

☎ After Hours Phone: (760) 755-7600

Provider Gender: Female

NPI: 1982775144

☐ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, UCSD MEDICAL CTR,

SHARP MARY BIRCH HOSP

FOR WOMEN AND

NEWBORNS, NATIONAL

NAVAL MED CTR, SHARP

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8:00AM-5:00PM

🌐 Website: N/A

### **FALLBROOK**

### **CERTIFIED ACUPUNCTURIST**

#### **CRAFT, KEVIN**

Provider ID: 290943

Board Certified Specialty: No

📍 1309 S MISSION RD

FALLBROOK, CA 92028

☎ Phone: (760) 690-5900

Fax: (760) 731-1063

☎ After Hours Phone: (760) 690-5900

Provider Gender: Male

NPI: 1659745610

☐ Provider English Spoken: Y

☐ Provider Language(s) Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: TU-F 8:00AM-5:00PM

🌐 Website: N/A

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **HAMED, JACQUELYN**

Provider ID: 302366

Board Certified Specialty: No

📍 1328 S MISSION RD

FALLBROOK, CA 92028

☎ Phone: (760) 451-4730

Fax: (760) 457-4700

☎ After Hours Phone: (760) 451-4730

Provider Gender: Female

NPI: 1578260758

☐ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8:00AM-5:00PM

🌐 Website: N/A

### **CERTIFIED NURSE**

#### **PRACTITIONER**

#### **KELLEHER, BRIDGET**

Provider ID: 298086

Board Certified Specialty: No

📍 321 E ALVARADO ST

FALLBROOK, CA 92028

☎ Phone: (760) 723-6200

Fax: (760) 414-3892

☎ After Hours Phone: (760) 723-6200

Provider Gender: Female

NPI: 1245695006

☐ Provider English Spoken: Y

☐ Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR

Medi-Cal Open Panel: Y





Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH  
8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

 Website: N/A

**CERTIFIED NURSE**


**PRACTITIONER**

**KELLEHER, BRIDGET**

Provider ID: 299775

Board Certified Specialty: No

 321 E ALVARADO ST  
FALLBROOK, CA 92028


 Phone: (760) 723-6200

Fax: (760) 414-3892

 After Hours Phone: (760)  
723-6200

Provider Gender: Female

NPI: 1245695006

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR


Medi-Cal Open Panel: N


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH  
8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

 Website: N/A

**CERTIFIED NURSE**


**PRACTITIONER**

**STOJANOVSKA, JOVANA**

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: Y


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

**CERTIFIED NURSE**


**PRACTITIONER**

**TAYLOR, CHRISTOPHER**


Provider ID: 299407

Board Certified Specialty: No

 321 E ALVARADO ST  
FALLBROOK, CA 92028


 Phone: (760) 723-6200

Fax: (760) 414-3892

 After Hours Phone: (760)  
723-6200

Provider Gender: Male

NPI: 1851747166

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 5\100

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH  
8:00AM-4:00PM

 Website: N/A

**CERTIFIED NURSE**


**PRACTITIONER**

**TAYLOR, CHRISTOPHER**

Provider ID: 302118

Board Certified Specialty: No

 321 E ALVARADO ST  
FALLBROOK, CA 92028


 Phone: (760) 723-6200

Fax: (760) 414-3892

 After Hours Phone: (760)  
723-6200

Provider Gender: Male

NPI: 1851747166

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: N


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH  
8:00AM-4:00PM

 Website: N/A

**CERTIFIED REGISTERED**


**NURSE MIDWIFE**

**GUIDI, CASEY**

Provider ID: 296010

Board Certified Specialty: No

 1328 S MISSION RD  
FALLBROOK, CA 92028

 Phone: (760) 451-4730

Fax: (760) 457-4700

☎ After Hours Phone: (760) 451-4730

Provider Gender: Female

NPI: 1013349919

☑ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

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: Y

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

☎ After Hours Phone: (760) 690-5900

Provider Gender: Female

NPI: 1275542193

☑ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: TU 8:00AM-5:00PM

TH-F 8:00AM-5:00PM

🌐 Website: N/A

### **FAMILY PRACTICE**

#### **CHRISTIE, PATRICIA**

Provider ID: 299526

Board Certified Specialty: No

📍 1328 S MISSION RD

FALLBROOK, CA 92028

☎ Phone: (760) 451-4720

Fax: (760) 457-4700

☎ After Hours Phone: (760) 451-4720

Provider Gender: Female

NPI: 1881625531

☑ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F

8:00AM-5:30PM

🌐 Website: N/A

### **OPTOMETRIST**

#### **BULLUM, ANTHONY**

Provider ID: 290329

Board Certified Specialty: No

📍 1328 S MISSION RD

FALLBROOK, CA 92028

☎ Phone: (760) 451-4730

Fax: (760) 457-4700

☎ After Hours Phone: (760) 451-4730

Provider Gender: Male

NPI: 1992773956

☑ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

### **PEDIATRICS**

#### **ROBINSON, DAISY**

Provider ID: 298311

Board Certified Specialty: No

📍 321 E ALVARADO ST

FALLBROOK, CA 92028

☎ Phone: (760) 723-6200

Fax: (760) 414-3892

☎ After Hours Phone: (760) 723-6200

Provider Gender: Female

NPI: 1659389740

☑ Provider English Spoken: Y




☑ Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\18  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TH  
 8:00AM-4:00PM  
 Website: N/A


**PHYSICIANS ASSISTANT**






**SERING, MALIA**

Provider ID: 297121  
 Board Certified Specialty: No  
 1309 S MISSION RD STE A  
 FALLBROOK, CA 92028  
 Phone: (760) 757-7546  
 Fax: (760) 828-9138  
 After Hours Phone: (760)  
 757-7546  
 Provider Gender: Female  
 NPI: 1013198720  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 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**








**SERING, MALIA**

Provider ID: 269279  
 Board Certified Specialty: No  
 1309 S MISSION RD STE A  
 FALLBROOK, CA 92028  
 Phone: (760) 757-7546  
 Fax: (760) 828-9138

 After Hours Phone: (760)  
 757-7546  
 Provider Gender: Female  
 NPI: 1013198720  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**PODIATRIST**

**NEGRON, RICARDO**









Provider ID: 290469  
 Board Certified Specialty: No  
 1309 S MISSION RD  
 FALLBROOK, CA 92028  
 Phone: (760) 690-5900  
 Fax: (360) 462-2745  
 After Hours Phone: (760)  
 690-5900  
 Provider Gender: Male  
 NPI: 1932548393  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: Providence  
 St Joseph Hospital  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A

**HEMET**

**CERTIFIED NURSE  
 PRACTITIONER**





**SHARTZER, ANNA**

Provider ID: 293202  
 Board Certified Specialty: No  
 422 N SAN JACINTO ST  
 HEMET, CA 92543  
 Phone: (951) 652-8700  
 Fax: (888) 696-2590  
 After Hours Phone: (951)  
 652-8700  
 Provider Gender: Female  
 NPI: 1235807975  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Tagalog  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 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**

**SHARTZER, ANNA**

Provider ID: 293203  
 Board Certified Specialty: No  
 903 E DEVONSHIRE AVE  
 STE D  
 HEMET, CA 92543  
 Phone: (951) 216-6100  
 Fax: (951) 765-3075  
 After Hours Phone: (951)

216-6100  
 Provider Gender: Female  
 NPI: 1235807975  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Tagalog  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 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**









**SMITH, KELLI**

Provider ID: 272953  
 Board Certified Specialty: No  
 3853 W STETSON AVE STE  
 200  
 HEMET, CA 92545  
 Phone: (951) 225-6802  
 After Hours Phone: (951)  
 225-6802  
 Provider Gender: Female  
 NPI: 1841771664  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max 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: 299329  
 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: 1740953249  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**BORRAJERO, OBEL**








Provider ID: 303242  
 Board Certified Specialty: No  
 949 PALM AVE  
 IMPERIAL BEACH, CA 91932  
 Phone: (619) 429-3733  
 Fax: (619) 628-5550  
 After Hours Phone: (619)  
 429-3733  
 Provider Gender: Male  
 NPI: 1093280588  
 Provider English Spoken: Y

 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**CUNNINGHAM, STEPHANIE**

Provider ID: 301310  
 Board Certified Specialty: No  
 949 PALM AVE  
 IMPERIAL BEACH, CA 91932  
 Phone: (619) 429-3733  
 Fax: (619) 628-5550  
 After Hours Phone: (619)  
 429-3733  
 Provider Gender: Female  
 NPI: 1174223655  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\18  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:30AM-5:00PM  
 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**O'CONNELL, STEFANY**

Provider ID: 296845

Board Certified Specialty: No  
 949 PALM AVE  
 IMPERIAL BEACH, CA 91932  
 Phone: (619) 429-3733  
 Fax: (619) 628-5550  
 After Hours Phone: (619) 429-3733

Provider Gender: Female  
 NPI: 1386378479

Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**THYGERSEN, ALAYSA**

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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**FAMILY PRACTICE**

**BROWNING, ELIZABETH**

Provider ID: 298122  
 Board Certified Specialty: No  
 949 PALM AVE  
 IMPERIAL BEACH, CA 91932  
 Phone: (619) 429-3733  
 Fax: (619) 628-5550  
 After Hours Phone: (619) 429-3733

Provider Gender: Female  
 NPI: 1821431057

Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 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: Y  
 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: Y  
 Min/Max Age: 18\999  
 American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
 Hours: M 8:30AM-8:00PM  
 TU-W 8:30AM-5:00PM  
 TH 8:30AM-8:00PM  
 F 8:30AM-5:00PM  
 Website: N/A

**REGISTERED PHYSICAL**

**THERAPIST**

**CHENG, BRANDON**

Provider ID: 304530

Board Certified Specialty: No

600 PALM AVE STE 126  
IMPERIAL BEACH, CA 91932

Phone: (619) 332-4200

Fax: (613) 332-4220

After Hours Phone: (619)  
332-4200

Provider Gender: Male

NPI: 1336894724

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH  
7:00AM-7:00PM

F 7:00AM-5:00PM

SA 8:00AM-1:00PM

Website: N/A

**REGISTERED PHYSICAL**

**THERAPIST**

**JIMENEZ, ANDREA**

Provider ID: 299890

Board Certified Specialty: No

600 PALM AVE STE 126  
IMPERIAL BEACH, CA 91932

Phone: (619) 482-3000

Fax: (619) 332-4220

After Hours Phone: (619)  
482-3000

Provider Gender: Female

NPI: 1407440670

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**REGISTERED PHYSICAL**

**THERAPIST**

**JIMENEZ, ANDREA**

Provider ID: 301973

Board Certified Specialty: No

600 PALM AVE STE 126  
IMPERIAL BEACH, CA 91932

Phone: (619) 482-3000

Fax: (619) 332-4220

After Hours Phone: (619)  
482-3000

Provider Gender: Female

NPI: 1407440670

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish  
Cultural Competency: N

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 16\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
7:00AM-6:00PM

Website: N/A

**REGISTERED PHYSICAL**

**THERAPIST**

**NGUYEN, TIA**

Provider ID: 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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT

**PROVIDER**  
 Hours: M-TH  
 7:00AM-7:00PM  
 F 7:00AM-4:00PM  
 Website: N/A

**REGISTERED PHYSICAL**

**THERAPIST**

**NGUYEN, TIA**

Provider ID: 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: Y  
 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: 301995  
 Board Certified Specialty: No  
 600 PALM AVE STE 126  
 IMPERIAL BEACH, CA 91932  
 Phone: (619) 482-3000  
 Fax: (619) 332-4220

After Hours Phone: (619)

482-3000  
 Provider Gender: Male  
 NPI: 1447723937  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Hours: M-F  
 8:00AM-5:00PM

Website: N/A

**REGISTERED PHYSICAL**

**THERAPIST**

**NOVENCIDO, ANDREW**

Provider ID: 286783  
 Board Certified Specialty: No  
 600 PALM AVE STE 126  
 IMPERIAL BEACH, CA 91932  
 Phone: (619) 482-3000  
 Fax: (619) 332-4220

After Hours Phone: (619)  
 482-3000

Provider Gender: Male  
 NPI: 1447723937

Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Hours: M-F  
 8:00AM-5:00PM

Website: N/A

**REGISTERED PHYSICAL**

**THERAPIST**

**SPARKS, TODD**

Provider ID: 301109  
 Board Certified Specialty: No  
 600 PALM AVE STE 126  
 IMPERIAL BEACH, CA 91932  
 Phone: (619) 482-3000  
 Fax: (619) 332-4220

After Hours Phone: (619)  
 482-3000

Provider Gender: Male  
 NPI: 1265481139

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Hours: M 7:00AM-7:00PM  
 TU 7:00AM-0:00PM  
 W-TH 7:00AM-7:00PM  
 F 7:00AM-0:00PM

Website: N/A

**REGISTERED PHYSICAL**

**THERAPIST**

**SUGGS, SARAH**

Provider ID: 298365  
 Board Certified Specialty: No  
 600 PALM AVE STE 126  
 IMPERIAL BEACH, CA 91932  
 Phone: (619) 482-3000  
 Fax: (619) 332-4220

After Hours Phone: (619)  
 482-3000

Provider Gender: Female  
 NPI: 1083353650




Provider English Spoken: Y  
 Cultural Competency: N

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 7:00AM-7:00PM  
 Website: N/A

**REGISTERED PHYSICAL**

**THERAPIST**

**SUGGS, SARAH**


Provider ID: 301429  
 Board Certified Specialty: No  
 600 PALM AVE STE 126  
 IMPERIAL BEACH, CA 91932  
 Phone: (619) 482-3000  
 Fax: (619) 332-4220  
 After Hours Phone: (619)  
 482-3000







Provider Gender: Female  
 NPI: 1083353650  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 7:00AM-7:00PM  
 Website: N/A

**REGISTERED PHYSICAL**

**THERAPIST**

**VILLANUEVA, GIOVANNI**


Provider ID: 301531  
 Board Certified Specialty: No  
 600 PALM AVE STE 126  
 IMPERIAL BEACH, CA 91932  
 Phone: (619) 482-3000  
 Fax: (619) 332-4220


 After Hours Phone: (619)  
 482-3000  
 Provider Gender: Male  
 NPI: 1063046878  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TH  
 7:00AM-7:00PM  
 F 7:00AM-5:00PM  
 Website: N/A

**LA JOLLA**




**ANESTHESIOLOGY**

**ALEXANDER, BRENTON**

Provider ID: 242302  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1811366644

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR


Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N



 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**ANESTHESIOLOGY**

**BECERRA SONGOLO, TOSHA**





Provider ID: 300067  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1265938724

 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**ANESTHESIOLOGY**

**BRUNO, KELLY**

Provider ID: 238904  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1891130993  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD



MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Y  
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

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**ANESTHESIOLOGY**

**FUNDINGSLAND, BRENT**

Provider ID: 280469

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273  
 Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1831166560

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

ENCINITAS, SADDLEBACK

MEMORIAL MED CTR, UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**ANESTHESIOLOGY**

**HOSALKAR, HETAL**

Provider ID: 243370

Board Certified Specialty: No

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (800) 926-8273  
 Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1861556821

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi, Gujarati,  
Hindi

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM




Website: N/A

**ANESTHESIOLOGY**

**HYLTON, DIANA**





Provider ID: 241736

*Board Certified Specialty: No*  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
 926-8273  
*Provider Gender: Female*  
*NPI: 1932527751*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY*

*THORNTON, UCSD MEDICAL  
 CTR, SOUTHWEST  
 HEALTHCARE INLAND VALLEY  
 HOSPITAL, SOUTHWEST  
 HEALTHCARE RANCHO  
 SPRINGS HOSPITAL*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):  
 N*  
 *Accessibility: CONTACT  
 PROVIDER*  
 *Hours: M-F  
 8:00AM-5:00PM*  
 *Website: N/A*

**ANESTHESIOLOGY**






**MEYER, MEGAN**

*Provider ID: 239608*  
*Board Certified Specialty: No*  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
 926-8273  
*Provider Gender: Female*  
*NPI: 1720473044*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD*

*MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):  
 N*  
 *Accessibility: CONTACT  
 PROVIDER*  
 *Hours: M-F  
 8:00AM-5:00PM*  
 *Website: N/A*

**ANESTHESIOLOGY**

**NGUYEN, QUOC SY**

*Provider ID: 242189*  
*Board Certified Specialty: No*  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
 926-8273  
*Provider Gender: Male*  
*NPI: 1871911644*  
 *Provider English Spoken: Y*  
 *Provider Language(s)  
 Spoken: Vietnamese*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR*




*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):  
 N*  
 *Accessibility: CONTACT  
 PROVIDER*  
 *Hours: M-F  
 8:00AM-5:00PM*  
 *Website: N/A*

**ANESTHESIOLOGY**

**OKAMOTO, VINCENT**





*Provider ID: 245952*  
*Board Certified Specialty: No*  
 9415 CAMPUS POINT DR  
 LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
 926-8273  
*Provider Gender: Male*  
*NPI: 1952338709*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, ALVARADO  
 HOSPITAL LLC, SOUTHWEST  
 HEALTHCARE INLAND VALLEY  
 HOSPITAL, UCSD LA JOLLA  
 JOHN SALLY THORNTON,  
 UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):  
 N*

 *Accessibility: CONTACT  
 PROVIDER*  
 *Hours: M-F  
 8:00AM-5:00PM*  
 *Website: N/A*

**ANESTHESIOLOGY**

**OSWALD, JESSICA**

*Provider ID: 239601*  
*Board Certified Specialty: No*  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
 926-8273  
*Provider Gender: Female*  
*NPI: 1427315118*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999


American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


### ANESTHESIOLOGY


**SHAW, SUSANNA**

Provider ID: 255317

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

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: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


### ANESTHESIOLOGY


**SORIA, CLAIRE**

Provider ID: 243295

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1447516414

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Y

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: Y

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: Y

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

NPI: 1003261595

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**ANESTHESIOLOGY**

**TULLY, JEFFREY**

Provider ID: 283690

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1871912493

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UC DAVIS  
MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON,  
UCSD MEDICAL CTR


Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**ANESTHESIOLOGY**

**WANG, MICHELLE**

Provider ID: 286139

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1659802965

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

**ANESTHESIOLOGY**

**YODER, ANDREA**

Provider ID: 272805

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1629463104

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**ANESTHESIOLOGY PAIN**

**MANAGEMENT**

**CASTELLANOS, JOEL**

Provider ID: 243554

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1700296514

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**CARDIOLOGY**

**AL KHIAMI, BELAL**

Provider ID: 275993

Board Certified Specialty: No

9434 MEDICAL CENTER DR  
FL 1

LA JOLLA, CA 92037

Phone: (858) 657-8530

After Hours Phone: (858)  
657-8530

Provider Gender: Male

NPI: 1861623506

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL

CTR, PIONEERS MEMORIAL

HOSPITAL, EL CENTRO

REGIONAL MEDICAL CENTER,

LOMA LINDA UNIVERSITY

MED CTR MURRIETA,

TEMECULA VALLEY HOSPITAL

INC

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**CARDIOLOGY**

**CRUZ RODRIGUEZ, JOSE**

Provider ID: 300062





Board Certified Specialty: No

9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273






Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male  
 NPI: 1457770240  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: PIONEERS MEMORIAL HOSPITAL, EL CENTRO REGIONAL MEDICAL CENTER  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**CARDIOLOGY**

**DAMANI, SAMIR**

Provider ID: 303097  
 Board Certified Specialty: No  
 9850 GENESEE AVE STE 650  
 LA JOLLA, CA 92037  
 Phone: (858) 800-2480  
 Fax: (858) 216-1908  
 After Hours Phone: (858) 800-2480  
 Provider Gender: Male  
 NPI: 1457379372  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Y  
 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





**CARDIOLOGY**

**GOVEA, ALAYN**

Provider ID: 300030  
 Board Certified Specialty: No  
 9434 MEDICAL CENTER DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1972997104  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**CARDIOLOGY**








**MIZZELL, ANNA**

Provider ID: 214021  
 Board Certified Specialty: No  
 9434 MEDICAL CENTER DR  
 FL 1  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1851561021  
 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**CARDIOLOGY**

**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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**CARDIOLOGY**

**TAUB, PAM**

Provider ID: 277682  
 Board Certified Specialty: No  
 9434 MEDICAL CENTER DR  
 FL 1  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1346355161  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL  
 ENCINITAS, UCSD MEDICAL  
 CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**CARDIOLOGY**

**TAUB, PAM**

Provider ID: 277681  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1346355161  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL  
 ENCINITAS, UCSD MEDICAL  
 CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**CARDIOLOGY**

**WETTERSTEN, NICHOLAS**

Provider ID: 210604  
 Board Certified Specialty: No  
 9434 MEDICAL CENTER DR  
 FL 1  
 LA JOLLA, CA 92037  
 Phone: (858) 657-8630  
 Fax: (858) 657-8814  
 After Hours Phone: (858) 657-8630  
 Provider Gender: Male  
 NPI: 1063701068  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**CARDIOVASCULAR DISEASE**

**KEEN, WILLIAM**  
 Provider ID: 291303  
 Board Certified Specialty: No  
 9434 MEDICAL CENTER DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8372  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8372  
 Provider Gender: Male  
 NPI: 1962561571  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A

**CARDIOVASCULAR DISEASE**

**SHAPIRO, HILARY**

Provider ID: 300000  
 Board Certified Specialty: No  
 9434 MEDICAL CENTER DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1811382815  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A

**CERTIFIED ACUPUNCTURIST**  
**ARELLANO, JACQUELINE**

Provider ID: 304140

Board Certified Specialty: No

📍 8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1104129485

🗣 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

**CERTIFIED ACUPUNCTURIST**  
**ARELLANO, JACQUELINE**

Provider ID: 304141

Board Certified Specialty: No

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1104129485

🗣 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

**CERTIFIED ACUPUNCTURIST**  
**ARELLANO, JACQUELINE**

Provider ID: 304136

Board Certified Specialty: No

📍 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1104129485

🗣 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

**CERTIFIED ACUPUNCTURIST**  
**JULIAN, FIDES**

Provider ID: 304135

Board Certified Specialty: No

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1407401128

🗣 Provider English Spoken: Y  
Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

**CERTIFIED ACUPUNCTURIST**  
**JULIAN, FIDES**

Provider ID: 304130

Board Certified Specialty: No

📍 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1407401128

🗣 Provider English Spoken: Y  
Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

**CERTIFIED ACUPUNCTURIST**  
**JULIAN, FIDES**

Provider ID: 304134



*Board Certified Specialty: No*

📍 8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

📞 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1407401128

🗨 Provider English Spoken: Y

🗨 Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

### **CERTIFIED NURSE**

#### **PRACTITIONER**

**AGYEMANG, ALBERTA**

Provider ID: 265130

*Board Certified Specialty: No*

📍 9350 CAMPUS POINT DR  
STE 2B

LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

📞 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1023400082

🗨 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

### **CERTIFIED NURSE**

#### **PRACTITIONER**

**AGYEMANG, ALBERTA**

Provider ID: 265131

*Board Certified Specialty: No*

📍 8939 VILLA LA JOLLA DR  
LA JOLLA, CA 92037

☎ Phone: (858) 657-8000

Fax: (858) 657-8387

📞 After Hours Phone: (858)  
657-8000

Provider Gender: Female

NPI: 1023400082

🗨 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

### **CERTIFIED NURSE**

#### **PRACTITIONER**

**BOUTELLE, AMY**

Provider ID: 243485

*Board Certified Specialty: No*

📍 8910 VILLA LA JOLLA DR  
STE 200

LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

📞 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1609117704

🗨 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

### **CERTIFIED NURSE**

#### **PRACTITIONER**

**BRADY, KATELYN**

Provider ID: 209017

*Board Certified Specialty: No*

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

📞 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1952797540



🗨 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999




American Sign Language (ASL):

N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*




**CERTIFIED NURSE**

**PRACTITIONER**

**BUENROSTRO, CHRISTINA**

*Provider ID: 243717*  
*Board Certified Specialty: No*  
 8910 VILLA LA JOLLA DR STE 200  
 LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1851749253*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*



**CERTIFIED NURSE**



**PRACTITIONER**

**CAPOZZI, JENNIFER**

*Provider ID: 241030*  
*Board Certified Specialty: No*  
 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093

 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1336258276*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Tagalog*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*


*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*



**CERTIFIED NURSE**

**PRACTITIONER**

**CONNER, PAMELA**

*Provider ID: 299931*  
*Board Certified Specialty: No*  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*  
*NPI: 1770558967*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS GREEN HOSPITAL*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*



N  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*



**CERTIFIED NURSE**

**PRACTITIONER**

**CONNER, PAMELA**

*Provider ID: 299932*  
*Board Certified Specialty: No*  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1770558967*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS GREEN HOSPITAL*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*





 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*

**CERTIFIED NURSE**

**PRACTITIONER**

**CONNOR, CAROLINE**

*Provider ID: 279834*  
*Board Certified Specialty: No*  
 8910 VILLA LA JOLLA DR  
 STE 200  
 LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*

Provider Gender: Female  
 NPI: 1609081710  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**CERTIFIED NURSE  
 PRACTITIONER**

**CZYPULL, MONICA**  
 Provider ID: 284662  
 Board Certified Specialty: No  
 9850 GENESEE AVE STE  
 320  
 LA JOLLA, CA 92037  
 Phone: (858) 554-1212  
 Fax: (858) 795-1195  
 After Hours Phone: (858)  
 554-1212  
 Provider Gender: Female  
 NPI: 1831784842  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F

8:00AM-5:00PM  
 Website: N/A  
**CERTIFIED NURSE  
 PRACTITIONER**  
**DAVIES, SUMMER**  
 Provider ID: 253691  
 Board Certified Specialty: No  
 8910 VILLA LA JOLLA DR  
 STE 100  
 LA JOLLA, CA 92037  
 Phone: (858) 249-6800  
 Fax: (858) 657-6420  
 After Hours Phone: (858)  
 249-6800  
 Provider Gender: Female  
 NPI: 1679850671  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**CERTIFIED NURSE  
 PRACTITIONER**

**DAVIES, SUMMER**  
 Provider ID: 238922  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (858) 657-7600  
 After Hours Phone: (858)




657-7600  
 Provider Gender: Female  
 NPI: 1679850671  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR  
 Medi-Cal Open Panel: Y  
 Min/Max 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: 300052  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1528632742  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 CHULA VISTA MED CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT

**PROVIDER**  
 Website: N/A




**CERTIFIED NURSE**  
**PRACTITIONER**  
**DIMAIRA, FRANCESCA**

Provider ID: 245580  
 Board Certified Specialty: No  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273

Provider Gender: Female  
 NPI: 1346670718  
 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR


Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A




**CERTIFIED NURSE**  
**PRACTITIONER**  
**DIMAIRA, FRANCESCA**

Provider ID: 245579  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273


Provider Gender: Female  
 NPI: 1346670718

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A



**CERTIFIED NURSE**  
**PRACTITIONER**  
**DRISCOLL, KARRIE**


Provider ID: 286376  
 Board Certified Specialty: No  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093

 Phone: (858) 822-6277  
 Fax: (858) 228-1731  
 After Hours Phone: (858) 822-6277




Provider Gender: Female  
 NPI: 1396085098


 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999

American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F

8:00AM-5:00PM  
 Website: N/A




**CERTIFIED NURSE**  
**PRACTITIONER**  
**GARTH, MELISSA**

Provider ID: 268991  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273

Provider Gender: Female  
 NPI: 1689232977  
 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**CERTIFIED NURSE**  
**PRACTITIONER**  
**GARTH, MELISSA**

Provider ID: 268992  
 Board Certified Specialty: No  
 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1689232977  
 ☑ Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max 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: Y  
 Min/Max 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER  
 🌐 Website: N/A

**CERTIFIED NURSE**  
**PRACTITIONER**  
**GOMEZ, LESLIE**  
 Provider ID: 299470  
 Board Certified Specialty: No  
 📍 9300 CAMPUS POINT DR LA JOLLA, CA 92037  
 ☎ Phone: (800) 926-8273  
 Fax: (888) 539-8781

**CERTIFIED NURSE**

**PRACTITIONER**

**GOMEZ, LESLIE**

Provider ID: 299470  
 Board Certified Specialty: No  
 📍 9300 CAMPUS POINT DR LA JOLLA, CA 92037  
 ☎ Phone: (800) 926-8273  
 Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1528578713  
 ☑ Provider English Spoken: Y  
 ☑ Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER  
 🌐 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**GOMEZ, LESLIE**

Provider ID: 299465  
 Board Certified Specialty: No  
 📍 9350 CAMPUS POINT DR LA JOLLA, CA 92037  
 ☎ Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 ☎ After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1528578713  
 ☑ Provider English Spoken: Y  
 ☑ Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER  
 🌐 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**GOMEZ, LESLIE**

Provider ID: 299464

Board Certified Specialty: No

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1528578713

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**HANNA, LINDSAY**

Provider ID: 284967

Board Certified Specialty: No

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1699257907

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**HARKNESS, RUMIKO**

Provider ID: 208840

Board Certified Specialty: No

8910 VILLA LA JOLLA DR  
STE 200  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1487785093

Provider English Spoken: Y

Provider Language(s)  
Spoken: Japanese

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**IYER, VICTORIA**

Provider ID: 265624

Board Certified Specialty: No

9350 CAMPUS POINT DR  
STE 2B  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1871738864

Provider English Spoken: Y

Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**JONES, CHRISTA**

Provider ID: 275564

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (800) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1396371431

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA




JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**CERTIFIED NURSE**




**PRACTITIONER**

**KORMANIK, PATRICIA**

Provider ID: 282070  
 Board Certified Specialty: No  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273

Provider Gender: Female  
 NPI: 1093895047


 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**LANE, KIMBERLY**

Provider ID: 301604  
 Board Certified Specialty: No  
 9850 GENESEE AVE STE

440  
 LA JOLLA, CA 92037  
 Phone: (858) 453-5944  
 Fax: (858) 429-7925  
 After Hours Phone: (858) 453-5944  
 Provider Gender: Female  
 NPI: 1457670119



 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 16\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**CERTIFIED NURSE**


**PRACTITIONER**

**LEE, HEE**

Provider ID: 274644  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273

Provider Gender: Female  
 NPI: 1497275705  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Korean

Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**CERTIFIED NURSE**




**PRACTITIONER**

**MATTHESS, JANETTE**

Provider ID: 287645  
 Board Certified Specialty: No  
 9415 CAMPUS POINT DR  
 LA JOLLA, CA 92093  
 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**MATTHESS, JANETTE**

Provider ID: 287644  
 Board Certified Specialty: No

8910 VILLA LA JOLLA DR  
STE 100  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1457694549  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Y  
Min/Max 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: 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: Y  
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: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**MICK, SHARON**

Provider ID: 299645  
Board Certified Specialty: No

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1891061966  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**CERTIFIED NURSE PRACTITIONER**

**MOHEBBI, ATHENA**  
 Provider ID: 282231  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1952627176  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Farsi  
 Cultural Competency: N  
 Hospital Affiliation: UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A



**CERTIFIED NURSE PRACTITIONER**

**MULVEY, CAOILFHIONN**








Provider ID: 291420  
 Board Certified Specialty: No  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093  
 Phone: (800) 926-8372  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8372  
 Provider Gender: Female  
 NPI: 1184386864  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**CERTIFIED NURSE PRACTITIONER**


**NACOSTE, LAKEISHA**  
 Provider ID: 272935  
 Board Certified Specialty: No  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093  
 Phone: (858) 822-5210  
 After Hours Phone: (858) 822-5210  
 Provider Gender: Female  
 NPI: 1194139634  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**CERTIFIED NURSE PRACTITIONER**

**PAULSON, KERRY**  
 Provider ID: 201269  
 Board Certified Specialty: No  
 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093  
 Phone: (619) 543-3000  
 After Hours Phone: (619) 543-3000  
 Provider Gender: Female  
 NPI: 1518363407  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 9:00AM-5:00PM  
 Website: N/A

**CERTIFIED NURSE PRACTITIONER**

**RALEIGH, DEBORAH**  
 Provider ID: 215016  
 Board Certified Specialty: No  
 9434 MEDICAL CENTER DR  
 FL 1  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273

Provider Gender: Female  
 NPI: 1689006876  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation:  
 UNIVERSITY OF CALIFORNIA  
 IRVINE MED CTR, UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**CERTIFIED NURSE  
 PRACTITIONER**

**ROCHE, CHELSEA**  
 Provider ID: 270706  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1063040384  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**CERTIFIED NURSE  
 PRACTITIONER**

**ROSSI, CATHERINE**  
 Provider ID: 291446  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8372  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8372  
 Provider Gender: Female  
 NPI: 1649934126  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER  
 Website: N/A

**CERTIFIED NURSE  
 PRACTITIONER**

**SRILASAK, MICHELE**  
 Provider ID: 281855  
 Board Certified Specialty: No  
 3855 HEALTH SCIENCES  
 DR  
 LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female

NPI: 1265487326  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**CERTIFIED NURSE  
 PRACTITIONER**

**STEVENSON, REHEIA**  
 Provider ID: 210795  
 Board Certified Specialty: No  
 9434 MEDICAL CENTER DR  
 FL 1  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1346696044

Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT

**PROVIDER**  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**CERTIFIED NURSE  
 PRACTITIONER**

**TOPPEN, LAURA**

Provider ID: 215475  
 Board Certified Specialty: No  
 9434 MEDICAL CENTER DR  
 FL 1  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
 926-8273

Provider Gender: Female  
 NPI: 1326563495  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**CERTIFIED NURSE  
 PRACTITIONER**

**TOPPEN, LAURA**

Provider ID: 215476  
 Board Certified Specialty: No  
 3855 HEALTH SCIENCES  
 DR  
 LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female

NPI: 1326563495  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**CERTIFIED NURSE  
 PRACTITIONER**

**TRUJILLO, DALE**

Provider ID: 278428  
 Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
 STE 2B  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273

Provider Gender: Male  
 NPI: 1003104423  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM

Website: N/A

**CERTIFIED NURSE  
 PRACTITIONER**

**YEO, ALEXANDRIA**

Provider ID: 299942  
 Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273

Provider Gender: Female  
 NPI: 1902368319  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 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: Y

Min/Max Age: 0\999


American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

**CERTIFIED REGISTERED**


**NURSE ANESTHETIST**

**AMADOR, LINDSAY**

Provider ID: 291387

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1003556184

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

**CERTIFIED REGISTERED**

**NURSE ANESTHETIST**

**APPLEGET, JOSEPH**

Provider ID: 239603

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037



Phone: (800) 926-8273



After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1568980472

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RIVERSIDE  
COMMUNITY HOSP

Medi-Cal Open Panel: Y

Min/Max Age: 0\999


American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

**CERTIFIED REGISTERED**


**NURSE ANESTHETIST**

**BAYLIS, CHRISTOPHER**

Provider ID: 240764

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1174893358

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM



Website: N/A

**CERTIFIED REGISTERED**


**NURSE ANESTHETIST**

**BURROWS, TERENCE**

Provider ID: 256695

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1023194560

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

**CERTIFIED REGISTERED**


**NURSE ANESTHETIST**

**DOLLAND, STEVEN**

Provider ID: 280553

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273




Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273








Provider Gender: Male

NPI: 1982059044







 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: KERN  
 MEDICAL CENTER, UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A





**CERTIFIED REGISTERED  
 NURSE ANESTHETIST**  
**FERRITER, STACY**

Provider ID: 265296  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1780725556  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**CERTIFIED REGISTERED  
 NURSE ANESTHETIST**








**GARCIA, CALVIN**  
 Provider ID: 217366  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1427419944  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**CERTIFIED REGISTERED  
 NURSE ANESTHETIST**

**GONZALEZ, LISA**  
 Provider ID: 299906  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1083254205  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation:

UNIVERSITY OF CALIFORNIA  
 IRVINE MED CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A

**CERTIFIED REGISTERED  
 NURSE ANESTHETIST**

**POLIKOWSKI, SAMANTHA**  
 Provider ID: 291443  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1194134114  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: KAISER  
 FOUNDATION HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**CERTIFIED REGISTERED**

**NURSE ANESTHETIST**

**SACKS, BRENT**

Provider ID: 278004  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273

Provider Gender: Male  
 NPI: 1982133591  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999

American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**CERTIFIED REGISTERED**

**NURSE MIDWIFE**

**CHOI, NATHALIE**

Provider ID: 301713  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273

Provider Gender: Female  
 NPI: 1073241618  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: PALOMAR MEDICAL CENTER, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**CERTIFIED REGISTERED**

**NURSE MIDWIFE**

**GOODWIN, RACHEL**

Provider ID: 210017  
 Board Certified Specialty: No  
 8910 VILLA LA JOLLA DR

STE 200  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1518274919  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**CERTIFIED REGISTERED**


**NURSE MIDWIFE**


**GREAR MANN, MELISSA**


Provider ID: 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: Y  
 Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

**CERTIFIED REGISTERED**

**NURSE MIDWIFE**


**GUNTHER, HOPE**


Provider ID: 210040

Board Certified Specialty: No

 8910 VILLA LA JOLLA DR  
STE 200


LA JOLLA, CA 92037

 Phone: (858) 657-8745

 After Hours Phone: (858)  
657-8745

Provider Gender: Female

NPI: 1285667741

 Provider English Spoken: Y


Cultural Competency: N


Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TU  
8:00AM-5:00PM

W 8:00AM-8:00PM

TH-F 8:00AM-5:00PM

 Website: N/A

**CERTIFIED REGISTERED**


**NURSE MIDWIFE**


**HIRSCH, JENNIFER**

Provider ID: 210056

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (858) 657-8745

 After Hours Phone: (858)  
657-8745

Provider Gender: Female

NPI: 1891752069

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

**CERTIFIED REGISTERED**


**NURSE MIDWIFE**

**NATHAN, CARLY**

Provider ID: 301046

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1235670977

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

**CERTIFIED REGISTERED**


**NURSE MIDWIFE**


**PERDION, KAREN**

Provider ID: 210136

Board Certified Specialty: No


 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female


NPI: 1518916857


 Provider English Spoken: Y

Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### **CERTIFIED REGISTERED**

#### **NURSE MIDWIFE**


#### **PERDION, KAREN**


Provider ID: 210135

Board Certified Specialty: No

 8910 VILLA LA JOLLA DR  
STE 200


LA JOLLA, CA 92037

 Phone: (858) 657-8745

 After Hours Phone: (858)  
657-8745

Provider Gender: Female

NPI: 1518916857

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


### **EMERGENCY MEDICINE**

#### **AMANN, CHRISTOPHER**

Provider ID: 270914

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (858) 657-7000

Fax: (888) 539-8781

 After Hours Phone: (858)  
657-7000

Provider Gender: Male

NPI: 1134326895

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON, USC

KENNETH NORRIS JR CANCER

HOSPITAL, KECK HOSPITAL OF

USC, USC VERDUGO HILLS

HOSPITAL


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### **EMERGENCY MEDICINE**

#### **AUSTIN, ANDREA**


Provider ID: 269292

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1811289093

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON,

GROSSMONT HOSPITAL, Los

Angeles General Medical

Center, TEMECULA VALLEY

HOSPITAL INC


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### **EMERGENCY MEDICINE**


#### **BAGBY, JESSICA**

Provider ID: 271135

Board Certified Specialty: No

 8910 VILLA LA JOLLA DR  
STE 100

LA JOLLA, CA 92037


 Phone: (858) 249-6800

Fax: (858) 404-9226

 After Hours Phone: (858)  
249-6800

Provider Gender: Female

NPI: 1093161473

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL


CTR

Medi-Cal Open Panel: Y



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: 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: Y  
 Min/Max Age: 0\999

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**EMERGENCY MEDICINE**

**BARRY, JEFFREY**


Provider ID: 271131  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)


926-8273  
 Provider Gender: Male  
 NPI: 1801207006  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 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: Y  
 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: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1154852689

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation:  
 COMMUNITY REGIONAL  
 MEDICAL CENTER-FRESNO,  
 UCSD MEDICAL CTR, UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-8:00PM  
 Website: N/A

**EMERGENCY MEDICINE**

**CASTELLANO, TIFFANY**

Provider ID: 271611

Board Certified Specialty: No

8910 VILLA LA JOLLA DR  
STE 100  
LA JOLLA, CA 92037

Phone: (858) 249-6800

Fax: (858) 404-9226

After Hours Phone: (858)  
249-6800

Provider Gender: Female

NPI: 1063893063

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### **EMERGENCY MEDICINE**

**CHEN, ALICE**

Provider ID: 287427

Board Certified Specialty: No

8910 VILLA LA JOLLA DR  
STE 100  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1427476597

Provider English Spoken: Y

Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### **EMERGENCY MEDICINE**

**CHEN, ALICE**

Provider ID: 287429

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1427476597

Provider English Spoken: Y

Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### **EMERGENCY MEDICINE**

**GALUST, HENRIK**

Provider ID: 300053

Board Certified Specialty: No

8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1932696093

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

### **EMERGENCY MEDICINE**

**GOODRICH, ANDREW**

Provider ID: 271625

Board Certified Specialty: No

8910 VILLA LA JOLLA DR  
STE 100  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1245688415

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y






Min/Max Age: 0\999

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**EMERGENCY MEDICINE**

**GUITTARD, JESSE**

Provider ID: 239880  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (858) 657-6400  
 After Hours Phone: (858)  
 657-6400  
 Provider Gender: Male  
 NPI: 1770979890  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish



Cultural Competency: N  
 Hospital Affiliation: EL CENTRO  
 REGIONAL MEDICAL CENTER  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):


N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**EMERGENCY MEDICINE**

**HERNANDEZ, CRISTINA**


Provider ID: 242545  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800)



926-8273  
 Provider Gender: Female  
 NPI: 1164765046  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR

Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):



N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**EMERGENCY MEDICINE**

**HOGUE, BRENNIA**

Provider ID: 300006  
 Board Certified Specialty: No  
 8910 VILLA LA JOLLA DR  
 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**EMERGENCY MEDICINE**








**HOGUE, BRENNIA**

Provider ID: 301710  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1043705296  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: PIONEERS MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A








**EMERGENCY MEDICINE**

**HORNBEAK, KIRSTEN**

Provider ID: 240023  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1205214442  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**EMERGENCY MEDICINE**

**KRESHAK, ALLYSON**



Provider ID: 257564  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1194758219  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**EMERGENCY MEDICINE**

**KUTZ, CRAIG**


Provider ID: 283846  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male



NPI: 1598295925

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, TRI CITY MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 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: Y  
 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: 255938  
 Board Certified Specialty: No  
 9434 MEDICAL CENTER DR  
 FL 1  
 LA JOLLA, CA 92037  
 Phone: (858) 657-7125  
 Fax: (858) 657-7107  
 After Hours Phone: (858)  
 657-7125  
 Provider Gender: Female  
 NPI: 1619014479

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 18\999  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**EMERGENCY MEDICINE**

**LI, JINGHONG**


Provider ID: 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: Y  
 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: Y  
 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  
 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**EMERGENCY MEDICINE**

**MUELLER, MATTHEW**

Provider ID: 280658  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 539-8781  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 539-8781  
 Provider Gender: Male  
 NPI: 1003355629  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON, EL  
 CENTRO REGIONAL MEDICAL  
 CENTER  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**EMERGENCY MEDICINE**

**MUELLER, MATTHEW**

Provider ID: 280660  
 Board Certified Specialty: No  
 8910 VILLA LA JOLLA DR  
 STE 100  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1003355629  
 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON, EL  
 CENTRO REGIONAL MEDICAL  
 CENTER  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: SU 8:00AM-8:00PM  
 M-F 8:00AM-5:00PM  
 SA 8:00AM-8:00PM  
 Website: N/A

**EMERGENCY MEDICINE**

**NOSTE, ERIN**

Provider ID: 239796  
 Board Certified Specialty: No  
 8910 VILLA LA JOLLA DR  
 STE 100  
 LA JOLLA, CA 92037  
 Phone: (858) 249-6800  
 After Hours Phone: (858) 249-6800  
 Provider Gender: Female  
 NPI: 1871732214  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR, RADY CHILDRENS  
 HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**EMERGENCY MEDICINE**





**PARK, JAY**

Provider ID: 285609  
 Board Certified Specialty: No  
 8910 VILLA LA JOLLA DR  
 STE 100  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1366478372  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A

**EMERGENCY MEDICINE**

**PARK, JAY**

Provider ID: 285608  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1366478372

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

**EMERGENCY MEDICINE**









**QUENZER, FAITH**

Provider ID: 243284  
Board Certified Specialty: No  
 8910 VILLA LA JOLLA DR  
STE 100  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1295112670  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR, UNIVERSITY  
HSP OF SAN DIEGO CO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: SU 8:00AM-8:00PM  
M-F 8:00AM-5:00PM  
SA 8:00AM-8:00PM

 Website: N/A





**EMERGENCY MEDICINE**

**RUDOLF, FRANCES**

Provider ID: 240160  
Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (858) 657-7000  
 After Hours Phone: (858)  
657-7000  
Provider Gender: Female  
NPI: 1821487430  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
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: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: SU 8:00AM-8:00PM  
M-F 8:00AM-5:00PM  
SA 8:00AM-8:00PM  
 Website: N/A

**EMERGENCY MEDICINE**

**SELTZER, JUSTIN**

Provider ID: 283135  
Board Certified Specialty: No  
 8910 VILLA LA JOLLA DR  
STE 200  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1447791843  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

**EMERGENCY MEDICINE**

**SMITH, CASEY**

Provider ID: 300008

Board Certified Specialty: No

8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1871099333

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

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

NPI: 1376772905

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**EMERGENCY MEDICINE**

**WINKLER, GARRET**

Provider ID: 271416

Board Certified Specialty: No

8910 VILLA LA JOLLA DR  
STE 100

LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1336502095

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**EMERGENCY MEDICINE**

**YOU, ALAN**

Provider ID: 269938

Board Certified Specialty: No

8910 VILLA LA JOLLA DR  
STE 100

LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Male

NPI: 1225425697

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**EMERGENCY MEDICINE**

**YOU, ALAN**

Provider ID: 269937

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1225425697

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR




Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N



 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A





**EMERGENCY MEDICINE**

**YU, ELAINE**

Provider ID: 301707  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1528564150  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**EMERGENCY MEDICINE**

**YU, ELAINE**






Provider ID: 299985  
 Board Certified Specialty: No  
 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A



**ENDOCRINOLOGY**

**METABOLISM DIABETES**

**BOEDER, SCHAFFER**

Provider ID: 255612  
 Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1477808285  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR








Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**ENDOCRINOLOGY**

**METABOLISM DIABETES**






**GUERIN, CHRIS**

Provider ID: 284645  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1275648875  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY  
 MEDICAL CTR, UCSD MEDICAL  
 CTR, UCSD LA JOLLA JOHN  
 SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**ENDOCRINOLOGY**

**METABOLISM DIABETES**

**JUANG, PATRICIA**

Provider ID: 255606  
 Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1265695795  
 Provider English Spoken: Y  
 Provider Language(s)




Spoken: Mandarin  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A





**ENDOCRINOLOGY**

**METABOLISM DIABETES**

**NAGELBERG, JODI**  
 Provider ID: 287778  
 Board Certified Specialty: No  
 8939 VILLA LA JOLLA DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1720474141  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 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: Y  
 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  
 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: Y  
 Min/Max Age: 18\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**FAMILY PRACTICE**

**CHEN, ALICE**

Provider ID: 207165  
 Board Certified Specialty: No  
 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
 After Hours Phone: (800)

926-8273  
 Provider Gender: Female  
 NPI: 1265810337  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Chinese  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**FAMILY PRACTICE**

**JOLICOEUR, MEGAN**

Provider ID: 300056  
 Board Certified Specialty: No  
 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A

**GASTROENTEROLOGY**

**ANAND, GOBIND**  
 Provider ID: 272836  
 Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (619) 543-2347  
 Fax: (858) 657-7259  
 After Hours Phone: (619)  
 543-2347  
 Provider Gender: Male  
 NPI: 1861626814  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 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: 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: Y  
 Min/Max Age: 18\999

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**GASTROENTEROLOGY**

**DAVE, SHRAVAN**






Provider ID: 270448  
 Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 925-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 925-8273  
 Provider Gender: Male  
 NPI: 1588081814  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 18\999  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**GASTROENTEROLOGY**

**DILAURO, STEVEN**




Provider ID: 269298  
 Board Certified Specialty: No  
 9850 GENESEE AVE STE  
 440  
 LA JOLLA, CA 92037  
 Phone: (858) 373-0211  
 Fax: (760) 635-5972  
 After Hours Phone: (858)

373-0211  
 Provider Gender: Male  
 NPI: 1629117643  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL  
 ENCINITAS  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**GASTROENTEROLOGY**








**FEJLEH, MOHAMMAD**

Provider ID: 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**GASTROENTEROLOGY**

**FEJLEH, MOHAMMAD**

Provider ID: 271042  
 Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (800) 926-8273  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1205240959  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**GASTROENTEROLOGY**


**HASAN, AWS**

Provider ID: 299952  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781

 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1780047597  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A

**GASTROENTEROLOGY**




**HASAN, AWS**

Provider ID: 299953  
 Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1780047597  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A


**GASTROENTEROLOGY**

**HOLMER, ARIELA**

Provider ID: 273216  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR


LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273


Provider Gender: Female  
 NPI: 1083032544

 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 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: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A


### GASTROENTEROLOGY


#### **SHAH, SHAILJA**

Provider ID: 283898

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037

 Phone: (800) 926-8273

 Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1073803243

 Provider English Spoken: Y  
 Cultural Competency: N


Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A


### GASTROENTEROLOGY

#### **TSAI, MATTHEW**

Provider ID: 252369

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)

926-8273

Provider Gender: Male

NPI: 1285051177

 Provider English Spoken: Y  
 Cultural Competency: N


Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
 8:00AM-5:00PM

 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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM  
 Website: N/A

**GASTROENTEROLOGY**



**YOUSSEF, FADY**

Provider ID: 300023  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1265887723  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A

**HEMATOLOGY / ONCOLOGY**

**ASIMAKOPOULOS, FOTIOS**


Provider ID: 246594  
 Board Certified Specialty: No  
 3855 HEALTH SCIENCES  
 DR  
 LA JOLLA, CA 92093  
 Phone: (858) 822-6100  
 After Hours Phone: (858)  
 822-6100  
 Provider Gender: Male  
 NPI: 1518134923  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**HEMATOLOGY / ONCOLOGY**




**CHEN, YU-WEI**

Provider ID: 303058  
 Board Certified Specialty: No  
 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)

926-8273  
 Provider Gender: Male  
 NPI: 1245694801  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A





**HEMATOLOGY / ONCOLOGY**





**HAMDAN, AYAD**

Provider ID: 241429  
 Board Certified Specialty: No  
 3960 HEALTH SCIENCES  
 DRIVE


LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1144431230  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Arabic, French  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**HEMATOLOGY / ONCOLOGY**

**HEYMAN, BENJAMIN**  
 Provider ID: 202663  
 Board Certified Specialty: No  
 9400 CAMPUS POINT DR LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1982995809  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999

American Sign Language (ASL):  After Hours Phone: (800) 926-8273  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A



**HEMATOLOGY / ONCOLOGY**




**HEYMAN, BENJAMIN**  
 Provider ID: 202662  
 Board Certified Specialty: No  
 3855 HEALTH SCIENCES DR LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1982995809  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 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**

**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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N

**HEMATOLOGY / ONCOLOGY**

**HEYMAN, BENJAMIN**  
 Provider ID: 202664  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR LA JOLLA, CA 92037  
 Phone: (800) 926-8273


 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: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A


**HEMATOLOGY / ONCOLOGY**


**STEWART, TYLER**

Provider ID: 243920

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093

 Phone: (800) 926-8273

 After Hours Phone: (800)

926-8273  
 Provider Gender: Male

NPI: 1699110676


 Provider English Spoken: Y  
 Cultural Competency: N


Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
 8:00AM-5:00PM


 Website: N/A


**HEMATOLOGY / ONCOLOGY**



**VU, PETER**

Provider ID: 272717

Board Certified Specialty: No

 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093

 Phone: (800) 926-8273

 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1861810830


 Provider English Spoken: Y  
 Cultural Competency: N


Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
 8:00AM-5:00PM


 Website: N/A


**HOSPICE AND PALLIATIVE MEDICINE**


**RUBENSIK, TAMARA**

Provider ID: 245574

Board Certified Specialty: No

 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093

 Phone: (800) 926-8273

 Fax: (888) 539-8781

 After Hours Phone: (800) 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: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A

**INFECTIOUS DISEASE**


**KUPPALLI, KRUTIKA**

Provider ID: 301057


Board Certified Specialty: No

 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037





 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273

Provider Gender: Female  
 NPI: 1538346317


 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, Stanford Health  
 CARE TRI-VALLEY


Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N


 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A

**INFECTIOUS DISEASE**



**KUPPALLI, KRUTIKA**

Provider ID: 301059  
 Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1538346317

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, Stanford Health  
 CARE TRI-VALLEY


Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):



N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A

**INFECTIOUS DISEASE**

**RAMIREZ SANCHEZ, CLAUDIA**



Provider ID: 299947  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1659720555

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N


Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N


 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A



**INFECTIOUS DISEASE**

**TANG, MICHAEL**

Provider ID: 300063  
 Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781

 After Hours Phone: (800)

926-8273  
 Provider Gender: Male  
 NPI: 1982018545  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N


 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A

**INTERNAL MEDICINE**




**BORDIN-WOSK, TALYA**

Provider ID: 273984  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (760) 471-9186  
 Fax: (619) 543-8255

 After Hours Phone: (760) 471-9186  
 Provider Gender: Female  
 NPI: 1801184973

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 18\999  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**INTERNAL MEDICINE**

**BORDIN-WOSK, TALYA**

Provider ID: 273985

Board Certified Specialty: No

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1801184973

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**INTERNAL MEDICINE**

**CHENG, GEORGE**

Provider ID: 247640

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1316174568

Provider English Spoken: Y

Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**INTERNAL MEDICINE**

**DJEKIC, KRISTINA**

Provider ID: 286669

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1417343732

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**INTERNAL MEDICINE**

**GELBERG, ANNA**

Provider ID: 285639

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1104004258

Provider English Spoken: Y

Provider Language(s)  
Spoken: Russian

Cultural Competency: N

Hospital Affiliation: PALOMAR  
HEALTH, PALOMAR MEDICAL

CENTER, HOAG MEMORIAL  
HOSPITAL PRESBYTERIAN,

UCSD MEDICAL CTR, UCSD LA  
JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**INTERNAL MEDICINE**

**HOGARTH, MICHAEL**

Provider ID: 214385

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1225019193  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Portuguese,  
 Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON, UC  
 DAVIS MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**INTERNAL MEDICINE**

**JABBOUR, MOUSSA**

Provider ID: 256658  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
 926-8273

Provider Gender: Male  
 NPI: 1255741633  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Arabic

Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR

Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 18\999  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**INTERNAL MEDICINE**

**KVIATKOVSKY, MILLA**



Provider ID: 274002  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (858) 657-7000  
 After Hours Phone: (858)  
 657-7000

Provider Gender: Female  
 NPI: 1366855355  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Finnish, French,  
 Hebrew, Spanish

Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON






Medi-Cal Open Panel: Y  
 Min/Max Age: 18\999  
 American Sign Language (ASL):  
 N




Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

**INTERNAL MEDICINE**

**KVIATKOVSKY, MILLA**






Provider ID: 274004  
Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1366855355  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Finnish, French,  
Hebrew, Spanish

Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Y  
Min/Max Age: 18\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

**INTERNAL MEDICINE**






**LAGO HERNANDEZ, CARLOS**

Provider ID: 238623  
Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800)




926-8273  
Provider Gender: Male  
NPI: 1558756270  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Y  
Min/Max Age: 18\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

**INTERNAL MEDICINE**

**LAGO HERNANDEZ, CARLOS**






Provider ID: 238624  
Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1558756270  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish




Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Y  
Min/Max Age: 18\999  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

**INTERNAL MEDICINE**

**LAM, MICHAEL**

Provider ID: 274409  
Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1578974259  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 18\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

**INTERNAL MEDICINE**

**MAJITHIA, AMIT**

Provider ID: 255881  
Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800)

926-8273  
 Provider Gender: Male  
 NPI: 1801091459  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 18\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**INTERNAL MEDICINE**  
**MARTINEZ, ARMANDO**

Provider ID: 291422  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8372  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8372  
 Provider Gender: Male  
 NPI: 1598261091  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 18\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A

**INTERNAL MEDICINE**

**NOKES, BRANDON**  
 Provider ID: 287581  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1487040051

Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 18\999  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**INTERNAL MEDICINE**

**SEBASKY, MEGHAN**  
 Provider ID: 273963  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (619) 471-9186  
 After Hours Phone: (619)  
 471-9186  
 Provider Gender: Female  
 NPI: 1538351408

Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 18\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**INTERNAL MEDICINE**  
**SEBASKY, MEGHAN**

Provider ID: 273964  
 Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1538351408

Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 18\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**INTERNAL MEDICINE**  
**SMITH, CHELSEY**

Provider ID: 239921

Board Certified Specialty: No

9350 CAMPUS POINT DR  
STE 2B

LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1013264506

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### INTERNAL MEDICINE

#### **TAYLOR, DAVID**

Provider ID: 274470

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1033572995

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### INTERNAL MEDICINE

#### **WANG, ANGELA**

Provider ID: 259536

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1730133976

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

GREEN HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL, UCSD

MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### INTERNAL MEDICINE

#### **YADLAPATI, RENA**

Provider ID: 238587

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1548597784

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### INTERNAL MEDICINE

#### **YADLAPATI, RENA**

Provider ID: 238586

Board Certified Specialty: No

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1548597784

Provider English Spoken: Y

Cultural Competency: N




Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL): *Board Certified Specialty: No*  
 N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

**INTERNAL MEDICINE**

**YANG, JENNY**

*Provider ID: 283025*  
*Board Certified Specialty: No*  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1346636453*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*



*Medi-Cal Open Panel: Y*  
*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*

 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1588198147*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Mandarin*  
*Cultural Competency: N*




*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*


*Medi-Cal Open Panel: Y*  
*Min/Max Age: 18\999*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*




**MATERNAL AND FETAL MEDICINE**

**BALLAS, JERASIMOS**

*Provider ID: 209561*  
*Board Certified Specialty: No*  
 9444 MEDICAL CENTER DR  
 LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1871767384*




 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA*

JOHN SALLY THORNTON,  
 EISENHOWER MEDICAL CTR  
*Medi-Cal Open Panel: Y*  
*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: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*

**MATERNAL AND FETAL MEDICINE**

**HULL, ANDREW**

*Provider ID: 209482*  
*Board Certified Specialty: No*  
 9350 CAMPUS POINT DR


LA JOLLA, CA 92037  
 Phone: (858) 657-8745  
 After Hours Phone: (858) 657-8745  
 Provider Gender: Male  
 NPI: 1902862121  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD MEDICAL CTR, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, PALOMAR MEDICAL CENTER, SCRIPPS MEMORIAL HOSPITAL, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD LA JOLLA JOHN SALLY THORNTON

Medi-Cal Open Panel: Y  
 Min/Max Age: 16\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**MATERNAL AND FETAL MEDICINE**




**LAURENT, LOUISE**

Provider ID: 208639  
 Board Certified Specialty: No  
 9350 CAMPUS POINT DR LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female

NPI: 1770532707  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, PALOMAR MEDICAL CENTER, SCRIPPS MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**MATERNAL AND FETAL MEDICINE**

**MELBER, DORA**

Provider ID: 240599  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1124413026  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Hungarian, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS

HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 16\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**MATERNAL AND FETAL MEDICINE**

**MOORE, THOMAS**

Provider ID: 208642  
 Board Certified Specialty: No  
 9350 CAMPUS POINT DR LA JOLLA, CA 92037  
 Phone: (858) 657-8745  
 After Hours Phone: (858) 657-8745

Provider Gender: Male  
 NPI: 1184682379  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Y  
 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**

**WOELKERS, DOUGLAS**



Provider ID: 209383

Board Certified Specialty: No

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (858) 657-7200

After Hours Phone: (858)  
657-7200

Provider Gender: Male

NPI: 1013965748

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, PALOMAR

MEDICAL CENTER, UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, UCSD MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

### MATERNAL AND FETAL

#### MEDICINE

**WOLF, RICHARD**

Provider ID: 209252

Board Certified Specialty: No

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1497713846

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, PALOMAR

MEDICAL CENTER, UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON,

UCSD LA JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

### NEONATAL / PERINATAL

#### MEDICINE

**BAI-TONG, SHIYU**

Provider ID: 283287

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (858) 249-5800

After Hours Phone: (858)  
249-5800

Provider Gender: Female

NPI: 1528454188

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

### NEONATAL / PERINATAL

#### MEDICINE

**DEL ROSARIO, PAMELA**

Provider ID: 295001

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (858) 249-5800

Fax: (858) 249-5839

After Hours Phone: (858)  
249-5800

Provider Gender: Female

NPI: 1952691941

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, RADY

CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N





Accessibility: CONTACT  
PROVIDER

Hours: M-F


8:00AM-5:00PM  
 Website: N/A

**NEONATAL / PERINATAL  
 MEDICINE**




**HIETALATI, SAMANTHA**

Provider ID: 294252  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (858) 249-5800  
 Fax: (858) 249-5839  
 After Hours Phone: (858)  
 249-5800

Provider Gender: Female  
 NPI: 1245617489





 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO


Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A




**NEONATAL / PERINATAL  
 MEDICINE**

**MARC AURELE, KRISHELLE**

Provider ID: 206207  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (858) 249-5800  
 Fax: (858) 249-5839  
 After Hours Phone: (858)  
 249-5800





Provider Gender: Female  
 NPI: 1952503435  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, UCSD MEDICAL CTR,  
 UCSD LA JOLLA JOHN SALLY  
 THORNTON, TRI CITY  
 MEDICAL CTR, SCRIPPS  
 MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19

American Sign Language (ASL):  
 N


 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A


**NEONATAL / PERINATAL  
 MEDICINE**

**MARC AURELE, KRISHELLE**

Provider ID: 206209  
 Board Certified Specialty: No  
 9888 GENESEE AVE  
 LA JOLLA, CA 92037  
 Phone: (858) 626-4123  
 Fax: (760) 633-7998  
 After Hours Phone: (858)  
 626-4123





Provider Gender: Female  
 NPI: 1952503435

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, UCSD MEDICAL CTR,  
 UCSD LA JOLLA JOHN SALLY  
 THORNTON, TRI CITY



MEDICAL CTR, SCRIPPS  
 MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Y  
 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**




**MATOB, NANA**

Provider ID: 299893  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (858) 249-5800  
 Fax: (858) 249-5839  
 After Hours Phone: (858)  
 249-5800

Provider Gender: Female  
 NPI: 1801952197

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Japanese  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**NEONATAL / PERINATAL  
MEDICINE**

**MATOBA, NANA**

Provider ID: 297977

Board Certified Specialty: No

9300 CAMPUS POINT DR  
STE 8

LA JOLLA, CA 92037

Phone: (858) 657-7000

Fax: (858) 249-5839

After Hours Phone: (858)  
657-7000

Provider Gender: Female

NPI: 1801952197

Provider English Spoken: Y

Provider Language(s)  
Spoken: Japanese

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**NEONATAL / PERINATAL  
MEDICINE**

**MESTAN, KAREN**

Provider ID: 285931

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (858) 249-5800

Fax: (858) 249-5839

After Hours Phone: (858)  
249-5800

Provider Gender: Female

NPI: 1942253356

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**NEONATAL / PERINATAL  
MEDICINE**

**NYMAN, KATHERINE**

Provider ID: 301824

Board Certified Specialty: No

9888 GENESEE AVE  
LA JOLLA, CA 92037

Phone: (858) 626-4123

Fax: (760) 633-7998

After Hours Phone: (858)  
626-4123

Provider Gender: Female

NPI: 1003260951

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**NEONATAL / PERINATAL  
MEDICINE**

**RAMOS, CARLOS**

Provider ID: 206062

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (858) 249-5800

Fax: (619) 543-3812

After Hours Phone: (858)  
249-5800

Provider Gender: Male

NPI: 1205047545

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, EL CENTRO  
REGIONAL MEDICAL CENTER,

SOUTHWEST HEALTHCARE

INLAND VALLEY HOSPITAL,

SOUTHWEST HEALTHCARE

RANCHO SPRINGS HOSPITAL,

RADY CHILDRENS HOSPITAL

SAN DIEGO, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

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**

**SAJTI, ENIKO**

Provider ID: 206170

Board Certified Specialty: No

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (858) 249-5800

Fax: (858) 249-5839

🕒 After Hours Phone: (858)  
249-5800

Provider Gender: Female

NPI: 1649433103

🗣 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSF  
BENIOFF CHILDREN'S  
HOSPITAL OAKLAND, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

### NEONATAL / PERINATAL MEDICINE

**SAUER, CHARLES**

Provider ID: 303908

Board Certified Specialty: No

📍 9300 CAMPUS POINT DR  
FL 8  
LA JOLLA, CA 92037

☎ Phone: (858) 249-5800

Fax: (858) 249-5839

🕒 After Hours Phone: (858)  
249-5800

Provider Gender: Male

NPI: 1538388988

🗣 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS,  
PALOMAR MEDICAL CENTER,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, PALOMAR  
HEALTH, SCRIPPS MEMORIAL  
HOSPITAL, SOUTHWEST  
HEALTHCARE RANCHO  
SPRINGS HOSPITAL,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

### NEONATAL / PERINATAL MEDICINE

**SAUER, CHARLES**

Provider ID: 303907

Board Certified Specialty: No

📍 9888 GENESEE AVE  
LA JOLLA, CA 92037

☎ Phone: (858) 626-4123

Fax: (760) 633-7998

🕒 After Hours Phone: (858)  
626-4123

Provider Gender: Male

NPI: 1538388988

🗣 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS,  
PALOMAR MEDICAL CENTER,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, PALOMAR  
HEALTH, SCRIPPS MEMORIAL  
HOSPITAL, SOUTHWEST  
HEALTHCARE RANCHO  
SPRINGS HOSPITAL,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

### NEUROLOGY

**BEVINS, ELIZABETH**

Provider ID: 277726

Board Certified Specialty: No

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 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: Y

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: Y

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: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### NEUROLOGY

#### LEE, DAVID

Provider ID: 246264

Board Certified Specialty: No

9350 CAMPUS POINT DR  
STE LLB  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1871884130

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Korean

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

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: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### NEUROLOGY

#### QAYOUMI, WALI

Provider ID: 284369

Board Certified Specialty: No

9500 GILMAN DR STE 2069  
LA JOLLA, CA 92093

Phone: (858) 822-5881


Fax: (888) 539-8781

After Hours Phone: (858)  
822-5881




Provider Gender: Male

NPI: 1093178220

Provider English Spoken: Y

 *Provider Language(s)*  
Spoken: French  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N


 *Accessibility: CONTACT  
PROVIDER*  
 *Hours: M-F  
8:00AM-5:00PM*  
 *Website: N/A*

### **NEUROLOGY**

#### **QAYOUMI, WALI**

Provider ID: 284371  
Board Certified Specialty: No


 9350 CAMPUS POINT DR  
STE LLB  
LA JOLLA, CA 92037

 Phone: (619) 284-3746  
Fax: (888) 579-8781

 After Hours Phone: (619)  
284-3746

Provider Gender: Male

NPI: 1093178220

 *Provider English Spoken: Y*

 *Provider Language(s)*  
Spoken: French

Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Y


Min/Max Age: 0\999

American Sign Language (ASL):

N

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*


 *Website: N/A*


### **NEUROLOGY**


#### **SCHULTE, JESSICA**

Provider ID: 284819

Board Certified Specialty: No

 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273  
Fax: (858) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1467870576

 *Provider English Spoken: Y*  
Cultural Competency: N

Hospital Affiliation: UCSF  
MEDICAL CENTER AT MOUNT  
ZION, UCSD LA JOLLA JOHN  
SALLY THORNTON, UCSD  
MEDICAL CTR


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*

### **OBSTETRICS / GYNECOLOGY**

#### **BINDER, PRATIBHA**


Provider ID: 273225

Board Certified Specialty: No

 3855 HEALTH SCIENCES

DR

LA JOLLA, CA 92093

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1174758031

 *Provider English Spoken: Y*  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):  
N

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*


 *Website: N/A*


### **OBSTETRICS / GYNECOLOGY**

#### **BONDRE, IOANA**

Provider ID: 284311

Board Certified Specialty: No

 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1326579863

 *Provider English Spoken: Y*  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


**OBSTETRICS / GYNECOLOGY**

**BONDRE, IOANA**


Provider ID: 284310

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1326579863

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


**OBSTETRICS / GYNECOLOGY**

**DELCORE, LAURA**

Provider ID: 291323

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1790128759

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL


Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


**OBSTETRICS / GYNECOLOGY**

**DELCORE, LAURA**

Provider ID: 291324

Board Certified Specialty: No

 8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1790128759

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL


Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


**OBSTETRICS / GYNECOLOGY**

**DRIEBE, AMY**

Provider ID: 291334

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1730507567

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL


Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


**OBSTETRICS / GYNECOLOGY**

**DRIEBE, AMY**

Provider ID: 291335

Board Certified Specialty: No

 8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1730507567

 Provider English Spoken: Y  
Cultural Competency: N



Hospital Affiliation: SHARP




MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y  
 Min/Max Age: 16\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**OBSTETRICS / GYNECOLOGY**

**GUPTA, PRATIMA**



Provider ID: 257546  
 Board Certified Specialty: No  
 8910 VILLA LA JOLLA DR  
 STE 200  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1891749842  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Hindi, Spanish

Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 16\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A




**OBSTETRICS / GYNECOLOGY**

**HARVEY, SCOTT**

Provider ID: 278916  
 Board Certified Specialty: No





 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 923-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 923-8273  
 Provider Gender: Male  
 NPI: 1457662868


 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 16\999  
 American Sign Language (ASL):  
 N




 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**OBSTETRICS / GYNECOLOGY**

**HARVEY, SCOTT**



Provider ID: 278918  
 Board Certified Specialty: No  
 9444 MEDICAL CENTER DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1457662868  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 16\999



 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 16\999

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**OBSTETRICS / GYNECOLOGY**

**HOANG, MAI**

Provider ID: 208295  
 Board Certified Specialty: No  
 8910 VILLA LA JOLLA DR  
 STE 200  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1104143593

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Vietnamese  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR

Medi-Cal Open Panel: Y  
 Min/Max Age: 16\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**OBSTETRICS / GYNECOLOGY**

**HOM-TEDLA, MARIANNE**

Provider ID: 242752  
 Board Certified Specialty: No



9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1972047397  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Y  
Min/Max Age: 16\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

**OBSTETRICS / GYNECOLOGY**

**KLEIN, DAVID**

Provider ID: 271558  
Board Certified Specialty: No  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1780073635  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON

JOHN SALLY THORNTON  
Medi-Cal Open Panel: Y  
Min/Max Age: 16\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

**OBSTETRICS / GYNECOLOGY**

**KLEIN, DAVID**

Provider ID: 271559  
Board Certified Specialty: No  
8910 VILLA LA JOLLA DR  
STE 200  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1780073635  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON

Medi-Cal Open Panel: Y  
Min/Max Age: 16\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

**OBSTETRICS / GYNECOLOGY**

**LAMALE-SMITH, LEAH**





Provider ID: 286230  
Board Certified Specialty: No  
8910 VILLA LA JOLLA DR  
STE 200  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1396904876

Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, EISENHOWER MEDICAL CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 16\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

**OBSTETRICS / GYNECOLOGY**




**MACKAY, GILLIAN**

Provider ID: 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: Y*  
*Min/Max Age: 16\999*  
*American Sign Language (ASL):*  
**N**  
 *Accessibility: CONTACT*  
**PROVIDER**  
 *Hours: M-F*  
**9:00AM-5:00PM**  
 *Website: N/A*

**OBSTETRICS / GYNECOLOGY**





**MACKAY, GILLIAN**

*Provider ID: 303062*  
*Board Certified Specialty: No*  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800)*  
**926-8273**  
*Provider Gender: Female*  
**NPI: 1770702177**

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA*  
**JOLLA JOHN SALLY**  
**THORNTON, UCSD MEDICAL**  
**CTR**  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 16\999*  
*American Sign Language (ASL):*  
**N**  
 *Accessibility: CONTACT*  
**PROVIDER**  
 *Website: N/A*

**OBSTETRICS / GYNECOLOGY**

**MEADOWS, AUDRA**




*Provider ID: 285739*  
*Board Certified Specialty: No*  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 *Phone: (858) 657-8745*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (858)*  
**657-8745**  
*Provider Gender: Female*  
**NPI: 1467585521**  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA*





**JOLLA JOHN SALLY**

**THORNTON, UCSD MEDICAL**  
**CTR**  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 16\999*  
*American Sign Language (ASL):*  
**N**  
 *Accessibility: CONTACT*  
**PROVIDER**  
 *Hours: M-F*  
**8:00AM-5:00PM**  
 *Website: N/A*

**OBSTETRICS / GYNECOLOGY**

**MEADOWS, AUDRA**

*Provider ID: 285740*  
*Board Certified Specialty: No*  
 8910 VILLA LA JOLLA DR  
 STE 200  
 LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800)*  
**926-8273**  
*Provider Gender: Female*  
**NPI: 1467585521**

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA*  
**JOLLA JOHN SALLY**  
**THORNTON, UCSD MEDICAL**  
**CTR**  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 16\999*  
*American Sign Language (ASL):*  
**N**  
 *Accessibility: CONTACT*  
**PROVIDER**  
 *Hours: M-F*  
**8:00AM-5:00PM**  
 *Website: N/A*

**OBSTETRICS / GYNECOLOGY**

**MELLENDEZ, ARIANA**

*Provider ID: 299920*  
*Board Certified Specialty: No*  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800)*  
**926-8273**  
*Provider Gender: Female*  
**NPI: 1295232973**

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*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 JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1447530696

🗨 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

### **OBSTETRICS / GYNECOLOGY**

#### **PICKETT, CHARLOTTE**

Provider ID: 299977

Board Certified Specialty: No

📍 8910 VILLA LA JOLLA DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1447530696

🗨 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

### **OBSTETRICS / GYNECOLOGY**

#### **PINSON, KELSEY**

Provider ID: 284285

Board Certified Specialty: No

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1841722485

🗨 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON,  
UNIVERSITY HSP OF SAN  
DIEGO CO

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

### **OBSTETRICS / GYNECOLOGY**

#### **RIVAS, RENEE**

Provider ID: 284297

Board Certified Specialty: No

📍 9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1295263861

🗨 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

### **OBSTETRICS / GYNECOLOGY**

#### **RIVAS, RENEE**

Provider ID: 284295

Board Certified Specialty: No

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1295263861

🗨 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

**OBSTETRICS / GYNECOLOGY**

**RIVAS, RENEE**

Provider ID: 284296

Board Certified Specialty: No

9333 GENESEE 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: Y

Min/Max Age: 16\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**OBSTETRICS / GYNECOLOGY**

**SUYAMA, JULIE**

Provider ID: 284289

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1306372800

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**OBSTETRICS / GYNECOLOGY**

**THOMSON, SAMANTHA**

Provider ID: 285173

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1689013468

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: CEDARS  
SINAI MEDICAL CENTER,  
UCSD LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**OBSTETRICS / GYNECOLOGY**

**THOMSON, SAMANTHA**

Provider ID: 285175

Board Certified Specialty: No

8910 VILLA LA JOLLA DR  
STE 200

LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1689013468

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: CEDARS  
SINAI MEDICAL CENTER,  
UCSD LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Y

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**

**AMARAL, MARGARET**

Provider ID: 258303

Board Certified Specialty: No

9350 CAMPUS POINT DR  
STE LLD

LA JOLLA, CA 92037  
 Phone: (858) 657-6879  
 Fax: (858) 657-6873  
 After Hours Phone: (858) 657-6879  
 Provider Gender: Female  
 NPI: 1689874521  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**OCCUPATIONAL THERAPIST**  
**COLLINS, RESENIA**





Provider ID: 258356  
 Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
 STE LLD  
 LA JOLLA, CA 92037  
 Phone: (858) 657-6879  
 Fax: (858) 657-6873  
 After Hours Phone: (858) 657-6879  
 Provider Gender: Female  
 NPI: 1184936718  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

 Website: N/A

**OCCUPATIONAL THERAPIST**






**HARRIS, LISA**  
 Provider ID: 258362  
 Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
 STE LLD  
 LA JOLLA, CA 92037  
 Phone: (858) 657-6879  
 Fax: (858) 657-6873  
 After Hours Phone: (858) 657-6879  
 Provider Gender: Female  
 NPI: 1336445063  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**OCCUPATIONAL THERAPIST**

**MUNCADA, CAESAR**  
 Provider ID: 288724  
 Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1790268100  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**OCCUPATIONAL THERAPIST**  
**SMITH, EMILY**

Provider ID: 258537  
 Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (855) 543-0333  
 Fax: (858) 657-6873  
 After Hours Phone: (855) 543-0333  
 Provider Gender: Female  
 NPI: 1417337403  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**OPHTHALMOLOGY**  
**BAXTER, SALLY**

Provider ID: 272787

Board Certified Specialty: No

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (858) 534-6290

Fax: (888) 539-8781

After Hours Phone: (858)  
534-6290

Provider Gender: Female

NPI: 1912325184

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
7:00AM-5:00PM  
SA 7:45AM-2:00PM

Website: N/A

### **OPHTHALMOLOGY**

**BEAZER, ALEX**

Provider ID: 272802

Board Certified Specialty: No

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1942662168

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### **OPHTHALMOLOGY**

**CHIU, STEPHAN**

Provider ID: 297586

Board Certified Specialty: No

9850 GENESEE AVE STE  
310

LA JOLLA, CA 92037

Phone: (858) 457-3010

Fax: (858) 457-0028

After Hours Phone: (858)  
457-3010

Provider Gender: Male

NPI: 1053846956

Provider English Spoken: Y

Provider Language(s)

Spoken: Mandarin, Spanish

Cultural Competency: N

Hospital Affiliation: RONALD

REAGAN UCLA MED CTR,

SANTA MONICA UCLA MED

CTR, SCRIPPS MEMORIAL

HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### **OPHTHALMOLOGY**

**JIN, MAN**

Provider ID: 299954

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1073010120

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

### **OPHTHALMOLOGY**

**JIN, MAN**

Provider ID: 299956

Board Certified Specialty: No

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1073010120

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT

**PROVIDER**  
 Website: N/A


**OPHTHALMOLOGY**


**MOVAGHAR, MANSOOR**

Provider ID: 215055

Board Certified Specialty: No

 9415 CAMPUS POINT DR  
 LA JOLLA, CA 92093

 Phone: (800) 926-8273

 After Hours Phone: (800)  
 926-8273

Provider Gender: Male

NPI: 1497792220

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
 DIEGO


Medi-Cal Open Panel: Y


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A


**OPHTHALMOLOGY**

**PUIG LLANO, MANUEL**

Provider ID: 299965

Board Certified Specialty: No

 9415 CAMPUS POINT DR  
 LA JOLLA, CA 92093


 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)  
 926-8273

Provider Gender: Male

NPI: 1427102979

 Provider English Spoken: Y

 Provider Language(s)  
 Spoken: French, German,  
 Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

MEMORIAL HOSPITAL, SHARP

CHULA VISTA MED CTR,

SCRIPPS MERCY HOSPITAL

CHULA VISTA


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Website: N/A


**OPHTHALMOLOGY**

**RAHMATNEJAD, KAMRAN**

Provider ID: 300039

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
 926-8273

Provider Gender: Male

NPI: 1699268292

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Website: N/A


**OPHTHALMOLOGY**

**RAHMATNEJAD, KAMRAN**


Provider ID: 300041

Board Certified Specialty: No

 9415 CAMPUS POINT DR  
 LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
 926-8273

Provider Gender: Male

NPI: 1699268292

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Website: N/A


**OPHTHALMOLOGY**

**SCHONBACH, ETIENNE**

Provider ID: 284432

Board Certified Specialty: No

 9415 CAMPUS POINT DR  
 LA JOLLA, CA 92093


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
 926-8273

Provider Gender: Male

NPI: 1073040580

 Provider English Spoken: Y

 Provider Language(s)  
 Spoken: German

Cultural Competency: N



Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N





 Accessibility: CONTACT



**PROVIDER**  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**OPHTHALMOLOGY**  
**SHEILS, CATHERINE**









Provider ID: 299935  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1932605649  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A

**OPHTHALMOLOGY**  
**SHEILS, CATHERINE**


Provider ID: 299937  
 Board Certified Specialty: No  
 9415 CAMPUS POINT DR  
 LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1932605649  
 Provider English Spoken: Y

Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A

**OPHTHALMOLOGY**  
**SONG, DELU**

Provider ID: 284425  
 Board Certified Specialty: No  
 9415 CAMPUS POINT DR  
 LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1437689536  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Chinese, Mandarin  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY  
 MEDICAL CTR, UCSD MEDICAL  
 CTR, RADY CHILDRENS  
 HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A


**OPTOMETRIST**  
**AOTO, KIM**

Provider ID: 296798  
 Board Certified Specialty: No  
 9850 GENESEE AVE STE  
 310  
 LA JOLLA, CA 92037  
 Phone: (800) 898-2020  
 Fax: (844) 897-3788  
 After Hours Phone: (800)  
 898-2020  
 Provider Gender: Female  
 NPI: 1780935650  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Vietnamese  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M 9:00AM-5:00PM  
 TU 8:30AM-4:30PM  
 W 7:30AM-4:15PM  
 TH 9:30AM-5:00PM  
 F 8:30AM-4:00PM  
 Website: N/A

**OPTOMETRIST**  
**HOO, PAMELA**

Provider ID: 269621  
 Board Certified Specialty: No  
 9415 CAMPUS POINT DR  
 LA JOLLA, CA 92093  
 Phone: (858) 534-6290  
 Fax: (858) 822-4438  
 After Hours Phone: (858)  
 534-6290  
 Provider Gender: Female  
 NPI: 1275566010



 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

#### **OPTOMETRIST**



##### **JOMOC, CAITLIN**

Provider ID: 299914  
 Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1861164642  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A

#### **OPTOMETRIST**

##### **JOMOC, CAITLIN**

Provider ID: 299915  
 Board Certified Specialty: No

 9415 CAMPUS POINT DR  
 LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1861164642  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A

#### **OPTOMETRIST**



##### **KIM, PHILIP**

Provider ID: 287909  
 Board Certified Specialty: No  
 9415 CAMPUS POINT DR  
 LA JOLLA, CA 92093  
 Phone: (800) 926-8372  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8372  
 Provider Gender: Male  
 NPI: 1376929034  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A




#### **OPTOMETRIST**

##### **MCCLEAN, ESMERALDA**

Provider ID: 269907  
 Board Certified Specialty: No  
 9415 CAMPUS POINT DR  
 LA JOLLA, CA 92093  
 Phone: (858) 534-6290  
 Fax: (858) 534-8293  
 After Hours Phone: (858)  
 534-6290  
 Provider Gender: Female  
 NPI: 1962817981





 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

#### **OPTOMETRIST**




##### **VO, ANDREW**

Provider ID: 304148  
 Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1790291565  
 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: UCSD  
 MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A

**OPTOMETRIST**

**VO, ANDREW**

Provider ID: 201311  
 Board Certified Specialty: No  
 9415 CAMPUS POINT DR  
 LA JOLLA, CA 92093  
 Phone: (858) 534-6290  
 After Hours Phone: (858)  
 534-6290

Provider Gender: Male

NPI: 1790291565

 Provider English Spoken: Y  
 Cultural Competency: N


Hospital Affiliation: UCSD


MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A

**OPTOMETRIST**

**YU, CAROL**

Provider ID: 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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A


**OPTOMETRIST**

**YU, CAROL**

Provider ID: 301681

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
 926-8273

Provider Gender: Female

NPI: 1639697451


 Provider English Spoken: Y  
 Cultural Competency: N

Medi-Cal Open Panel: Y

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: Y

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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER  
 Website: N/A


**OTOLARYNGOLOGY**

**BRUMUND, KEVIN**

Provider ID: 299633

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1033193669

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD


MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

**OTOLARYNGOLOGY**

**BRUMUND, KEVIN**


Provider ID: 299636

Board Certified Specialty: No

 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1033193669

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**OTOLARYNGOLOGY**

**CALIFANO, JOSEPH**

Provider ID: 299463

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1881652972


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A


**OTOLARYNGOLOGY**

**CALIFANO, JOSEPH**

Provider ID: 299460

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1881652972

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A


**OTOLARYNGOLOGY**

**CALIFANO, JOSEPH**

Provider ID: 299459

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1881652972


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

**OTOLARYNGOLOGY**

**CALIFANO, JOSEPH**

Provider ID: 299458  
Board Certified Specialty: No

3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093

Phone: (858) 822-6197

Fax: (858) 822-6198

After Hours Phone: (858) 822-6197

Provider Gender: Male

NPI: 1881652972

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Website: N/A

### OTOLARYNGOLOGY

#### **COFFEY, CHARLES**

Provider ID: 299585

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1932297330

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

GREEN HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Website: N/A

### OTOLARYNGOLOGY

#### **COFFEY, CHARLES**

Provider ID: 299581

Board Certified Specialty: No

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1932297330

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

GREEN HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Website: N/A

### OTOLARYNGOLOGY

#### **COFFEY, CHARLES**

Provider ID: 299580

Board Certified Specialty: No

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1932297330

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

GREEN HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Website: N/A

### OTOLARYNGOLOGY

#### **COFFEY, CHARLES**

Provider ID: 299584

Board Certified Specialty: No

3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1932297330

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

GREEN HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

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  
 NPI: 1588988919  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**OTOLARYNGOLOGY**

**DECONDE, ADAM**

Provider ID: 299566  
 Board Certified Specialty: Yes  
 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781

After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1588988919  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
 Website: N/A

**OTOLARYNGOLOGY**

**DECONDE, ADAM**

Provider ID: 299564  
 Board Certified Specialty: No  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093  
 Phone: (858) 657-8590  
 After Hours Phone: (858) 657-8590

Provider Gender: Male  
 NPI: 1588988919

Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**OTOLARYNGOLOGY**

**FRIEDMAN, RICK**

Provider ID: 299533  
 Board Certified Specialty: No  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273

Provider Gender: Male  
 NPI: 1982708558  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: PIH  
 HEALTH GOOD SAMARITAN  
 HOSPITAL, CHILDRENS HOSP  
 OF LOS ANGELES, SOUTH  
 COAST GLOBAL MEDICAL  
 CENTER INC, ANAHEIM  
 GLOBAL MEDICAL CENTER,  
 ORANGE COUNTY GLOBAL  
 MEDICAL CENTER INC,  
 CHAPMAN GLOBAL MEDICAL  
 CENTER INC, UCSD LA JOLLA  
 JOHN SALLY THORNTON,

UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
 Website: N/A

**OTOLARYNGOLOGY**

**FRIEDMAN, RICK**

Provider ID: 299534  
Board Certified Specialty: No  
 9300 CAMPUS POINT DR LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1982708558

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: PIH HEALTH GOOD SAMARITAN HOSPITAL, CHILDRENS HOSP OF LOS ANGELES, SOUTH COAST GLOBAL MEDICAL CENTER INC, ANAHEIM GLOBAL MEDICAL CENTER, ORANGE COUNTY GLOBAL MEDICAL CENTER INC, CHAPMAN GLOBAL MEDICAL CENTER INC, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
 Website: N/A

**OTOLARYNGOLOGY**

**FRIEDMAN, RICK**

Provider ID: 299529  
Board Certified Specialty: No  
 9350 CAMPUS POINT DR LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1982708558

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: PIH HEALTH GOOD SAMARITAN HOSPITAL, CHILDRENS HOSP OF LOS ANGELES, SOUTH COAST GLOBAL MEDICAL CENTER INC, ANAHEIM GLOBAL MEDICAL CENTER, ORANGE COUNTY GLOBAL MEDICAL CENTER INC, CHAPMAN GLOBAL MEDICAL CENTER INC, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**OTOLARYNGOLOGY**

**FRIEDMAN, RICK**

Provider ID: 299528  
Board Certified Specialty: No  
 9400 CAMPUS POINT DR LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1982708558

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: PIH HEALTH GOOD SAMARITAN HOSPITAL, CHILDRENS HOSP OF LOS ANGELES, SOUTH COAST GLOBAL MEDICAL CENTER INC, ANAHEIM GLOBAL MEDICAL CENTER, ORANGE COUNTY GLOBAL MEDICAL CENTER INC, CHAPMAN GLOBAL MEDICAL CENTER INC, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**OTOLARYNGOLOGY**

**GILANI, SAPIDEH**

Provider ID: 299563

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1003825571

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**OTOLARYNGOLOGY**

**GILANI, SAPIDEH**

Provider ID: 299558

Board Certified Specialty: No

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1003825571

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**OTOLARYNGOLOGY**

**GILANI, SAPIDEH**

Provider ID: 299557

Board Certified Specialty: Yes

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1003825571

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**OTOLARYNGOLOGY**

**GILANI, SAPIDEH**

Provider ID: 299562

Board Certified Specialty: No

3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1003825571

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**OTOLARYNGOLOGY**

**GREENE, JACQUELINE**

Provider ID: 298398

Board Certified Specialty: No

3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1144583931

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**OTOLARYNGOLOGY**

**GREENE, JACQUELINE**

Provider ID: 298395

Board Certified Specialty: No

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1144583931

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**OTOLARYNGOLOGY**

**GREENE, JACQUELINE**

Provider ID: 298394

Board Certified Specialty: No

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1144583931

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**OTOLARYNGOLOGY**

**GREENE, JACQUELINE**

Provider ID: 272958

Board Certified Specialty: No

9300 CAMPUS POINT DR  
STE LLA  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1144583931

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**OTOLARYNGOLOGY**

**HARRIS, JEFFREY**

Provider ID: 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  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, UCSD

MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**OTOLARYNGOLOGY**

**HARRIS, JEFFREY**

Provider ID: 299578

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1417988783

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL, UCSD

MEDICAL CTR

Medi-Cal Open Panel: Y

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: Y

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: Y

Min/Max Age: 0\999

American Sign Language (ASL): 🕒 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: Y

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: Y

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

### OTOLARYNGOLOGY

#### **HOM, DAVID**

Provider ID: 299513

Board Certified Specialty: No

📍 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1659305027

🗨 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT

**PROVIDER**  
 Website: N/A


**OTOLARYNGOLOGY**

**HOM, DAVID**

Provider ID: 299512

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
 926-8273

Provider Gender: Male

NPI: 1659305027

 Provider English Spoken: Y  
 Cultural Competency: N


Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR

Medi-Cal Open Panel: Y

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

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
 926-8273

Provider Gender: Male

NPI: 1124034053

 Provider English Spoken: Y N

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

GREEN HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Website: N/A

**OTOLARYNGOLOGY**


**KARI, ELINA**

Provider ID: 299447

Board Certified Specialty: No

 3855 HEALTH SCIENCES  
 DR

LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
 926-8273

Provider Gender: Female

NPI: 1780860536

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation:

CHILDRENS HOSP OF LOS

ANGELES, PIH HEALTH

HOSPITAL - WHITTIER, UCSD

LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, RADY CHILDRENS

HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

 Accessibility: CONTACT  
 PROVIDER

 Website: N/A


**OTOLARYNGOLOGY**

**KARI, ELINA**

Provider ID: 299448

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
 926-8273

Provider Gender: Female

NPI: 1780860536

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation:

CHILDRENS HOSP OF LOS

ANGELES, PIH HEALTH

HOSPITAL - WHITTIER, UCSD

LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, RADY CHILDRENS


HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Website: N/A







**OTOLARYNGOLOGY**

**KARI, ELINA**

Provider ID: 299442




Board Certified Specialty: No

 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037

 Phone: (858) 857-8590  
 After Hours Phone: (858) 857-8590  
 Provider Gender: Female  
 NPI: 1780860536  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation:  
 CHILDRENS HOSP OF LOS ANGELES, PIH HEALTH HOSPITAL - WHITTIER, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**OTOLARYNGOLOGY**







**KARI, ELINA**

Provider ID: 299444  
 Board Certified Specialty: No  
 9400 CAMPUS POINT DR LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1780860536  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation:  
 CHILDRENS HOSP OF LOS

ANGELES, PIH HEALTH HOSPITAL - WHITTIER, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Y  
 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: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A





**OTOLARYNGOLOGY**

**MAGIT, ANTHONY**

Provider ID: 299484  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1891858379  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**OTOLARYNGOLOGY**

**MAGIT, ANTHONY**

Provider ID: 299479  
 Board Certified Specialty: No  
 9350 CAMPUS POINT DR LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1891858379  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A



**OTOLARYNGOLOGY**

**MAGIT, ANTHONY**

Provider ID: 299478  
 Board Certified Specialty: No  
 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1891858379  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**OTOLARYNGOLOGY**

**MATSUOKA, AKIHIRO**

Provider ID: 299593  
 Board Certified Specialty: No  
 3855 HEALTH SCIENCES  
 DR  
 LA JOLLA, CA 92093  
 Phone: (800) 926-8273

Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1669630653  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**OTOLARYNGOLOGY**







**MATSUOKA, AKIHIRO**

Provider ID: 299594  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1669630653  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**OTOLARYNGOLOGY**

**MATSUOKA, AKIHIRO**

Provider ID: 299589  
 Board Certified Specialty: No

 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1669630653  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**OTOLARYNGOLOGY**

**MATSUOKA, AKIHIRO**

Provider ID: 299588  
 Board Certified Specialty: No  
 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1669630653  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**OTOLARYNGOLOGY**

**NGUYEN, QUYEN**

Provider ID: 299609  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1477524452  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Vietnamese  
 Cultural Competency: N  
 Hospital Affiliation: UCSD MEDICAL CTR, SCRIPPS GREEN HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**OTOLARYNGOLOGY**

**NGUYEN, QUYEN**

Provider ID: 299604  
 Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (858) 657-8590  
 After Hours Phone: (858) 657-8590  
 Provider Gender: Female  
 NPI: 1477524452  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Vietnamese  
 Cultural Competency: N  
 Hospital Affiliation: UCSD MEDICAL CTR, SCRIPPS

GREEN HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**OTOLARYNGOLOGY**

**NGUYEN, QUYEN**

Provider ID: 299605  
 Board Certified Specialty: No  
 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**OTOLARYNGOLOGY**

**NGUYEN, QUYEN**




Provider ID: 299608

Board Certified Specialty: No  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A






**OTOLARYNGOLOGY**

**VAHABZADEH-HAGH, ANDREW**

Provider ID: 299504  
 Board Certified Specialty: No  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093  
 Phone: (858) 822-6197  
 After Hours Phone: (858) 822-6197  
 Provider Gender: Male  
 NPI: 1346506920  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RONALD REAGAN UCLA MED CTR,







SANTA MONICA UCLA MED  
CTR, UCSD LA JOLLA JOHN  
SALLY THORNTON, UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

**OTOLARYNGOLOGY**  
**VAHABZADEH-HAGH,  
ANDREW**

Provider ID: 299510  
Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1346506920  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RONALD  
REAGAN UCLA MED CTR,  
SANTA MONICA UCLA MED  
CTR, UCSD LA JOLLA JOHN  
SALLY THORNTON, UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

 Website: N/A

**OTOLARYNGOLOGY**  
**VAHABZADEH-HAGH,  
ANDREW**

Provider ID: 299506  
Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1346506920  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RONALD  
REAGAN UCLA MED CTR,  
SANTA MONICA UCLA MED  
CTR, UCSD LA JOLLA JOHN  
SALLY THORNTON, UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

**OTOLARYNGOLOGY**  
**VAHABZADEH-HAGH,  
ANDREW**

Provider ID: 299505  
Board Certified Specialty: No  
 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)

926-8273  
Provider Gender: Male  
NPI: 1346506920  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RONALD  
REAGAN UCLA MED CTR,  
SANTA MONICA UCLA MED  
CTR, UCSD LA JOLLA JOHN  
SALLY THORNTON, UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

**OTOLARYNGOLOGY**  
**WATSON, DEBORAH**

Provider ID: 299643  
Board Certified Specialty: No  
 3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1346270816  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT

**PROVIDER**  
 Website: N/A


**OTOLARYNGOLOGY**

**WATSON, DEBORAH**

Provider ID: 299644

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
 926-8273

Provider Gender: Female

NPI: 1346270816

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: SCRIPPS

GREEN HOSPITAL


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Website: N/A


**OTOLARYNGOLOGY**

**WATSON, DEBORAH**

Provider ID: 299638

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037

 Phone: (858) 657-8590

Fax: (858) 657-8682

 After Hours Phone: (858)  
 657-8590

Provider Gender: Female

NPI: 1346270816

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: SCRIPPS

GREEN HOSPITAL


Medi-Cal Open Panel: Y


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A


**OTOLARYNGOLOGY**

**WATSON, DEBORAH**

Provider ID: 299640

Board Certified Specialty: Yes

 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
 926-8273

Provider Gender: Female

NPI: 1346270816

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: SCRIPPS

GREEN HOSPITAL


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Website: N/A

**OTOLARYNGOLOGY**


**WEISSBROD, PHILIP**


Provider ID: 299612

Board Certified Specialty: No

 3855 HEALTH SCIENCES  
 DR

LA JOLLA, CA 92093

 Phone: (858) 657-8590

 After Hours Phone: (858)  
 657-8590

Provider Gender: Male

NPI: 1366590853

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

GREEN HOSPITAL


Medi-Cal Open Panel: Y


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A


**OTOLARYNGOLOGY**

**WEISSBROD, PHILIP**

Provider ID: 299616

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
 926-8273

Provider Gender: Male

NPI: 1366590853

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: UCSD



MEDICAL CTR, SCRIPPS

GREEN HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A


**OTOLARYNGOLOGY**

**WEISSBROD, PHILIP**


Provider ID: 299611  
 Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (858) 657-8590  
 After Hours Phone: (858) 657-8590


Provider Gender: Male

NPI: 1366590853

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, SCRIPPS  
 GREEN HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

 Hours: M-F  
 8:00AM-5:00PM


 Website: N/A

**OTOLARYNGOLOGY**


**WEISSBROD, PHILIP**

Provider ID: 299613  
 Board Certified Specialty: No  
 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1366590853  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, SCRIPPS  
 GREEN HOSPITAL  
 Medi-Cal Open Panel: Y  
 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 CHILDRENS HOSP,  
 UCSD LA JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999


American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER  
 Website: N/A

**OTOLARYNGOLOGY**



**YAN, CAROL**

Provider ID: 298416  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1619237260

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Chinese

Cultural Competency: N  
 Hospital Affiliation: Stanford  
 Health Care, LUCILE SALTER  
 PACKARD CHILDRENS HOSP,  
 UCSD LA JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

**OTOLARYNGOLOGY**

**YAN, CAROL**

Provider ID: 298411  
 Board Certified Specialty: No  
 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781



☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1619237260

☐ Provider English Spoken: Y

☐ Provider Language(s) Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: Stanford

Health Care, LUCILE SALTER

PACKARD CHILDRENS HOSP,

UCSD LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

### OTOLARYNGOLOGY

#### **YAN, CAROL**

Provider ID: 242138

Board Certified Specialty: No

📍 9350 CAMPUS POINT DR

STE LLA

LA JOLLA, CA 92037

☎ Phone: (858) 657-8590

☎ After Hours Phone: (858) 657-8590

Provider Gender: Female

NPI: 1619237260

☐ Provider English Spoken: Y

☐ Provider Language(s) Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: Stanford

Health Care, LUCILE SALTER

PACKARD CHILDRENS HOSP,

UCSD LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F

8:00AM-5:00PM

🌐 Website: N/A

### OTOLARYNGOLOGY /

### OTOLOGY / LARYNGOLOGY /

### RHINOLOGY

#### **KARI, ELINA**

Provider ID: 294828

Board Certified Specialty: No

📍 9350 CAMPUS POINT DR LA JOLLA, CA 92037

☎ Phone: (858) 857-8590

☎ After Hours Phone: (858) 857-8590

Provider Gender: Female

NPI: 1780860536

☐ Provider English Spoken: Y Cultural Competency: N

Hospital Affiliation:

CHILDRENS HOSP OF LOS

ANGELES, PIH HEALTH

HOSPITAL - WHITTIER, UCSD

LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, RADY CHILDRENS

HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y

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

#### **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: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F

8:00AM-5:00PM

🌐 Website: N/A

### PATHOLOGY ANATOMIC

**CLINICAL**

**AISAGBONHI, OMONIGHO**

Provider ID: 201304

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1043571045

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON,

SCRIPPS MEMORIAL

HOSPITAL, SCRIPPS MERCY

HOSPITAL, SCRIPPS MERCY

HOSPITAL CHULA VISTA,

SCRIPPS MEMORIAL

HOSPITAL ENCINITAS,

SCRIPPS GREEN HOSPITAL,

SCRIPPS GREEN HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

**PATHOLOGY ANATOMIC**

**CLINICAL**

**ALLEN, ELIZABETH**

Provider ID: 275757

Board Certified Specialty: No

9444 MEDICAL CENTER DR

LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1174814065

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

UCSD MEDICAL CTR, SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SCRIPPS MEMORIAL

HOSPITAL ENCINITAS,

SCRIPPS GREEN HOSPITAL,

SCRIPPS GREEN HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

**PATHOLOGY ANATOMIC**

**CLINICAL**

**BROOME, HELEN**

Provider ID: 275722

Board Certified Specialty: No

9444 MEDICAL CENTER DR

LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1184674145

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

**PATHOLOGY ANATOMIC**

**CLINICAL**

**BUI, JACK**

Provider ID: 275746

Board Certified Specialty: No

9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1942529821

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): Board Certified Specialty: No  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**PATHOLOGY ANATOMIC CLINICAL**

**DON, MICHELLE**

Provider ID: 275816

Board Certified Specialty: No

 9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1205288396

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Y

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

 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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**PATHOLOGY ANATOMIC CLINICAL**

**ELKIND, JAE**

Provider ID: 284903

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1922497700

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL


CTR


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**PATHOLOGY ANATOMIC CLINICAL**


**HU, JINGJING**

Provider ID: 243965

Board Certified Specialty: No


 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1538574744

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON


Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**PATHOLOGY ANATOMIC**

**CLINICAL**

**ROMA, ANDRES**

Provider ID: 275827

Board Certified Specialty: No

9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1295912657

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**PATHOLOGY ANATOMIC**

**CLINICAL**

**SHABAIK, AHMED**

Provider ID: 275782

Board Certified Specialty: No

9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1679521579

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**PATHOLOGY ANATOMIC**  
**CLINICAL**

**VAVINSKAYA, VERA**

Provider ID: 275840

Board Certified Specialty: No

9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1174757181

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**PATHOLOGY ANATOMIC**

**CLINICAL**

**ZARE, SOMAYE**

Provider ID: 275814

Board Certified Specialty: No

9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1700334802

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**PATHOLOGY ANATOMIC**

**CLINICAL**

**ZARE, SOMAYE**

Provider ID: 203172

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1700334802

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**PATHOLOGY ANATOMIC**

**CLINICAL**

**ZHANG, HAIYAN**

Provider ID: 203176

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1457617110

Provider English Spoken: Y

Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON,

SCRIPPS MEMORIAL

HOSPITAL, SCRIPPS MERCY

HOSPITAL, SCRIPPS MERCY

HOSPITAL CHULA VISTA,

SCRIPPS MEMORIAL

HOSPITAL ENCINITAS,

SCRIPPS GREEN HOSPITAL,

SCRIPPS GREEN HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

**PATHOLOGY ANATOMIC**

**CLINICAL**

**ZHANG, HAIYAN**

Provider ID: 275841

Board Certified Specialty: No

9444 MEDICAL CENTER DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1457617110

Provider English Spoken: Y

Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON,

SCRIPPS MEMORIAL

HOSPITAL, SCRIPPS MERCY

HOSPITAL, SCRIPPS MERCY

HOSPITAL CHULA VISTA,

SCRIPPS MEMORIAL

HOSPITAL ENCINITAS,

SCRIPPS GREEN HOSPITAL,

SCRIPPS GREEN HOSPITAL

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**PHYSICIANS ASSISTANT**


**ALBRIGHT, KELSEY**

Provider ID: 284764

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**PHYSICIANS ASSISTANT**

**ALLERS, JENNA**

Provider ID: 301037

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1730605486

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SALINAS  
VALLEY MEMORIAL HOSP

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**PHYSICIANS ASSISTANT**


**BOYD, LISA**

Provider ID: 217650

Board Certified Specialty: No


 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037



 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female




NPI: 1871859421


 Provider English Spoken: Y

*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*








**PHYSICIANS ASSISTANT**

**BRUECKNER, TAMMIE**





*Provider ID: 255557*  
*Board Certified Specialty: No*  
 9300 CAMPUS POINT DR LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1407212376*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*




*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

**PHYSICIANS ASSISTANT**

**CHERRY, REENA**  
*Provider ID: 243349*  
*Board Certified Specialty: No*  
 3855 HEALTH SCIENCES DR LA JOLLA, CA 92093  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1689729683*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*





**PHYSICIANS ASSISTANT**

**CHERRY, REENA**  
*Provider ID: 269494*  
*Board Certified Specialty: No*  
 9400 CAMPUS POINT DR LA JOLLA, CA 92093  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1689729683*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA*

*JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

**PHYSICIANS ASSISTANT**

**COOKISH, DAVID**

*Provider ID: 286591*  
*Board Certified Specialty: No*  
 9300 CAMPUS POINT DR LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1215338884*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

**PHYSICIANS ASSISTANT**

**CRIFE, TAYLOR**

*Provider ID: 210983*  
*Board Certified Specialty: No*

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1659827087

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

**PHYSICIANS ASSISTANT**

**DEMASCO, MICHAEL**

Provider ID: 278969  
Board Certified Specialty: No  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1467926295

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

**PHYSICIANS ASSISTANT**

**DEMOOR, PATRICIA**

Provider ID: 212879  
Board Certified Specialty: No  
9400 CAMPUS POINT DR  
LA JOLLA, CA 92093  
Phone: (800) 926-8273  
After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1477721702

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

**PHYSICIANS ASSISTANT**

**DOUGHERTY, CLARA**

Provider ID: 269170  
Board Certified Specialty: No  
9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037  
Phone: (858) 453-5944  
Fax: (858) 429-7925  
After Hours Phone: (858)  
453-5944

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: Y  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

**PHYSICIANS ASSISTANT**

**DOUGHERTY, CLARA**

Provider ID: 295925  
Board Certified Specialty: No  
9850 GENESEE AVE STE  
440  
LA JOLLA, CA 92037  
Phone: (858) 453-5944  
Fax: (858) 429-7925  
After Hours Phone: (858)  
453-5944

Provider Gender: Female  
NPI: 1609987619

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
ENCINITAS, SCRIPPS  
MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Y





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: 247205

Board Certified Specialty: No

 8939 VILLA LA JOLLA DR  
STE 110

LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1225698962

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

**PHYSICIANS ASSISTANT**

**HIGGINS, JOSHUA**


Provider ID: 287135

Board Certified Specialty: No

 8910 VILLA LA JOLLA DR

STE 200

LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1861624181

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**PHYSICIANS ASSISTANT**

**HIGGINS, JOSHUA**

Provider ID: 287136

Board Certified Specialty: No

 9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1861624181

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON


Medi-Cal Open Panel: Y

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: 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: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

**PHYSICIANS ASSISTANT**


**HUNTER, JACOB**

Provider ID: 298431

Board Certified Specialty: No

 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1114459765  
 ☑ Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER  
 🌐 Website: N/A

**PHYSICIANS ASSISTANT**

**HUNTER, JACOB**

Provider ID: 298432  
 Board Certified Specialty: No  
 📍 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 ☎ Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 ☎ After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1114459765  
 ☑ Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER  
 🌐 Website: N/A

**PHYSICIANS ASSISTANT**

**HUNTER, JACOB**

Provider ID: 298429  
 Board Certified Specialty: No  
 📍 9400 CAMPUS POINT DR

LA JOLLA, CA 92093  
 ☎ Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 ☎ After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1114459765  
 ☑ Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER  
 🌐 Website: N/A

**PHYSICIANS ASSISTANT**

**HUNTER, JACOB**

Provider ID: 279334  
 Board Certified Specialty: No  
 📍 8910 VILLA LA JOLLA DR  
 STE 100  
 LA JOLLA, CA 92037  
 ☎ Phone: (800) 826-8273  
 Fax: (888) 539-8781  
 ☎ After Hours Phone: (800) 826-8273  
 Provider Gender: Male  
 NPI: 1114459765  
 ☑ Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER  
 🕒 Hours: M-F  
 8:00AM-5:00PM  
 🌐 Website: N/A

**PHYSICIANS ASSISTANT**





**LIN, JOYCE**

Provider ID: 265147  
 Board Certified Specialty: No  
 📍 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093  
 ☎ Phone: (858) 554-1212  
 ☎ After Hours Phone: (858) 554-1212  
 Provider Gender: Female  
 NPI: 1427681022  
 ☑ Provider English Spoken: Y  
 ☑ Provider Language(s) Spoken: Taiwanese  
 Cultural Competency: N  
 Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 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: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F*  
*8:00AM-5:00PM*  
 *Website: N/A*









**PHYSICIANS ASSISTANT**

**LUONG, TRAN**

*Provider ID: 279014*  
*Board Certified Specialty: No*  
 *9300 CAMPUS POINT DR*  
*LA JOLLA, CA 92037*  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800)*  
*926-8273*  
*Provider Gender: Female*  
*NPI: 1821532292*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish,*  
*Vietnamese*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Hours: M-F*  
*8:00AM-5:00PM*  
 *Website: N/A*





**PHYSICIANS ASSISTANT**



**LUONG, TRAN**

*Provider ID: 279015*  
*Board Certified Specialty: No*  
 *9350 CAMPUS POINT DR*  
*LA JOLLA, CA 92037*  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800)*  
*926-8273*  
*Provider Gender: Female*  
*NPI: 1821532292*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
*Spoken: Spanish,*  
*Vietnamese*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*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: Y*

*Min/Max Age: 0\999*  
*American Sign Language (ASL):*  
*N*  
 *Accessibility: CONTACT*  
*PROVIDER*  
 *Website: N/A*


**PHYSICIANS ASSISTANT**

**MARTIN, HALEY**

*Provider ID: 305025*  
*Board Certified Specialty: No*  
 *3855 HEALTH SCIENCES*  
*DR*  
*LA JOLLA, CA 92093*  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800)*  
*926-8273*  
*Provider Gender: Female*  
*NPI: 1093440836*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*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: Y

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: Y

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: Y

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: Y

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: Y

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: Y

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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

### PHYSICIANS ASSISTANT

#### **PERREAULT, MARK**

Provider ID: 283583

Board Certified Specialty: No

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1356749451

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

### PHYSICIANS ASSISTANT

#### **PERREAULT, MARK**

Provider ID: 283584

Board Certified Specialty: No

📍 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

☎ Phone: (800) 926-8273

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1356749451

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

### PHYSICIANS ASSISTANT

#### **ROBERTS, AUDREY**

Provider ID: 253254

Board Certified Specialty: No

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (619) 543-5540

☎ After Hours Phone: (619) 543-5540

Provider Gender: Female

NPI: 1265960256

☑ Provider English Spoken: Y  
☑ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

### PHYSICIANS ASSISTANT

#### **ROBERTS, AUDREY**

Provider ID: 253255

Board Certified Specialty: No

📍 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

☎ Phone: (858) 657-7876

☎ After Hours Phone: (858) 657-7876

Provider Gender: Female

NPI: 1265960256

☑ Provider English Spoken: Y  
☑ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

🗎 Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

### **PHYSICIANS ASSISTANT**

#### **SAIKHON, TALIA**

Provider ID: 293439

Board Certified Specialty: No

📍 8910 VILLA LA JOLLA DR  
STE 100

LA JOLLA, CA 92037

📞 Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1699263905

🗎 Provider English Spoken: Y

🗎 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

🗎 Accessibility: CONTACT PROVIDER

🌐 Website: N/A

### **PHYSICIANS ASSISTANT**

#### **SANCHEZ, MICHAEL**

Provider ID: 206907

Board Certified Specialty: No

📍 8939 VILLA LA JOLLA DR  
STE 110

LA JOLLA, CA 92037

📞 Phone: (800) 926-8273  
🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1184135006

🗎 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS

GREEN HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, SCRIPPS

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

🗎 Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

### **PHYSICIANS ASSISTANT**

#### **SCHWARTZEL, KEVIN**

Provider ID: 214276

Board Certified Specialty: No

📍 8910 VILLA LA JOLLA DR  
STE 100

LA JOLLA, CA 92037

📞 Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1104277847

🗎 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

🗎 Accessibility: CONTACT PROVIDER

🕒 Hours: SU 8:00AM-8:00PM  
M-F 8:00AM-5:00PM  
SA 8:00AM-8:00PM

🌐 Website: N/A

### **PHYSICIANS ASSISTANT**

#### **SHAUL, SHERA**

Provider ID: 247976

Board Certified Specialty: No

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

📞 Phone: (800) 926-8373

🕒 After Hours Phone: (800)  
926-8373

Provider Gender: Female

NPI: 1336659507

🗎 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

🗎 Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

### **PHYSICIANS ASSISTANT**

#### **SHAUL, SHERA**

Provider ID: 247975

Board Certified Specialty: No

📍 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

📞 Phone: (800) 926-8273

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1336659507

🗎 Provider English Spoken: Y

*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

**PHYSICIANS ASSISTANT**

**SPEH, BRIAN**

*Provider ID: 305010*  
*Board Certified Specialty: No*  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1124593926*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*

**PHYSICIANS ASSISTANT**





**TESFAI, HELEN**

*Provider ID: 277072*  
*Board Certified Specialty: No*  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
*Fax: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*  
*NPI: 1942724042*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*




**PHYSICIANS ASSISTANT**

**WAHLIN, TAMARA**

*Provider ID: 299601*  
*Board Certified Specialty: No*  
 3855 HEALTH SCIENCES DR  
 LA JOLLA, CA 92093  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1083823322*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*

**PHYSICIANS ASSISTANT**

**WAHLIN, TAMARA**

*Provider ID: 299602*  
*Board Certified Specialty: No*  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1083823322*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*

**PHYSICIANS ASSISTANT**

**WAHLIN, TAMARA**

*Provider ID: 299597*  
*Board Certified Specialty: No*  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1083823322*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*

**PHYSICIANS ASSISTANT**

**WAHLIN, TAMARA**

Provider ID: 299596

Board Certified Specialty: No

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1083823322

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**PHYSICIANS ASSISTANT**

**WEIR, JACQUELINE**

Provider ID: 278202

Board Certified Specialty: No

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (800) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1932494499

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**PSYCHOLOGIST**

**BAILIS, JESSICA**

Provider ID: 300043

Board Certified Specialty: No

8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1760739049

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**PSYCHOLOGIST**

**BOOTH, CHRISTOPHER**

Provider ID: 209117

Board Certified Specialty: No

8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1568893162

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**PSYCHOLOGIST**

**BOUTELLE, KERRI**

Provider ID: 258988

Board Certified Specialty: No

8950 VILLA LA JOLLA DR



STE C212  
LA JOLLA, CA 92037  
Phone: (858) 246-1654  
After Hours Phone: (858) 246-1654  
Provider Gender: Male  
NPI: 1780620906  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

**PSYCHOLOGIST**

**BOUTELLE, KERRI**

Provider ID: 302876  
Board Certified Specialty: No  
3344 N TORREY PINES CT  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1780620906  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Y

Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A

**PSYCHOLOGIST**

**BOUTELLE, KERRI**

Provider ID: 240034  
Board Certified Specialty: No  
8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1780620906  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

**PSYCHOLOGIST**

**CHESHER, NICHOLAS**




Provider ID: 273812  
Board Certified Specialty: No  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Phone: (800) 926-8273

Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1124539697  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

**PSYCHOLOGIST**

**CLAUDAT, KIMBERLY**

Provider ID: 285237  
Board Certified Specialty: No  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1699200949  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):


N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A


**PSYCHOLOGIST**  
**CRANDAL, BRENT**

Provider ID: 291463  
 Board Certified Specialty: No  
 8950 VILLA LA JOLLA DR  
 STE C101  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8372  
 Fax: (888) 539-8781

 After Hours Phone: (800) 926-8372

Provider Gender: Male  
 NPI: 1588739452

 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A


**PSYCHOLOGIST**  
**DUARTE, KRISTEN**


Provider ID: 255479  
 Board Certified Specialty: No  
 8950 VILLA LA JOLLA DR  
 STE C101  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273

Provider Gender: Female  
 NPI: 1093119364

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER



 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A


**PSYCHOLOGIST**  
**DUARTE, KRISTEN**

Provider ID: 255480  
 Board Certified Specialty: No

 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037


 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273


Provider Gender: Female  
 NPI: 1093119364

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER


 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A

**PSYCHOLOGIST**  
**EICHEN, DAWN**

Provider ID: 302888  
 Board Certified Specialty: No

 3344 N TORREY PINES CT  
 LA JOLLA, CA 92037

 Phone: (800) 926-8273  
 Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female  
 NPI: 1861043366

 Provider English Spoken: Y  
 Cultural Competency: N


Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
 CTR

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999

American Sign Language (ASL):


N  
 Accessibility: CONTACT PROVIDER


 Website: N/A

**PSYCHOLOGIST**  
**EICHEN, DAWN**





Provider ID: 245715  
 Board Certified Specialty: No

 8950 VILLA LA JOLLA DR  
 STE C101  
 LA JOLLA, CA 92037

 Phone: (800) 926-8273  
 Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female  
 NPI: 1861043366



 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**PSYCHOLOGIST**  
**EICHEN, DAWN**

Provider ID: 259524  
 Board Certified Specialty: No  
 8950 VILLA LA JOLLA DR STE C212  
 LA JOLLA, CA 92037  
 Phone: (858) 246-1654  
 Fax: (858) 246-3181  
 After Hours Phone: (858) 246-1654

Provider Gender: Female  
 NPI: 1861043366

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**PSYCHOLOGIST**  
**LASSWELL, EVE**

Provider ID: 208260  
 Board Certified Specialty: No  
 8950 VILLA LA JOLLA DR STE C101  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273

Provider Gender: Female  
 NPI: 1013483635

 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**PSYCHOLOGIST**  
**LINKE, SARAH**

Provider ID: 273640  
 Board Certified Specialty: No  
 8939 VILLA LA JOLLA DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273



Provider Gender: Female  
 NPI: 1487026415

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER

 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**PSYCHOLOGIST**  
**MAGINOT-CHESHER, TAMARA**



Provider ID: 273224  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (858) 534-7792  
 Fax: (619) 471-9017  
 After Hours Phone: (858) 534-7792

Provider Gender: Female  
 NPI: 1043441165

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**PSYCHOLOGIST**

**MENDEZ, ANDRES**

Provider ID: 279058

Board Certified Specialty: No

8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1841482692

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N  
Accessibility: CONTACT  
PROVIDER

Website: N/A

**PSYCHOLOGIST**

**REED, KRISTIE**

Provider ID: 302867

Board Certified Specialty: No

3344 N TORREY PINES CT  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1679869556

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

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: Y

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: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N  
Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**PULMONARY DISEASES**

**BAILEY, JACOB**


Provider ID: 299925

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1598150039


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**PULMONARY DISEASES**

**MCGUIRE, WILLIAM**

Provider ID: 299987

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1841684081

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP

CORONADO HOSP AND

HEALTHCARE CTR, SHARP

MARY BIRCH HOSP FOR

WOMEN AND NEWBORNS,

SHARP CHULA VISTA MED CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


**PULMONARY DISEASES**

**PEARCE, ALEX**

Provider ID: 300054

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1265896856


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


**RADIOLOGY DIAGNOSTIC**

**BERMAN, ZACHARY**

Provider ID: 269319

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1033521190

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N  
 ♿ Accessibility: CONTACT PROVIDER  
 🕒 Hours: M-F  
 8:00AM-5:00PM  
 🌐 Website: N/A

**RADIOLOGY DIAGNOSTIC BRANCH, CODY**

Provider ID: 283676  
 Board Certified Specialty: No  
 📍 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 ☎ Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 🕒 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1851770622  
 🗒 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):

N  
 ♿ Accessibility: CONTACT PROVIDER  
 🕒 Hours: M-F  
 8:00AM-5:00PM  
 🌐 Website: N/A

**RADIOLOGY DIAGNOSTIC CARSWELL, AIMEE**

Provider ID: 303056  
 Board Certified Specialty: No  
 📍 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 ☎ Phone: (858) 554-1212  
 Fax: (858) 795-1195

🕒 After Hours Phone: (858) 554-1212  
 Provider Gender: Female  
 NPI: 1619156635  
 🗒 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation:  
 EISENHOWER MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT PROVIDER  
 🌐 Website: N/A

**RADIOLOGY DIAGNOSTIC CHENG, KAREN**

Provider ID: 283227  
 Board Certified Specialty: No  
 📍 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 ☎ Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 🕒 After Hours Phone: (800) 926-8273

Provider Gender: Female  
 NPI: 1427430511  
 🗒 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT PROVIDER  
 🕒 Hours: M-F

8:00AM-5:00PM  
 🌐 Website: N/A

**RADIOLOGY DIAGNOSTIC FAZELI, SOUDABEH**

Provider ID: 299993  
 Board Certified Specialty: No  
 📍 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 ☎ Phone: (800) 926-8273  
 Fax: (888) 539-8781

🕒 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1639553613  
 🗒 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT PROVIDER  
 🌐 Website: N/A

**RADIOLOGY DIAGNOSTIC FORCIER, NANCY**

Provider ID: 286955  
 Board Certified Specialty: No  
 📍 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 ☎ Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 🕒 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1497721724  
 🗒 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 GREEN HOSPITAL, SCRIPPS  
 MEMORIAL HOSPITAL,

Providence Mission Hospital  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


**RADIOLOGY DIAGNOSTIC**


**FOWLER, KATHRYN**

Provider ID: 201290

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1255457941

 Provider English Spoken: Y  
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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**RADIOLOGY DIAGNOSTIC**

**HANNSUN, GEMMY**

Provider ID: 282790

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037


 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1992120026

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Khmer, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**RADIOLOGY DIAGNOSTIC**


**HORKY, LAURA**

Provider ID: 241854

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1598967812

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**RADIOLOGY DIAGNOSTIC**


**HORKY, LAURA**

Provider ID: 241855

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1598967812

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

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: 299959

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1275700999

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Los Angeles  
General Medical Center

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**RADIOLOGY DIAGNOSTIC**

**JAZBEH, SAMMER**

Provider ID: 271128

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1770825457

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**RADIOLOGY DIAGNOSTIC**

**KONDILI, DHIMITER**

Provider ID: 283144

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1699125450

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:  
EISENHOWER MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**RADIOLOGY DIAGNOSTIC**

**MARKS, ROBERT**

Provider ID: 300066

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1952389934

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: ST MARY  
MEDICAL CENTER

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**RADIOLOGY DIAGNOSTIC**

**RITCHIE, DAVID**

Provider ID: 300033

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1407201916

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**RADIOLOGY DIAGNOSTIC**



**SADAT, SAYED**

Provider ID: 299967  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1679000806  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**RADIOLOGY DIAGNOSTIC**

**SCHULTZ, HEATHER**

Provider ID: 240343  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1871910810  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT

PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**RADIOLOGY DIAGNOSTIC**

**SEARLEMAN, ADAM**

Provider ID: 299950  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1134570641  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**RADIOLOGY DIAGNOSTIC**

**SLATER, JERRY**

Provider ID: 283311  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1851746382  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON,  
 LOMA LINDA UNIVERSITY  
 MED CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**RADIOLOGY DIAGNOSTIC**

**SPENGLER, NATHAN**

Provider ID: 303050  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1992919666  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation:  
 UNIVERSITY OF CALIFORNIA  
 IRVINE MED CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**RADIOLOGY DIAGNOSTIC**

**TADDONIO, MICHAEL**

Provider ID: 240406  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1386987261  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**RADIOLOGY DIAGNOSTIC**

**TADROS, ANTHONY**

Provider ID: 268545  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1306112057  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**RADIOLOGY DIAGNOSTIC**

**THOMPSON, COLE**

Provider ID: 299990  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1700315264  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**RADIOLOGY DIAGNOSTIC**

**UNSDORFER, KYLE**

Provider ID: 300036  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037

Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1285165183  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**RADIOLOGY DIAGNOSTIC**

**VAHDOT, NOUSHIN**

Provider ID: 300069  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1396700852  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

**REGISTERED PHYSICAL  
THERAPIST**

**BERGERON, PATRICK**

Provider ID: 258296

Board Certified Specialty: No

📍 9350 CAMPUS POINT DR  
STE LLD

LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

📞 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1285061390

🗣 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

**REGISTERED PHYSICAL  
THERAPIST**

**BERGERON, PATRICK**

Provider ID: 206533

Board Certified Specialty: No

📍 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

📞 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1285061390

🗣 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

**REGISTERED PHYSICAL  
THERAPIST**

**BUNOSKY, ABIGAIL**

Provider ID: 246021

Board Certified Specialty: No

📍 9350 CAMPUS POINT DR  
STE LLD

LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

📞 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1780018416

🗣 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

**REGISTERED PHYSICAL  
THERAPIST**

**CHIEN, PEI**

Provider ID: 214699

Board Certified Specialty: No

📍 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

📞 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1891260238

🗣 Provider English Spoken: Y  
🗣 Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Medi-Cal Open Panel: Y

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

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

**REGISTERED PHYSICAL**

**THERAPIST**

**HOUSELY, ALEXIS**

Provider ID: 299971

Board Certified Specialty: No

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1689321416

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**REGISTERED PHYSICAL**

**THERAPIST**

**MAROLLA, ALICE**

Provider ID: 241145

Board Certified Specialty: No

9350 CAMPUS POINT DR  
STE LLD  
LA JOLLA, CA 92037

Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1477018729

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**REGISTERED PHYSICAL**

**THERAPIST**

**NUTHALL, KAITLIN**

Provider ID: 258431

Board Certified Specialty: No

9350 CAMPUS POINT DR  
STE LLD  
LA JOLLA, CA 92037

Phone: (800) 926-8273  
Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1992210090

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, UCSD

LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**REGISTERED PHYSICAL**

**THERAPIST**

**NUTHALL, KAITLIN**

Provider ID: 202327

Board Certified Specialty: No

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273  
After Hours Phone: (800) 926-8273

Provider Gender: Female  
NPI: 1992210090

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, UCSD


LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**REGISTERED PHYSICAL  
THERAPIST**


**RUDD, CHRISTOPHER**

Provider ID: 207559

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1831539337

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**REGISTERED PHYSICAL  
THERAPIST**


**SKINNER, NICOLE**

Provider ID: 206546

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1386964997

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**REGISTERED PHYSICAL  
THERAPIST**

**TRIMM, CASSIDY**

Provider ID: 258443

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
STE LLD  
LA JOLLA, CA 92037

 Phone: (855) 543-0333

Fax: (858) 657-6873

 After Hours Phone: (855)  
543-0333

Provider Gender: Male

NPI: 1740708478

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM  
 Website: N/A

**REGISTERED PHYSICAL THERAPIST**

**TRIMM, CASSIDY**


Provider ID: 258442  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (855) 543-0333  
 Fax: (858) 657-6873  
 After Hours Phone: (855)  
 543-0333  
 Provider Gender: Male  
 NPI: 1740708478

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N


 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A

**REGISTERED PHYSICAL THERAPIST**

**VASQUEZ, BENJAMIN**

Provider ID: 258480  
 Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
 STE LLD  
 LA JOLLA, CA 92037  
 Phone: (858) 657-6879  
 Fax: (858) 657-6873  
 After Hours Phone: (858)

657-6879  
 Provider Gender: Male  
 NPI: 1568938413

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
 N




 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A

**REGISTERED PHYSICAL THERAPIST**

**VASQUEZ, BENJAMIN**

Provider ID: 200968  
 Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1568938413

 Provider English Spoken: Y  
 Cultural Competency: N


Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA



JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999




American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**REGISTERED PHYSICAL THERAPIST**

**WILLIAMS, STACY**

Provider ID: 258496  
 Board Certified Specialty: No  
 9350 CAMPUS POINT DR  
 STE LLD  
 LA JOLLA, CA 92037  
 Phone: (858) 657-6879  
 Fax: (858) 657-6873  
 After Hours Phone: (858)  
 657-6879

Provider Gender: Female  
 NPI: 1689962169

 Provider English Spoken: Y  
 Cultural Competency: N


Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

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**

**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: Y

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: Y

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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

### SPEECH PATHOLOGIST

#### **UNGER, LINDSEY**

Provider ID: 265338

Board Certified Specialty: No

📍 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1972936813

🗨 Provider English Spoken: Y  
🗨 Provider Language(s)  
Spoken: Sign Language

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA

#### **JOHN SALLY THORNTON**

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

### SURGERY CARDIOVASCULAR

#### **BOYS, JOSHUA**

Provider ID: 243533

Board Certified Specialty: No

📍 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

☎ Phone: (858) 657-7777

☎ After Hours Phone: (858) 657-7777

Provider Gender: Male

NPI: 1114368990

🗨 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

### SURGERY CARDIOVASCULAR

#### **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: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

**SURGERY CARDIOVASCULAR**

**POLLEMA, TRAVIS**

Provider ID: 210576  
Board Certified Specialty: No  
9434 MEDICAL CENTER DR  
FL 1  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1871752956  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL

CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

**SURGERY COLON SURGERY**

**LIU, SHANGLEI**

Provider ID: 273364  
Board Certified Specialty: No  
9300 CAMPUS POINT DR  
LA JOLLA, CA 92037  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1043558653  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UNIVERSITY HSP  
OF SAN DIEGO CO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UNIVERSITY HSP  
OF SAN DIEGO CO

Medi-Cal Open Panel: Y  
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: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Website: N/A

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Website: N/A

**SURGERY COLON SURGERY**

**PARRY, LISA**

Provider ID: 278551  
Board Certified Specialty: No  
3855 HEALTH SCIENCES  
DR  
LA JOLLA, CA 92093  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Provider Gender: Female  
NPI: 1235369067  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Y





Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### **SURGERY COLON SURGERY**

#### **RAMAMOORTHY, SONIA**

Provider ID: 286371

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1801812656

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR


Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### **SURGERY GENERAL**


#### **AL-NOURI, OMAR**

Provider ID: 211905

Board Certified Specialty: No


 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

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: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### **SURGERY GENERAL**


#### **ARMANI, AVA**


Provider ID: 282142

Board Certified Specialty: No

 3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

 Phone: (858) 822-6100

 After Hours Phone: (858)  
822-6100

Provider Gender: Female

NPI: 1861759383

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: MEDICAL

CTR AT UCSF, UCSF Medical

Center At Mission Bay, UCSF

MEDICAL CENTER AT MOUNT

ZION, UCSD LA JOLLA JOHN

SALLY THORNTON, UCSD

MEDICAL CTR


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### **SURGERY GENERAL**

**CLARY, BRYAN**

Provider ID: 202568

Board Certified Specialty: No

3855 HEALTH SCIENCES DR  
LA JOLLA, CA 92093

Phone: (800) 926-8273

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1982787131

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

**SURGERY GENERAL**

**HORGAN, SANTIAGO**

Provider ID: 286380

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (619) 471-0755

After Hours Phone: (619) 471-0755

Provider Gender: Male

NPI: 1932297231

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

**SURGERY GENERAL**

**JACOBSEN, GARTH**

Provider ID: 201728

Board Certified Specialty: No

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (619) 471-0755

After Hours Phone: (619) 471-0755

Provider Gender: Male

NPI: 1265649966

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

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**

**RASCHKE, ERIC**

Provider ID: 270298

Board Certified Specialty: No

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: 1316386659

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Y

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: 272304

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1033529201

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

**CTR**

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

**SURGERY GENERAL**

**VASCULAR**

**BARLEBEN, ANDREW**

Provider ID: 275373

Board Certified Specialty: No

9434 MEDICAL CENTER DR  
FL 1

LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1497936900

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

**SURGERY GENERAL**

**VASCULAR**

**BARLEBEN, ANDREW**

Provider ID: 275371

Board Certified Specialty: Yes

9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1497936900

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

**CTR**

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

**SURGERY GENERAL**

**VASCULAR**

**GAFFEY, ANN**

Provider ID: 287012

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1316232010

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

**SURGERY GENERAL**

**VASCULAR**

**HOWE, STEVEN**

Provider ID: 206760

Board Certified Specialty: No

9434 MEDICAL CENTER DR  
FL 1

LA JOLLA, CA 92037

Phone: (858) 657-7777

Fax: (858) 657-5058

After Hours Phone: (858)  
657-7777

Provider Gender: Male

NPI: 1497702740

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON, TRI

CITY MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

**SURGERY NEUROLOGICAL**

**BARBA, DAVID**

Provider ID: 275678

Board Certified Specialty: No

9350 CAMPUS POINT DR  
STE 2A

LA JOLLA, CA 92037

Phone: (619) 543-5540

Fax: (619) 287-7663

After Hours Phone: (619)  
543-5540

Provider Gender: Male

NPI: 1093730251

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
UCSD LA JOLLA JOHN SALLY  
THORNTON, SCRIPPS  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**SURGERY NEUROLOGICAL**  
**BEAUMONT, THOMAS**

Provider ID: 214126

Board Certified Specialty: No

3855 HEALTH SCIENCES  
DR

LA JOLLA, CA 92093

Phone: (858) 657-8540

After Hours Phone: (858)  
657-8540

Provider Gender: Male

NPI: 1497067573

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**SURGERY NEUROLOGICAL**  
**BEN-HAIM, SHARONA**

Provider ID: 244070

Board Certified Specialty: No

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1942469663

Provider English Spoken: Y  
Provider Language(s)

Spoken: Hebrew, Spanish  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM  
Website: N/A

**SURGERY NEUROLOGICAL**  
**BLASKIEWICZ, DONALD**

Provider ID: 270282

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1215176839

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**SURGERY NEUROLOGICAL**  
**MARSHALL, LAWRENCE**

Provider ID: 244149

Board Certified Specialty: No

9350 CAMPUS POINT DR  
LA JOLLA, CA 92037


Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1750306171

 Provider English Spoken: Y

 Provider Language(s)

Spoken: German, Spanish


Cultural Competency: N


Medi-Cal Open Panel: Y


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### **SURGERY NEUROLOGICAL**

#### **MURTHY, NIKHIL**

Provider ID: 299995

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1710371273

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

### **SURGERY NEUROLOGICAL**


#### **MURTHY, NIKHIL**

Provider ID: 299994

Board Certified Specialty: No

 9300 CAMPUS POINT DR

LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1710371273

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


### **SURGERY NEUROLOGICAL**


#### **OSORIO, JOSEPH**

Provider ID: 242005

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1437416591

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL

CTR


Medi-Cal Open Panel: Y

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: 242006

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1437416591

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### **SURGERY NEUROLOGICAL**


#### **PHAM, MARTIN**

Provider ID: 244159

Board Certified Specialty: No

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1609130921

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Y


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### SURGERY NEUROLOGICAL


#### U, HOI

Provider ID: 244133

Board Certified Specialty: Yes

 9350 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1164468146

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### SURGERY ORTHOPEDIC


#### ANDRY, JAMES

Provider ID: 302085

Board Certified Specialty: No

 9834 GENESEE AVE STE  
228

LA JOLLA, CA 92037


 Phone: (858) 824-1703

Fax: (858) 455-6473

 After Hours Phone: (858)  
824-1703

Provider Gender: Male

NPI: 1679726103

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

SHARP CORONADO HOSP

AND HEALTHCARE CTR, Sharp

Grossmont Hospital, SHARP


MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


### SURGERY ORTHOPEDIC

#### BLAIS, MICAH

Provider ID: 299944

Board Certified Specialty: No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1972867562

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS

GREEN HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


### SURGERY ORTHOPEDIC

#### BLAIS, MICAH

Provider ID: 299945

Board Certified Specialty: No

 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1972867562

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS

GREEN HOSPITAL, SCRIPPS


MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

### SURGERY ORTHOPEDIC

#### BUKATA, SUSAN

Provider ID: 277947  
 Board Certified Specialty: No  
 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781

After Hours Phone: (800)  
 926-8273

Provider Gender: Female

NPI: 1932140639

Provider English Spoken: Y  
 Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
 PROVIDER

Hours: M-F  
 8:00AM-5:00PM

Website: N/A

### **SURGERY ORTHOPEDIC**

#### **CHIARAPPA, FRANK**

Provider ID: 244460

Board Certified Specialty: No

9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093

Phone: (800) 926-8273

After Hours Phone: (800)  
 926-8273

Provider Gender: Male

NPI: 1932536828

Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
 CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
 PROVIDER

Hours: M-F  
 8:00AM-5:00PM

Website: N/A

### **SURGERY ORTHOPEDIC**

#### **CHOI, JIHOON**

Provider ID: 284787

Board Certified Specialty: No

9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
 926-8273

Provider Gender: Male

NPI: 1285097741

Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
 CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
 PROVIDER

Website: N/A

### **SURGERY ORTHOPEDIC**

#### **CHOI, JIHOON**

Provider ID: 284786

Board Certified Specialty: No

9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093

Phone: (800) 926-8273

Fax: (888) 539-8181

After Hours Phone: (800)

926-8273

Provider Gender: Male

NPI: 1285097741

Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
 CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
 PROVIDER

Hours: M-F  
 8:00AM-5:00PM

Website: N/A

### **SURGERY ORTHOPEDIC**

#### **FLINT, JAMES**

Provider ID: 203177

Board Certified Specialty: No

9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093

Phone: (800) 926-8273

After Hours Phone: (800)  
 926-8273

Provider Gender: Male

NPI: 1629239140

Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
 CTR



Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):









N

Accessibility: CONTACT

**PROVIDER**  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**SURGERY ORTHOPEDIC**







**GOEB, YANNICK**

Provider ID: 284792  
 Board Certified Specialty: No  
 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1730542747  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: German, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**SURGERY ORTHOPEDIC**

**GOEB, YANNICK**



Provider ID: 284793  
 Board Certified Specialty: No  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781

 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1730542747  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: German, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**SURGERY ORTHOPEDIC**








**KUSNEZOV, NICHOLAS**

Provider ID: 303194  
 Board Certified Specialty: No  
 9834 GENESEE AVE STE  
 228  
 LA JOLLA, CA 92037  
 Phone: (858) 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  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A


**SURGERY ORTHOPEDIC**

**MCKNIGHT, BRADEN**

Provider ID: 303714  
 Board Certified Specialty: No  
 9834 GENESEE AVE STE  
 228  
 LA JOLLA, CA 92037  
 Phone: (858) 824-1703  
 Fax: (858) 455-6473  
 After Hours Phone: (858)  
 824-1703  
 Provider Gender: Male  
 NPI: 1366983587  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL, SHARP  
 MEMORIAL HOSPITAL, SHARP  
 CORONADO HOSP AND  
 HEALTHCARE CTR, PARADISE  
 VALLEY HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**SURGERY ORTHOPEDIC**

**PALLIA, CHRISTOPHER**

Provider ID: 302103  
 Board Certified Specialty: No  
 9834 GENESEE AVE STE  
 228  
 LA JOLLA, CA 92037



☎ Phone: (858) 455-9942  
 Fax: (858) 455-6473  
 📞 After Hours Phone: (858) 455-9942  
 Provider Gender: Male  
 NPI: 1497751457  
 🗣 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 CORONADO HOSP AND  
 HEALTHCARE CTR, SCRIPPS  
 MEMORIAL HOSPITAL, SHARP  
 MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT  
 PROVIDER  
 🕒 Hours: M-F  
 8:00AM-5:00PM  
 🌐 Website: N/A

**SURGERY ORTHOPEDIC**

**SULLIVAN, THOMAS**

Provider ID: 285246  
 Board Certified Specialty: No  
 📍 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 ☎ Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 📞 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1437565488  
 🗣 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT  
 PROVIDER  
 🕒 Hours: M-F  
 8:00AM-5:00PM  
 🌐 Website: N/A

**SURGERY ORTHOPEDIC**

**SULLIVAN, THOMAS**

Provider ID: 285245  
 Board Certified Specialty: No  
 📍 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093  
 ☎ Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 📞 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1437565488  
 🗣 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT  
 PROVIDER  
 🕒 Hours: M-F  
 8:00AM-5:00PM  
 🌐 Website: N/A

**SURGERY ORTHOPEDIC**

**TAYLOR, MARIO**

Provider ID: 299908  
 Board Certified Specialty: No  
 📍 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: 1407380512  
 🗣 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT  
 PROVIDER  
 🕒 Hours: M-F  
 8:00AM-5:00PM  
 🌐 Website: N/A

**SURGERY ORTHOPEDIC**

**TAYLOR, MARIO**

Provider ID: 299908

Board Certified Specialty: No  
 📍 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 ☎ Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 📞 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1407380512  
 🗣 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT  
 PROVIDER  
 🌐 Website: N/A

**SURGERY ORTHOPEDIC**

**TAYLOR, MARIO**

Provider ID: 299910  
 Board Certified Specialty: No  
 📍 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093  
 ☎ Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 📞 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1407380512  
 🗣 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT  
 PROVIDER  
 🌐 Website: N/A

**SURGERY PLASTIC**

**HINCHCLIFF, KATHARINE**

Provider ID: 277289

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1346674561

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**SURGERY PLASTIC**

**REID, CHRISTOPHER**

Provider ID: 224796

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1982964276

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**SURGERY THORACIC**

**KEARNS, MARK**

Provider ID: 274296

Board Certified Specialty: No

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (858) 657-8817

Fax: (888) 539-8781

After Hours Phone: (858)  
657-8817

Provider Gender: Male

NPI: 1033683719

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: CEDARS  
SINAI MEDICAL CENTER,  
UCSD LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**SURGERY THORACIC**

**KEARNS, MARK**

Provider ID: 274297

Board Certified Specialty: No

9434 MEDICAL CENTER DR  
FL 1

LA JOLLA, CA 92037

Phone: (858) 647-8817

Fax: (858) 853-9878

After Hours Phone: (858)  
647-8817

Provider Gender: Male

NPI: 1033683719

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: CEDARS  
SINAI MEDICAL CENTER,  
UCSD LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**SURGERY THORACIC**

**RAMIREZ, ALFREDO**

Provider ID: 256390

Board Certified Specialty: No

9434 MEDICAL CENTER DR  
FL 1

LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1003829417

Provider English Spoken: Y  
Cultural Competency: N


*Hospital Affiliation:*  
UNIVERSITY HSP OF SAN  
DIEGO CO, UCSD MEDICAL  
CTR, UCSD LA JOLLA JOHN  
SALLY THORNTON


*Medi-Cal Open Panel:* Y


*Min/Max Age:* 0\999

*American Sign Language (ASL):*

N

 *Accessibility:* CONTACT  
PROVIDER

 *Hours:* M-F  
8:00AM-5:00PM

 *Website:* N/A


### **SURGERY THORACIC**

#### **ZANDER, ASHLEY**


*Provider ID:* 291383

*Board Certified Specialty:* No

 9434 MEDICAL CENTER DR  
LA JOLLA, CA 92037

 *Phone:* (800) 926-8273

*Fax:* (888) 539-8781

 *After Hours Phone:* (800)  
926-8273

*Provider Gender:* Female

*NPI:* 1780940031

 *Provider English Spoken:* Y


*Cultural Competency:* N


*Medi-Cal Open Panel:* Y

*Min/Max Age:* 0\999

*American Sign Language (ASL):*

N

 *Accessibility:* CONTACT  
PROVIDER

 *Website:* N/A


### **SURGERY THORACIC**

#### **ZANDER, ASHLEY**

*Provider ID:* 291381

*Board Certified Specialty:* No

 9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

 *Phone:* (800) 926-8273

*Fax:* (888) 539-8781

 *After Hours Phone:* (800)  
926-8273

*Provider Gender:* Female

*NPI:* 1780940031

 *Provider English Spoken:* Y

*Cultural Competency:* N

*Medi-Cal Open Panel:* Y

*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:* Y

*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:* Y


*Min/Max Age:* 0\999

*American Sign Language (ASL):*

N

 *Accessibility:* CONTACT  
PROVIDER

 *Hours:* M-F  
8:00AM-5:00PM

 *Website:* N/A


### **UROLOGY**


#### **HSIEH, TUNG CHIN**

*Provider ID:* 294878

*Board Certified Specialty:* No


 9400 CAMPUS POINT DR  
LA JOLLA, CA 92093

 *Phone:* (858) 249-3534

 *After Hours Phone:* (858)  
249-3534

*Provider Gender:* Male

*NPI:* 1073758652

 *Provider English Spoken:* Y

*Cultural Competency:* N

*Hospital Affiliation:* UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

*Medi-Cal Open Panel:* Y

*Min/Max Age:* 0\999

American Sign Language (ASL): Provider English Spoken: Y  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**UROLOGY**

**KATZ, JONATHAN**

Provider ID: 299917  
 Board Certified Specialty: No  
 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1952756207

Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**UROLOGY**

**WANG, LUKE**

Provider ID: 299934  
 Board Certified Specialty: No  
 9400 CAMPUS POINT DR  
 LA JOLLA, CA 92093  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1033630173

Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**LA MESA**

**CARDIOLOGY**

**YELLEN, LAURENCE**

Provider ID: 269173  
 Board Certified Specialty: No  
 8851 CENTER DR STE 405  
 LA MESA, CA 91942  
 Phone: (619) 582-2404  
 Fax: (619) 582-2915  
 After Hours Phone: (619)  
 582-2404  
 Provider Gender: Male  
 NPI: 1477680551

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Farsi, Spanish  
 Cultural Competency: N  
 Hospital Affiliation:  
 GROSSMONT HOSPITAL,  
 ALVARADO HOSPITAL LLC,  
 USC Arcadia Hospital  
 Medi-Cal Open Panel: Y  
 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**

**KOTHA, PURUSHOTHAM**

Provider ID: 32053  
 Board Certified Specialty: Yes  
 8860 CENTER DR STE 400  
 LA MESA, CA 91942  
 Phone: (619) 229-1995  
 Fax: (619) 229-1109  
 After Hours Phone: (619)  
 229-1995

Provider Gender: Male  
 NPI: 1093730814

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Hindi, Spanish,  
 Telugu

Cultural Competency: N  
 Hospital Affiliation: ALVARADO  
 HOSPITAL LLC, GROSSMONT  
 HOSPITAL

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N



Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 9:00AM-5:00PM  
 Website: N/A

**CARDIOVASCULAR DISEASE**

**REDDY, REDDIWANDLA**

Provider ID: 265393  
 Board Certified Specialty: No  
 5565 GROSSMONT  
 CENTER DR STE 202  
 LA MESA, CA 91942  
 Phone: (619) 461-6130  
 Fax: (619) 461-3108  
 After Hours Phone: (619)  
 461-6130  
 Provider Gender: Male

NPI: 1710996384

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Kannada, Spanish,  
 Telugu

Cultural Competency: N

Hospital Affiliation:


GROSSMONT HOSPITAL,  
 ALVARADO HOSPITAL LLC


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:30AM-5:00PM

 Website: N/A


### CARDIOVASCULAR DISEASE

#### **SHEREV, DIMITRI**

Provider ID: 290704

Board Certified Specialty: Yes

 8851 CENTER DR STE 304  
 LA MESA, CA 91942



 Phone: (619) 867-0557

Fax: (619) 867-0558

 After Hours Phone: (619)  
 867-0557

Provider Gender: Male

NPI: 1154323996

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Bulgarian, Russian,  
 Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,  
 GROSSMONT HOSPITAL,  
 ALVARADO COMMUNITY  
 HOSPITAL, SHARP MEMORIAL  
 HOSPITAL, SCRIPPS


MEMORIAL HOSPITAL,  
 ALVARADO HOSPITAL LLC,  
 SHARP CHULA VISTA MED  
 CTR, SHARP CHULA VISTA  
 MED CTR, TRI CITY MEDICAL  
 CTR, SCRIPPS MERCY  
 HOSPITAL CHULA VISTA, Sharp  
 Grossmont Hospital

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:30AM-5:00PM

 Website: N/A

### CERTIFIED NURSE


#### PRACTITIONER

#### **LANE, KIMBERLY**

Provider ID: 295955

Board Certified Specialty: No

 8851 CENTER DR STE 501  
 LA MESA, CA 91942


 Phone: (619) 697-2456

Fax: (858) 429-7930

 After Hours Phone: (619)  
 697-2456


Provider Gender: Female

NPI: 1457670119

 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max 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: 217692

Board Certified Specialty: No

 8881 FLETCHER PKWY STE  
 200


LA MESA, CA 91942

 Phone: (619) 464-6434

 After Hours Phone: (619)  
 464-6434


Provider Gender: Female


NPI: 1558854000

 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 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

 8881 FLETCHER PKWY STE  
 205

LA MESA, CA 91942

 Phone: (619) 464-6434

 After Hours Phone: (619)  
 464-6434

Provider Gender: Female

NPI: 1558854000

 Provider English Spoken: Y  
 Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


**EMERGENCY MEDICINE**

**BELLOMO, THOMAS**

Provider ID: 205600

Board Certified Specialty: No

 5565 GROSSMONT  
CENTER DR STE 2 STE 2  
LA MESA, CA 91942

 Phone: (619) 713-5375

Fax: (619) 713-5379

 After Hours Phone: (619)  
713-5375

Provider Gender: Male

NPI: 1700926698

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM


 Website: N/A


**EMERGENCY MEDICINE**

**LOVEJOY, AMY**

Provider ID: 206106

Board Certified Specialty: No

 5565 GROSSMONT  
CENTER DR STE 2 STE 2  
LA MESA, CA 91942

 Phone: (619) 713-5375

Fax: (619) 713-5379

 After Hours Phone: (619)  
713-5375

Provider Gender: Female

NPI: 1790856557

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, CHILDRENS HOSPITAL  
OF ORANGE COUNTY


Medi-Cal Open Panel: Y

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**

**QUINONES-PEREZ, BIANCA**

Provider ID: 206948

Board Certified Specialty: No

 5565 GROSSMONT  
CENTER DR STE 2 STE 2  
LA MESA, CA 91942

 Phone: (619) 713-5375

Fax: (619) 713-5379

 After Hours Phone: (619)  
713-5375

Provider Gender: Female

NPI: 1124360565

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Y


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

 Website: N/A


**HEARING AID DEALER /**


**SUPPLIER**

**ANDERSON, ELAINE**


Provider ID: 268693

Board Certified Specialty: No

 5565 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

 Phone: (619) 589-5414

Fax: (619) 589-7391

 After Hours Phone: (619)  
589-5414

Provider Gender: Female

NPI: 1063558856

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM  
 Website: N/A


**HEMATOLOGY / ONCOLOGY**

**BATRA, REEMA**

Provider ID: 58612

Board Certified Specialty: No

 5555 GROSSMONT  
 CENTER DR  
 LA MESA, CA 91942


 Phone: (619) 644-3030


Fax: (619) 644-3638

 After Hours Phone: (619)  
 644-3030

Provider Gender: Female

NPI: 1629286505

 Provider English Spoken: Y

 Provider Language(s)  
 Spoken: Hindi, Mandarin

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:30AM-5:00PM

 Website: N/A


**HEMATOLOGY / ONCOLOGY**

**BATRA, REEMA**

Provider ID: 295692

Board Certified Specialty: No

 5555 GROSSMONT  
 CENTER DR  
 LA MESA, CA 91942

 Phone: (619) 644-3030


Fax: (619) 644-3638


 After Hours Phone: (619)

644-3030

Provider Gender: Female

NPI: 1629286505

 Provider English Spoken: Y

 Provider Language(s)  
 Spoken: Hindi, Mandarin

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL


Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:30AM-5:00PM

 Website: N/A


**HEMATOLOGY / ONCOLOGY**

**MEDIC, IGOR**

Provider ID: 119509

Board Certified Specialty: No

 5555 GROSSMONT  
 CENTER DR  
 LA MESA, CA 91942


 Phone: (619) 644-3030


Fax: (619) 644-3638

 After Hours Phone: (619)  
 644-3030

Provider Gender: Male

NPI: 1154618593

 Provider English Spoken: Y

 Provider Language(s)  
 Spoken: Arabic, Serbian,  
 Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,


Sharp Grossmont Hospital

Medi-Cal Open Panel: Y

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**

**MEDIC, IGOR**

Provider ID: 295654

Board Certified Specialty: No

 5555 GROSSMONT  
 CENTER DR  
 LA MESA, CA 91942


 Phone: (619) 644-3030


Fax: (619) 644-3638

 After Hours Phone: (619)  
 644-3030

Provider Gender: Male

NPI: 1154618593

 Provider English Spoken: Y

 Provider Language(s)  
 Spoken: Arabic, Serbian,  
 Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,

Sharp Grossmont Hospital


Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:30AM-5:00PM

 Website: N/A

**HEMATOLOGY / ONCOLOGY**

**ZU, KAI**

Provider ID: 295711

Board Certified Specialty: No

5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

Phone: (619) 644-3030

Fax: (619) 644-3638

After Hours Phone: (619)  
644-3030

Provider Gender: Male

NPI: 1164583639

Provider English Spoken: Y

Provider Language(s)  
Spoken: Chinese, Mandarin,  
Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:00PM

Website: N/A

### HEMATOLOGY / ONCOLOGY

#### **ZU, KAI**

Provider ID: 43199

Board Certified Specialty: No

5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

Phone: (619) 644-3030

Fax: (619) 644-3638

After Hours Phone: (619)  
644-3030

Provider Gender: Male

NPI: 1164583639

Provider English Spoken: Y

Provider Language(s)

Spoken: Chinese, Mandarin,  
Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:00PM

Website: N/A

### INTERVENTIONAL

#### CARDIOLOGY

#### **TAGHIZADEH, BEHZAD**

Provider ID: 269161

Board Certified Specialty: No

8851 CENTER DR STE 405  
LA MESA, CA 91942

Phone: (619) 582-2404

Fax: (619) 582-2915

After Hours Phone: (619)  
582-2404

Provider Gender: Male

NPI: 1275514986

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
ALVARADO HOSPITAL LLC

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### MATERNAL AND FETAL MEDICINE

#### **ADAMI, REBECCA**

Provider ID: 272676

Board Certified Specialty: No

5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

Phone: (858) 966-6710

Fax: (858) 966-6711

After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1992149447

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SHARP MEMORIAL  
HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### MATERNAL AND FETAL MEDICINE

#### **MCCULLOUGH, DEIRDRE**

Provider ID: 244873

Board Certified Specialty: No

5555 GROSSMONT  
CENTER DR  
LA MESA, CA 91942

Phone: (858) 966-6710



Fax: (858) 966-6711  
 ☎ After Hours Phone: (858) 966-6710  
 Provider Gender: Female  
 NPI: 1639153018  
 ☑ Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, Sharp Grossmont Hospital, SHARP MEMORIAL HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y  
 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: 296997  
 Board Certified Specialty: No  
 📍 8851 CENTER DR STE 201 LA MESA, CA 91942  
 ☎ Phone: (858) 966-6710  
 Fax: (858) 966-6711  
 ☎ After Hours Phone: (858) 966-6710  
 Provider Gender: Female  
 NPI: 1124413026  
 ☑ Provider English Spoken: Y  
 ☑ Provider Language(s) Spoken: Hungarian, Spanish  
 Cultural Competency: N

Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER  
 🕒 Hours: M-F 8:00AM-5:00PM  
 🌐 Website: N/A

**MATERNAL AND FETAL MEDICINE**

**REIMERS, REBECCA**

Provider ID: 294656  
 Board Certified Specialty: No  
 📍 8851 CENTER DR STE 201 LA MESA, CA 91942  
 ☎ Phone: (858) 966-6710  
 Fax: (858) 966-6711  
 ☎ After Hours Phone: (858) 966-6710  
 Provider Gender: Female  
 NPI: 1801207634  
 ☑ Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER  
 🕒 Hours: M-F 8:00AM-5:00PM

🌐 Website: N/A

**MATERNAL AND FETAL MEDICINE**

**REIMERS, REBECCA**

Provider ID: 294654  
 Board Certified Specialty: No  
 📍 5555 GROSSMONT CENTER DR LA MESA, CA 91942  
 ☎ Phone: (858) 966-6710  
 Fax: (858) 966-6711  
 ☎ After Hours Phone: (858) 966-6710

Provider Gender: Female  
 NPI: 1801207634

☑ Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8:00AM-5:00PM

🌐 Website: N/A

**MATERNAL AND FETAL MEDICINE**

**RICHARDSON, ALVIE**

Provider ID: 277317  
 Board Certified Specialty: No  
 📍 5555 GROSSMONT CENTER DR LA MESA, CA 91942  
 ☎ Phone: (858) 966-6710  
 Fax: (858) 966-6711  
 ☎ After Hours Phone: (858)

966-6710  
 Provider Gender: Male  
 NPI: 1154305977  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 MEMORIAL HOSPITAL, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, Sharp Grossmont  
 Hospital  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**MATERNAL AND FETAL  
 MEDICINE**

**SCHWENDEMANN, WADE**  
 Provider ID: 277305  
 Board Certified Specialty: No  
 5555 GROSSMONT  
 CENTER DR  
 LA MESA, CA 91942  
 Phone: (858) 966-6710  
 Fax: (858) 966-6711  
 After Hours Phone: (858)  
 966-6710  
 Provider Gender: Male  
 NPI: 1477563302  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, SCRIPPS MEMORIAL  
 HOSPITAL, GROSSMONT  
 HOSPITAL, SHARP MEMORIAL

HOSPITAL, SHARP MARY  
 BIRCH HOSP FOR WOMEN  
 AND NEWBORNS, TRI CITY  
 MEDICAL CTR, Sharp  
 Grossmont Hospital, Sharp  
 Grossmont Hospital  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**MATERNAL AND FETAL  
 MEDICINE**

**WILLIAMS, KRISTIN**  
 Provider ID: 277384  
 Board Certified Specialty: No  
 5555 GROSSMONT  
 CENTER DR  
 LA MESA, CA 91942  
 Phone: (858) 966-6710  
 Fax: (858) 966-6711  
 After Hours Phone: (858)  
 966-6710  
 Provider Gender: Female  
 NPI: 1992847131  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: Stanford  
 Health Care, LUCILE SALTER  
 PACKARD CHILDRENS HOSP,  
 SAN MATEO MEDICAL CTR,  
 SHARP MEMORIAL HOSPITAL,  
 SHARP MARY BIRCH HOSP  
 FOR WOMEN AND  
 NEWBORNS, TRI CITY  
 MEDICAL CTR, CALIFORNIA

PACIFIC MED CTR,  
 CALIFORNIA PACIFIC MED  
 CTR, RADY CHILDRENS  
 HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**NEPHROLOGY**

**LEININGER, DANIEL**  
 Provider ID: 293480  
 Board Certified Specialty: No  
 8851 CENTER DR STE 505  
 LA MESA, CA 91942  
 Phone: (619) 461-3880  
 Fax: (619) 461-3895  
 After Hours Phone: (619)  
 461-3880  
 Provider Gender: Male  
 NPI: 1164956264  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: Sharp  
 Grossmont Hospital,  
 GROSSMONT HOSPITAL,  
 ALVARADO HOSPITAL LLC,  
 ALVARADO COMMUNITY  
 HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F

9:00AM-5:00PM  
 Website: N/A


**NEPHROLOGY**

**LEININGER, DANIEL**


Provider ID: 295640

Board Certified Specialty: No

 8851 CENTER DR STE 505  
 LA MESA, CA 91942


 Phone: (619) 461-3880

Fax: (619) 461-3895

 After Hours Phone: (619)  
 461-3880

Provider Gender: Male

NPI: 1164956264

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: Sharp


Grossmont Hospital,  
 GROSSMONT HOSPITAL,  
 ALVARADO HOSPITAL LLC,  
 ALVARADO COMMUNITY  
 HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

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, Pushto,  
 Spanish

Cultural Competency: N

Hospital Affiliation:


GROSSMONT HOSPITAL,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA, SCRIPPS MERCY  
 HOSPITAL, SHARP CHULA  
 VISTA MED CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:00AM-5:00PM


 Website: N/A


**OPHTHALMOLOGY**

**CHIU, STEPHAN**

Provider ID: 297585

Board Certified Specialty: No

 5565 GROSSMONT  
 CENTER DR STE 551  
 LA MESA, CA 91942

 Phone: (619) 465-2020

Fax: (619) 698-1189

 After Hours Phone: (619)  
 465-2020

Provider Gender: Male

NPI: 1053846956

 Provider English Spoken: Y

 Provider Language(s)  
 Spoken: Mandarin, Spanish

Cultural Competency: N


Hospital Affiliation: RONALD  
 REAGAN UCLA MED CTR,  
 SANTA MONICA UCLA MED  
 CTR, SCRIPPS MEMORIAL  
 HOSPITAL


Medi-Cal Open Panel: Y

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: 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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-TH  
 8:30AM-4:00PM

 F 8:00AM-0:00PM  
 Website: N/A

**OPHTHALMOLOGY**


**HAIGHT, BRUCE**

Provider ID: 269112

Board Certified Specialty: No

 5565 GROSSMONT  
 CENTER DR BLDG 3 STE  
 551

LA MESA, CA 91942

 Phone: (800) 898-2020

Fax: (844) 897-3788

 After Hours Phone: (800)  
 898-2020

Provider Gender: Male

NPI: 1427029628

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation:


GROSSMONT HOSPITAL


Medi-Cal Open Panel: Y

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: 288660

Board Certified Specialty: No

 7339 EL CAJON BLVD STE J  
 AND K

LA MESA, CA 91942

 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619)  
 722-8460

Provider Gender: Male

NPI: 1427029628

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL

Medi-Cal Open Panel: Y

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: 297578

Board Certified Specialty: No

 7339 EL CAJON BLVD STE J  
 AND K

LA MESA, CA 91942



 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619)  
 722-8460

Provider Gender: Male

NPI: 1851349195

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, TRI

CITY MEDICAL CTR, RADY

CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS MERCY

HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F

8:00AM-4:30PM

 Website: N/A

**OPHTHALMOLOGY**


**HUDSON, HENRY**

Provider ID: 297577

Board Certified Specialty: Yes

 5565 GROSSMONT  
 CENTER DR STE 551

LA MESA, CA 91942

 Phone: (619) 465-2020

Fax: (619) 698-1189

 After Hours Phone: (619)  
 465-2020

Provider Gender: Male

NPI: 1851349195

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, TRI

CITY MEDICAL CTR, RADY

CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS MERCY

HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F

8:00AM-4:30PM


 Website: N/A


**OPTOMETRIST**

**AOTO, KIM**


Provider ID: 288652

Board Certified Specialty: No

 7339 EL CAJON BLVD STE J AND K  
LA MESA, CA 91942


 Phone: (619) 722-8460

Fax: (619) 722-8465

 After Hours Phone: (619) 722-8460

Provider Gender: Female

NPI: 1780935650

 Provider English Spoken: Y


 Provider Language(s) Spoken: Vietnamese


Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


**OTOLARYNGOLOGY**

**MOSHTAGHI, OMID**

Provider ID: 302380

Board Certified Specialty: No

 5565 GROSSMONT CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942

 Phone: (619) 464-3353

Fax: (619) 464-6720

 After Hours Phone: (619) 464-3353

Provider Gender: Male

NPI: 1730675927

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, Sharp


Grossmont Hospital


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


**OTOLARYNGOLOGY**

**SAEZ, NEIL**

Provider ID: 302431

Board Certified Specialty: No

 5565 GROSSMONT CENTER DR BLDG 3 STE 101  
LA MESA, CA 91942

 Phone: (619) 464-3353

Fax: (619) 464-6720

 After Hours Phone: (619) 464-3353

Provider Gender: Male

NPI: 1518456508

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: SHARP  
CHULA VISTA MED CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


**PEDIATRIC EMERGENCY MEDICINE**

**BETTY, MARYANN**

Provider ID: 245753

Board Certified Specialty: No

 5565 GROSSMONT CENTER DR STE 2  
LA MESA, CA 91942

 Phone: (619) 713-5375

Fax: (619) 713-5379

 After Hours Phone: (619) 713-5375

Provider Gender: Female

NPI: 1285014498

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


**PEDIATRIC EMERGENCY MEDICINE**

**GROSS, MATTHEW**

Provider ID: 297177

Board Certified Specialty: No

 5565 GROSSMONT CENTER DR STE 2 STE 2  
LA MESA, CA 91942

 Phone: (619) 713-5375

Fax: (619) 713-5379

 After Hours Phone: (619)

713-5375  
 Provider Gender: Male  
 NPI: 1942223664  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: SU 1:00PM-10:00PM  
 M-F 4:00PM-10:00PM  
 SA 1:00PM-10:00PM  
 Website: N/A

**PEDIATRIC EMERGENCY  
 MEDICINE**

**JOSHI, WEENA**  
 Provider ID: 262233  
 Board Certified Specialty: No  
 5565 GROSSMONT  
 CENTER DR STE 2 STE 2  
 LA MESA, CA 91942  
 Phone: (619) 713-5375  
 Fax: (619) 713-5379  
 After Hours Phone: (619)  
 713-5375  
 Provider Gender: Female  
 NPI: 1376862177  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, PALOMAR HEALTH  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**PEDIATRIC EMERGENCY  
 MEDICINE**

**MINKA, GENEVIEVE**  
 Provider ID: 205335  
 Board Certified Specialty: No  
 5565 GROSSMONT  
 CENTER DR STE 2  
 LA MESA, CA 91942  
 Phone: (619) 713-5375  
 Fax: (619) 713-5379  
 After Hours Phone: (619)  
 713-5375  
 Provider Gender: Female  
 NPI: 1689646689

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: French  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, SCRIPPS MERCY  
 HOSPITAL CHULA VISTA  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: SU 1:00PM-10:00PM  
 M-F 4:00PM-10:00PM  
 SA 1:00PM-10:00PM  
 Website: N/A

**PEDIATRIC EMERGENCY  
 MEDICINE**

**OZAKI, YOSHIHIRO**  
 Provider ID: 241925  
 Board Certified Specialty: No  
 5565 GROSSMONT  
 CENTER DR STE 2  
 LA MESA, CA 91942  
 Phone: (619) 713-5375  
 Fax: (619) 713-5379  
 After Hours Phone: (619)  
 713-5375  
 Provider Gender: Male  
 NPI: 1467898239

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Japanese  
 Cultural Competency: N  
 Hospital Affiliation: VALLEY  
 CHILDRENS HOSPITAL, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO

Medi-Cal Open Panel: Y  
 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: 1477626513  
 □ Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: GLENDALE  
 ADVENTIST MED CTR,  
 GLENDALE MEMORIAL HOSP  
 AND HEALTH CTR, TRI CITY  
 MEDICAL CTR, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, VALLEY CHILDRENS  
 HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT  
 PROVIDER  
 ⌚ Hours: M-F  
 8:00AM-5:00PM  
 🌐 Website: N/A

**PEDIATRIC EMERGENCY**

**MEDICINE**

**VARGAS, JACLYN**

Provider ID: 285936  
 Board Certified Specialty: No  
 📍 5555 GROSSMONT  
 CENTER DR  
 LA MESA, CA 91942  
 📞 Phone: (858) 966-6710  
 Fax: (858) 966-6711  
 ⌚ After Hours Phone: (858)  
 966-6710  
 Provider Gender: Female  
 NPI: 1619359718  
 □ Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, Los Angeles General

Medical Center  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT  
 PROVIDER  
 ⌚ Hours: M-F  
 8:00AM-5:00PM  
 🌐 Website: N/A

**PEDIATRIC EMERGENCY**

**MEDICINE**

**WANG, EMILY**

Provider ID: 265955  
 Board Certified Specialty: No  
 📍 5565 GROSSMONT  
 CENTER DR STE 2 BLDG 2  
 LA MESA, CA 91942  
 📞 Phone: (619) 713-5375  
 Fax: (619) 713-5379  
 ⌚ After Hours Phone: (619)  
 713-5375  
 Provider Gender: Female  
 NPI: 1427142363  
 □ Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 MEMORIAL HOSPITAL,  
 SCRIPPS MEMORIAL  
 HOSPITAL ENCINITAS, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, SCRIPPS MEMORIAL  
 HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT  
 PROVIDER  
 ⌚ Hours: M-F

8:00AM-5:00PM  
 🌐 Website: N/A

**PEDIATRICS**

**CLAY, CORRIE**

Provider ID: 278807  
 Board Certified Specialty: No  
 📍 8881 FLETCHER PKWY STE  
 200  
 LA MESA, CA 91942  
 📞 Phone: (619) 464-6434  
 Fax: (619) 464-5109  
 ⌚ After Hours Phone: (619)  
 464-6434  
 Provider Gender: Female  
 NPI: 1437207750  
 □ Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, GROSSMONT  
 HOSPITAL, SHARP MARY  
 BIRCH HOSP FOR WOMEN  
 AND NEWBORNS  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\18  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT  
 PROVIDER  
 ⌚ Hours: M-F  
 8:00AM-6:00PM  
 SA 11:30AM-3:30PM  
 🌐 Website: N/A

**PHYSICIANS ASSISTANT**

**DOUGHERTY, CLARA**

Provider ID: 301590  
 Board Certified Specialty: No  
 📍 8851 CENTER DR STE 501  
 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: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8:00AM-5:00PM

🌐 Website: N/A

**PHYSICIANS ASSISTANT**

**ELO, KRISTIN**

Provider ID: 295736

Board Certified Specialty: No

📍 5555 GROSSMONT CENTER DR

LA MESA, CA 91942

☎ Phone: (619) 644-3030

Fax: (619) 644-3083

☎ After Hours Phone: (619) 644-3030

Provider Gender: Female

NPI: 1164664306

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: Sharp

Grossmont Hospital,

GROSSMONT HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8:30AM-5:00PM

🌐 Website: N/A

**PHYSICIANS ASSISTANT**

**ELO, KRISTIN**

Provider ID: 241862

Board Certified Specialty: No

📍 5555 GROSSMONT CENTER DR

LA MESA, CA 91942

☎ Phone: (619) 644-3030

Fax: (619) 644-3083

☎ After Hours Phone: (619) 644-3030

Provider Gender: Female

NPI: 1164664306

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: Sharp

Grossmont Hospital,

GROSSMONT HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 18\150

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8:30AM-5:00PM

🌐 Website: N/A

**PHYSICIANS ASSISTANT**

**RAYMOND, ALAIN**

Provider ID: 269057

Board Certified Specialty: No

📍 8851 CENTER DR STE 505

LA MESA, CA 91942

☎ Phone: (619) 461-3880

Fax: (619) 461-3895

☎ After Hours Phone: (619) 461-3880

Provider Gender: Male

NPI: 1164729125

☑ Provider English Spoken: Y

☑ Provider Language(s) Spoken: French

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

**PHYSICIANS ASSISTANT**

**VAWTER, ERIN**

Provider ID: 295755

Board Certified Specialty: No

📍 5555 GROSSMONT CENTER DR

LA MESA, CA 91942

☎ Phone: (619) 644-3030

Fax: (619) 644-3638

☎ After Hours Phone: (619) 644-3030

Provider Gender: Female

NPI: 1376988691

☑ Provider English Spoken: Y

☑ Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: Sharp

Grossmont Hospital




Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N





 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:30AM-5:00PM*  
 *Website: N/A*

**PHYSICIANS ASSISTANT**

**WHITE, KYLE**

*Provider ID: 302382*  
*Board Certified Specialty: No*

 5565 GROSSMONT CENTER DR BLDG 3 STE 101 LA MESA, CA 91942

 *Phone: (619) 464-3353*

*Fax: (619) 464-7509*

 *After Hours Phone: (619) 464-3353*

*Provider Gender: Male*


*NPI: 1922768860*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F*

*8:00AM-5:00PM*

 *Website: N/A*


**RADIATION ONCOLOGY**

**CARMONA, RUBEN**

*Provider ID: 303099*

*Board Certified Specialty: No*

 5555 GROSSMONT CENTER DR LA MESA, CA 91942

 *Phone: (619) 740-4500*

*Fax: (619) 740-8499*

 *After Hours Phone: (619) 740-4500*

*Provider Gender: Male*

*NPI: 1275929242*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: SHARP CHULA VISTA MED CTR, Sharp*


*Grossmont Hospital, SHARP*

*MEMORIAL HOSPITAL*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F*

*8:00AM-5:00PM*

 *Website: N/A*


**RADIATION ONCOLOGY**

**COLEMAN, LORI**

*Provider ID: 221089*

*Board Certified Specialty: No*

 5555 GROSSMONT CENTER DR LA MESA, CA 91942


 *Phone: (619) 740-4500*

*Fax: (619) 740-8499*

 *After Hours Phone: (619) 740-4500*

*Provider Gender: Female*

*NPI: 1053348920*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SHARP*

*CHULA VISTA MED CTR, SHARP MEMORIAL HOSPITAL,*

*GROSSMONT HOSPITAL,*

*PALOMAR MEDICAL CENTER,*

*Sharp Grossmont Hospital*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 19\100*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F*

*8:00AM-5:00PM*

 *Website: N/A*


**RADIATION ONCOLOGY**

**VOLPP, PAUL**

*Provider ID: 221104*

*Board Certified Specialty: No*

 5555 GROSSMONT CENTER DR LA MESA, CA 91942


 *Phone: (619) 740-4500*

*Fax: (619) 740-8499*

 *After Hours Phone: (619) 740-4500*

*Provider Gender: Male*

*NPI: 1225186232*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SHARP*

*MEMORIAL HOSPITAL, SHARP*

*CHULA VISTA MED CTR,*

*GROSSMONT HOSPITAL,*

*PALOMAR MEDICAL CENTER*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 19\100*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F*

*8:00AM-5:00PM*

 *Website: N/A*

**RADIATION ONCOLOGY**

**WEINSTEIN, GEOFFREY**

Provider ID: 220040

Board Certified Specialty: No

5555 GROSSMONT CENTER DR  
LA MESA, CA 91942

Phone: (619) 740-4500

Fax: (619) 740-8499

After Hours Phone: (619) 740-4500

Provider Gender: Male

NPI: 1841233947

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,  
SHARP MEMORIAL HOSPITAL,  
SHARP CHULA VISTA MED CTR

Medi-Cal Open Panel: Y

Min/Max Age: 19\100

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**RADIOLOGY DIAGNOSTIC**

**MOORE, BRIAN**

Provider ID: 243960

Board Certified Specialty: No

8860 CENTER DR STE 100  
LA MESA, CA 91942

Phone: (619) 460-2770

Fax: (619) 460-2774

After Hours Phone: (619) 460-2770

Provider Gender: Male

NPI: 1831144005

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL  
Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Hours: M-F  
7:00AM-5:00PM

Website: N/A

**RADIOLOGY DIAGNOSTIC**

**MOORE, BRIAN**

Provider ID: 243959

Board Certified Specialty: No

8881 FLETCHER PKWY STE 102  
LA MESA, CA 91942

Phone: (619) 460-2770

Fax: (619) 460-2774

After Hours Phone: (619) 460-2770

Provider Gender: Male

NPI: 1831144005

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL  
Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Hours: M-F  
7:00AM-5:00PM

Website: N/A

**RADIOLOGY DIAGNOSTIC**

**VENKATESH, VIJAY**

Provider ID: 269659

Board Certified Specialty: No

8860 CENTER DR STE 100  
LA MESA, CA 91942

Phone: (619) 460-2770

Fax: (619) 460-2774

After Hours Phone: (619) 460-2770

Provider Gender: Male

NPI: 1689627085

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL  
Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**RADIOLOGY DIAGNOSTIC**

**VENKATESH, VIJAY**

Provider ID: 269660

Board Certified Specialty: No

8881 FLETCHER PKWY STE 102  
LA MESA, CA 91942

Phone: (619) 460-2770

Fax: (619) 460-2774

After Hours Phone: (619) 460-2770

Provider Gender: Male

NPI: 1689627085

Provider English Spoken: Y  
Cultural Competency: N



Hospital Affiliation:

**GROSSMONT HOSPITAL**  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**RHEUMATOLOGY**

**KOTHA, ROSHAN**

Provider ID: 63454  
 Board Certified Specialty: 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: Female  
 NPI: 1417117839  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Hindi, Spanish,  
 Telugu


Cultural Competency: N  
 Hospital Affiliation:  
 GROSSMONT HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:30AM-5:00PM  
 Website: N/A

**SURGERY ORTHOPEDIC**

**BALLARD, BROOKE**

Provider ID: 262205  
 Board Certified Specialty: No  
 8860 CENTER DR STE 350  
 LA MESA, CA 91942  
 Phone: (619) 286-9480  
 Fax: (619) 286-4568  
 After Hours Phone: (619)  
 286-9480  
 Provider Gender: Female  
 NPI: 1841447950

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: French, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: ALVARADO  
 HOSPITAL LLC, SHARP  
 CORONADO HOSP AND  
 HEALTHCARE CTR, SHARP  
 MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 9:00AM-5:00PM  
 Website: N/A  
 Email:  
 tracy@alvaradoortho.com

**UROLOGY**

**SALMASI, AMIRALI**

Provider ID: 129643  
 Board Certified Specialty: No  
 8851 CENTER DR STE 501  
 LA MESA, CA 91942  
 Phone: (619) 697-2456  
 Fax: (858) 429-7930  
 After Hours Phone: (619)  
 697-2456  
 Provider Gender: Male





NPI: 1609187962  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Farsi  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON,  
 GROSSMONT HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A



**LAKE ELSINORE**









**CERTIFIED REGISTERED**

**NURSE MIDWIFE**

**ZAMORA-FLYR, MARIA**









Provider ID: 290645  
 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: 1194938647  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL  
 ENCINITAS  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999

American Sign Language (ASL): Board Certified Specialty: No  
 N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**OBSTETRICS / GYNECOLOGY**  
**FRANCIS, LARRY**  
 Provider ID: 290293  
 Board Certified Specialty: No  
 30195 FRASER DR  
 LAKE ELSINORE, CA 92530  
 Phone: (951) 252-2720  
 Fax: (760) 414-3892  
 After Hours Phone: (951) 252-2720  
 Provider Gender: Male  
 NPI: 1215008552  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SHARP MEMORIAL HOSPITAL, POMONA VALLEY HOSP MED CTR  
 Medi-Cal Open Panel: Y  
 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**







**FRANCIS, LARRY**

Provider ID: 290293  
 Board Certified Specialty: No  
 30195 FRASER DR  
 LAKE ELSINORE, CA 92530  
 Phone: (951) 252-2720  
 Fax: (760) 414-3892  
 After Hours Phone: (951) 252-2720  
 Provider Gender: Male  
 NPI: 1215008552  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SHARP MEMORIAL HOSPITAL, POMONA VALLEY HOSP MED CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 16\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**OPTOMETRIST**

**GEE, JENNIFER**

Provider ID: 290211

 30195 FRASER DR  
 LAKE ELSINORE, CA 92530  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Provider Gender: Female  
 NPI: 1336589332  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: COMMUNITY REGIONAL MEDICAL CENTER-FRESNO, CALIFORNIA PACIFIC MEDICAL CENTER - D P APH  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

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: Y  
 Min/Max Age: 0\999






American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER

 Website: N/A



**OPTOMETRIST**

**MORA, WENDY**

Provider ID: 290239  
 Board Certified Specialty: No  
 30195 FRASER DR  
 LAKE ELSINORE, CA 92530  
 Phone: (951) 252-2720  
 Fax: (760) 414-3892  
 After Hours Phone: (951) 252-2720  
 Provider Gender: Female  
 NPI: 1376958389  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999

 After Hours Phone: (951) 252-2720



Provider Gender: Female  
 NPI: 1376958389

 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish

Cultural Competency: N




Medi-Cal Open Panel: Y

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) 525-2720  
 Fax: (760) 414-3892  
 After Hours Phone: (951) 525-2720  
 Provider Gender: Female  
 NPI: 1497161236  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Mandarin  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

Board Certified Specialty: No

 30195 FRASER DR  
 LAKE ELSINORE, CA 92530



 Phone: (951) 525-2720

Fax: (760) 414-3892

 After Hours Phone: (951) 525-2720

Provider Gender: Female

NPI: 1497161236

 Provider English Spoken: Y  
 Provider Language(s) Spoken: Mandarin


Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

**LAKESIDE**


**CHIROPRACTOR**

**FULKS, ZACKARY**

Provider ID: 301145  
 Board Certified Specialty: No  
 10039 VINE ST  
 LAKESIDE, CA 92040  
 Phone: (619) 390-9975  
 Fax: (360) 462-2744  
 After Hours Phone: (619) 390-9975

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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**CHIROPRACTOR**

**FULKS, ZACKARY**

Provider ID: 303813  
 Board Certified Specialty: No

10039 VINE ST  
 LAKESIDE, CA 92040  
 Phone: (619) 390-9975  
 Fax: (360) 462-2744  
 After Hours Phone: (619)  
 390-9975

Provider Gender: Male

NPI: 1407562531

Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**CHIROPRACTOR**

**HOURIHAN, KEITH**

Provider ID: 257549  
 Board Certified Specialty: No

10039 VINE ST  
 LAKESIDE, CA 92040  
 Phone: (619) 390-9975  
 Fax: (858) 633-4690  
 After Hours Phone: (619)  
 390-9975

Provider Gender: Male

NPI: 1306916994

Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Hours: M-F  
 8:00AM-5:00PM

Website: N/A

**CHIROPRACTOR**

**MCCOWN, BARRY**

Provider ID: 303816  
 Board Certified Specialty: No

10039 VINE ST  
 LAKESIDE, CA 92040  
 Phone: (619) 390-9975  
 Fax: (360) 462-2744  
 After Hours Phone: (619)  
 390-9975

Provider Gender: Male

NPI: 1487781035

Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Hours: M-F  
 8:00AM-5:00PM

Website: N/A

**CHIROPRACTOR**

**MCCOWN, BARRY**

Provider ID: 301344  
 Board Certified Specialty: No

10039 VINE ST  
 LAKESIDE, CA 92040  
 Phone: (619) 390-9975  
 Fax: (360) 462-2744  
 After Hours Phone: (619)  
 390-9975

Provider Gender: Male

NPI: 1487781035

Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Hours: M-F  
 8:00AM-5:00PM

Website: N/A

**CHIROPRACTOR**

**ZECHA, RONALD**

Provider ID: 290677  
 Board Certified Specialty: No

10039 VINE ST  
 LAKESIDE, CA 92040  
 Phone: (619) 390-9975  
 Fax: (858) 633-4690  
 After Hours Phone: (619)  
 390-9975

Provider Gender: Male

NPI: 1427252121

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**PSYCHOLOGIST**

**BRUNETTO, HEIDI**

Provider ID: 290407  
 Board Certified Specialty: No  
 10039 VINE ST  
 LAKESIDE, CA 92040  
 Phone: (619) 390-9975  
 Fax: (858) 633-4690  
 After Hours Phone: (619) 390-9975

Provider Gender: Female  
 NPI: 1023250453  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TH  
 8:00AM-5:00PM  
 Website: N/A

**MENIFEE**

**PHYSICIANS ASSISTANT**

**SMITH, KELLI**

Provider ID: 272954  
 Board Certified Specialty: No  
 30420 HAUN RD  
 MENIFEE, CA 92584  
 Phone: (951) 676-4193  
 After Hours Phone: (951)

676-4193  
 Provider Gender: Female  
 NPI: 1841771664  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**MURRIETA**

**ANESTHESIOLOGY**

**HYLTON, DIANA**

Provider ID: 241738  
 Board Certified Specialty: No  
 25500 MEDICAL CENTER DR  
 MURRIETA, CA 92562  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1932527751  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999

American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**ANESTHESIOLOGY**

**KRAUSE, MARTIN**

Provider ID: 287655  
 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**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: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

### **CARDIOLOGY**

#### **WETTERSTEN, NICHOLAS**

Provider ID: 210605  
Board Certified Specialty: No

41011 CALIFORNIA OAKS RD STE 104  
MURRIETA, CA 92562  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800)

926-8273  
Provider Gender: Male  
NPI: 1063701068  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

### **CERTIFIED NURSE PRACTITIONER**

#### **HEAD, KRISTIN**

Provider ID: 268658  
Board Certified Specialty: No  
25170 HANCOCK AVE STE 1 MURRIETA, CA 92562  
Phone: (951) 600-1640  
Fax: (951) 600-1760  
After Hours Phone: (951) 600-1640  
Provider Gender: Female  
NPI: 1699078923  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

### **CERTIFIED NURSE PRACTITIONER**

#### **KLEMENCIC, TAHNEE**

Provider ID: 302627  
Board Certified Specialty: No

25170 HANCOCK AVE FL 1 MURRIETA, CA 92562  
Phone: (951) 600-1640  
Fax: (951) 600-1760  
After Hours Phone: (951) 600-1640  
Provider Gender: Female  
NPI: 1134802283  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: N  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: N  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

### **CERTIFIED NURSE PRACTITIONER**

#### **MIRACLE, ANGELYN**

Provider ID: 300259  
Board Certified Specialty: No

25170 HANCOCK AVE STE 200 MURRIETA, CA 92562  
Phone: (951) 461-9300

Fax: (951) 461-9399

☎ After Hours Phone: (951) 461-9300

Provider Gender: Female

NPI: 1144539842

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: N

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: SU 8:30AM-0:00PM  
M-F 8:00AM-5:00PM  
SA 8:30AM-0:00PM

🌐 Website: N/A

### CERTIFIED NURSE

#### PRACTITIONER

#### **SNYDER, MICHELLE**

Provider ID: 210676

Board Certified Specialty: No

📍 41011 CALIFORNIA OAKS RD STE 104  
MURRIETA, CA 92562

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1851561054

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8:00AM-5:00PM

🌐 Website: N/A

### CERTIFIED NURSE

#### PRACTITIONER

#### **STEVENSON, REHEIA**

Provider ID: 210794

Board Certified Specialty: No

📍 41011 CALIFORNIA OAKS RD STE 104  
MURRIETA, CA 92562

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1346696044

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8:00AM-5:00PM

🌐 Website: N/A

### EMERGENCY MEDICINE

#### **LI, JINGHONG**

Provider ID: 255941

Board Certified Specialty: No

📍 25500 MEDICAL CENTER

DR

MURRIETA, CA 92562

☎ Phone: (951) 696-6000

☎ After Hours Phone: (951) 696-6000

Provider Gender: Female

NPI: 1619014479

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8:00AM-5:00PM

🌐 Website: N/A

### MATERNAL AND FETAL MEDICINE

#### **MELBER, DORA**

Provider ID: 296992

Board Certified Specialty: No

📍 25500 MEDICAL CENTER DR

MURRIETA, CA 92562

☎ Phone: (858) 966-6710

Fax: (858) 966-6711

☎ After Hours Phone: (858) 966-6710

Provider Gender: Female

NPI: 1124413026

☑ Provider English Spoken: Y  
☑ Provider Language(s)

Spoken: Hungarian, Spanish  
Cultural Competency: N

Hospital Affiliation: UCSD LA JOLLA JOHN SALLY



THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Y


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**MATERNAL AND FETAL  
MEDICINE**

**MELBER, DORA**

Provider ID: 296988

Board Certified Specialty: No

 25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562


 Phone: (858) 966-6710


Fax: (858) 966-6711

 After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1124413026

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Hungarian, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Y


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

**MATERNAL AND FETAL  
MEDICINE**


**REIMERS, REBECCA**

Provider ID: 294652

Board Certified Specialty: No

 25500 MEDICAL CENTER  
DR

MURRIETA, CA 92562

 Phone: (858) 966-6710

Fax: (858) 966-6711

 After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1801207634

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**MATERNAL AND FETAL  
MEDICINE**

**REIMERS, REBECCA**

Provider ID: 294649

Board Certified Specialty: No

 25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562

 Phone: (858) 966-6710

Fax: (858) 966-6711

 After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1801207634

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Y


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: Y




Min/Max Age: 0\19


American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A



**NEONATAL / PERINATAL MEDICINE**

**WEISS, KATHERINE**

Provider ID: 264676  
 Board Certified Specialty: Yes  
 25500 MEDICAL CENTER DR  
 MURRIETA, CA 92562  
 Phone: (951) 696-6000  
 Fax: (951) 696-6105  
 After Hours Phone: (951) 696-6000  
 Provider Gender: Female  
 NPI: 1053541862

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO




Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A




**NEUROLOGY**

**GOLD, JEFFREY**

Provider ID: 283334  
 Board Certified Specialty: No  
 25170 HANCOCK AVE FL 1  
 MURRIETA, CA 92562  
 Phone: (951) 600-1640  
 Fax: (951) 600-1760  
 After Hours Phone: (951) 600-1640  
 Provider Gender: Male  
 NPI: 1568773984


 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, SHARP MEMORIAL HOSPITAL


Medi-Cal Open Panel: Y  
 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: 215521  
 Board Certified Specialty: No  
 25170 HANCOCK AVE  
 MURRIETA, CA 92562  
 Phone: (951) 600-1640  
 Fax: (951) 600-1760  
 After Hours Phone: (951) 600-1640  
 Provider Gender: Female  
 NPI: 1194046581

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**NEUROLOGY**

**SAHAGIAN, MICHELLE**

Provider ID: 283166  
 Board Certified Specialty: No

25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562  
Phone: (951) 600-1640  
Fax: (951) 600-1760  
After Hours Phone: (951) 600-1640  
Provider Gender: Female  
NPI: 1275604035  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

**NEUROLOGY CHILD**

**GOLD, JEFFREY**

Provider ID: 215691  
Board Certified Specialty: No  
25170 HANCOCK AVE  
MURRIETA, CA 92562  
Phone: (951) 600-1640  
After Hours Phone: (951) 600-1640  
Provider Gender: Male  
NPI: 1568773984  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND, SHARP MEMORIAL  
HOSPITAL

Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

**NEUROLOGY CHILD**

**GUIDO-ESTRADA, NATALIE**

Provider ID: 215442  
Board Certified Specialty: No  
25170 HANCOCK AVE  
MURRIETA, CA 92562  
Phone: (951) 600-1640  
Fax: (951) 600-1760  
After Hours Phone: (951) 600-1640  
Provider Gender: Female  
NPI: 1528353521  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A

**NEUROLOGY CHILD**

**KIM MCMANUS, OLIVIA**

Provider ID: 215666  
Board Certified Specialty: No

25170 HANCOCK AVE  
MURRIETA, CA 92562  
Phone: (951) 600-1640  
After Hours Phone: (951) 600-1640  
Provider Gender: Female  
NPI: 1174870067  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:

UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR, CHILDRENS  
HOSPITAL OF ORANGE  
COUNTY, RADY CHILDRENS  
HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Y  
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**

**NELSON, JAMES**

Provider ID: 215634  
Board Certified Specialty: No  
25170 HANCOCK AVE  
MURRIETA, CA 92562  
Phone: (951) 600-1640  
After Hours Phone: (951) 600-1640  
Provider Gender: Male  
NPI: 1568434546  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: VALLEY  
CHILDRENS HOSPITAL, UCSD  
MEDICAL CTR, RADY  
CHILDRENS HOSPITAL SAN


DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### **OBSTETRICS / GYNECOLOGY**

#### **BINDER, PRATIBHA**

Provider ID: 273227

Board Certified Specialty: No

 25405 HANCOCK AVE STE  
217

MURRIETA, CA 92562

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1174758031

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### **OPHTHALMOLOGY**


#### **BANSAL, PREETI**

Provider ID: 215606

Board Certified Specialty: No

 25170 HANCOCK AVE  
MURRIETA, CA 92562

 Phone: (951) 600-1640

 After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1871664631

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, GROSSMONT

HOSPITAL, SHARP MARY  
BIRCH HOSP FOR WOMEN

AND NEWBORNS, SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SCRIPPS MEMORIAL


HOSPITAL, TRI CITY MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### **OPHTHALMOLOGY**

#### **BHATIA, SHAGUN**

Provider ID: 267317

Board Certified Specialty: No

 25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562

 Phone: (951) 600-1640

Fax: (951) 600-1760

 After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1104237353

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS


HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### **OPHTHALMOLOGY**

#### **HENNEIN, LAUREN**


Provider ID: 297010

Board Certified Specialty: No

 25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562

 Phone: (951) 600-1640

Fax: (951) 600-1760

 After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1699216010

 Provider English Spoken: Y  
Cultural Competency: N



Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19








American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

**OPHTHALMOLOGY**







**MOLL, ANGELA**

Provider ID: 215687  
Board Certified Specialty: No  
 25170 HANCOCK AVE  
MURRIETA, CA 92562  
 Phone: (951) 600-1640  
 After Hours Phone: (951)  
600-1640  
Provider Gender: Female  
NPI: 1861648602  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, GROSSMONT  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND, SCRIPPS MERCY  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL CHULA VISTA  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

**OPHTHALMOLOGY**





**MOVAGHAR, MANSOOR**




Provider ID: 216415  
Board Certified Specialty: No  
 25170 HANCOCK AVE FL 1

MURRIETA, CA 92562  
 Phone: (858) 309-7702  
 After Hours Phone: (858)  
309-7702  
Provider Gender: Male  
NPI: 1497792220  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

**OPHTHALMOLOGY**








**OHALLORAN, HENRY**

Provider ID: 215685  
Board Certified Specialty: No  
 25170 HANCOCK AVE  
MURRIETA, CA 92562  
 Phone: (951) 600-1640  
 After Hours Phone: (951)  
600-1640  
Provider Gender: Male  
NPI: 1235287947  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19

American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A



**OTOLARYNGOLOGY**

**BLISS, MORGAN**

Provider ID: 215684  
Board Certified Specialty: No  
 25170 HANCOCK AVE  
MURRIETA, CA 92562  
 Phone: (951) 600-1640  
Fax: (951) 600-1760  
 After Hours Phone: (951)  
600-1640  
Provider Gender: Female  
NPI: 1760707657  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

**OTOLARYNGOLOGY**

**CARVALHO, DANIELA**

Provider ID: 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: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F

8:00AM-5:00PM

🌐 Website: N/A

### OTOLARYNGOLOGY

#### **FRIESEN, TZYYNONG**

Provider ID: 244898

Board Certified Specialty: No

📍 25170 HANCOCK AVE MURRIETA, CA 92562

📞 Phone: (951) 600-1400

📞 After Hours Phone: (951) 600-1400

Provider Gender: Female

NPI: 1952740177

🗪 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F

8:00AM-5:00PM

🌐 Website: N/A

### OTOLARYNGOLOGY

#### **KARI, ELINA**

Provider ID: 254089

Board Certified Specialty: No

📍 25170 HANCOCK AVE MURRIETA, CA 92562

📞 Phone: (951) 600-1640

📞 After Hours Phone: (951) 600-1640

Provider Gender: Female

NPI: 1780860536

🗪 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:

CHILDRENS HOSP OF LOS

ANGELES, PIH HEALTH

HOSPITAL - WHITTIER, UCSD

LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, RADY CHILDRENS

HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F

8:00AM-5:00PM

🌐 Website: N/A

### OTOLARYNGOLOGY

#### **KARI, ELINA**

Provider ID: 254296

Board Certified Specialty: No

📍 25170 HANCOCK AVE FL 1 MURRIETA, CA 92562

📞 Phone: (951) 600-1640

📞 After Hours Phone: (951) 600-1640

Provider Gender: Female

NPI: 1780860536

🗪 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:

CHILDRENS HOSP OF LOS

ANGELES, PIH HEALTH

HOSPITAL - WHITTIER, UCSD

LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, RADY CHILDRENS

**HOSPITAL SAN DIEGO**

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**OTOLARYNGOLOGY**

**PATEL, VIJAY**

Provider ID: 297034

Board Certified Specialty: No

25170 HANCOCK AVE STE 1  
MURRIETA, CA 92562

Phone: (951) 600-1640

Fax: (951) 600-1760

After Hours Phone: (951)  
600-1640

Provider Gender: Male

NPI: 1508250747

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, VALLEY CHILDRENS  
HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**PEDIATRIC ALLERGY /  
IMMUNOLOGY**

**COLLINS, CATHLEEN**

Provider ID: 215733

Board Certified Specialty: No

25170 HANCOCK AVE  
MURRIETA, CA 92562

Phone: (951) 600-1640

Fax: (951) 600-1760

After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1205128089

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: LUCILE  
SALTER PACKARD CHILDRENS  
HOSP, Stanford Health Care,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**PEDIATRIC CARDIOLOGY**

**DAVIS, CHRISTOPHER**

Provider ID: 215743

Board Certified Specialty: No

25170 HANCOCK AVE  
MURRIETA, CA 92562

Phone: (951) 600-1640

After Hours Phone: (951)  
600-1640

Provider Gender: Male

NPI: 1760691950

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, GROSSMONT  
HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL, SHARP  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER


Hours: M-F



8:00AM-5:00PM  
 Website: N/A

**PEDIATRIC CARDIOLOGY**

**DUMMER, KIRSTEN**





Provider ID: 215645  
 Board Certified Specialty: No  
 25170 HANCOCK AVE  
 MURRIETA, CA 92562  
 Phone: (951) 600-1640  
 After Hours Phone: (951)  
 600-1640  
 Provider Gender: Female  
 NPI: 1780642280




 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**PEDIATRIC CARDIOLOGY**




**MCCANDLESS, RACHEL**




Provider ID: 215601  
 Board Certified Specialty: No  
 25170 HANCOCK AVE  
 MURRIETA, CA 92562  
 Phone: (951) 600-1640  
 After Hours Phone: (951)  
 600-1640  
 Provider Gender: Female  
 NPI: 1487821815  
 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, UCSF BENIOFF  
 CHILDREN'S HOSPITAL  
 OAKLAND  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**PEDIATRIC CARDIOLOGY**






**NARAYAN, HARI**



Provider ID: 239114  
 Board Certified Specialty: No  
 25170 HANCOCK AVE  
 MURRIETA, CA 92562  
 Phone: (951) 600-1640  
 After Hours Phone: (951)  
 600-1640  
 Provider Gender: Male  
 NPI: 1376705707  
 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**PEDIATRIC CARDIOLOGY**





**SAH, SERENA**

Provider ID: 215643  
 Board Certified Specialty: No  
 25170 HANCOCK AVE  
 MURRIETA, CA 92562  
 Phone: (858) 966-5855  
 After Hours Phone: (858)  
 966-5855  
 Provider Gender: Female  
 NPI: 1295042653  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Chinese, Mandarin  
 Cultural Competency: N

Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**PEDIATRIC CARDIOLOGY**

**SILVA SEPULVEDA, JOSE**

Provider ID: 215679  
 Board Certified Specialty: No  
 25170 HANCOCK AVE  
 MURRIETA, CA 92562  
 Phone: (951) 600-1640  
 After Hours Phone: (951)  
 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: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**PEDIATRIC CARDIOLOGY**


**WILLIAMS, MATTHEW**

Provider ID: 215678

Board Certified Specialty: No

 25170 HANCOCK AVE  
MURRIETA, CA 92562

 Phone: (951) 600-1640

 After Hours Phone: (951)  
600-1640

Provider Gender: Male

NPI: 1831423250

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
UCSF BENIOFF CHILDREN'S  
HOSPITAL OAKLAND

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**PEDIATRIC EMERGENCY**

**MEDICINE**


**DEVERA, GEMMIE**


Provider ID: N/A

Board Certified Specialty: No

 25500 MEDICAL CENTER  
DR

MURRIETA, CA 92562

 Phone: (951) 696-6124

 After Hours Phone: (951)  
696-6124

Provider Gender: Female

NPI: 1366622078

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

**PEDIATRIC EMERGENCY**

**MEDICINE**


**DO, STEPHANIE**

Provider ID: 216969


Board Certified Specialty: No

 25500 MEDICAL CENTER  
DR

MURRIETA, CA 92562

 Phone: (951) 696-6124

Fax: (951) 696-6293

 After Hours Phone: (951)  
696-6124

Provider Gender: Female

NPI: 1750513644

 Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: Martin  
Luther King Jr Community  
Hospital, RADY CHILDRENS  
HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

**PEDIATRIC EMERGENCY**


**MEDICINE**

**GROSS, MATTHEW**

Provider ID: 297173

Board Certified Specialty: No

 25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562

 Phone: (858) 966-7800

Fax: (858) 966-8231

 After Hours Phone: (858)  
966-7800

Provider Gender: Male

NPI: 1942223664

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR


Medi-Cal Open Panel: Y

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: 302626

Board Certified Specialty: No

25500 MEDICAL CENTER  
DR  
MURRIETA, CA 92562

Phone: (951) 696-6124

Fax: (951) 696-6293

After Hours Phone: (951)  
696-6124

Provider Gender: Male

NPI: 1427349091

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, VALLEY CHILDRENS  
HOSPITAL

Medi-Cal Open Panel: N

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**PEDIATRIC EMERGENCY  
MEDICINE**

**KINGDON, JOANNA**

Provider ID: 302318

Board Certified Specialty: No

25170 HANCOCK AVE STE  
150  
MURRIETA, CA 92562

Phone: (858) 966-7800

Fax: (858) 966-8231

After Hours Phone: (858)  
966-7800

Provider Gender: Female

NPI: 1609495399

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

Website: N/A

**PEDIATRIC EMERGENCY  
MEDICINE**

**MESIWALA, ADNAN**

Provider ID: 275655

Board Certified Specialty: No

25500 MEDICAL CENTER  
DR  
MURRIETA, CA 92562

Phone: (951) 696-6161

Fax: (951) 696-6105

After Hours Phone: (951)  
696-6161

Provider Gender: Male

NPI: 1528483955

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**PEDIATRIC EMERGENCY  
MEDICINE**

**MILLS, DAVID**

Provider ID: 302147

Board Certified Specialty: No

25500 MEDICAL CENTER  
DR  
MURRIETA, CA 92562

Phone: (951) 696-6124

Fax: (951) 696-6293

After Hours Phone: (951)  
696-6124

Provider Gender: Male

NPI: 1194145946

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**PEDIATRIC EMERGENCY  
MEDICINE**

**OZCAN, ALI**

Provider ID: 287924

Board Certified Specialty: No

25500 MEDICAL CENTER

DR  
MURRIETA, CA 92562  
☎ Phone: (951) 696-6124  
☎ Fax: (951) 696-6293  
🕒 After Hours Phone: (951) 696-6124  
Provider Gender: Male  
NPI: 1265867683  
☐ Provider English Spoken: Y  
☐ Provider Language(s) Spoken: Turkish  
Cultural Competency: N  
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, LOMA LINDA UNIVERSITY MED CTR  
Medi-Cal Open Panel: Y  
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: Y  
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: Y  
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: Y  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F 8:00AM-5:00PM  
🌐 Website: N/A





**PEDIATRIC EMERGENCY MEDICINE**

**SHETH, SARIKA**  
Provider ID: 248172  
Board Certified Specialty: No  
📍 25500 MEDICAL CENTER DR MURRIETA, CA 92562  
☎ Phone: (951) 696-6124  
☎ Fax: (951) 696-6293  
🕒 After Hours Phone: (951) 696-6124  
Provider Gender: Female  
NPI: 1336503234  
☐ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y  
 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: N  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**PEDIATRIC EMERGENCY MEDICINE**

**SYED-UDDIN, SUMIYAH**





Provider ID: 297771  
 Board Certified Specialty: No




 25500 MEDICAL CENTER  
 DR  
 MURRIETA, CA 92562  
 Phone: (951) 696-6124  
 Fax: (951) 696-6293  
 After Hours Phone: (951)  
 696-6124  
 Provider Gender: Female  
 NPI: 1225606478  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Hindi, Urdu  
 Cultural Competency: N

Hospital Affiliation:  
 SOUTHWEST HEALTHCARE  
 RANCHO SPRINGS HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**PEDIATRIC EMERGENCY MEDICINE**






**TANG, ANDREW**



Provider ID: 294678  
 Board Certified Specialty: No  
 25500 MEDICAL CENTER  
 DR  
 MURRIETA, CA 92562  
 Phone: (951) 696-6124  
 Fax: (951) 696-6293  
 After Hours Phone: (951)  
 696-6124  
 Provider Gender: Male  
 NPI: 1184071516  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN

DIEGO  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**PEDIATRIC EMERGENCY  
MEDICINE**

**TYGART, MELISSA**

Provider ID: 294096

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: Female

NPI: 1336602507

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: N

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 ENDOCRINOLOGY**

**SINGH, PUJA**

Provider ID: 302819

Board Certified Specialty: No

25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562

Phone: (951) 600-1640

Fax: (951) 600-1760

After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1841721172

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**PEDIATRIC**

**GASTROENTEROLOGY**

**CHU, CHRISTOPHER**

Provider ID: 301640

Board Certified Specialty: No

25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562

Phone: (951) 600-1640

Fax: (951) 600-1760

After Hours Phone: (951)  
600-1640

Provider Gender: Male

NPI: 1912369273

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish, Yue  
Chinese

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT

PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

**PEDIATRIC PULMONOLOGY**

**LENHART-PENDERGRASS,  
PATRICIA**

Provider ID: 294382

Board Certified Specialty: No

25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562

Phone: (951) 600-1640

Fax: (951) 600-1760

After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1144615659

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

**PEDIATRIC PULMONOLOGY**

**RAO, APARNA**

Provider ID: 215528

Board Certified Specialty: No

25170 HANCOCK AVE  
MURRIETA, CA 92562

Phone: (951) 600-1640

Fax: (951) 600-1760

After Hours Phone: (951)

600-1640  
 Provider Gender: Female  
 NPI: 1649222340  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Hindi  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**PEDIATRICS**

**LOPEZ, XIMENA**

Provider ID: 302857  
 Board Certified Specialty: No  
 25170 HANCOCK AVE FL 1  
 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: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**PEDIATRICS**

**MARIETTI SHEPHERD, SARAH**

Provider ID: 215657  
 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: 1801094115  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, UCSF BENIOFF  
 CHILDREN'S HOSPITAL  
 OAKLAND

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**PEDIATRICS**

**NGO, MAI**



Provider ID: 302112  
 Board Certified Specialty: No  
 25170 HANCOCK AVE STE 1  
 MURRIETA, CA 92562  
 Phone: (951) 600-1640  
 Fax: (951) 600-1760  
 After Hours Phone: (951)


600-1640  
 Provider Gender: Female  
 NPI: 1508910787  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Vietnamese  
 Cultural Competency: N  
 Hospital Affiliation: UCSF  
 BENIOFF CHILDREN'S  
 HOSPITAL OAKLAND,  
 MEDICAL CTR AT UCSF, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A


**PEDIATRICS**


**PATTERSON, MARY**

Provider ID: 215677  
 Board Certified Specialty: No  
 25170 HANCOCK AVE  
 MURRIETA, CA 92562  
 Phone: (951) 600-1640  
 After Hours Phone: (951)  
 600-1640  
 Provider Gender: Female  
 NPI: 1912112020  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19

American Sign Language (ASL):  Phone: (951) 600-1640  
N  Fax: (951) 600-1760

 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: Y

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

 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: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**PHYSICAL MEDICINE /  
REHABILITATION**


**DALAL, PRITHA**


Provider ID: 215665

Board Certified Specialty: No

 25170 HANCOCK AVE  
MURRIETA, CA 92562

 Phone: (951) 600-1640

 Fax: (951) 600-1760

 After Hours Phone: (951)  
600-1640

Provider Gender: Female

NPI: 1609017532

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**PHYSICAL MEDICINE /  
REHABILITATION**


**RYAN, KYLE**


Provider ID: 275662

Board Certified Specialty: No

 25170 HANCOCK AVE FL 1  
MURRIETA, CA 92562

 Phone: (951) 600-1640

 Fax: (951) 600-1760

 After Hours Phone: (951)  
600-1640

Provider Gender: Male

NPI: 1447645742


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

**PHYSICAL MEDICINE /  
REHABILITATION**

**SCOTT-WYARD, PHOEBE**

Provider ID: 283086

Board Certified Specialty: No

 25170 HANCOCK AVE  
MURRIETA, CA 92562

☎ Phone: (951) 600-1640  
 Fax: (951) 600-1760  
 ☎ After Hours Phone: (951) 600-1640  
 Provider Gender: Female  
 NPI: 1336356203  
 ☐ Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation:  
 CHILDRENS HOSP OF LOS ANGELES, RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER  
 🕒 Hours: M-F  
 8:00AM-5:00PM  
 🌐 Website: N/A

**PHYSICAL MEDICINE / REHABILITATION**

**SKALSKY, ANDREW**  
 Provider ID: 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: Y

Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER  
 🕒 Hours: M-F  
 8:00AM-5:00PM  
 🌐 Website: N/A

**PHYSICIANS ASSISTANT**

**ANWAR, YASMIN**  
 Provider ID: 300845  
 Board Certified Specialty: Yes  
 📍 25495 MEDICAL CENTER DR STE 200 MURRIETA, CA 92562  
 ☎ Phone: (951) 304-7546  
 Fax: (951) 696-5872  
 ☎ After Hours Phone: (951) 304-7546  
 Provider Gender: Female  
 NPI: 1588602247  
 ☐ Provider English Spoken: Y  
 ☐ Provider Language(s) Spoken: Persian, Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER  
 🕒 Hours: M-F  
 8:00AM-5:00PM  
 🌐 Website: N/A

**PHYSICIANS ASSISTANT**




**KIVIAT, ANNETTE**  
 Provider ID: 302453  
 Board Certified Specialty: No  
 📍 25170 HANCOCK AVE FL 1 MURRIETA, CA 92562

☎ Phone: (951) 600-1640  
 Fax: (951) 600-1760  
 ☎ After Hours Phone: (951) 600-1640  
 Provider Gender: Female  
 NPI: 1205381845  
 ☐ Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: N  
 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**



**SERING, MALIA**  
 Provider ID: 297123  
 Board Certified Specialty: No  
 📍 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: 1013198720  
 ☐ Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 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**


**KUMAR, AVNEE**



*Provider ID: 300014*  
*Board Certified Specialty: No*  
 25500 MEDICAL CENTER DR  
 MURRIETA, CA 92562  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*



*NPI: 1750745394*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*

**PULMONARY DISEASES**



**SURI, RAJAT**

*Provider ID: 283350*  
*Board Certified Specialty: No*  
 25500 MEDICAL CENTER DR  
 MURRIETA, CA 92562  
 *Phone: (951) 677-1111*  
*Fax: (951) 677-9757*

 *After Hours Phone: (951) 677-1111*



*Provider Gender: Male*

*NPI: 1144615337*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

**SURGERY CARDIOVASCULAR**

**GRAMINS, DANIEL**



*Provider ID: 210049*  
*Board Certified Specialty: No*  
 41011 CALIFORNIA OAKS RD STE 104  
 MURRIETA, CA 92562  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*

*NPI: 1164495750*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: TRI CITY MEDICAL CTR, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*


N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F*

*8:00AM-5:00PM*

 *Website: N/A*

**SURGERY CARDIOVASCULAR**


**HOWE, STEVEN**



*Provider ID: 210169*  
*Board Certified Specialty: No*  
 41011 CALIFORNIA OAKS RD STE 104  
 MURRIETA, CA 92562  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*


*NPI: 1497702740*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, TRI CITY MEDICAL CTR*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*

N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

**SURGERY CARDIOVASCULAR**

**POLLEMA, TRAVIS**

*Provider ID: 210577*  
*Board Certified Specialty: No*  
 41011 CALIFORNIA OAKS RD STE 104  
 MURRIETA, CA 92562  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*

 *After Hours Phone: (800)*

926-8273  
 Provider Gender: Male  
 NPI: 1871752956  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**SURGERY GENERAL**  
**FAIRBANKS, TIMOTHY**

Provider ID: 246979  
 Board Certified Specialty: No  
 25170 HANCOCK AVE FL 1  
 MURRIETA, CA 92562  
 Phone: (951) 600-1640  
 After Hours Phone: (951)  
 600-1640  
 Provider Gender: Male  
 NPI: 1407010556  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, UCSD MEDICAL CTR,  
 SHARP MEMORIAL HOSPITAL,  
 SCRIPPS MEMORIAL  
 HOSPITAL, UCSF BENIOFF  
 CHILDREN'S HOSPITAL  
 OAKLAND  
 Medi-Cal Open Panel: Y

Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**SURGERY GENERAL**  
**KLING, KAREN**

Provider ID: 215583  
 Board Certified Specialty: No  
 25170 HANCOCK AVE  
 MURRIETA, CA 92562  
 Phone: (951) 600-1640  
 After Hours Phone: (951)  
 600-1640  
 Provider Gender: Female  
 NPI: 1982775144

Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, UCSD MEDICAL CTR,  
 SHARP MARY BIRCH HOSP  
 FOR WOMEN AND  
 NEWBORNS, NATIONAL  
 NAVAL MED CTR, SHARP  
 MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**SURGERY GENERAL**

**VASCULAR**

**HOWE, STEVEN**  
 Provider ID: 206761  
 Board Certified Specialty: No  
 28062 BAXTER RD  
 MURRIETA, CA 92563  
 Phone: (877) 558-6248  
 After Hours Phone: (877)  
 558-6248  
 Provider Gender: Male  
 NPI: 1497702740  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON, TRI  
 CITY MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**SURGERY ORTHOPEDIC**  
**CHENG, YU TSUN**

Provider ID: 301902  
 Board Certified Specialty: No  
 25170 HANCOCK AVE  
 MURRIETA, CA 92562  
 Phone: (951) 600-1640  
 Fax: (951) 600-1760  
 After Hours Phone: (951)  
 600-1640  
 Provider Gender: Male  
 NPI: 1992982854  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST


HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL

Medi-Cal Open Panel: Y  
Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### **SURGERY ORTHOPEDIC**

**UPASANI, VIDYADHAR**


Provider ID: 283160

Board Certified Specialty: No

 25170 HANCOCK AVE FL 1 MURRIETA, CA 92562

 Phone: (951) 600-1640

Fax: (951) 600-1760

 After Hours Phone: (951) 600-1640

Provider Gender: Male

NPI: 1548417652

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### **SURGERY PEDIATRIC**


**THANGARAJAH, HARIHARAN**

Provider ID: 215420

Board Certified Specialty: No

 25170 HANCOCK AVE MURRIETA, CA 92562

 Phone: (951) 600-1640

 After Hours Phone: (951) 600-1640

Provider Gender: Male

NPI: 1598979593

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


## **NATIONAL CITY**

### **CARDIOLOGY**

**CAMACHO, BENJAMIN**


Provider ID: 290137

Board Certified Specialty: No

 1615 SWEETWATER RD STE D NATIONAL CITY, CA 91950


 Phone: (619) 474-2233

Fax: (619) 474-2211

 After Hours Phone: (619) 474-2233

Provider Gender: Male

NPI: 1699759936

 Provider English Spoken: Y

 Provider Language(s) Spoken: Tagalog

Cultural Competency: N


Hospital Affiliation: GROSSMONT HOSPITAL, ALVARADO HOSPITAL LLC

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
9:00AM-5:00PM

 Website: N/A


### **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: Y

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

**CARDIOLOGY**


**PANDHI, JAY**

Provider ID: 269087  
Board Certified Specialty: No  
 655 EUCLID AVE STE 208  
NATIONAL CITY, CA 91950  
 Phone: (619) 512-1915  
Fax: (619) 512-1913  
 After Hours Phone: (619)  
512-1915  
Provider Gender: Male  
NPI: 1407997406

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: PARADISE  
VALLEY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SHARP CHULA VISTA  
MED CTR, SCRIPPS MERCY  
HOSPITAL

Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N



 Accessibility: CONTACT  
PROVIDER


 Hours: M-F  
8:00AM-5:00PM

 Website: N/A



**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: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N



 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A



**CARDIOLOGY**

**ROUGH, STEVEN**

Provider ID: 301320  
Board Certified Specialty: No  
 1415 E 8TH ST STE 6  
NATIONAL CITY, CA 91950  
 Phone: (619) 434-4288  
Fax: (619) 434-4315

 After Hours Phone: (619)  
434-4288


Provider Gender: Male  
NPI: 1386821460


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SHARP  
CHULA VISTA MED CTR,  
SHARP MEMORIAL HOSPITAL,

ALVARADO HOSP MED CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

**CARDIOLOGY**



**ROUGH, STEVEN**

Provider ID: 302043  
Board Certified Specialty: No  
 1415 E 8TH ST STE 6  
NATIONAL CITY, CA 91950

 Phone: (619) 434-4288  
Fax: (619) 434-4315

 After Hours Phone: (619)  
434-4288


Provider Gender: Male  
NPI: 1386821460

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SHARP  
CHULA VISTA MED CTR,  
SHARP MEMORIAL HOSPITAL,  
ALVARADO HOSP MED CTR

Medi-Cal Open Panel: Y  
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**

**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: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
9:00AM-5:00PM

Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**DE CASTRO, SHARLENE**

Provider ID: 299158

Board Certified Specialty: No

2743 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Phone: (844) 200-2426

Fax: (619) 339-5657

After Hours Phone: (844)  
200-2426

Provider Gender: Female

NPI: 1750019824

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 12\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: SU 10:00AM-4:00PM  
M-F 8:30AM-5:30PM  
SA 8:00AM-2:30PM

Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**DRISCOLL, SUSAN**

Provider ID: 301774

Board Certified Specialty: No

340 E 8TH ST

NATIONAL CITY, CA 91950

Phone: (619) 662-4100

Fax: (619) 259-2807

After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1477755684

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 12\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: SU 10:00AM-4:00PM  
M-F 8:30AM-5:30PM  
SA 8:00AM-2:30PM

Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**GULLY, MICHELLE**

Provider ID: 299422

Board Certified Specialty: No

1428 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Phone: (844) 200-2426

Fax: (619) 434-1613

After Hours Phone: (844)  
200-2426

Provider Gender: Female

NPI: 1801557947

Provider English Spoken: Y

Cultural Competency: N



Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT

**PROVIDER**  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A



**CERTIFIED NURSE  
 PRACTITIONER**





**LIM, IMELDA**

Provider ID: 294308  
 Board Certified Specialty: No  
 2743 HIGHLAND AVE  
 NATIONAL CITY, CA 91950  
 Phone: (844) 200-2426  
 Fax: (619) 474-3919  
 After Hours Phone: (844)  
 200-2426  
 Provider Gender: Female  
 NPI: 1093130395  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Tagalog  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TU  
 8:30AM-5:30PM  
 W 10:00AM-7:00PM  
 TH-F 8:30AM-5:30PM  
 Website: N/A

**CERTIFIED NURSE  
 PRACTITIONER**

**MIDORO, ABEGAILLE**

Provider ID: 303830  
 Board Certified Specialty: No  
 2835 HIGHLAND AVE STE A  
 NATIONAL CITY, CA 91950  
 Phone: (844) 200-2426

Fax: (619) 477-1286  
 After Hours Phone: (844)  
 200-2426  
 Provider Gender: Female  
 NPI: 1952925851  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Tagalog  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TU  
 8:30AM-5:30PM  
 W 10:00AM-7:00PM  
 TH-F 8:30AM-5:30PM  
 Website: N/A

**CERTIFIED NURSE  
 PRACTITIONER**







**MIDORO, ABEGAILLE**

Provider ID: 303827  
 Board Certified Specialty: No  
 2835 HIGHLAND AVE STE B  
 NATIONAL CITY, CA 91950  
 Phone: (844) 200-2426  
 Fax: (619) 477-2628  
 After Hours Phone: (844)  
 200-2426  
 Provider Gender: Female  
 NPI: 1952925851  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Tagalog  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TU  
 8:30AM-5:30PM  
 W 10:00AM-7:00PM  
 TH-F 8:30AM-5:30PM  
 Website: N/A



**CERTIFIED NURSE  
 PRACTITIONER**

**NOVENO, HILARIO**

Provider ID: 297836  
 Board Certified Specialty: No  
 2743 HIGHLAND AVE  
 NATIONAL CITY, CA 91950  
 Phone: (844) 200-2426  
 Fax: (619) 474-4008  
 After Hours Phone: (844)  
 200-2426  
 Provider Gender: Male  
 NPI: 1124486865  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Tagalog  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-6:00PM  
 Website: N/A

**CHIROPRACTOR**

**GILIBERTO, JOSEPH**

Provider ID: 291548  
 Board Certified Specialty: No  
 2835 HIGHLAND AVE  
 NATIONAL CITY, CA 91950  
 Phone: (844) 200-2426

Fax: (619) 399-5959

☎ After Hours Phone: (844) 200-2426

Provider Gender: Male

NPI: 1821463159

☐ Provider English Spoken: Y

☐ Provider Language(s) Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8:00AM-5:00PM

🌐 Website: N/A

**DERMATOLOGY**

**CHIANG, JENNIFER**

Provider ID: 291162

Board Certified Specialty: No

📍 655 EUCLID AVE STE 304 NATIONAL CITY, CA 91950

☎ Phone: (619) 267-8303

Fax: (619) 267-4832

☎ After Hours Phone: (619) 267-8303

Provider Gender: Female

NPI: 1457656738

☐ Provider English Spoken: Y

☐ Provider Language(s) Spoken: Chinese, Mandarin, Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8:30AM-4:30PM  
🌐 Website: N/A

**DERMATOLOGY**

**CHIANG, JENNIFER**

Provider ID: 299237

Board Certified Specialty: No

📍 655 EUCLID AVE STE 304 NATIONAL CITY, CA 91950

☎ Phone: (619) 267-8303

Fax: (619) 267-4832

☎ After Hours Phone: (619) 267-8303

Provider Gender: Female

NPI: 1457656738

☐ Provider English Spoken: Y  
☐ Provider Language(s) Spoken: Chinese, Mandarin, Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8:30AM-4:30PM

🌐 Website: N/A

**DERMATOLOGY**

**CHIANG, JENNIFER**

Provider ID: 262273

Board Certified Specialty: No

📍 655 EUCLID AVE STE 401 NATIONAL CITY, CA 91950

☎ Phone: (619) 267-8303

Fax: (619) 267-4835

☎ After Hours Phone: (619) 267-8303

Provider Gender: Female

NPI: 1457656738

☐ Provider English Spoken: Y

☐ Provider Language(s) Spoken: Chinese, Mandarin, Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8:30AM-4:30PM

🌐 Website: N/A

**DERMATOLOGY**

**GONZALEZ, JOSE**

Provider ID: 297731

Board Certified Specialty: No

📍 655 EUCLID AVE STE 304 NATIONAL CITY, CA 91950

☎ Phone: (619) 267-8303

Fax: (619) 267-4835

☎ After Hours Phone: (619) 267-8303

Provider Gender: Male

NPI: 1437646288

☐ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8:00AM-5:00PM

🌐 Website: N/A

**DERMATOLOGY**

**NELSON, AISLYN**

Provider ID: 291191  
 Board Certified Specialty: No  
 655 EUCLID AVE STE 304  
 NATIONAL CITY, CA 91950  
 Phone: (619) 267-8303  
 Fax: (619) 267-4835  
 After Hours Phone: (619)  
 267-8303

Provider Gender: Female  
 NPI: 1154717288  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: PARADISE  
 VALLEY HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:30AM-4:30PM  
 Website: N/A

**DERMATOLOGY**

**TYAGI, ABHILASHA**

Provider ID: 295774  
 Board Certified Specialty: No  
 655 EUCLID AVE STE 304  
 NATIONAL CITY, CA 91950  
 Phone: (619) 267-8303  
 Fax: (619) 267-4835  
 After Hours Phone: (619)  
 267-8303

Provider Gender: Female  
 NPI: 1609262963  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999

American Sign Language (ASL):  
 Provider Gender: Male  
 NPI: 1659344513

Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:30AM-4:30PM  
 Website: N/A

**DERMATOLOGY**

**TYAGI, ABHILASHA**

Provider ID: 293507  
 Board Certified Specialty: No  
 655 EUCLID AVE STE 401  
 NATIONAL CITY, CA 91950  
 Phone: (619) 579-5115  
 Fax: (619) 749-6174  
 After Hours Phone: (619)  
 579-5115

Provider Gender: Female  
 NPI: 1609262963  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:30AM-4:30PM  
 Website: N/A

**DERMATOLOGY**

**UEBELHOER, NATHAN**

Provider ID: 269137  
 Board Certified Specialty: No  
 655 EUCLID AVE STE 401  
 NATIONAL CITY, CA 91950  
 Phone: (619) 267-8303  
 Fax: (619) 267-4835  
 After Hours Phone: (619)  
 267-8303

Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: NAVAL  
 MEDICAL CTR SD RBE  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:30AM-4:30PM  
 Website: N/A

**DERMATOLOGY**

**UEBELHOER, NATHAN**

Provider ID: 300141  
 Board Certified Specialty: No  
 655 EUCLID AVE STE 304  
 NATIONAL CITY, CA 91950  
 Phone: (619) 267-8303  
 Fax: (619) 267-4835  
 After Hours Phone: (619)  
 267-8303

Provider Gender: Male  
 NPI: 1659344513  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: NAVAL  
 MEDICAL CTR SD RBE  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:30AM-4:30PM  
 Website: N/A



**DERMATOLOGY**

**UEBELHOER, NATHAN**

Provider ID: 125008

Board Certified Specialty: No

📍 655 EUCLID AVE STE 401  
NATIONAL CITY, CA 91950

☎ Phone: (619) 267-8303

Fax: (619) 267-4835

🕒 After Hours Phone: (619)  
267-8303

Provider Gender: Male

NPI: 1659344513

🗨 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: NAVAL  
MEDICAL CTR SD RBE

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:30AM-4:30PM

🌐 Website: N/A

**EMERGENCY MEDICINE**

**TOVAR, JUAN**

Provider ID: 290084

Board Certified Specialty: No

📍 1136 D AVE  
NATIONAL CITY, CA 91950

☎ Phone: (619) 622-4100

🕒 After Hours Phone: (619)  
622-4100

Provider Gender: Male

NPI: 1508896333

🗨 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA

VISTA

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

**FAMILY PRACTICE**

**NAVARRO, VANESSA**

Provider ID: 301784

Board Certified Specialty: No

📍 2400 E 8TH ST  
NATIONAL CITY, CA 91950

☎ Phone: (619) 662-4100

Fax: (619) 259-2807

🕒 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1952563421

🗨 Provider English Spoken: Y  
Provider Language(s)

Spoken: Filipino, Spanish,  
Tagalog

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SHARP CHULA VISTA

MED CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

**FAMILY PRACTICE**

**ROBERTS, POMAI**

Provider ID: 301278

Board Certified Specialty: No

📍 1136 D AVE  
NATIONAL CITY, CA 91950

☎ Phone: (619) 662-4100

Fax: (619) 474-3722

🕒 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1023278314

🗨 Provider English Spoken: Y

🗨 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

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

**NEPHROLOGY**

**COMUNALE, RODERICK**

Provider ID: 290784

Board Certified Specialty: No

📍 502 EUCLID AVE STE 205  
NATIONAL CITY, CA 91950

☎ Phone: (858) 551-0276

Fax: (858) 454-8796

🕒 After Hours Phone: (858)  
551-0276

Provider Gender: Male

NPI: 1568462109

🗨 Provider English Spoken: Y  
Provider Language(s)

Spoken: Spanish


*Cultural Competency: N*  
*Hospital Affiliation: SHARP*  
 CHULA VISTA MED CTR,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA, PARADISE  
 VALLEY HOSPITAL,  
 ALVARADO HOSPITAL LLC,  
 SCRIPPS MERCY HOSPITAL,  
 ALVARADO HOSP MED CTR,  
 KINDRED HOSPITAL SAN  
 DIEGO, KINDRED HOSPITAL  
 SAN DIEGO, SELECT  
 SPECIALTY HOSPITAL SAN  
 DIEGO


*Medi-Cal Open Panel: Y*


*Min/Max Age: 21\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F*  
 9:00AM-5:00PM

 *Website: N/A*


### **OBSTETRICS / GYNECOLOGY**

#### **ASLIAN, AZITA**

*Provider ID: 301797*

*Board Certified Specialty: No*

 1136 D AVE  
 NATIONAL CITY, CA 91950


 *Phone: (619) 662-4100*

*Fax: (619) 336-2323*

 *After Hours Phone: (619)*  
 662-4100

*Provider Gender: Female*

*NPI: 1851667661*

 *Provider English Spoken: Y*

 *Provider Language(s)*  
 Spoken: Fataleka

*Cultural Competency: N*

*Hospital Affiliation: Hemet*

*Global Medical Center, Menifee*

*Global Medical Center,*  
 SCRIPPS MERCY HOSPITAL

*CHULA VISTA, SCRIPPS MERCY*  
 HOSPITAL


*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: SU 10:00AM-4:00PM*  
 M-F 8:30AM-5:30PM  
 SA 8:00AM-2:30PM

 *Website: N/A*


### **OBSTETRICS / GYNECOLOGY**

#### **CARSON, LATISA**


*Provider ID: 295917*

*Board Certified Specialty: No*

 502 EUCLID AVE STE 302  
 NATIONAL CITY, CA 91950

 *Phone: (619) 475-9744*

*Fax: (619) 475-4450*

 *After Hours Phone: (619)*  
 475-9744

*Provider Gender: Female*

*NPI: 1245229129*

 *Provider English Spoken: Y*

 *Provider Language(s)*  
 Spoken: Spanish

*Cultural Competency: N*

*Hospital Affiliation: SHARP*

*CHULA VISTA MED CTR*


*Medi-Cal Open Panel: Y*

*Min/Max Age: 16\999*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*


### **OBSTETRICS / GYNECOLOGY**

#### **DEL ROSARIO, GELEN**


*Provider ID: 206092*

*Board Certified Specialty: No*

 502 EUCLID AVE STE 300  
 NATIONAL CITY, CA 91950

 *Phone: (619) 475-1261*


*Fax: (619) 475-1267*

 *After Hours Phone: (619)*  
 475-1261

*Provider Gender: Female*

*NPI: 1255643474*

 *Provider English Spoken: Y*

 *Provider Language(s)*  
 Spoken: Spanish, Tagalog

*Cultural Competency: N*

*Hospital Affiliation: SHARP*

*CHULA VISTA MED CTR,*

*PARADISE VALLEY HOSPITAL*


*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\19*

*American Sign Language (ASL):*

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F*  
 9:00AM-5:00PM

 *Website: N/A*

*Email:*

*pquiroz\_80@hotmail.com*


### **OBSTETRICS / GYNECOLOGY**

#### **DEL ROSARIO, GELEN**

*Provider ID: 269247*

*Board Certified Specialty: No*

 502 EUCLID AVE STE 300  
 NATIONAL CITY, CA 91950

 *Phone: (619) 475-1261*

*Fax: (619) 475-1267*

 *After Hours Phone: (619)*  
 475-1261

*Provider Gender: Female*

NPI: 1255643474

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish, Tagalog  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 CHULA VISTA MED CTR,  
 PARADISE VALLEY HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 16\999

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 9:00AM-5:00PM  
 Website: N/A  
 Email:  
 pquiroz\_80@hotmail.com

**OBSTETRICS / GYNECOLOGY**  
**DEL ROSARIO, GELEN**

Provider ID: 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: Y  
 Min/Max Age: 0\999

American Sign Language (ASL): **OPHTHALMOLOGY**  
 N

Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 9:00AM-5:00PM  
 Website: N/A  
 Email:  
 pquiroz\_80@hotmail.com

**OBSTETRICS / GYNECOLOGY**  
**WINESBURG, JENNIFER**

Provider ID: 302451  
 Board Certified Specialty: No  
 2400 E 8TH ST STE 8  
 NATIONAL CITY, CA 91950  
 Phone: (619) 662-4100  
 Fax: (619) 259-2807  
 After Hours Phone: (619)  
 662-4100  
 Provider Gender: Female  
 NPI: 1811162456

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL, SHARP  
 CORONADO HOSP AND  
 HEALTHCARE CTR,  
 GROSSMONT HOSPITAL,  
 DESERT REGIONAL MED CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**HAIGHT, BRUCE**

Provider ID: 269113  
 Board Certified Specialty: No  
 655 EUCLID AVE STE 302  
 NATIONAL CITY, CA 91950  
 Phone: (800) 898-2020  
 Fax: (844) 897-3788  
 After Hours Phone: (800)  
 898-2020

Provider Gender: Male  
 NPI: 1427029628

Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation:  
 GROSSMONT HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**OPTOMETRIST**

**AOTO, KIM**

Provider ID: 268722  
 Board Certified Specialty: No  
 2240 E PLAZA BLVD STE  
 F-G  
 NATIONAL CITY, CA 91950  
 Phone: (800) 898-2020  
 Fax: (844) 897-3788  
 After Hours Phone: (800)  
 898-2020

Provider Gender: Female  
 NPI: 1780935650

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Vietnamese

Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**OPTOMETRIST**

**KOO, ANITA**

Provider ID: 304538  
 Board Certified Specialty: No  
 1520 E PLAZA BLVD  
 NATIONAL CITY, CA 91950  
 Phone: (619) 425-7755  
 Fax: (619) 425-2138  
 After Hours Phone: (619) 425-7755

Provider Gender: Female  
 NPI: 1669825667  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**PODIATRIST**

**ATMAR, AKMAL**

Provider ID: 269784  
 Board Certified Specialty: No  
 2345 E 8TH ST STE 105  
 NATIONAL CITY, CA 91950  
 Phone: (929) 287-4511

Fax: (877) 671-6835  
 After Hours Phone: (929) 287-4511  
 Provider Gender: Male  
 NPI: 1558656637  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Farsi, Urdu  
 Cultural Competency: N  
 Hospital Affiliation: PARADISE VALLEY HOSPITAL

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 9:00AM-5:00PM  
 Website: N/A

**PODIATRIST**

**DAVIDSON, JOHN**

Provider ID: 129542  
 Board Certified Specialty: No  
 610 EUCLID AVE STE 301  
 NATIONAL CITY, CA 91950  
 Phone: (619) 427-3481  
 Fax: (619) 420-7807  
 After Hours Phone: (619) 427-3481  
 Provider Gender: Male  
 NPI: 1689069874  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish

Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA  
 Medi-Cal Open Panel: Y

Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 9:00AM-4:30PM  
 Website: N/A

**REGISTERED PHYSICAL THERAPIST**

**CHENG, BRANDON**



Provider ID: 304531  
 Board Certified Specialty: No  
 3400 E 8TH ST STE 108  
 NATIONAL CITY, CA 91950  
 Phone: (619) 482-3000  
 Fax: (619) 695-0050  
 After Hours Phone: (619) 482-3000

Provider Gender: Male  
 NPI: 1336894724  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TH  
 7:00AM-7:00PM  
 F 7:00AM-5:00PM  
 SA 8:00AM-1:00PM  
 Website: N/A

**REGISTERED PHYSICAL THERAPIST**

**JIMENEZ, ANDREA**


Provider ID: 299888  
 Board Certified Specialty: No  
 3400 E 8TH ST STE 108

NATIONAL CITY, CA 91950  
 Phone: (619) 482-3000  
 Fax: (619) 482-3001

 After Hours Phone: (619) 482-3000

Provider Gender: Female

NPI: 1407440670

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish


Cultural Competency: N


Medi-Cal Open Panel: Y


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 7:00AM-7:00PM

 Website: N/A


**REGISTERED PHYSICAL**


**THERAPIST**


**KARANDE, PRACHI**

Provider ID: 287102

Board Certified Specialty: No

 3400 E 8TH ST STE 108  
 NATIONAL CITY, CA 91950


 Phone: (619) 482-3000

 Fax: (619) 482-3001

 After Hours Phone: (619) 482-3000

Provider Gender: Female

NPI: 1699357525

 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

7:00AM-6:00PM

 Website: N/A

**REGISTERED PHYSICAL**


**THERAPIST**


**NGUYEN, TIA**


Provider ID: 305012

Board Certified Specialty: No

 3400 E 8TH ST STE 108  
 NATIONAL CITY, CA 91950


 Phone: (619) 482-3000

 Fax: (619) 695-0050

 After Hours Phone: (619) 482-3000

Provider Gender: Female

NPI: 1457136269

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999


American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 7:00AM-7:00PM

F 7:00AM-4:00PM

 Website: N/A

**REGISTERED PHYSICAL**


**THERAPIST**


**NGUYEN, TIA**

Provider ID: 305011

Board Certified Specialty: No

 3400 E 8TH ST STE 108  
 NATIONAL CITY, CA 91950

 Phone: (619) 482-3000

 Fax: (619) 695-0050

 After Hours Phone: (619) 482-3000

Provider Gender: Female

NPI: 1457136269

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999


American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH 7:00AM-7:00PM

F 7:00AM-4:00PM

 Website: N/A

**REGISTERED PHYSICAL**


**THERAPIST**


**NOVENCIDO, ANDREW**

Provider ID: 301996

Board Certified Specialty: No

 3400 E 8TH ST STE 108  
 NATIONAL CITY, CA 91950


 Phone: (619) 482-3000

 Fax: (619) 695-0050

 After Hours Phone: (619) 482-3000

Provider Gender: Male

NPI: 1447723937

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8:00AM-5:00PM

 Website: N/A

**REGISTERED PHYSICAL**

**THERAPIST**

**NOVENCIDO, ANDREW**

Provider ID: 286784

*Board Certified Specialty: No*  
 3400 E 8TH ST STE 108  
 NATIONAL CITY, CA 91950  
 Phone: (619) 482-3000  
 Fax: (619) 695-0050  
 After Hours Phone: (619)  
 482-3000

Provider Gender: Male  
 NPI: 1447723937

Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**REGISTERED PHYSICAL**

**THERAPIST**

**SPARKS, TODD**

Provider ID: 301110  
*Board Certified Specialty: No*  
 3400 E 8TH ST STE 108  
 NATIONAL CITY, CA 91950  
 Phone: (619) 482-3000  
 Fax: (619) 695-0050  
 After Hours Phone: (619)  
 482-3000

Provider Gender: Male  
 NPI: 1265481139

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER  
 Hours: M 7:00AM-7:00PM  
 TU 7:00AM-0:00PM  
 W-TH 7:00AM-7:00PM  
 F 7:00AM-0:00PM  
 Website: N/A

**REGISTERED PHYSICAL**

**THERAPIST**

**SUGGS, SARAH**

Provider ID: 301430  
*Board Certified Specialty: No*  
 3400 E 8TH ST STE 108  
 NATIONAL CITY, CA 91950  
 Phone: (619) 482-3000  
 Fax: (619) 695-0050  
 After Hours Phone: (619)  
 482-3000

Provider Gender: Female  
 NPI: 1083353650

Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 7:00AM-7:00PM  
 Website: N/A

**REGISTERED PHYSICAL**

**THERAPIST**

**SUGGS, SARAH**

Provider ID: 298366  
*Board Certified Specialty: No*  
 3400 E 8TH ST STE 108  
 NATIONAL CITY, CA 91950  
 Phone: (619) 482-3000  
 Fax: (619) 695-0050  
 After Hours Phone: (619)

482-3000  
 Provider Gender: Female  
 NPI: 1083353650  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 7:00AM-7:00PM  
 Website: N/A

**REGISTERED PHYSICAL**

**THERAPIST**

**VILLANUEVA, GIOVANNI**

Provider ID: 301533  
*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: Y  
 Min/Max Age: 0\999

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F 7:00AM-7:00PM  
 Website: N/A

**OCEANSIDE**

**ANESTHESIOLOGY PAIN  
MANAGEMENT**

**DAIRO, BRANDON**

Provider ID: 299882

Board Certified Specialty: No

3231 WARING CT STE K  
OCEANSIDE, CA 92056

Phone: (760) 607-5350

After Hours Phone: (760)  
607-5350

Provider Gender: Male

NPI: 1689092470

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR, SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 18\64

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-4:30PM

Website: N/A

**CERTIFIED NURSE  
PRACTITIONER**

**BALDWIN, ANDREA**

Provider ID: 294937

Board Certified Specialty: No

818 PIER VIEW WAY  
OCEANSIDE, CA 92054

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1497202121

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 2\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TU  
8:00AM-5:00PM  
W 8:00AM-7:00PM  
TH-F 8:00AM-5:00PM  
SA 9:00AM-6:00PM

Website: N/A

**CERTIFIED NURSE  
PRACTITIONER**

**BINETTE, DONYA**

Provider ID: 303861

Board Certified Specialty: No

2210 MESA DR STE 300  
OCEANSIDE, CA 92054

Phone: (760) 736-6767

Fax: (760) 736-8740

After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1427325166

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

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

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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**CERTIFIED NURSE**


**PRACTITIONER**

**CHILAKA, SAMUEL**

Provider ID: 301315  
 Board Certified Specialty: No  
 517 N HORNE ST  
 OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
 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: Y  
 Min/Max Age: 0\999

American Sign Language (ASL):  
 N




 Accessibility: CONTACT PROVIDER  
 Hours: M-TH  
 8:00AM-8:00PM  
 F 8:00AM-5:00PM  
 SA 9:00AM-4:00PM  
 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**


**CHILAKA, SAMUEL**

Provider ID: 301313


Board Certified Specialty: No  
 818 PIER VIEW WAY  
 OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760)  
 631-5000

Provider Gender: Male

NPI: 1679140644

 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999




American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER  
 Hours: M-TH  
 8:00AM-8:00PM  
 F 8:00AM-5:00PM  
 SA 9:00AM-4:00PM  
 Website: N/A

**CERTIFIED NURSE**


**PRACTITIONER**

**CHILAKA, SAMUEL**

Provider ID: 301314  
 Board Certified Specialty: No  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760)  
 631-5000

Provider Gender: Male

NPI: 1679140644

 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999


American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER  
 Hours: M-TH  
 8:00AM-8:00PM  
 F 8:00AM-5:00PM  
 SA 9:00AM-4:00PM  
 Website: N/A

**CERTIFIED NURSE**


**PRACTITIONER**

**CHIRIBOGA, MEGAN ELISE**




Provider ID: 295492  
 Board Certified Specialty: No  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760)  
 631-5000

Provider Gender: Female

NPI: 1942931589

 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999



American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**CHOI, JI**

Provider ID: 299765  
 Board Certified Specialty: No  
 3220 MISSION AVE STE 1  
 OCEANSIDE, CA 92058  
 Phone: (760) 736-6767  
 Fax: (760) 566-1501



☎ After Hours Phone: (760) 736-6767

Provider Gender: Female

NPI: 1891207668

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Korean

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**CHOI, JI**

Provider ID: 299766

Board Certified Specialty: No

📍 605 CROUCH ST STE C  
OCEANSIDE, CA 92054

☎ Phone: (760) 736-6767

Fax: (760) 566-1501

☎ After Hours Phone: (760) 736-6767

Provider Gender: Female

NPI: 1891207668

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Korean

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F

8:00AM-5:00PM

🌐 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**CHRISTY, TYLER**

Provider ID: 303930

Board Certified Specialty: No

📍 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

☎ After Hours Phone: (760) 631-5000

Provider Gender: Male

NPI: 1689094971

☐ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**CHRISTY, TYLER**

Provider ID: 303931

Board Certified Specialty: No

📍 4700 N RIVER RD  
OCEANSIDE, CA 92057

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

☎ After Hours Phone: (760) 631-5000

Provider Gender: Male

NPI: 1689094971

☐ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

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**

**GENOVESE, KELLY**

Provider ID: 301304

Board Certified Specialty: No

📍 2210 MESA DR STE 5  
OCEANSIDE, CA 92054

☎ Phone: (760) 736-6767

Fax: (760) 736-8740

☎ After Hours Phone: (760) 736-6767

Provider Gender: Female

NPI: 1326052457

☐ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

**CERTIFIED NURSE**


**PRACTITIONER**

**HARRIS, PAMELA**

Provider ID: 302290

Board Certified Specialty: No

 517 N HORNE ST  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1407545221


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**CERTIFIED NURSE  
PRACTITIONER**

**HARRIS, PAMELA**

Provider ID: 302289

Board Certified Specialty: No

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female


NPI: 1407545221

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


**CERTIFIED NURSE  
PRACTITIONER**

**HEAD, KRISTIN**

Provider ID: 268660

Board Certified Specialty: No

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 Phone: (760) 547-1020

Fax: (760) 547-1021

 After Hours Phone: (760)  
547-1020

Provider Gender: Female

NPI: 1699078923

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**CERTIFIED NURSE  
PRACTITIONER**

**HERNANDEZ, JESSICA**

Provider ID: 302299

Board Certified Specialty: No

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1013668680


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**CERTIFIED NURSE  
PRACTITIONER**

**HERNANDEZ, JESSICA**

Provider ID: 302300

Board Certified Specialty: No

 517 N HORNE ST  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1013668680


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

**CERTIFIED NURSE  
PRACTITIONER**

**HERNANDEZ, JESSICA**

Provider ID: 302298  
 Board Certified Specialty: No  
 818 PIER VIEW WAY  
 OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892

After Hours Phone: (760) 631-5000

Provider Gender: Female

NPI: 1013668680

Provider English Spoken: Y  
 Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F  
 8:00AM-5:00PM

Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**HERNANDEZ, JESSICA**

Provider ID: 304495

Board Certified Specialty: No

517 N HORNE ST  
 OCEANSIDE, CA 92054

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760) 631-5000

Provider Gender: Female

NPI: 1013668680

Provider English Spoken: Y  
 Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**HERNANDEZ, JESSICA**

Provider ID: 304494

Board Certified Specialty: No

818 PIER VIEW WAY  
 OCEANSIDE, CA 92054

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760) 631-5000

Provider Gender: Female

NPI: 1013668680

Provider English Spoken: Y  
 Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max 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: 298084

Board Certified Specialty: No

4700 N RIVER RD  
 OCEANSIDE, CA 92057

Phone: (760) 631-5000

After Hours Phone: (760) 631-5000

Provider Gender: Female

NPI: 1245695006

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**KELLEHER, BRIDGET**

Provider ID: 298081

Board Certified Specialty: No

517 N HORNE ST  
 OCEANSIDE, CA 92054

Phone: (760) 631-5000

After Hours Phone: (760) 631-5000

Provider Gender: Female

NPI: 1245695006

Provider English Spoken: Y

Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**KELLEHER, BRIDGET**

Provider ID: 298082

Board Certified Specialty: No

818 PIER VIEW WAY  
OCEANSIDE, CA 92054

Phone: (760) 631-5000

After Hours Phone: (760) 631-5000

Provider Gender: Female

NPI: 1245695006

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**KHUAT, LIEN**

Provider ID: 297851

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: 1366558678

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH  
8:00AM-8:00PM

F 8:00AM-5:00PM

SA 9:00AM-4:00PM

Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**KHUAT, LIEN**

Provider ID: 297849

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: 1366558678

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH  
8:00AM-8:00PM

F 8:00AM-5:00PM

SA 9:00AM-4:00PM

Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**KHUAT, LIEN**

Provider ID: 297850

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: 1366558678

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH  
8:00AM-8:00PM

F 8:00AM-5:00PM

SA 9:00AM-4:00PM

Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**MONTGOMERY, KEITH ALLEN**

Provider ID: 295287

Board Certified Specialty: No

4700 N RIVER RD  
OCEANSIDE, CA 92057

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760) 631-5000

Provider Gender: Male

NPI: 1790978617

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 6\999

American Sign Language (ASL):

N


Accessibility: CONTACT  
PROVIDER

 Hours: M-TU  
8:00AM-5:00PM  
W 10:00AM-7:00PM  
TH-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM  
 Website: N/A

**CERTIFIED NURSE**  
**PRACTITIONER**  
**MONTGOMERY, KEITH ALLEN**


Provider ID: 295285  
Board Certified Specialty: No

 517 N HORNE ST  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000  
Fax: (760) 414-3892


 After Hours Phone: (760)  
631-5000


Provider Gender: Male  
NPI: 1790978617

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 6\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Hours: M-TU  
8:00AM-5:00PM  
W 10:00AM-7:00PM  
TH-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

 Website: N/A

**CERTIFIED NURSE**  
**PRACTITIONER**  
**MONTGOMERY, KEITH ALLEN**


Provider ID: 295286  
Board Certified Specialty: No

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000


Provider Gender: Male  
NPI: 1790978617

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 6\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Hours: M-TU  
8:00AM-5:00PM  
W 10:00AM-7:00PM  
TH-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

 Website: N/A

**CERTIFIED NURSE**  
**PRACTITIONER**  
**PRITZKER, JOELY**



Provider ID: 239772  
Board Certified Specialty: No

 4700 N RIVER RD  
OCEANSIDE, CA 92057

 Phone: (760) 631-5000  
Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000


Provider Gender: Female  
NPI: 1619384351


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Medi-Cal Open Panel: Y  
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: Y  
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: Y

Min/Max 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: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F

8:00AM-5:00PM

SA 9:00AM-4:00PM

🌐 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**SHAHBAZ, LINNAE**

Provider ID: 304821

Board Certified Specialty: No

📍 517 N HORNE ST  
OCEANSIDE, CA 92054

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

☎ After Hours Phone: (760) 631-5000

Provider Gender: Female

NPI: 1427712215

☑ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: TU-W

0:00PM-8:00PM

🌐 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**SHAHBAZ, LINNAE**

Provider ID: 304822

Board Certified Specialty: No

📍 4700 N RIVER RD  
OCEANSIDE, CA 92057

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

☎ After Hours Phone: (760) 631-5000

Provider Gender: Female

NPI: 1427712215

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

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**

**SIMMONS, SUZANNE**

Provider ID: 296058

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: Female

NPI: 1245733450

☑ Provider English Spoken: Y

☑ Provider Language(s) Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F

8:00AM-5:00PM

🌐 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**TAYLOR, CHRISTOPHER**

Provider ID: 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

NPI: 1851747166

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 12\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-2:00PM  
SA 9:00AM-4:00PM

Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**TAYLOR, CHRISTOPHER**

Provider ID: 295503

Board Certified Specialty: No

517 N HORNE ST  
OCEANSIDE, CA 92054  
Phone: (760) 631-5000  
Fax: (760) 414-3892

After Hours Phone: (760) 631-5000

Provider Gender: Male

NPI: 1851747166

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 12\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-2:00PM  
SA 9:00AM-4:00PM  
Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**TAYLOR, CHRISTOPHER**

Provider ID: 295506

Board Certified Specialty: No

818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Phone: (760) 631-5000  
Fax: (760) 414-3892

After Hours Phone: (760) 631-5000

Provider Gender: Male

NPI: 1851747166

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
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**

**WILLIAMS, JINA**

Provider ID: 297182

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: 1225500259

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 18\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M 8:00AM-5:00PM  
TU 10:30AM-7:30PM  
W-F 8:00AM-5:00PM

Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**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: Y  
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: Y

Min/Max Age: 12\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

SA 8:00AM-4:00PM

Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**WINDHAM, SUZONNE**

Provider ID: 303725

Board Certified Specialty: No

517 N HORNE ST  
OCEANSIDE, CA 92054

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1679926208

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 12\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

SA 8:00AM-4:00PM

Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**WINDHAM, SUZONNE**

Provider ID: 303723

Board Certified Specialty: No

818 PIER VIEW WAY  
OCEANSIDE, CA 92054

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1679926208

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

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**

**ALSTON, VICKIE**

Provider ID: 257566

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: 1932209905

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TU  
8:00AM-7:00PM

W-F 8:00AM-5:00PM

SA 8:00AM-5:00PM

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

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: Y

Min/Max Age: 0\999

American Sign Language (ASL):





N  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*

**CERTIFIED REGISTERED**




**NURSE MIDWIFE**

**PERLMAN, TAMARA**

*Provider ID: 290733*  
*Board Certified Specialty: No*  
 2210 MESA DR STE 5  
 OCEANSIDE, CA 92054  
 *Phone: (760) 757-5841*  
*Fax: (760) 736-8740*  
 *After Hours Phone: (760) 757-5841*  
*Provider Gender: Female*  
*NPI: 1730274374*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*



*Cultural Competency: N*  
*Hospital Affiliation: TRI CITY MEDICAL CTR*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 16\999*  
*American Sign Language (ASL):*





N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

**CERTIFIED REGISTERED**

**NURSE MIDWIFE**

**SCHROEDER, MARY**




*Provider ID: 290688*  
*Board Certified Specialty: No*  
 2210 MESA DR STE 5  
 OCEANSIDE, CA 92054  
 *Phone: (760) 757-5841*


*Fax: (760) 736-8740*  
 *After Hours Phone: (760) 757-5841*  
*Provider Gender: Female*  
*NPI: 1164431664*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: TRI CITY MEDICAL CTR*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*


**CERTIFIED REGISTERED**

**NURSE MIDWIFE**

**ZAMORA-FLYR, MARIA**

*Provider ID: 290644*  
*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: 1194938647*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*



*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

**CERTIFIED REGISTERED**


**NURSE MIDWIFE**

**ZAMORA-FLYR, MARIA**

*Provider ID: 290642*  
*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: 1194938647*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS*

*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*  
 N



 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

**CERTIFIED REGISTERED**

**NURSE MIDWIFE**

**ZAMORA-FLYR, MARIA**

*Provider ID: 290643*  
*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: 1194938647*

☐ Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL  
 ENCINITAS  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\999

American Sign Language (ASL):  
 N

♿ Accessibility: CONTACT  
 PROVIDER

🌐 Website: N/A

**CHIROPRACTOR**

**JU, NATHANIEL**

Provider ID: 290221  
 Board Certified Specialty: No

📍 517 N HORNE ST  
 OCEANSIDE, CA 92054

☎ Phone: (760) 631-5000  
 Fax: (760) 414-3892

🕒 After Hours Phone: (760)  
 631-5000

Provider Gender: Male  
 NPI: 1972883882

☐ Provider English Spoken: Y  
 ☐ Provider Language(s)  
 Spoken: Chinese

Cultural Competency: N  
 Medi-Cal Open Panel: Y

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  
 OCEANSIDE, CA 92056

☎ Phone: (760) 547-1000  
 Fax: (760) 547-1021

🕒 After Hours Phone: (760)  
 547-1000

Provider Gender: Female  
 NPI: 1811423072

☐ Provider English Spoken: Y  
 ☐ Provider Language(s)  
 Spoken: Vietnamese

Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19

American Sign Language (ASL):  
 N

♿ Accessibility: CONTACT

**PROVIDER**

🕒 Hours: SU 1:00PM-10:00PM  
 M-F 4:00PM-10:00PM  
 SA 1:00PM-10:00PM

🌐 Website: N/A

**FAMILY PRACTICE**

**MARTINEZ, LESLY**

Provider ID: 298004  
 Board Certified Specialty: No

📍 517 N HORNE ST  
 OCEANSIDE, CA 92054

☎ Phone: (766) 315-0000  
 Fax: (760) 414-3892

🕒 After Hours Phone: (766)  
 315-0000

Provider Gender: Female  
 NPI: 1629509260

☐ Provider English Spoken: Y  
 ☐ Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
 N

♿ Accessibility: CONTACT  
 PROVIDER

🕒 Hours: M 8:00AM-5:00PM  
 TU 10:00AM-7:00PM  
 W-F 8:00AM-5:00PM

🌐 Website: N/A

**FAMILY PRACTICE**

**MARTINEZ, LESLY**

Provider ID: 298005  
 Board Certified Specialty: No

📍 4700 N RIVER RD  
 OCEANSIDE, CA 92057

☎ Phone: (760) 631-5000  
 Fax: (760) 414-3892

🕒 After Hours Phone: (760)

631-5000  
 Provider Gender: Female  
 NPI: 1629509260

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M 8:00AM-5:00PM  
 TU 10:00AM-7:00PM  
 W-F 8:00AM-5:00PM  
 Website: N/A

**FAMILY PRACTICE**

**MARTINEZ, LESLY**

Provider ID: 298006  
 Board Certified Specialty: No  
 818 PIER VIEW WAY  
 OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760)  
 631-5000  
 Provider Gender: Female  
 NPI: 1629509260

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 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**

**SALAMANCA, OMAR**

Provider ID: 295469  
 Board Certified Specialty: No  
 605 CROUCH ST  
 OCEANSIDE, CA 92054  
 Phone: (760) 736-6767  
 Fax: (760) 736-8740  
 After Hours Phone: (760)  
 736-6767  
 Provider Gender: Male  
 NPI: 1083000947

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: KERN  
 MEDICAL CENTER

Medi-Cal Open Panel: Y  
 Min/Max Age: 14\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 SA 8:00AM-4:30PM  
 Website: N/A

**FAMILY PRACTICE**

**VIDAL, MONICA**

Provider ID: 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**FAMILY PRACTICE**

**VIDAL, MONICA**

Provider ID: 293350  
 Board Certified Specialty: No  
 818 PIER VIEW WAY  
 OCEANSIDE, CA 92054  
 Phone: (844) 308-5003  
 Fax: (760) 414-3763  
 After Hours Phone: (844)  
 308-5003  
 Provider Gender: Female  
 NPI: 1871791749

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**FAMILY PRACTICE**

**VIDAL, MONICA**

Provider ID: 293352

Board Certified Specialty: No

517 N HORNE ST  
OCEANSIDE, CA 92054

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1871791749

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

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**

**ZAMPELLO, LISA**

Provider ID: 298463

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: 1477933026

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 3\999

American Sign Language (ASL): **REIMERS, REBECCA**

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**MATERNAL AND FETAL**

**MEDICINE**

**MELBER, DORA**

Provider ID: 296991

Board Certified Specialty: No

3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

Phone: (858) 966-6710

Fax: (858) 966-6711

After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1124413026

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hungarian, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, RADY CHILDRENS

HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y

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**

Provider ID: 294651

Board Certified Specialty: No

3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

Phone: (858) 966-6710

Fax: (858) 966-6711

After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1801207634

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**MATERNAL AND FETAL**

**MEDICINE**

**RICHARDSON, ALVIE**

Provider ID: 264686

Board Certified Specialty: No

3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

Phone: (858) 966-6710

Fax: (858) 966-6711

After Hours Phone: (858)  
966-6710

Provider Gender: Male

NPI: 1154305977

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, Sharp Grossmont  
Hospital  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

**MATERNAL AND FETAL  
MEDICINE**

**SCHWENDEMANN, WADE**

Provider ID: 205437  
Board Certified Specialty: No  
 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056  
 Phone: (858) 966-6710  
Fax: (858) 966-6711  
 After Hours Phone: (858)  
966-6710  
Provider Gender: Male  
NPI: 1477563302

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL, GROSSMONT  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL, SHARP MARY  
BIRCH HOSP FOR WOMEN  
AND NEWBORNS, TRI CITY  
MEDICAL CTR, Sharp  
Grossmont Hospital, Sharp  
Grossmont Hospital  
Medi-Cal Open Panel: Y

Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

**MATERNAL AND FETAL  
MEDICINE**

**WESTERMANN, MELISSA**

Provider ID: 255793  
Board Certified Specialty: No  
 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056  
 Phone: (858) 966-6710  
Fax: (858) 966-6711  
 After Hours Phone: (858)  
966-6710

Provider Gender: Female  
NPI: 1760730758  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
EARL AND LORRAINE MILLER  
CHILDRENS HSP, LONG  
BEACH MEMORIAL MED CTR,  
UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR, SHARP  
MEMORIAL HOSPITAL,  
GROSSMONT HOSPITAL,  
Sharp Grossmont Hospital,  
Sharp Grossmont Hospital  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT

PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

**MATERNAL AND FETAL  
MEDICINE**

**WILLIAMS, KRISTIN**

Provider ID: 206230  
Board Certified Specialty: No  
 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056  
 Phone: (858) 966-6710  
Fax: (858) 966-6711  
 After Hours Phone: (858)  
966-6710  
Provider Gender: Female  
NPI: 1992847131  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: Stanford  
Health Care, LUCILE SALTER  
PACKARD CHILDRENS HOSP,  
SAN MATEO MEDICAL CTR,  
SHARP MEMORIAL HOSPITAL,  
SHARP MARY BIRCH HOSP  
FOR WOMEN AND  
NEWBORNS, TRI CITY  
MEDICAL CTR, CALIFORNIA  
PACIFIC MED CTR,  
CALIFORNIA PACIFIC MED  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO  
Medi-Cal Open Panel: Y  
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: 301573

Board Certified Specialty: No

 3300 VISTA WAY  
OCEANSIDE, CA 92056

 Phone: (760) 967-9900

Fax: (760) 967-6769

 After Hours Phone: (760)  
967-9900

Provider Gender: Male

NPI: 1710481866

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Chinese, Mandarin

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, PALOMAR


MEDICAL CENTER


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
9:00AM-5:00PM

 Website: N/A


**NEUROLOGY**

**JINDAL, ANUJA**

Provider ID: 206266

Board Certified Specialty: No

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 Phone: (760) 547-1020

Fax: (760) 547-1021

 After Hours Phone: (760)  
547-1020

Provider Gender: Female

NPI: 1194046581

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19


American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**NEUROLOGY CHILD**

**SAHAGIAN, MICHELLE**

Provider ID: 206075

Board Certified Specialty: No

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 Phone: (760) 547-1020

Fax: (760) 547-1021

 After Hours Phone: (760)  
547-1020

Provider Gender: Female

NPI: 1275604035

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**OBSTETRICS / GYNECOLOGY**

**BINDER, PRATIBHA**

Provider ID: 273226

Board Certified Specialty: No

 4002 VISTA WAY  
OCEANSIDE, CA 92056


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1174758031

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

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**

**SCHWEIKERT, SUZANNE**

Provider ID: 290422

Board Certified Specialty: No

 2210 MESA DR STE 5  
OCEANSIDE, CA 92054


 Phone: (760) 736-6767


Fax: (760) 967-4863

 After Hours Phone: (760)  
736-6767




Provider Gender: Female

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  
Medi-Cal Open Panel: Y  
Min/Max Age: 16\999

American Sign Language (ASL):  
N

 *Accessibility: CONTACT  
PROVIDER*  
 *Hours: M-F  
8:00AM-5:00PM*  
 *Website: N/A*


### **OPHTHALMOLOGY**

#### **BANSAL, PREETI**

Provider ID: 205619  
Board Certified Specialty: No  
 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056  
 Phone: (960) 547-1020  
Fax: (760) 547-1021

 After Hours Phone: (960)  
547-1020

Provider Gender: Female  
NPI: 1871664631

 *Provider English Spoken: Y*  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, GROSSMONT  
HOSPITAL, SHARP MARY  
BIRCH HOSP FOR WOMEN  
AND NEWBORNS, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MEMORIAL


HOSPITAL, TRI CITY MEDICAL  
CTR


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*



 *Website: N/A*

### **OPHTHALMOLOGY**

#### **BHATIA, SHAGUN**


Provider ID: 267318

Board Certified Specialty: No

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056  
 Phone: (760) 547-1020  
Fax: (760) 547-1021

 After Hours Phone: (760)  
547-1020

Provider Gender: Female  
NPI: 1104237353


 *Provider English Spoken: Y*  
Cultural Competency: N  
Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*


### **OPHTHALMOLOGY**


#### **HENNEIN, LAUREN**

Provider ID: 297013


Board Certified Specialty: No

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 Phone: (760) 547-1020  
Fax: (760) 547-1021

 After Hours Phone: (760)  
547-1020


Provider Gender: Female  
NPI: 1699216010


 *Provider English Spoken: Y*  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*


### **OPHTHALMOLOGY**

#### **JACOBSEN, BRADLEY**

Provider ID: 302868


Board Certified Specialty: Yes

 3231 WARING CT STE S  
OCEANSIDE, CA 92056

 Phone: (760) 631-6144  
Fax: (760) 724-3920

 After Hours Phone: (760)  
631-6144


Provider Gender: Male  
NPI: 1760845184


 *Provider English Spoken: Y*  
Cultural Competency: N  
Hospital Affiliation: TRI CITY

MEDICAL CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### OPHTHALMOLOGY

#### **MOLL, ANGELA**

Provider ID: 205509

Board Certified Specialty: No

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 Phone: (760) 547-1020

Fax: (760) 547-1021

 After Hours Phone: (760)  
547-1020

Provider Gender: Female

NPI: 1861648602

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, GROSSMONT  
HOSPITAL, SHARP MEMORIAL  
HOSPITAL, UCSF BENIOFF  
CHILDREN'S HOSPITAL

OAKLAND, SCRIPPS MERCY  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL CHULA VISTA

Medi-Cal Open Panel: Y


Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


### OPHTHALMOLOGY


#### **MOVAGHAR, MANSOOR**

Provider ID: 216416

Board Certified Specialty: No

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 Phone: (760) 547-1020

 After Hours Phone: (760)  
547-1020

Provider Gender: Male

NPI: 1497792220

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### OPHTHALMOLOGY

#### **OHALLORAN, HENRY**

Provider ID: 205887

Board Certified Specialty: No

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056


 Phone: (760) 547-1020

Fax: (760) 547-1021

 After Hours Phone: (760)  
547-1020

Provider Gender: Male

NPI: 1235287947

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:


GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### OPHTHALMOLOGY

#### **SONG, DELU**

Provider ID: 302871

Board Certified Specialty: No

 3231 WARING CT STE S  
OCEANSIDE, CA 92056


 Phone: (760) 631-6144

Fax: (760) 724-3920

 After Hours Phone: (760)  
631-6144

Provider Gender: Male

NPI: 1437689536

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Chinese, Mandarin

Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR, UCSD MEDICAL  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO



Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT






**PROVIDER**  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**OPTOMETRIST**

**GEE, JENNIFER**




Provider ID: 290927  
 Board Certified Specialty: No  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760)  
 631-5000  
 Provider Gender: Female  
 NPI: 1336589332

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation:  
 COMMUNITY REGIONAL  
 MEDICAL CENTER-FRESNO,  
 CALIFORNIA PACIFIC  
 MEDICAL CENTER - D P APH  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A

**OPTOMETRIST**



**GEE, JENNIFER**

Provider ID: 290210  
 Board Certified Specialty: No  
 517 N HORNE ST  
 OCEANSIDE, CA 92054  
 Phone: (951) 252-2720  
 Fax: (760) 414-3892  
 After Hours Phone: (951)  
 252-2720

Provider Gender: Female  
 NPI: 1336589332  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation:  
 COMMUNITY REGIONAL  
 MEDICAL CENTER-FRESNO,  
 CALIFORNIA PACIFIC  
 MEDICAL CENTER - D P APH  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A

**OPTOMETRIST**

**KASAI, SARAH**

Provider ID: 302769  
 Board Certified Specialty: No  
 517 N HORNE ST  
 OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
 After Hours Phone: (760)  
 631-5000

Provider Gender: Female  
 NPI: 1023406238  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A

**OPTOMETRIST**

**KASAI, SARAH**



Provider ID: 302768



Board Certified Specialty: No  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
 After Hours Phone: (760)  
 631-5000

Provider Gender: Female  
 NPI: 1023406238  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A

**OPTOMETRIST**

**KIM, MICHAEL**

Provider ID: 290902  
 Board Certified Specialty: No  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760)  
 631-5000

Provider Gender: Male  
 NPI: 1164546313  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: SU 8:00AM-5:00PM  
 M-F 8:00AM-5:00PM  
 Website: N/A

**OPTOMETRIST**

**KIM, MICHAEL**

Provider ID: 290904

Board Certified Specialty: No

517 N HORNE ST  
OCEANSIDE, CA 92054

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1164546313

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 8:00AM-5:00PM  
M-F 8:00AM-5:00PM

Website: N/A

**OPTOMETRIST**

**MORA, WENDY**

Provider ID: 290237

Board Certified Specialty: No

517 N HORNE ST  
OCEANSIDE, CA 92054

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1376958389

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**OPTOMETRIST**

**MORA, WENDY**

Provider ID: 290929

Board Certified Specialty: No

4700 N RIVER RD  
OCEANSIDE, CA 92057

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1376958389

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**OPTOMETRIST**

**RING, ROBERT**

Provider ID: 269380

Board Certified Specialty: No

3998 VISTA WAY STE 204  
OCEANSIDE, CA 92056

Phone: (760) 726-9383

Fax: (760) 726-9897

After Hours Phone: (760)  
726-9383

Provider Gender: Male

NPI: 1336228840

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 10:00AM-7:00PM  
TU-TH 9:00AM-5:00PM

F 9:00AM-0:00PM

Website: N/A

**OPTOMETRIST**

**TAM, EMILY**

Provider ID: 290317

Board Certified Specialty: No

4700 N RIVER RD  
OCEANSIDE, CA 92057

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1497161236

Provider English Spoken: Y

Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**OPTOMETRIST**

**TAM, EMILY**

Provider ID: 290318

Board Certified Specialty: No

517 N HORNE ST  
OCEANSIDE, CA 92054

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1497161236

Provider English Spoken: Y

Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

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: Y

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: Y

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: Y

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: 303732

Board Certified Specialty: No

4700 N RIVER RD  
OCEANSIDE, CA 92057

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1457922957

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 5\21

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**OPTOMETRIST**

**TRAN, JESSICA**

Provider ID: 304887





Board Certified Specialty: No

4700 N RIVER RD  
OCEANSIDE, CA 92057

Phone: (760) 631-5000








Fax: (760) 414-3892

After Hours Phone: (760)

631-5000  
 Provider Gender: Female  
 NPI: 1457922957  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 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  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**OTOLARYNGOLOGY**








**LEUIN, SHELBY**

Provider ID: 206111  
 Board Certified Specialty: No  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056  
 Phone: (760) 547-1020  
 Fax: (760) 547-1021  
 After Hours Phone: (760)  
 547-1020  
 Provider Gender: Female  
 NPI: 1124230909  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, UCSF BENIOFF  
 CHILDREN'S HOSPITAL  
 OAKLAND

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**OTOLARYNGOLOGY**

**PATEL, VIJAY**

Provider ID: 297036  
 Board Certified Specialty: No  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056  
 Phone: (760) 547-1020  
 Fax: (760) 547-1021  
 After Hours Phone: (760)  
 547-1020  
 Provider Gender: Male  
 NPI: 1508250747  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, VALLEY CHILDRENS  
 HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**PEDIATRIC EMERGENCY**

**MEDICINE**

**AGHILI, ROXANA**

Provider ID: 303781  
 Board Certified Specialty: No  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056  
 Phone: (760) 547-1000  
 Fax: (760) 547-1021

After Hours Phone: (760) 547-1000

Provider Gender: Female

NPI: 1851927883

Provider English Spoken: Y  
 Provider Language(s) Spoken: Farsi

Cultural Competency: N  
 Hospital Affiliation: KAISER FOUNDATION HOSPITAL SAN DIEGO, RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y

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) 547-1020

Provider Gender: Male

NPI: 1700926698

Provider English Spoken: Y N

Provider Language(s) Spoken: Spanish

Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: SU 1:00PM-10:00PM  
 M-F 4:00PM-10:00PM  
 SA 1:00PM-10:00PM

Website: N/A

**PEDIATRIC EMERGENCY MEDICINE**

**BETTY, MARYANN**

Provider ID: 245755

Board Certified Specialty: No  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056  
 Phone: (760) 547-1000  
 Fax: (760) 547-1021

After Hours Phone: (760) 547-1000

Provider Gender: Female

NPI: 1285014498

Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

Accessibility: CONTACT PROVIDER

Hours: SU 1:00PM-10:00PM  
 M-F 4:00PM-10:00PM  
 SA 1:00PM-10:00PM

Website: N/A

**PEDIATRIC EMERGENCY MEDICINE**

**CHOO, SUN**

Provider ID: 296537

Board Certified Specialty: No  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056  
 Phone: (760) 547-1000  
 Fax: (760) 547-1021

After Hours Phone: (760) 547-1000

Provider Gender: Female

NPI: 1700047628

Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: N

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

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056  
 Phone: (760) 547-1000  
Fax: (760) 547-1021  
 After Hours Phone: (760)  
547-1000  
Provider Gender: Male  
NPI: 1942223664  
 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N



 Accessibility: CONTACT  
PROVIDER  
 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM  
 Website: N/A

**PEDIATRIC EMERGENCY**

**MEDICINE**


**JOSHI, WEENA**

Provider ID: 262236  
Board Certified Specialty: No

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056  
 Phone: (760) 547-1020  
Fax: (760) 547-1021

 After Hours Phone: (760)  
547-1020

Provider Gender: Female  
NPI: 1376862177

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, PALOMAR HEALTH


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM



 Website: N/A

**PEDIATRIC EMERGENCY**

**MEDICINE**



**KINGDON, JOANNA**

Provider ID: 302319  
Board Certified Specialty: No

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056  
 Phone: (760) 547-1000  
Fax: (760) 547-1021

 After Hours Phone: (760)  
547-1000

Provider Gender: Female  
NPI: 1609495399

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

 Website: N/A



**PEDIATRIC EMERGENCY**


**MEDICINE**

**LOVEJOY, AMY**

Provider ID: 206109

Board Certified Specialty: No

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056  
 Phone: (760) 547-1020  
Fax: (760) 547-1021

 After Hours Phone: (760)  
547-1020

Provider Gender: Female  
NPI: 1790856557


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, CHILDRENS HOSPITAL  
OF ORANGE COUNTY

Medi-Cal Open Panel: Y  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A



**PEDIATRIC EMERGENCY**

**MEDICINE**

**PARK, RONALD**



Provider ID: 295456




Board Certified Specialty: No

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056  
 Phone: (760) 547-1000  
Fax: (760) 547-1021

 After Hours Phone: (760)  
547-1000

Provider Gender: Male  
NPI: 1881695914


 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: N  
 Min/Max Age: 0\19




American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: SU 1:00PM-10:00PM  
 M-F 4:00PM-10:00PM  
 SA 1:00PM-10:00PM  
 Website: N/A

**PEDIATRIC EMERGENCY  
MEDICINE**

**PARKER, SHERINE**

Provider ID: 205787  
 Board Certified Specialty: No  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056  
 Phone: (760) 547-1020  
 Fax: (760) 547-1021  
 After Hours Phone: (760)  
 547-1020  
 Provider Gender: Female  
 NPI: 1477626513



 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: GLENDALE  
 ADVENTIST MED CTR,  
 GLENDALE MEMORIAL HOSP  
 AND HEALTH CTR, TRI CITY  
 MEDICAL CTR, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, VALLEY CHILDRENS




HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**PEDIATRIC EMERGENCY  
MEDICINE**

**QUINONES-PEREZ, BIANCA**




Provider ID: 206951  
 Board Certified Specialty: No  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056  
 Phone: (760) 547-1000  
 Fax: (760) 547-1021  
 After Hours Phone: (760)  
 547-1000  
 Provider Gender: Female  
 NPI: 1124360565

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19


American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: SU 1:00PM-10:00PM  
 M-F 4:00PM-10:00PM  
 SA 1:00PM-10:00PM  
 Website: N/A

**PEDIATRIC EMERGENCY  
MEDICINE**




**RUSSELL, SAMUEL**

Provider ID: 301251  
 Board Certified Specialty: No  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056  
 Phone: (760) 547-1000  
 Fax: (760) 547-1021  
 After Hours Phone: (760)  
 547-1000

Provider Gender: Male  
 NPI: 1215564265

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO


Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER  
 Hours: SU 1:00PM-10:00PM  
 M-F 4:00PM-10:00PM  
 SA 1:00PM-10:00PM  
 Website: N/A




**PEDIATRIC EMERGENCY  
MEDICINE**

**SANACORA, RACHEL**

Provider ID: 297730  
 Board Certified Specialty: No  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056  
 Phone: (760) 547-1000  
 Fax: (760) 547-1021  
 After Hours Phone: (760)  
 547-1000  
 Provider Gender: Female  
 NPI: 1548987985

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM  
 Website: N/A




**PEDIATRIC EMERGENCY  
MEDICINE**

**TODD, SARAH**

Provider ID: 302801  
Board Certified Specialty: No  
 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056  
 Phone: (760) 547-1000  
Fax: (760) 547-1021  
 After Hours Phone: (760)  
547-1000  
Provider Gender: Female  
NPI: 1407299787



 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RONALD  
REAGAN UCLA MED CTR,  
SANTA MONICA UCLA MED  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO, UCSD  
MEDICAL CTR


Medi-Cal Open Panel: Y  
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**




**TYGART, MELISSA**

Provider ID: 294097  
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: 1336602507

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: N  
Min/Max Age: 0\19



American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER  
 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM  
 Website: N/A

**PEDIATRIC EMERGENCY  
MEDICINE**




**VAIDYA, KAMALA**

Provider ID: 205813  
Board Certified Specialty: No  
 3605 VISTA WAY STE 172

OCEANSIDE, CA 92056  
 Phone: (760) 547-1000  
Fax: (760) 547-1021  
 After Hours Phone: (760)  
547-1000  
Provider Gender: Female  
NPI: 1083840920

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER  
 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM  
 Website: N/A

**PEDIATRIC EMERGENCY  
MEDICINE**




**VARGAS, JACLYN**

Provider ID: 296485  
Board Certified Specialty: No  
 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056  
 Phone: (760) 547-1000  
Fax: (760) 547-1021  
 After Hours Phone: (760)  
547-1000

Provider Gender: Female  
NPI: 1619359718







 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, Los Angeles General  
Medical Center












Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: SU 1:00PM-10:00PM  
 M-F 4:00PM-10:00PM  
 SA 1:00PM-10:00PM  
 Website: N/A

**PEDIATRIC EMERGENCY MEDICINE**

**WANG, EMILY**






Provider ID: 265953  
 Board Certified Specialty: No  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056  
 Phone: (760) 547-1020  
 Fax: (760) 547-1021  
 After Hours Phone: (760) 547-1020  
 Provider Gender: Female  
 NPI: 1427142363  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A  
**PEDIATRIC GASTROENTEROLOGY**  
**CHU, CHRISTOPHER**  
 Provider ID: 301642  
 Board Certified Specialty: No  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056  
 Phone: (760) 547-1020  
 Fax: (760) 547-1021

 After Hours Phone: (760) 547-1020  
 Provider Gender: Male  
 NPI: 1912369273  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish, Yue Chinese  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A





**PEDIATRIC PULMONOLOGY**  
**LENHART-PENDERGRASS, PATRICIA**

Provider ID: 294643  
 Board Certified Specialty: No  
 3605 VISTA WAY STE 172  
 OCEANSIDE, CA 92056  
 Phone: (760) 547-1020  
 Fax: (760) 547-1021

 After Hours Phone: (760) 547-1020  
 Provider Gender: Female  
 NPI: 1144615659  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**PHYSICAL MEDICINE / REHABILITATION**


**RICHARDSON, HENRY**


Provider ID: 295852  
 Board Certified Specialty: No  
 3231 WARING CT STE K  
 OCEANSIDE, CA 92056  
 Phone: (760) 607-5350  
 Fax: (760) 607-5365  
 After Hours Phone: (760) 607-5350  
 Provider Gender: Male  
 NPI: 1407052459  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, PALOMAR MEDICAL CENTER  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 18\999

American Sign Language (ASL): 757-7546

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**PHYSICAL MEDICINE / REHABILITATION**

**RYAN, KYLE**

Provider ID: 275661

Board Certified Specialty: No

 3605 VISTA WAY  
OCEANSIDE, CA 92056

 Phone: (760) 547-1020

Fax: (760) 547-1021

 After Hours Phone: (760) 547-1020

Provider Gender: Male

NPI: 1447645742


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Y

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**

**BASIN, NATALIE**

Provider ID: 304442

Board Certified Specialty: No

 3629 VISTA WAY  
OCEANSIDE, CA 92056

 Phone: (760) 757-7546

Fax: (760) 547-2311

 After Hours Phone: (760)

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: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**PHYSICIANS ASSISTANT**

**BASIN, NATALIE**

Provider ID: 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: Y


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**PHYSICIANS ASSISTANT**

**KIVIAT, ANNETTE**

Provider ID: 302455

Board Certified Specialty: No

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 Phone: (760) 547-1020

Fax: (760) 547-1021

 After Hours Phone: (760) 547-1020

Provider Gender: Female

NPI: 1205381845

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS MEMORIAL

HOSPITAL, SHARP MEMORIAL


HOSPITAL  
Medi-Cal Open Panel: N

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**

**KUPIS, ROBERT**

Provider ID: 291523

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: 1285676353

☑ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

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**

#### **RAMOS, ELENA**

Provider ID: 301307

Board Certified Specialty: No

📍 605 CROUCH ST BLDG C OCEANSIDE, CA 92054

☎ Phone: (760) 736-6767

Fax: (760) 566-1501

☎ After Hours Phone: (760) 736-6767

Provider Gender: Female

NPI: 1306489570

☑ Provider English Spoken: Y

☑ Provider Language(s) Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

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**

#### **THEPVONGSA, MELISSA**

Provider ID: 293151

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: 1750964425

☑ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8:00AM-5:00PM

🌐 Website: N/A

### **PSYCHOLOGIST**

#### **COOK, SHERYL**

Provider ID: 304924

Board Certified Specialty: No

📍 619 CROUCH ST STE 100 OCEANSIDE, CA 92054

☎ Phone: (760) 736-6767

Fax: (760) 736-8740

☎ After Hours Phone: (760) 736-6767

Provider Gender: Female

NPI: 1750420816

☑ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M 9:00AM-6:15PM W 9:00AM-6:00PM

🌐 Website: N/A

### **PSYCHOLOGIST**

#### **GUTIERREZ, VERONICA**

Provider ID: 304730

Board Certified Specialty: No

📍 517 N HORNE ST OCEANSIDE, CA 92054

☎ Phone: (760) 631-5000

☎ After Hours Phone: (760) 631-5000

Provider Gender: Female

NPI: 1467674176

☑ Provider English Spoken: Y

☑ Provider Language(s) Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

### **PSYCHOLOGIST**

#### **GUTIERREZ, VERONICA**

Provider ID: 304732

Board Certified Specialty: No

📍 818 PIER VIEW WAY OCEANSIDE, CA 92054

☎ Phone: (760) 631-5000

☎ After Hours Phone: (760) 631-5000

Provider Gender: Female

NPI: 1467674176

☑ Provider English Spoken: Y

☑ Provider Language(s)

Spoken: Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A

**PSYCHOLOGIST**

**GUTIERREZ, VERONICA**




Provider ID: 304733  
 Board Certified Specialty: No  
 4700 N RIVER RD  
 OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
 After Hours Phone: (760)  
 631-5000  
 Provider Gender: Female  
 NPI: 1467674176

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A

**PSYCHOLOGIST**



**JENSEN, BRIAN**




Provider ID: 290775  
 Board Certified Specialty: No  
 619 CROUCH ST  
 OCEANSIDE, CA 92054  
 Phone: (760) 566-1620  
 Fax: (760) 433-4040  
 After Hours Phone: (760)

566-1620  
 Provider Gender: Male  
 NPI: 1518138049  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A

**PSYCHOLOGIST**


**KRAPES, MICHAEL**

Provider ID: 290097  
 Board Certified Specialty: No  
 2210 MESA DR STE 300  
 OCEANSIDE, CA 92054  
 Phone: (760) 736-6767  
 Fax: (760) 566-1501

 After Hours Phone: (760)  
 736-6767  
 Provider Gender: Male  
 NPI: 1215233028  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A

**PSYCHOLOGIST**





**MAUHILI, KENNA**

Provider ID: 298272  
 Board Certified Specialty: No  
 619 CROUCH ST STE 100  
 OCEANSIDE, CA 92054

 Phone: (760) 736-6767  
 Fax: (760) 736-8740  
 After Hours Phone: (760)  
 736-6767  
 Provider Gender: Female  
 NPI: 1386949360  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**REGISTERED PHYSICAL  
 THERAPIST**

**FARRAR, COURTNEY**

Provider ID: 295874  
 Board Certified Specialty: No  
 3231 WARING CT STE K  
 OCEANSIDE, CA 92056  
 Phone: (760) 607-5350  
 Fax: (760) 607-5365  
 After Hours Phone: (760)  
 607-5350  
 Provider Gender: Male  
 NPI: 1124577952  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 13\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**SURGERY CARDIOVASCULAR**

**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: Y

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**

**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: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH  
8:00AM-5:00PM

F 8:00AM-4:30PM

Website: N/A

**SURGERY ORTHOPEDIC**

**CIDAMBI, EMILY**

Provider ID: 246469

Board Certified Specialty: No

3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

Phone: (858) 966-6789

Fax: (858) 966-8519

After Hours Phone: (858)  
966-6789

Provider Gender: Female

NPI: 1659634699

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**SURGERY ORTHOPEDIC**

**PRUSS, ERIKA**

Provider ID: 303798

Board Certified Specialty: No

3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

Phone: (760) 547-1020

Fax: (760) 547-1021

After Hours Phone: (760)  
547-1020

Provider Gender: Female

NPI: 1538402441

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**SURGERY ORTHOPEDIC**

**UPASANI, VIDYADHAR**

Provider ID: 260954

Board Certified Specialty: No

3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

Phone: (760) 547-1020

Fax: (760) 547-1021

After Hours Phone: (760)  
547-1020

Provider Gender: Male

NPI: 1548417652

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Y


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

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
SHARP MEMORIAL HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND


Medi-Cal Open Panel: Y


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### **SURGERY PEDIATRIC**

#### **KLING, KAREN**

Provider ID: 206129

Board Certified Specialty: No

 3605 VISTA WAY STE 172  
OCEANSIDE, CA 92056

 Phone: (760) 547-1020

Fax: (760) 547-1021

 After Hours Phone: (760)  
547-1020

Provider Gender: Female

NPI: 1982775144

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
SHARP MARY BIRCH HOSP  
FOR WOMEN AND

NEWBORNS, NATIONAL

NAVAL MED CTR, SHARP

MEMORIAL HOSPITAL


Medi-Cal Open Panel: Y


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### **UROLOGY**

#### **MARIETTI SHEPHERD, SARAH**


Provider ID: 265121

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: 1801094115

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### **PERRIS**

### **CERTIFIED NURSE**


#### **PRACTITIONER**

#### **BLAND, JACELIS**

Provider ID: 296767

Board Certified Specialty: No

 1675 N PERRIS BLVD STE G1  
PERRIS, CA 92571


 Phone: (760) 736-7676

Fax: (760) 566-1501

 After Hours Phone: (760)  
736-7676

Provider Gender: Female

NPI: 1801522859

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Y


Min/Max Age: 0\999

American Sign Language (ASL): **CHEN, ANDREW**

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-4:30PM

 Website: N/A


## POWAY


### CARDIOLOGY

#### **BAYAT, HAMED**

Provider ID: 269450

Board Certified Specialty: No

 15611 POMERADO RD STE 400  
POWAY, CA 92064


 Phone: (858) 675-3110

Fax: (858) 675-3110

 After Hours Phone: (858) 675-3110

Provider Gender: Male

NPI: 1356344196

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: PALOMAR HEALTH, PALOMAR MEDICAL CENTER


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


 Hours: M-F  
9:00AM-5:00PM


 Website: N/A

### CARDIOLOGY

Provider ID: 269315

Board Certified Specialty: No

 15611 POMERADO RD STE 400  
POWAY, CA 92064

 Phone: (858) 675-3100

Fax: (858) 613-2937

 After Hours Phone: (858) 675-3100

Provider Gender: Male

NPI: 1134357007

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS GREEN HOSPITAL, PALOMAR HEALTH, PALOMAR MEDICAL CENTER


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
9:00AM-5:00PM


 Website: N/A


### CARDIOLOGY

#### **SERRY, ROD**

Provider ID: 269471

Board Certified Specialty: No

 15611 POMERADO RD STE 400  
POWAY, CA 92064

 Phone: (858) 592-2696

Fax: (760) 743-8837

 After Hours Phone: (858) 592-2696

Provider Gender: Male

NPI: 1912945130

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Farsi, Portuguese, Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, PALOMAR HEALTH, PALOMAR MEDICAL CENTER


Medi-Cal Open Panel: Y

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

#### **ZAKOV, KAMEN**

Provider ID: 122539

Board Certified Specialty: Yes

 15611 POMERADO RD STE 400  
POWAY, CA 92064


 Phone: (858) 675-3110

Fax: (858) 613-2937

 After Hours Phone: (858) 675-3110

Provider Gender: Male

NPI: 1518933613

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: German

Cultural Competency: N




Hospital Affiliation: PALOMAR HEALTH, PALOMAR MEDICAL CENTER

Medi-Cal Open Panel: Y



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: Y*  
*Min/Max Age: 13\999*  
*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F  
8:00AM-5:00PM*  
 *Website: N/A*

**CERTIFIED NURSE PRACTITIONER**  
**WOLFE, AMANDA**

*Provider ID: 243582*  
*Board Certified Specialty: No*  
 15525 POMERADO RD STE  
 B1  
 POWAY, CA 92064  
 *Phone: (858) 457-8333*


 *After Hours Phone: (858)  
457-8333*


*Provider Gender: Female*  
*NPI: 1063813475*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*


*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*


 *Website: N/A*

**CERTIFIED NURSE PRACTITIONER**  
**WRIGHT, KIMBERLY**

*Provider ID: 256378*  
*Board Certified Specialty: No*  
 15611 POMERADO RD STE  
 400  
 POWAY, CA 92064  
 *Phone: (858) 675-3200*  
*Fax: (858) 673-1587*

 *After Hours Phone: (858)  
675-3200*

*Provider Gender: Female*  
*NPI: 1811400708*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*


*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F*



*8:00AM-5:00PM*  
 *Website: N/A*

**DERMATOLOGY**  
**CHIANG, JENNIFER**

*Provider ID: 302978*  
*Board Certified Specialty: No*  
 15725 POMERADO RD STE  
 102  
 POWAY, CA 92064  
 *Phone: (619) 267-8303*  
*Fax: (619) 267-4835*


 *After Hours Phone: (619)  
267-8303*

*Provider Gender: Female*  
*NPI: 1457656738*

 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Chinese, Mandarin,  
Spanish*

*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:30AM-4:30PM*

 *Website: N/A*

**DERMATOLOGY**  
**CHIANG, JENNIFER**

*Provider ID: 302560*  
*Board Certified Specialty: No*  
 15725 POMERADO RD STE  
 102  
 POWAY, CA 92064  
 *Phone: (619) 267-8303*  
*Fax: (619) 267-4835*

 *After Hours Phone: (619)  
267-8303*



Provider Gender: Female

NPI: 1457656738

Provider English Spoken: Y

Provider Language(s)  
Spoken: Chinese, Mandarin,  
Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-4:30PM

Website: N/A

### DERMATOLOGY

#### **TYAGI, ABHILASHA**

Provider ID: 302554

Board Certified Specialty: No

15725 POMERADO RD STE  
102

POWAY, CA 92064

Phone: (619) 267-8303

Fax: (619) 267-4835

After Hours Phone: (619)  
267-8303

Provider Gender: Female

NPI: 1609262963

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-4:30PM

Website: N/A

### DERMATOLOGY

#### **TYAGI, ABHILASHA**

Provider ID: 302893

Board Certified Specialty: No

15725 POMERADO RD STE  
102

POWAY, CA 92064

Phone: (619) 267-8303

Fax: (619) 267-4835

After Hours Phone: (619)  
267-8303

Provider Gender: Female

NPI: 1609262963

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-4:30PM

Website: N/A

### DERMATOLOGY

#### **UEBELHOER, NATHAN**

Provider ID: 302527

Board Certified Specialty: No

15725 POMERADO RD STE  
102

POWAY, CA 92064

Phone: (619) 267-8303

Fax: (619) 267-4835

After Hours Phone: (619)  
267-8303

Provider Gender: Male

NPI: 1659344513

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: NAVAL

MEDICAL CTR SD RBE

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-4:30PM

Website: N/A

### DERMATOLOGY

#### **UEBELHOER, NATHAN**

Provider ID: 302914

Board Certified Specialty: No

15725 POMERADO RD STE  
102

POWAY, CA 92064

Phone: (619) 267-8303

Fax: (619) 267-4835

After Hours Phone: (619)  
267-8303

Provider Gender: Male

NPI: 1659344513

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: NAVAL

MEDICAL CTR SD RBE

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-4:30PM

Website: N/A

### FAMILY PRACTICE

#### **NAJAND, SADAF**

Provider ID: 270055

Board Certified Specialty: No

15611 POMERADO RD STE

400  
POWAY, CA 92064  
Phone: (858) 675-3200  
Fax: (858) 613-2938  
After Hours Phone: (858) 675-3200

Provider Gender: Female  
NPI: 1669769717  
Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT  
Hours: M-F  
9:00AM-5:00PM  
Website: N/A

**FAMILY PRACTICE**

**WHITE, KERI**

Provider ID: 269491  
Board Certified Specialty: No  
15611 POMERADO RD STE 400  
POWAY, CA 92064  
Phone: (858) 675-3200  
Fax: (858) 613-2938  
After Hours Phone: (858) 675-3200

Provider Gender: Female  
NPI: 1295701159  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT

PROVIDER  
Hours: M-F  
9:00AM-5:00PM  
Website: N/A

**INTERNAL MEDICINE**

**MANSOUR, DAVID**

Provider ID: 291544  
Board Certified Specialty: No  
13010 POWAY RD  
POWAY, CA 92064  
Phone: (858) 218-3000  
Fax: (360) 462-2742  
After Hours Phone: (858) 218-3000

Provider Gender: Male  
NPI: 1689164949  
Provider English Spoken: Y  
Provider Language(s) Spoken: Arabic

Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 14\999  
American Sign Language (ASL): N  
Accessibility: CONTACT  
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: Y  
Min/Max Age: 18\999  
American Sign Language (ASL): N  
Accessibility: CONTACT  
Hours: M-F  
8:00AM-5:00PM  
Website: N/A




**INTERNAL MEDICINE**

**GERIATRIC MEDICINE**

**SCHWARTZ, MARTIN**


Provider ID: 122531  
Board Certified Specialty: No  
15611 POMERADO RD STE 400  
POWAY, CA 92064  
Phone: (858) 675-3100  
Fax: (858) 618-1762  
After Hours Phone: (858) 675-3100




Provider Gender: Male  
NPI: 1861606790  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: PALOMAR HEALTH, PALOMAR MEDICAL CENTER  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\150  
American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**NEONATAL / PERINATAL  
 MEDICINE**




**SAUER, CHARLES**




Provider ID: 206164  
 Board Certified Specialty: No  
 15615 POMERADO RD  
 POWAY, CA 92064  
 Phone: (858) 613-4143  
 Fax: (858) 613-4539  
 After Hours Phone: (858)  
 613-4143  
 Provider Gender: Male  
 NPI: 1538388988  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, SCRIPPS MEMORIAL  
 HOSPITAL ENCINITAS,  
 PALOMAR MEDICAL CENTER,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA, PALOMAR  
 HEALTH, SCRIPPS MEMORIAL  
 HOSPITAL, SOUTHWEST  
 HEALTHCARE RANCHO  
 SPRINGS HOSPITAL,  
 SOUTHWEST HEALTHCARE  
 RANCHO SPRINGS HOSPITAL,  
 SOUTHWEST HEALTHCARE  
 INLAND VALLEY HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**NEONATAL / PERINATAL  
 MEDICINE**

**WEST, JULIE**

Provider ID: 297072  
 Board Certified Specialty: No  
 15615 POMERADO RD  
 POWAY, CA 92064  
 Phone: (858) 613-4143  
 Fax: (858) 613-4539  
 After Hours Phone: (858)  
 613-4143  
 Provider Gender: Female  
 NPI: 1811151848  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**OBSTETRICS / GYNECOLOGY**




**COBB, DAMON**




Provider ID: 206030  
 Board Certified Specialty: No  
 15706 POMERADO RD STE  
 110  
 POWAY, CA 92064  
 Phone: (858) 485-0130

Fax: (858) 485-9424  
 After Hours Phone: (858)  
 485-0130  
 Provider Gender: Male  
 NPI: 1851435598  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: PALOMAR  
 HEALTH, SCRIPPS MEMORIAL  
 HOSPITAL, GROSSMONT  
 HOSPITAL, SHARP MEMORIAL  
 HOSPITAL, PALOMAR  
 MEDICAL CENTER, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TH  
 9:00AM-4:30PM  
 F 9:00AM-1:00PM  
 Website: N/A

**OPHTHALMOLOGY**

**LOZIER, JEFFREY**

Provider ID: 270187  
 Board Certified Specialty: Yes  
 15611 POMERADO RD STE  
 400  
 POWAY, CA 92064  
 Phone: (858) 675-3100  
 Fax: (858) 618-1523  
 After Hours Phone: (858)  
 675-3100  
 Provider Gender: Male  
 NPI: 1225004450  
 Provider English Spoken: Y

*Cultural Competency: N*  
*Hospital Affiliation: PALOMAR HEALTH*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 9:00AM-5:00PM*  
 *Website: N/A*








**OPTOMETRIST**

**KIM, MICHELLE**

*Provider ID: 270014*  
*Board Certified Specialty: No*  
 15611 POMERADO RD STE 400  
 POWAY, CA 92064  
 *Phone: (858) 675-3140*  
*Fax: (858) 613-2936*  
 *After Hours Phone: (858) 675-3140*  
*Provider Gender: Female*  
*NPI: 1457328825*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 9:00AM-5:00PM*  
 *Website: N/A*





**PHYSICIANS ASSISTANT**




**CHATFIELD, ALEXANDRA**

*Provider ID: 276715*  
*Board Certified Specialty: No*  
 15611 POMERADO RD STE 525  
 POWAY, CA 92064  
 *Phone: (858) 485-0050*  
*Fax: (858) 673-5187*  
 *After Hours Phone: (858) 485-0050*  
*Provider Gender: Female*  
*NPI: 1215584628*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

**PODIATRIST**









**HAN, KYOUNG**

*Provider ID: 296326*  
*Board Certified Specialty: No*  
 15706 POMERADO RD STE 102  
 POWAY, CA 92064  
 *Phone: (858) 485-1494*  
*Fax: (858) 485-1515*  
 *After Hours Phone: (858) 485-1494*  
*Provider Gender: Female*  
*NPI: 1083954671*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SADDLEBACK MEMORIAL MED CTR, PALOMAR HEALTH, PALOMAR MEDICAL CENTER*

*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 9:00AM-5:00PM*  
 *Website: N/A*

**PODIATRIST**

**NEGRON, RICARDO**

*Provider ID: 274645*  
*Board Certified Specialty: No*  
 13010 POWAY RD  
 POWAY, CA 92064  
 *Phone: (858) 218-3000*  
*Fax: (858) 633-4688*  
 *After Hours Phone: (858) 218-3000*  
*Provider Gender: Male*  
*NPI: 1932548393*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: Providence St Joseph Hospital*  
*Medi-Cal Open Panel: Y*  
*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*

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: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F  
9:00AM-5:00PM

Website: N/A

### PSYCHOLOGIST

#### **VALLEZ-BARLAM, ANDREA**

Provider ID: 290629

Board Certified Specialty: No

13010 POWAY RD  
POWAY, CA 92064

Phone: (858) 218-3000

Fax: (858) 633-4688

After Hours Phone: (858) 218-3000

Provider Gender: Female

NPI: 1710902143

Provider English Spoken: Y

Provider Language(s) Spoken: German, Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F  
9:00AM-5:00PM

Website: N/A

### PULMONARY DISEASES

#### **BENDER, FRANK**

Provider ID: 270195

Board Certified Specialty: No

15611 POMERADO RD STE 580  
POWAY, CA 92064

Phone: (858) 592-2696

Fax: (858) 592-0627

After Hours Phone: (858) 592-2696

Provider Gender: Male

NPI: 1912015363

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR MEDICAL CENTER, PALOMAR

HEALTH

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F  
9:00AM-6:00PM

Website: N/A

### RHEUMATOLOGY

#### **RAO, SOUMYA**

Provider ID: 46060

Board Certified Specialty: No

15611 POMERADO RD STE

400

POWAY, CA 92064

Phone: (858) 675-3150

Fax: (858) 924-1775

After Hours Phone: (858) 675-3150

Provider Gender: Female

NPI: 1033388616

Provider English Spoken: Y

Provider Language(s) Spoken: Hindi, Kannada, Russian, Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, SHARP

CHULA VISTA MED CTR

Medi-Cal Open Panel: Y

Min/Max Age: 18\150

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### RHEUMATOLOGY

#### **REDDY, SMITHA**

Provider ID: 269402

Board Certified Specialty: No

15725 POMERADO RD STE 117  
POWAY, CA 92064

Phone: (858) 312-1717

Fax: (858) 435-0207

After Hours Phone: (858) 312-1717

Provider Gender: Female




NPI: 1750534715

Provider English Spoken: Y

Provider Language(s) Spoken: Hindi, Kannada,

Telugu  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, PALOMAR  
HEALTH, SCRIPPS MERCY  
HOSPITAL CHULA VISTA,  
SCRIPPS GREEN HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL

Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER  
 Hours: M-TH  
8:00AM-4:00PM  
 Website: N/A

### **SURGERY ORTHOPEDIC**

#### **BALIKIAN, PHILIP**



Provider ID: 257485  
Board Certified Specialty: Yes

 15611 POMERADO RD STE  
400

POWAY, CA 92064  
 Phone: (858) 613-8900  
Fax: (858) 618-1523


 After Hours Phone: (858)  
613-8900


Provider Gender: Male  
NPI: 1407803687


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Armenian, Italian,  
Spanish, Vietnamese

Cultural Competency: N  
Hospital Affiliation: PALOMAR  
HEALTH

Medi-Cal Open Panel: Y  
Min/Max Age: 0\999

American Sign Language (ASL):  15611 POMERADO RD STE  
525

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:00PM

 Website: N/A


### **SURGERY ORTHOPEDIC**

#### **BALIKIAN, PHILIP**

Provider ID: 119552



Board Certified Specialty: Yes

 15611 POMERADO RD STE  
400

POWAY, CA 92064  
 Phone: (858) 613-8900  
Fax: (858) 618-1523

 After Hours Phone: (858)  
613-8900

Provider Gender: Male  
NPI: 1407803687


 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Armenian, Italian,  
Spanish, Vietnamese


Cultural Competency: N  
Hospital Affiliation: PALOMAR  
HEALTH

Medi-Cal Open Panel: Y  
Min/Max Age: 0\150

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:00PM


 Website: N/A


### **SURGERY ORTHOPEDIC**

#### **BRIED, JAMES**

Provider ID: 269500

Board Certified Specialty: No

 15611 POMERADO RD STE  
525  
POWAY, CA 92064

 Phone: (858) 485-0050  
Fax: (858) 485-5071

 After Hours Phone: (858)  
485-0050

Provider Gender: Male  
NPI: 1891809257

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: PALOMAR  
HEALTH

Medi-Cal Open Panel: Y  
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**


### **ADOLESCENT MEDICINE**

#### **CHELVAKUMAR, GAYATHRI**

Provider ID: 296674

Board Certified Specialty: No

 8110 BIRMINGHAM WAY FL  
2




SAN DIEGO, CA 92123  
 Phone: (858) 966-8493  
Fax: (858) 966-8818

 After Hours Phone: (858)  
966-8493

Provider Gender: Female  
NPI: 1447473848




 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):




N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

### **ALLERGY IMMUNOLOGY**

#### **JAMES, CHRISTINE**



Provider ID: 284917  
Board Certified Specialty: No  
 8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1144589979


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 18\999  
American Sign Language (ASL):




N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

### **ALLERGY IMMUNOLOGY**

#### **RIEDL, MARC**

Provider ID: 255768  
Board Certified Specialty: Yes  
 8899 UNIVERSITY CENTER  
LN STE 230  
SAN DIEGO, CA 92122  
 Phone: (858) 657-5350  
 After Hours Phone: (858)  
657-5350  
Provider Gender: Male  
NPI: 1285654889


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):

N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

### **ANESTHESIOLOGY**

#### **ALEXANDER, BRENTON**

Provider ID: 242303  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1811366644


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR



Medi-Cal Open Panel: Y  
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: Y  
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: Y  
 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,  
 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**ANESTHESIOLOGY**

**CURRAN, BRIAN**

Provider ID: 239002  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
 926-8273

Provider Gender: Female

NPI: 1710373642

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A


**ANESTHESIOLOGY**

**FEJLEH, ASHLEY**

Provider ID: 269502  
 Board Certified Specialty: No

 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1609353465  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N





 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A

**ANESTHESIOLOGY**

**FUNDINGSLAND, BRENT**


Provider ID: 280468  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1831166560  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL  
 ENCINITAS, SADDLEBACK  
 MEMORIAL MED CTR, UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999



American Sign Language (ASL): Provider ID: 239607

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

**ANESTHESIOLOGY**


**HYLTON, DIANA**

Provider ID: 241735

Board Certified Specialty: Yes

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1932527751

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR, SOUTHWEST

HEALTHCARE INLAND VALLEY

HOSPITAL, SOUTHWEST

HEALTHCARE RANCHO

SPRINGS HOSPITAL


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**ANESTHESIOLOGY**

**MEYER, MEGAN**

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1720473044

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON


Medi-Cal Open Panel: Y


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: Y


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

**ANESTHESIOLOGY**


**NGUYEN, QUOC SY**

Provider ID: 242188

Board Certified Specialty: No


 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1871911644

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR



Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A


**ANESTHESIOLOGY**

**OSWALD, JESSICA**


Provider ID: 239600  
Board Certified Specialty: No


 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1427315118

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y  
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: 1063685477


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**ANESTHESIOLOGY**

**SORIA, CLAIRE**

Provider ID: 243294  
Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273


Provider Gender: Female  
NPI: 1447516414

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

**ANESTHESIOLOGY**

**SREJIC, UNA**

Provider ID: 206383  
Board Certified Specialty: Yes

 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1588723860


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Stanford  
Health Care, UCSF Medical  
Center At Mission Bay, UCSF  
MEDICAL CENTER AT MOUNT  
ZION, MEDICAL CTR AT UCSF,  
UCSD MEDICAL CTR

Medi-Cal Open Panel: Y  
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: Y

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

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1699057885

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### ANESTHESIOLOGY

#### TSUDA, PAIGE

Provider ID: 271682

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1003261595

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

### ANESTHESIOLOGY

#### TULLY, JEFFREY

Provider ID: 283689

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1871912493

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UC DAVIS

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON,

UCSD MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### ANESTHESIOLOGY

#### TZENG, ERIC

Provider ID: 284577

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1801258264

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### ANESTHESIOLOGY

#### **YODER, ANDREA**

Provider ID: 272804

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1629463104


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### ANESTHESIOLOGY PAIN



#### MANAGEMENT

#### **CASTELLANOS, JOEL**

Provider ID: 243553

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1700296514

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON


Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 18\100

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


**ANESTHESIOLOGY PAIN MANAGEMENT**

**DAIRO, BRANDON**


Provider ID: 300089

Board Certified Specialty: No

 3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110


 Phone: (619) 325-1161

Fax: (619) 325-1717

 After Hours Phone: (619)  
325-1161

Provider Gender: Male

NPI: 1689092470

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

**CARDIOLOGY**

**ALANI, ANAS**

Provider ID: 201252

Board Certified Specialty: Yes

 4168 FRONT ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)

926-8273

Provider Gender: Male

NPI: 1154633709

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, ARROWHEAD REGIONAL

MEDICAL CENTER, LOMA

LINDA UNIVERSITY MED CTR,

RIVERSIDE COUNTY

REGIONAL MED CTR, LAC

RANCHO LOS AMIGOS

NATIONAL REHAB CENTER,

LOS ANGELES COUNTY

HARBOR UCLA MEDICAL

CENTER, LOS ANGELES

COUNTY HARBOR UCLA

MEDICAL CENTER

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


**CARDIOLOGY**

**CASTELLANOS, LUIS**

Provider ID: 211764

Board Certified Specialty: No

 330 LEWIS ST FL 3  
SAN DIEGO, CA 92103

 Phone: (858) 657-8530


Fax: (619) 543-2287

 After Hours Phone: (858)

657-8530

Provider Gender: Male

NPI: 1013059286

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, PIONEERS MEMORIAL

HOSPITAL, EL CENTRO

REGIONAL MEDICAL CENTER

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


**CARDIOLOGY**

**CASTELLANOS, LUIS**

Provider ID: 211765

Board Certified Specialty: No

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1013059286

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, PIONEERS MEMORIAL




HOSPITAL, EL CENTRO

REGIONAL MEDICAL CENTER

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**CARDIOLOGY**

**CRUZ RODRIGUEZ, JOSE**

Provider ID: 300061  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1457770240  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N

Hospital Affiliation: PIONEERS  
 MEMORIAL HOSPITAL, EL  
 CENTRO REGIONAL MEDICAL  
 CENTER

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**CARDIOLOGY**




**KINGDON, TYLER**

Provider ID: 301814

Board Certified Specialty: No  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-5855  
 Fax: (858) 966-7903  
 After Hours Phone: (858)  
 966-5855  
 Provider Gender: Male  
 NPI: 1477084283




 Provider English Spoken: Y  
 Cultural Competency: N


Hospital Affiliation:  
 CHILDRENS HOSPITAL OF  
 ORANGE COUNTY, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**CARDIOLOGY**

**MIZZELL, ANNA**



Provider ID: 214020  
 Board Certified Specialty: No  
 16950 VIA TAZON  
 SAN DIEGO, CA 92127  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1851561021



 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR  
 Medi-Cal Open Panel: Y

Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**CARDIOLOGY**

**MOHAMEDALI, BURHAN**

Provider ID: 245577  
 Board Certified Specialty: No  
 292 EUCLID AVE STE 210  
 SAN DIEGO, CA 92114  
 Phone: (619) 616-2100  
 Fax: (619) 616-2104  
 After Hours Phone: (619)  
 616-2100  
 Provider Gender: Male  
 NPI: 1831393289

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish, Swahili  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 CHULA VISTA MED CTR,

Adventist Health and Rideout  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 9:00AM-5:00PM  
 Website: N/A

**CARDIOLOGY**






**PHREANER, NICHOLAS**

Provider ID: 239946  
 Board Certified Specialty: No

 16950 VIA TAZON  
 SAN DIEGO, CA 92127  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1023373040  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**CARDIOLOGY**






**SHEREV, DIMITRI**

Provider ID: 301306  
 Board Certified Specialty: No  
 6402 EL CAJON BLVD STE  
 100  
 SAN DIEGO, CA 92115  
 Phone: (619) 582-4490  
 Fax: (519) 582-4737  
 After Hours Phone: (619)  
 582-4490  
 Provider Gender: Male  
 NPI: 1154323996  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Bulgarian, Russian,  
 Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,  
 GROSSMONT HOSPITAL,  
 ALVARADO COMMUNITY  
 HOSPITAL, SHARP MEMORIAL  
 HOSPITAL, SCRIPPS  
 MEMORIAL HOSPITAL,  
 ALVARADO HOSPITAL LLC,  
 SHARP CHULA VISTA MED  
 CTR, SHARP CHULA VISTA  
 MED CTR, TRI CITY MEDICAL  
 CTR, SCRIPPS MERCY  
 HOSPITAL CHULA VISTA, Sharp  
 Grossmont Hospital  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 18\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**CARDIOLOGY**



**SHEREV, DIMITRI**

Provider ID: 302987  
 Board Certified Specialty: No  
 6402 EL CAJON BLVD STE  
 102  
 SAN DIEGO, CA 92115  
 Phone: (619) 582-4490  
 Fax: (619) 582-4737  
 After Hours Phone: (619)  
 582-4490  
 Provider Gender: Male  
 NPI: 1154323996  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Bulgarian, Russian,  
 Spanish  
 Cultural Competency: N

Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL,  
 GROSSMONT HOSPITAL,  
 ALVARADO COMMUNITY  
 HOSPITAL, SHARP MEMORIAL  
 HOSPITAL, SCRIPPS  
 MEMORIAL HOSPITAL,  
 ALVARADO HOSPITAL LLC,  
 SHARP CHULA VISTA MED  
 CTR, SHARP CHULA VISTA  
 MED CTR, TRI CITY MEDICAL  
 CTR, SCRIPPS MERCY  
 HOSPITAL CHULA VISTA, Sharp  
 Grossmont Hospital  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 9:00AM-5:00PM  
 Website: N/A

**CARDIOLOGY**






**SUDHAKAR, DEEPTHI**

Provider ID: 295844  
 Board Certified Specialty: No  
 292 EUCLID AVE STE 210  
 SAN DIEGO, CA 92114  
 Phone: (619) 616-2100  
 Fax: (619) 616-2104  
 After Hours Phone: (619)  
 616-2100  
 Provider Gender: Female  
 NPI: 1811307051  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: Sharp  
 Grossmont Hospital, SHARP  
 CHULA VISTA MED CTR

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**CARDIOLOGY**

**YEANG, CALVIN**

Provider ID: 238822  
 Board Certified Specialty: No  
 16950 VIA TAZON  
 SAN DIEGO, CA 92127  
 Phone: (858) 657-8530  
 After Hours Phone: (858)  
 657-8530  
 Provider Gender: Male  
 NPI: 1598011058  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Mandarin  
 Cultural Competency: N

Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR



Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**CARDIOVASCULAR DISEASE**



**LERNER, JONATHAN**

Provider ID: 303447

Board Certified Specialty: No  
 292 EUCLID AVE STE 210  
 SAN DIEGO, CA 92114  
 Phone: (619) 616-2100  
 Fax: (619) 616-2104  
 After Hours Phone: (619)  
 616-2100  
 Provider Gender: Male  
 NPI: 1962899823






 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Hospital Affiliation: SHARP  
 CHULA VISTA MED CTR

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**CARDIOVASCULAR DISEASE**

**PROHASKA, THOMAS**

Provider ID: 299912  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1861889644  
 Provider English Spoken: Y  
 Cultural Competency: N


Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):


N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A




**CERTIFIED ACUPUNCTURIST**

**ARELLANO, JACQUELINE**

Provider ID: 277966  
 Board Certified Specialty: No  
 330 LEWIS ST  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781




 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1104129485

 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N


 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**CERTIFIED ACUPUNCTURIST**


**ARELLANO, JACQUELINE**

Provider ID: 304138  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781

 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1104129485


 Provider English Spoken: Y



Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**CERTIFIED ACUPUNCTURIST**





**ARELLANO, JACQUELINE**

Provider ID: 304137  
 Board Certified Specialty: No  
 4910 DIRECTORS PL  
 SAN DIEGO, CA 92121  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1104129485  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**CERTIFIED ACUPUNCTURIST**








**ARELLANO, JACQUELINE**

Provider ID: 277967  
 Board Certified Specialty: No  
 9333 GENESEE AVE STE  
 200  
 SAN DIEGO, CA 92121  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273

Provider Gender: Female  
 NPI: 1104129485  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**CERTIFIED ACUPUNCTURIST**








**ARELLANO, JACQUELINE**

Provider ID: 277968  
 Board Certified Specialty: No  
 9909 MIRA MESA BLVD  
 STE 200  
 SAN DIEGO, CA 92131  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1104129485  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**CERTIFIED ACUPUNCTURIST**






**CRAFT, KEVIN**

Provider ID: 290942

Board Certified Specialty: No  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 Fax: (858) 633-4680  
 After Hours Phone: (858) 279-0925  
 Provider Gender: Male  
 NPI: 1659745610  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:30AM-5:30PM  
 SA 9:00AM-4:00PM  
 Website: N/A

**CERTIFIED ACUPUNCTURIST**

**JULIAN, FIDES**

Provider ID: 277699  
 Board Certified Specialty: No  
 330 LEWIS ST  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1407401128  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Tagalog  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON


Medi-Cal Open Panel: Y


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**CERTIFIED ACUPUNCTURIST**

**JULIAN, FIDES**

Provider ID: 304132

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1407401128

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

**CERTIFIED ACUPUNCTURIST**

**JULIAN, FIDES**

Provider ID: 277701

Board Certified Specialty: No

 9909 MIRA MESA BLVD  
STE 200

SAN DIEGO, CA 92131

 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1407401128

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON


Medi-Cal Open Panel: Y

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: Y


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**CERTIFIED ACUPUNCTURIST**

**JULIAN, FIDES**

Provider ID: 304131

Board Certified Specialty: No

 4910 DIRECTORS PL  
SAN DIEGO, CA 92121


 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1407401128

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON


Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**CERTIFIED ACUPUNCTURIST**

**SEITZ, GRETCHEN**

Provider ID: 246474

Board Certified Specialty: No

9995 CARMEL MOUNTAIN  
RD STE B10-B11  
SAN DIEGO, CA 92129

Phone: (844) 200-2426

Fax: (858) 240-6470

After Hours Phone: (844)  
200-2426

Provider Gender: Female

NPI: 1396876959

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TU  
8:30AM-5:30PM  
W 10:00AM-7:00PM  
TH-F 8:30AM-5:30PM

Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**AGUILA, YESENIA**

Provider ID: 304624

Board Certified Specialty: No

292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114

Phone: (619) 266-3332

Fax: (619) 266-6000

After Hours Phone: (619)  
266-3332

Provider Gender: Female

NPI: 1245966092

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max 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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**ALSTEEN, STEPHANIE**

Provider ID: 291389

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1013680982

Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**AMOS, MARIA**

Provider ID: 291439

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female


NPI: 1235891953

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

**CERTIFIED NURSE**


**PRACTITIONER**


**BAKER, TANYA**

Provider ID: 255625

Board Certified Specialty: No

 4510 EXECUTIVE DR  
SAN DIEGO, CA 92121

 Phone: (858) 534-8019

 After Hours Phone: (858) 534-8019

Provider Gender: Female

NPI: 1699184259

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

**CERTIFIED NURSE**


**PRACTITIONER**

**BELTRON, KIMBERLY**

Provider ID: 302309

Board Certified Specialty: No

 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

 Phone: (619) 645-6405

Fax: (619) 687-1067

 After Hours Phone: (619) 645-6405

Provider Gender: Female

NPI: 1871295493


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:00PM

 Website: N/A

**CERTIFIED NURSE**


**PRACTITIONER**

**BENARD, ROBERT**

Provider ID: 268229

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1184027724

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UNIVERSITY HSP  
OF SAN DIEGO CO, Highland  
Hospital

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

**CERTIFIED NURSE**


**PRACTITIONER**

**BILOTTA, NATALIE**

Provider ID: 291418

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1144809393

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RIVERSIDE  
COMMUNITY HOSP  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**BUENROSTRO, CHRISTINA**

Provider ID: 243718  
Board Certified Specialty: No  
 4168 FRONT ST  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1851749253

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**BUI, ANH**

Provider ID: 304273  
Board Certified Specialty: No  
 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 Fax: (858) 633-4680  
 After Hours Phone: (858)  
279-0925  
Provider Gender: Male  
NPI: 1184309684

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Vietnamese  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 14\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**BUI, ANH**

Provider ID: 304272  
Board Certified Specialty: No  
 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
 Fax: (858) 633-4680  
 After Hours Phone: (858)  
810-8700  
Provider Gender: Male  
NPI: 1184309684

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 14\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**CAMARGO-LOWTHERS,  
ANGELICA**

Provider ID: 270981  
Board Certified Specialty: No  
 8010 FROST ST STE 510  
SAN DIEGO, CA 92123  
 Phone: (858) 637-4700  
 Fax: (858) 637-4701  
 After Hours Phone: (858)  
637-4700  
Provider Gender: Female  
NPI: 1912982539

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
9:00AM-5:00PM  
 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**CAMARGO-LOWTHERS,**

**ANGELICA**

Provider ID: 54944  
 Board Certified Specialty: No  
 8010 FROST ST STE 510  
 SAN DIEGO, CA 92123  
 Phone: (858) 637-4700  
 Fax: (858) 637-4701  
 After Hours Phone: (858) 637-4700

Provider Gender: Female  
 NPI: 1912982539

Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish

Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 18\150  
 American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F  
 9:00AM-5:00PM

Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**CAMARGO-LOWTHERS, ANGELICA**

Provider ID: 295914  
 Board Certified Specialty: No  
 8010 FROST ST STE 220  
 SAN DIEGO, CA 92123  
 Phone: (858) 637-4700  
 Fax: (858) 637-4701  
 After Hours Phone: (858) 637-4700

Provider Gender: Female  
 NPI: 1912982539

Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**CAPOZZI, JENNIFER**

Provider ID: 241031  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273

Provider Gender: Female  
 NPI: 1336258276

Provider English Spoken: Y  
 Provider Language(s) Spoken: Tagalog

Cultural Competency: N  
 Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F  
 8:00AM-5:00PM

Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**CHANTALA, ELIZABETH**

Provider ID: 291305

Board Certified Specialty: No

200 W ARBOR DR  
 SAN DIEGO, CA 92103

Phone: (800) 926-8273  
 Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1942430442

Provider English Spoken: Y  
 Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**CHAVEZ, ALEXANDRIA**

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: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F  
 8:00AM-5:00PM

 Website: N/A

**CERTIFIED NURSE  
PRACTITIONER**

**CHEATHAM, BRITTANY**


Provider ID: 291461

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1184111684


 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

**CERTIFIED NURSE  
PRACTITIONER**

**CHOATE, BERNADETTE**

Provider ID: 286368

Board Certified Specialty: No

 4303 LA JOLLA VILLAGE  
DR STE 2110

SAN DIEGO, CA 92122


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1104173558

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max 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: Y

Min/Max 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: Y

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**

**CONNER, PAMELA**

Provider ID: 299930

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273



Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1770558967



 Provider English Spoken: Y

*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS GREEN HOSPITAL*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *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: Y*  
*Min/Max 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: 279835*  
*Board Certified Specialty: No*  
 16950 VIA TAZON  
 SAN DIEGO, CA 92127  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*




*Provider Gender: Female*  
*NPI: 1609081710*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

**CERTIFIED NURSE**

**PRACTITIONER**

**COSINO, ANJELICA**







*Provider ID: 201309*  
*Board Certified Specialty: No*  
 200 W ARBOR DR FL 1  
 SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1295238749*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 9:00AM-5:00PM*  
 *Website: N/A*

**CERTIFIED NURSE**

**PRACTITIONER**

**DAVIES, SUMMER**

*Provider ID: 253692*  
*Board Certified Specialty: No*  
 8899 UNIVERSITY CENTER  
 LN STE 220  
 SAN DIEGO, CA 92122  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1679850671*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F*





8:00AM-5:00PM  
 Website: N/A



**CERTIFIED NURSE**  
**PRACTITIONER**

**DAVIS, JANET**

Provider ID: 255796  
 Board Certified Specialty: No  
 330 LEWIS ST  
 SAN DIEGO, CA 92103  
 Phone: (619) 471-9250  
 Fax: (619) 471-9275  
 After Hours Phone: (619)  
 471-9250




Provider Gender: Female  
 NPI: 1164616280  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999


American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A



**CERTIFIED NURSE**  
**PRACTITIONER**

**DE DIOS, SARAH**

Provider ID: 300051  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273



Provider Gender: Female  
 NPI: 1528632742  
 Provider English Spoken: Y

Cultural Competency: N  
 Hospital Affiliation: SHARP  
 CHULA VISTA MED CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A



**CERTIFIED NURSE**  
**PRACTITIONER**

**DEL VECCHIO, MEGAN**

Provider ID: 301725  
 Board Certified Specialty: No  
 4510 EXECUTIVE DR  
 SAN DIEGO, CA 92121  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781

 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1437662863  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999


American Sign Language (ASL):  
 N


 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A


**CERTIFIED NURSE**  
**PRACTITIONER**



**DEL VECCHIO, MEGAN**

Provider ID: 301726  
 Board Certified Specialty: No  
 4520 EXECUTIVE DR  
 SAN DIEGO, CA 92121

 Phone: (800) 926-8273  
 Fax: (888) 539-8781

 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1437662863


 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A



**CERTIFIED NURSE**  
**PRACTITIONER**

**DEUTSCH, KAREN**

Provider ID: 247981  
 Board Certified Specialty: No  
 330 LEWIS ST  
 SAN DIEGO, CA 92103  
 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F

8:00AM-5:00PM  
 Website: N/A


**CERTIFIED NURSE**  
**PRACTITIONER**


**DEUTSCH, KAREN**

Provider ID: 247980

Board Certified Specialty: No

 4168 FRONT ST FL 3  
 SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
 926-8273

Provider Gender: Female

NPI: 1740517127

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
 CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A


**CERTIFIED NURSE**  
**PRACTITIONER**


**DO, ELAINE**

Provider ID: 290950

Board Certified Specialty: No

 4305 UNIVERSITY AVE STE  
 150  
 SAN DIEGO, CA 92105

 Phone: (619) 280-2058  
 Fax: (858) 633-4662

 After Hours Phone: (619)

280-2058  
 Provider Gender: Female  
 NPI: 1215696307

 Provider English Spoken: Y  
 Cultural Competency: N


Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO


Medi-Cal Open Panel: Y

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**

**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: Y

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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER


 Website: N/A


**CERTIFIED NURSE**  
**PRACTITIONER**


**DRISCOLL, KARRIE**

Provider ID: 286345

Board Certified Specialty: No


 4303 LA JOLLA VILLAGE  
 DR STE 2110  
 SAN DIEGO, CA 92122

 Phone: (800) 926-8273  
 Fax: (888) 539-8781

 After Hours Phone: (800)  
 926-8273

Provider Gender: Female

NPI: 1396085098

 Provider English Spoken: Y  
 Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

🗿 Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**DRISCOLL, SUSAN**

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: Y

Min/Max Age: 12\999

American Sign Language (ASL):

N

🗿 Accessibility: CONTACT  
PROVIDER

🕒 Hours: SU 10:00AM-4:00PM  
M-F 8:30AM-5:30PM

SA 8:00AM-2:30PM

🌐 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**DWYER, ERIN**

Provider ID: 269863

Board Certified Specialty: No

📍 4060 4TH AVE STE 310

SAN DIEGO, CA 92103

📞 Phone: (619) 297-4707

Fax: (858) 429-7927

🕒 After Hours Phone: (619)  
297-4707

Provider Gender: Female

NPI: 1003260894

🗿 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

🗿 Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**ECLARINO, GALELEO**

Provider ID: 296764

Board Certified Specialty: No

📍 9995 CARMEL MOUNTAIN  
RD STE B1011

SAN DIEGO, CA 92129

📞 Phone: (844) 200-2426

Fax: (858) 240-6470

🕒 After Hours Phone: (844)  
200-2426

Provider Gender: Female

NPI: 1518687748

🗿 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

🗿 Accessibility: CONTACT

PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**ERICKSON, LISA**

Provider ID: 287444

Board Certified Specialty: No

📍 4168 FRONT ST

SAN DIEGO, CA 92103

📞 Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1669442182

🗿 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

🗿 Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**ERICKSON, LISA**

Provider ID: 278982

Board Certified Specialty: No

📍 200 W ARBOR DR

SAN DIEGO, CA 92103

📞 Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1669442182

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**FELD, KEREN**

Provider ID: 297672

Board Certified Specialty: No

📍 4290 POLK AVE  
SAN DIEGO, CA 92105

☎ Phone: (619) 563-0250

Fax: (858) 633-4681

☎ After Hours Phone: (619)  
563-0250

Provider Gender: Female

NPI: 1730835083

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

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

Fax: (858) 966-7433

☎ 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: N

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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**GIORGI, ASHLEY**

Provider ID: 304877

Board Certified Specialty: No

📍 4290 POLK AVE  
SAN DIEGO, CA 92105

☎ Phone: (619) 563-0250

Fax: (858) 633-4681

☎ After Hours Phone: (619)  
563-0250

Provider Gender: Female

NPI: 1952174203

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

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

 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: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Website: N/A


**CERTIFIED NURSE**


**PRACTITIONER**

**GOMEZ, LESLIE**

Provider ID: 299467

Board Certified Specialty: No

 8899 UNIVERSITY CENTER  
 LN  
 SAN DIEGO, CA 92122


 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)  
 926-8273

Provider Gender: Female

NPI: 1528578713

 Provider English Spoken: Y

 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**GOMEZ, LESLIE**

Provider ID: 299466

Board Certified Specialty: No

 16950 VIA TAZON  
 SAN DIEGO, CA 92127


 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800)  
 926-8273

Provider Gender: Female

NPI: 1528578713

 Provider English Spoken: Y

 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Website: N/A


**CERTIFIED NURSE**

**PRACTITIONER**


**GUADARRAMA, IGNACIO**

Provider ID: 262419

Board Certified Specialty: No

 995 GATEWAY CENTER  
 WAY STE 105

SAN DIEGO, CA 92102


 Phone: (619) 264-1934

Fax: (619) 264-1937

 After Hours Phone: (619)  
 264-1934

Provider Gender: Male

NPI: 1821331174

 Provider English Spoken: Y

 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*

**CERTIFIED NURSE**



**PRACTITIONER**

**HA, THU**

*Provider ID: 293261*  
*Board Certified Specialty: No*  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 *Phone: (858) 810-8700*  
*Fax: (858) 633-4680*  
 *After Hours Phone: (858) 810-8700*

*Provider Gender: Female*  
*NPI: 1346443983*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Vietnamese*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*

*N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*

**CERTIFIED NURSE**

**PRACTITIONER**




**HARKNESS, RUMIKO**

*Provider ID: 208841*  
*Board Certified Specialty: No*  
 4168 FRONT ST  
 SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*  
*NPI: 1487785093*

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Japanese*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*


*N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*




**CERTIFIED NURSE**

**PRACTITIONER**

**HAROUSH, GAL**

*Provider ID: 302475*  
*Board Certified Specialty: No*  
 4973 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 *Phone: (858) 279-0925*  
*Fax: (858) 633-4680*  
 *After Hours Phone: (858) 279-0925*

*Provider Gender: Female*  
*NPI: 1992461230*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*

*N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

**CERTIFIED NURSE**




**PRACTITIONER**

**HEAD, KRISTIN**

*Provider ID: 268656*

*Board Certified Specialty: No*  
 7920 FROST ST STE 200  
 SAN DIEGO, CA 92123  
 *Phone: (858) 966-7484*  
*Fax: (858) 966-4064*  
 *After Hours Phone: (858) 966-7484*

*Provider Gender: Female*  
*NPI: 1699078923*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Medi-Cal Open Panel: Y*  
*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**

*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: Y


Min/Max Age: 0\999

American Sign Language (ASL): Board Certified Specialty: No

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**


**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: Y

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: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

**CERTIFIED NURSE**


**PRACTITIONER**

**HOOPER, BONNIE**

Provider ID: 275255

Board Certified Specialty: No

 4060 4TH AVE STE 415  
SAN DIEGO, CA 92103

 Phone: (619) 298-9809

Fax: (619) 298-9823

 After Hours Phone: (619)  
298-9809

Provider Gender: Female

NPI: 1821062878

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max 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: Y


Min/Max Age: 14\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M 8:30AM-5:30PM  
TU 8:30AM-8:30PM  
W 8:30AM-5:30PM  
TH 8:30AM-8:30PM  
F 8:30AM-5:30PM  
SA 9:00AM-4:00PM

 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**IBARRA, MARTHA**

Provider ID: 295393

Board Certified Specialty: No

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 810-8700

Fax: (858) 633-4680

After Hours Phone: (858)  
810-8700

Provider Gender: Female

NPI: 1114957289

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Medi-Cal Open Panel: Y

Min/Max Age: 14\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM  
TU 8:30AM-8:30PM  
W 8:30AM-5:30PM  
TH 8:30AM-8:30PM  
F 8:30AM-5:30PM  
SA 9:00AM-4:00PM

Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**INSTONE, SUSAN**

Provider ID: 293255

Board Certified Specialty: No

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 810-8700

Fax: (858) 633-4680

After Hours Phone: (858)  
810-8700

Provider Gender: Female

NPI: 1710223268

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**INSTONE, SUSAN**

Provider ID: 293254

Board Certified Specialty: No

4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105

Phone: (619) 280-2058

Fax: (858) 633-4682

After Hours Phone: (619)  
280-2058

Provider Gender: Female

NPI: 1710223268

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**JONES, CHRISTA**

Provider ID: 275563

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1396371431

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**KEMP, KATHRINE**

Provider ID: 301276



Board Certified Specialty: No

📍 1501 IMPERIAL AVE  
SAN DIEGO, CA 92101

☎ Phone: (619) 645-6405

Fax: (619) 687-1067

🕒 After Hours Phone: (619)  
645-6405

Provider Gender: Female

NPI: 1316615313

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:30AM-5:00PM

🌐 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**KI, TRISH**

Provider ID: 293293

Board Certified Specialty: No

📍 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

☎ Phone: (858) 279-0925

Fax: (858) 633-4680

🕒 After Hours Phone: (858)  
279-0925

Provider Gender: Female

NPI: 1376840199

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): Provider Gender: Female  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**KI, TRISH**

Provider ID: 293294

Board Certified Specialty: No

📍 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

☎ Phone: (858) 810-8700

Fax: (858) 633-4680

🕒 After Hours Phone: (858)  
810-8700

Provider Gender: Female

NPI: 1376840199

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Vietnamese

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): Provider Gender: Female  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**KIDANE, ZINNIA**

Provider ID: 302426

Board Certified Specialty: No

📍 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

☎ Phone: (858) 279-0925

Fax: (858) 633-4680

🕒 After Hours Phone: (858)  
279-0925

NPI: 1780334110

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**KIDANE, ZINNIA**

Provider ID: 302427

Board Certified Specialty: No

📍 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

☎ Phone: (858) 810-8700

Fax: (858) 633-4680

🕒 After Hours Phone: (858)  
810-8700

Provider Gender: Female  
NPI: 1780334110

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**KLEMENCIC, TAHNEE**

Provider ID: 302628  
 Board Certified Specialty: No  
 7910 FROST ST STE 195  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-8974  
 Fax: (858) 966-6721  
 After Hours Phone: (858) 966-8974  
 Provider Gender: Female  
 NPI: 1134802283  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: N  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**CERTIFIED NURSE  
 PRACTITIONER**

**LAFORTEZA, JOZELLE**  
 Provider ID: 202666  
 Board Certified Specialty: No  
 9333 GENESEE AVE STE  
 200  
 SAN DIEGO, CA 92121  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1538578307  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**CERTIFIED NURSE  
 PRACTITIONER**

**LANE, KIMBERLY**  
 Provider ID: 301597  
 Board Certified Specialty: No  
 11770 BERNARDO PLAZA  
 CT STE 270  
 SAN DIEGO, CA 92128  
 Phone: (858) 485-0554  
 Fax: (858) 429-7933  
 After Hours Phone: (858)  
 485-0554  
 Provider Gender: Female  
 NPI: 1457670119

Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 16\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A



**CERTIFIED NURSE  
 PRACTITIONER**

**LANE, KIMBERLY**  
 Provider ID: 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: Y  
 Min/Max Age: 16\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**CERTIFIED NURSE  
 PRACTITIONER**

**LANE, KIMBERLY**  
 Provider ID: 301601  
 Board Certified Specialty: No  
 3444 KEARNY VILLA RD  
 STE 202  
 SAN DIEGO, CA 92123  
 Phone: (858) 429-7646  
 Fax: (858) 429-7929  
 After Hours Phone: (858)  
 429-7646  
 Provider Gender: Female  
 NPI: 1457670119  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 16\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT

**PROVIDER**  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A


**CERTIFIED NURSE**

**PRACTITIONER**


**LANE, KIMBERLY**


Provider ID: 301603  
 Board Certified Specialty: No  
 4060 4TH AVE STE 310  
 SAN DIEGO, CA 92103  
 Phone: (619) 297-4707  
 Fax: (858) 429-7927  
 After Hours Phone: (619)  
 297-4707

Provider Gender: Female  
 NPI: 1457670119

 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 16\999  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**


**MANZO, CORINA**

Provider ID: 304481  
 Board Certified Specialty: No  
 2630 1ST AVE  
 SAN DIEGO, CA 92103  
 Phone: (619) 234-2158  
 Fax: (619) 234-0206  
 After Hours Phone: (619)  
 234-2158

Provider Gender: Female

NPI: 1669087326  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER



 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A



**CERTIFIED NURSE**

**PRACTITIONER**

**MARTINEZ, CAROLYN**

Provider ID: 293345  
 Board Certified Specialty: No  
 1016 OUTER RD  
 SAN DIEGO, CA 92154  
 Phone: (619) 429-3733  
 Fax: (619) 628-5550  
 After Hours Phone: (619)  
 429-3733


Provider Gender: Female  
 NPI: 1609101997

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**MEDINA, RUBELETA**

Provider ID: 296673  
 Board Certified Specialty: No  
 9995 CARMEL MOUNTAIN  
 RD STE B1011  
 SAN DIEGO, CA 92129  
 Phone: (844) 200-2426  
 Fax: (858) 240-6470  
 After Hours Phone: (844)  
 200-2426


Provider Gender: Female  
 NPI: 1881153963

 Provider English Spoken: Y  
 Cultural Competency: N

Medi-Cal Open Panel: Y  
 Min/Max 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  
 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: Y

Min/Max Age: 0\999

American Sign Language (ASL): Board Certified Specialty: No  
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: 299648

Board Certified Specialty: No

 8899 UNIVERSITY CENTER  
LN  
SAN DIEGO, CA 92122

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1891061966


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


 Website: N/A


**CERTIFIED NURSE**


**PRACTITIONER**

**MICK, SHARON**

Provider ID: 299647

 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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

**CERTIFIED NURSE**


**PRACTITIONER**

**MICK, SHARON**

Provider ID: 299649

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1891061966

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

**CERTIFIED NURSE**


**PRACTITIONER**

**MIDORO, ABEGAILLE**

Provider ID: 303828

Board Certified Specialty: No

 9855 ERMA RD STE 105  
SAN DIEGO, CA 92131


 Phone: (844) 200-2426  
Fax: (858) 536-8034

 After Hours Phone: (844)  
200-2426

Provider Gender: Female

NPI: 1952925851

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Tagalog


Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-TU  
8:30AM-5:30PM

W 10:00AM-7:00PM  
TH-F 8:30AM-5:30PM

 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**MIDORO, ABEGAILLE**

Provider ID: 303829  
 Board Certified Specialty: No  
 10737 CAMINO RUIZ STE  
 235  
 SAN DIEGO, CA 92126  
 Phone: (844) 200-2426  
 Fax: (858) 578-4417  
 After Hours Phone: (844)  
 200-2426

Provider Gender: Female  
 NPI: 1952925851

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Tagalog  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 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: Y

Min/Max 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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Hours: M-F  
 8:00AM-5:00PM

Website: N/A

**CERTIFIED NURSE**

**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: Y

Min/Max 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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
 N

Accessibility: CONTACT

**PROVIDER**  
 Website: N/A


**CERTIFIED NURSE**

**PRACTITIONER**


**NEJATI, FRESHTA**


Provider ID: 214112

Board Certified Specialty: No

 9909 MIRA MESA BLVD  
STE 200

SAN DIEGO, CA 92131

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1831598119

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max 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  
STE 200

SAN DIEGO, CA 92131

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1336896232

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**NETZEL, JENNIFER**

Provider ID: 291346

Board Certified Specialty: No

 9333 GENESEE AVE  
SAN DIEGO, CA 92121


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1336896232

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Y

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: Y

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: Y


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

**CERTIFIED NURSE  
PRACTITIONER**

**NOVENO, HILARIO**

Provider ID: 286911

Board Certified Specialty: No

4520 EXECUTIVE DR STE  
P2

SAN DIEGO, CA 92121

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1124486865

Provider English Spoken: Y

Provider Language(s)  
Spoken: Tagalog

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**CERTIFIED NURSE  
PRACTITIONER**

**O'CONNELL, STEFANY**

Provider ID: 296846

Board Certified Specialty: No

1016 OUTER RD  
SAN DIEGO, CA 92154

Phone: (619) 429-3733

Fax: (619) 628-5550

After Hours Phone: (619)  
429-3733

Provider Gender: Female

NPI: 1386378479

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**CERTIFIED NURSE  
PRACTITIONER**

**OREJEL, EDITH**

Provider ID: 296716

Board Certified Specialty: No

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 279-0925

Fax: (858) 633-4680

After Hours Phone: (858)  
279-0925

Provider Gender: Female

NPI: 1073278180

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM  
TU 5:30PM-8:30PM  
W 8:30AM-5:30PM  
TH 5:30PM-8:30PM  
F 8:30AM-5:30PM  
SA 9:00AM-4:00PM

Website: N/A

**CERTIFIED NURSE  
PRACTITIONER**

**OREJEL, EDITH**

Provider ID: 296715

Board Certified Specialty: No

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 810-8700

Fax: (858) 633-4680

After Hours Phone: (858)  
810-8700

Provider Gender: Female

NPI: 1073278180

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM  
TU 5:30PM-8:30PM  
W 8:30AM-5:30PM  
TH 5:30PM-8:30PM  
F 8:30AM-5:30PM  
SA 9:00AM-4:00PM

Website: N/A

**CERTIFIED NURSE  
PRACTITIONER**

**ORPILLA, IMELDA**

Provider ID: 282962

Board Certified Specialty: No

10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

Phone: (844) 200-2426

Fax: (858) 578-4417

After Hours Phone: (844)  
200-2426

Provider Gender: Female  
 NPI: 1790785988  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Tagalog  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TU  
 8:30AM-5:30PM  
 W 8:30AM-7:00PM  
 TH-F 8:30AM-5:30PM  
 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**ORPILLA, IMELDA**

Provider ID: 243506  
 Board Certified Specialty: No  
 9995 CARMEL MOUNTAIN RD STE B10-B11  
 SAN DIEGO, CA 92129  
 Phone: (214) 590-5306  
 Fax: (858) 240-6470  
 After Hours Phone: (214) 590-5306  
 Provider Gender: Female  
 NPI: 1790785988  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Tagalog  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

Hours: M-TU  
 8:30AM-5:30PM  
 W 10:00AM-7:00PM  
 TH-F 8:30AM-5:30PM  
 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**PAI, SARAH**

Provider ID: 276870  
 Board Certified Specialty: No  
 350 DICKINSON ST  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1255762167  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 Min/Max 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: (858) 279-0925

Fax: (858) 633-4680  
 After Hours Phone: (858) 279-0925  
 Provider Gender: Male  
 NPI: 1073169769  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Tagalog  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A



**CERTIFIED NURSE**

**PRACTITIONER**

**PATIAG, DANIEL**

Provider ID: 293249  
 Board Certified Specialty: No  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
 Fax: (858) 633-4680  
 After Hours Phone: (858) 810-8700  
 Provider Gender: Male  
 NPI: 1073169769  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Tagalog  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER



 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A


**CERTIFIED NURSE  
PRACTITIONER**

**PEREZ, ALLYSSA**

Provider ID: 286223

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1497358915


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**CERTIFIED NURSE  
PRACTITIONER**


**PEREZ, ALLYSSA**

Provider ID: 304162

Board Certified Specialty: No

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1497358915

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


**CERTIFIED NURSE  
PRACTITIONER**

**PEREZ, ALLYSSA**

Provider ID: 286222

Board Certified Specialty: No

 4510 EXECUTIVE DR  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1497358915

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**CERTIFIED NURSE  
PRACTITIONER**

**POPE, KATILYNN**

Provider ID: 303129

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: 1174232748

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**PRUETT, ZHIKE**

Provider ID: 76608

Board Certified Specialty: No

📍 4060 4TH AVE STE 220  
SAN DIEGO, CA 92103

☎ Phone: (619) 299-2350

☎ After Hours Phone: (619) 299-2350

Provider Gender: Female

NPI: 1295086262

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 18\150

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
9:00AM-5:00PM

🌐 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**PRUETT, ZHIKE**

Provider ID: 295975

Board Certified Specialty: No

📍 4060 4TH AVE STE 220  
SAN DIEGO, CA 92103

☎ Phone: (619) 299-2350

☎ After Hours Phone: (619) 299-2350

Provider Gender: Female

NPI: 1295086262

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

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**

**QUINTO, CINDY**

Provider ID: 293264

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: 1902810377

☑ Provider English Spoken: Y  
☑ Provider Language(s)

Spoken: French, Lao,  
Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**QUINTO, CINDY**

Provider ID: 293265

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: 1902810377

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: French, Lao,  
Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

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

8899 UNIVERSITY CENTER LN  
SAN DIEGO, CA 92122

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1275904047

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**RANDLE, CARRIE**

Provider ID: 299296

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8800

Fax: (858) 966-7433

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: N

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**RIEGO, SUZANNE**

Provider ID: 214477

Board Certified Specialty: No

3750 CONVOY ST STE 312  
SAN DIEGO, CA 92111

Phone: (858) 292-7200

After Hours Phone: (858) 292-7200

Provider Gender: Female

NPI: 1144453754

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**ROBERTSON, RACHAEL**

Provider ID: 286940

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1659912327

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**RODENMEYER, EVE**

Provider ID: 295956

Board Certified Specialty: No

4305 UNIVERSITY AVE STE 150  
SAN DIEGO, CA 92105

Phone: (619) 280-2058

Fax: (858) 633-4682

After Hours Phone: (619) 280-2058

Provider Gender: Female



NPI: 1225782022

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**CERTIFIED NURSE PRACTITIONER**

**ROSCOE, SYDNEY**


Provider ID: 305039  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1992448864



 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**CERTIFIED NURSE PRACTITIONER**

**ROSCOE, SYDNEY**

Provider ID: 305038  
 Board Certified Specialty: No  
 350 DICKINSON ST  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1992448864

 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y

Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**CERTIFIED NURSE PRACTITIONER**




**ROSCOE, SYDNEY**





Provider ID: 305037  
 Board Certified Specialty: No  
 4510 EXECUTIVE DR  
 SAN DIEGO, CA 92121  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1992448864

 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**CERTIFIED NURSE PRACTITIONER**



**ROSS, CRYSTAL**

Provider ID: 287763  
 Board Certified Specialty: No  
 350 DICKINSON ST  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1548683378



 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, GROSSMONT HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**CERTIFIED NURSE PRACTITIONER**

**ROSS, CRYSTAL**

Provider ID: 302559  
 Board Certified Specialty: No  
 4290 POLK AVE  
 SAN DIEGO, CA 92105  
 Phone: (619) 563-0250  
 Fax: (858) 633-4681  
 After Hours Phone: (619) 563-0250  
 Provider Gender: Female  
 NPI: 1548683378

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, GROSSMONT HOSPITAL  
 Medi-Cal Open Panel: Y  
 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: Y

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: Y

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: Y

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

NPI: 1285732586

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


**CERTIFIED NURSE  
PRACTITIONER**

**SAMPSON, ANDRIECE**

Provider ID: 303282

Board Certified Specialty: No


 2630 1ST AVE  
SAN DIEGO, CA 92103

 Phone: (619) 234-2158  
Fax: (619) 234-0505

 After Hours Phone: (619)  
234-2158

Provider Gender: Female

NPI: 1619594124

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**SANTANGELO, JOANNE**

Provider ID: 293285

Board Certified Specialty: No

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 279-0925

Fax: (858) 633-4680

After Hours Phone: (858)  
279-0925

Provider Gender: Female

NPI: 1619370475

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**SANTANGELO, JOANNE**

Provider ID: 293286

Board Certified Specialty: No

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 810-8700

Fax: (858) 633-4680

After Hours Phone: (858)  
810-8700

Provider Gender: Female

NPI: 1619370475

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): Provider Gender: Female

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**SATTERWHITE, MAURINE**

Provider ID: 293258

Board Certified Specialty: No

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 279-0925

Fax: (858) 633-4680

After Hours Phone: (858)  
279-0925

Provider Gender: Female

NPI: 1225012842

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): Provider Gender: Female

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**SATTERWHITE, MAURINE**

Provider ID: 293259

Board Certified Specialty: No

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 810-8700

Fax: (858) 633-4680

After Hours Phone: (858)  
810-8700

NPI: 1225012842

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**SEARS-WILEY, ELIZABETH**

Provider ID: 276851

Board Certified Specialty: No

350 DICKINSON ST  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1215394382

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**SELBY, BLAKE**

Provider ID: 256646

Board Certified Specialty: No

4520 EXECUTIVE DR  
SAN DIEGO, CA 92121

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1417194358

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**SELBY, BLAKE**

Provider ID: 246423

Board Certified Specialty: No

4510 EXECUTIVE DR  
SAN DIEGO, CA 92121

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1417194358

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR, UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**SENA, TIFFANY**

Provider ID: 300229

Board Certified Specialty: No

550 WASHINGTON ST STE  
300

SAN DIEGO, CA 92103

Phone: (619) 297-5437

Fax: (619) 297-4567

After Hours Phone: (619)  
297-5437

Provider Gender: Female

NPI: 1710539523

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: N

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH  
8:00AM-8:00PM  
F 8:00AM-5:00PM

Website: N/A

**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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**TAING, JENNIFER**

Provider ID: 201573

Board Certified Specialty: No

4168 FRONT ST  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1649528357

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR

Medi-Cal Open Panel: Y

Min/Max 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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**TIMBERMAN, SARAH**

Provider ID: 295361

Board Certified Specialty: No

3030 CHILDRENS WAY FL  
2

SAN DIEGO, CA 92123  
 Phone: (858) 966-4003  
Fax: (858) 560-6798

After Hours Phone: (858)  
966-4003

Provider Gender: Female

NPI: 1144614066

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**TONJES, ERIKA**

Provider ID: 298018

Board Certified Specialty: No

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 279-9676  
Fax: (858) 633-4680

After Hours Phone: (858)  
279-9676

Provider Gender: Female

NPI: 1205540812

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max 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: 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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A



**CERTIFIED NURSE**

**PRACTITIONER**

**TOPPEN, LAURA**

Provider ID: 215477

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1326563495

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max 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: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**VIBAL-POASTER, MARIA**

Provider ID: 205651

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1376046680

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max 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)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:30AM-5:30PM

 Website: N/A


**CERTIFIED NURSE PRACTITIONER**

**WALDRUP, LA'RHONDA**

Provider ID: 299260

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5888

Fax: (858) 966-7483

 After Hours Phone: (858)  
966-5888

Provider Gender: Female

NPI: 1831627181

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: PALOMAR  
MEDICAL CENTER, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Y

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: Y

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

NPI: 1902368319


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


**CERTIFIED REGISTERED NURSE ANESTHETIST**


**ALFONSO, ALVIN**

Provider ID: 256374

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1952653404

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

**CERTIFIED REGISTERED NURSE ANESTHETIST**

**AMADOR, LINDSAY**

Provider ID: 291388

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1003556184

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT

**PROVIDER**  
 Website: N/A


**CERTIFIED REGISTERED**  
**NURSE ANESTHETIST**


**APPLEGET, JOSEPH**

Provider ID: 239602

Board Certified Specialty: No

 200 W ARBOR DR  
 SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
 926-8273

Provider Gender: Male

NPI: 1568980472

 Provider English Spoken: Y  
 Cultural Competency: N


Hospital Affiliation: RIVERSIDE  
 COMMUNITY HOSP


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A


**CERTIFIED REGISTERED**  
**NURSE ANESTHETIST**


**BARBA, ARNEL**

Provider ID: 262186

Board Certified Specialty: No


 286 EUCLID AVE STE 109  
 SAN DIEGO, CA 92114

 Phone: (619) 564-8249

 After Hours Phone: (619)  
 564-8249

Provider Gender: Male

NPI: 1750366928

 Provider English Spoken: Y

 Provider Language(s)  
 Spoken: Tagalog


Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Website: N/A

**CERTIFIED REGISTERED**  
**NURSE ANESTHETIST**

**BAYLIS, CHRISTOPHER**


Provider ID: 240763

Board Certified Specialty: No

 200 W ARBOR DR  
 SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
 926-8273

Provider Gender: Male

NPI: 1174893358


 Provider English Spoken: Y  
 Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A


**CERTIFIED REGISTERED**  
**NURSE ANESTHETIST**


**BILLINGTON, KATHERINE**

Provider ID: 262246

Board Certified Specialty: No

 286 EUCLID AVE STE 109  
 SAN DIEGO, CA 92114

 Phone: (619) 564-8249

 After Hours Phone: (619)  
 564-8249

Provider Gender: Female

NPI: 1962787366


 Provider English Spoken: Y  
 Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Website: N/A


**CERTIFIED REGISTERED**  
**NURSE ANESTHETIST**

**BOEING, KRISTINA**

Provider ID: 274397

Board Certified Specialty: No

 200 W ARBOR DR  
 SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
 926-8273

Provider Gender: Female

NPI: 1205134301

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY



THORNTON, UCSD MEDICAL  
 CTR

Medi-Cal Open Panel: Y


Min/Max Age: 0\999




American Sign Language (ASL):  
 N

 Accessibility: CONTACT

**PROVIDER**  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A





**CERTIFIED REGISTERED  
 NURSE ANESTHETIST**  
**BURROWS, TERENCE**

Provider ID: 256694  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1023194560




 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**CERTIFIED REGISTERED  
 NURSE ANESTHETIST**  
**DOLLAND, STEVEN**



Provider ID: 280552  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male

NPI: 1982059044  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: KERN  
 MEDICAL CENTER, UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**CERTIFIED REGISTERED  
 NURSE ANESTHETIST**  
**FERRITER, STACY**

Provider ID: 265295  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1780725556

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER




 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**CERTIFIED REGISTERED  
 NURSE ANESTHETIST**  
**GARCIA, CALVIN**

Provider ID: 217365  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1427419944

 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**CERTIFIED REGISTERED  
 NURSE ANESTHETIST**  
**GONZALEZ, LISA**

Provider ID: 299905  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1083254205

Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

**CERTIFIED REGISTERED  
NURSE ANESTHETIST**  
**POLIKOWSKI, SAMANTHA**

Provider ID: 291444  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1194134114

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: KAISER  
FOUNDATION HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

**CERTIFIED REGISTERED  
NURSE ANESTHETIST**

**RAMIREZ, NICOLE**  
Provider ID: 291404  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1487213500

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

**CERTIFIED REGISTERED  
NURSE ANESTHETIST**

**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: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

**CERTIFIED REGISTERED  
NURSE ANESTHETIST**

**VINCENT, BERLIN**  
Provider ID: 291454  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781  
 After Hours Phone: (800)  
926-8273  
Provider Gender: Male  
NPI: 1144987801

Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
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: Y

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: Y

Min/Max Age: 0\999

American Sign Language (ASL): NPI: 1518274919

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: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

**CERTIFIED REGISTERED**

**NURSE MIDWIFE**

**GOODWIN, RACHEL**

Provider ID: 210018

Board Certified Specialty: No

📍 4168 FRONT ST  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

📞 After Hours Phone: (800) 926-8273

Provider Gender: Female

☑ 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: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

**CERTIFIED REGISTERED**

**NURSE MIDWIFE**

**GOODWIN, RACHEL**

Provider ID: 210019

Board Certified Specialty: No

📍 16950 VIA TAZON  
SAN DIEGO, CA 92127

☎ Phone: (800) 926-8273

📞 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1518274919

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): Provider Gender: Female  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**CERTIFIED REGISTERED NURSE MIDWIFE**


**GREAR MANN, MELISSA**

Provider ID: 210053

Board Certified Specialty: No


 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1255384475


 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): Provider Gender: Female  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**CERTIFIED REGISTERED NURSE MIDWIFE**


**GREAR MANN, MELISSA**

Provider ID: 210052

Board Certified Specialty: No

 4168 FRONT ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

NPI: 1255384475


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

**CERTIFIED REGISTERED NURSE MIDWIFE**


**GUNTHER, HOPE**

Provider ID: 210041


Board Certified Specialty: No

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female  
NPI: 1285667741


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**CERTIFIED REGISTERED NURSE MIDWIFE**


**HIRSCH, JENNIFER**

Provider ID: 210055


Board Certified Specialty: No


 4168 FRONT ST  
SAN DIEGO, CA 92103

 Phone: (619) 543-7878

 After Hours Phone: (619)  
543-7878

Provider Gender: Female  
NPI: 1891752069

 Provider English Spoken: Y




 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

**CERTIFIED REGISTERED**


**NURSE MIDWIFE**


**HIRSCH, JENNIFER**

*Provider ID: 210054*

*Board Certified Specialty: No*

 200 W ARBOR DR  
 SAN DIEGO, CA 92103


 *Phone: (619) 543-7878*

 *After Hours Phone: (619) 543-7878*

*Provider Gender: Female*

*NPI: 1891752069*

 *Provider English Spoken: Y*


 *Provider Language(s) Spoken: Spanish*


*Cultural Competency: N*

*Medi-Cal Open Panel: Y*

*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: Y*

*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: Y*

*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*


**CERTIFIED REGISTERED**


**NURSE MIDWIFE**

**PERDION, KAREN**

*Provider ID: 210134*

*Board Certified Specialty: No*

 4168 FRONT ST  
 SAN DIEGO, CA 92103

 *Phone: (619) 543-7878*

*Fax: (619) 543-2366*

 *After Hours Phone: (619) 543-7878*

*Provider Gender: Female*

*NPI: 1518916857*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD*


*MEDICAL CTR*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F 8:00AM-5:00PM*

 *Website: N/A*

**CERTIFIED REGISTERED**


**NURSE MIDWIFE**


**PERDION, KAREN**

*Provider ID: 210137*

*Board Certified Specialty: No*

 16950 VIA TAZON  
 SAN DIEGO, CA 92127

 *Phone: (800) 926-8273*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1518916857*

 *Provider English Spoken: Y*  
*Cultural Competency: N*

*Hospital Affiliation: UCSD*

*MEDICAL CTR*

*Medi-Cal Open Panel: Y*

*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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M 9:00AM-6:00PM  
 W 9:00AM-6:00PM  
 F 9:00AM-2:00PM  
 Website: N/A

**CHIROPRACTOR**

**BUI, MAI**

Provider ID: 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 9:00AM-5:00PM  
 Website: N/A

**CHIROPRACTOR**

**BUI, MAI**

Provider ID: 125052  
 Board Certified Specialty: No  
 5354 UNIVERSITY AVE STE  
 3  
 SAN DIEGO, CA 92105  
 Phone: (619) 692-3211  
 Fax: (619) 640-3211  
 After Hours Phone: (619)  
 692-3211  
 Provider Gender: Female  
 NPI: 1780901264

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Vietnamese  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 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: Y  
 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

**CHIROPRACTOR**

**GILIBERTO, JOSEPH**  
 Provider ID: 291547  
 Board Certified Specialty: No  
 10737 CAMINO RUIZ STE 235  
 SAN DIEGO, CA 92126  
 Phone: (844) 200-2426  
 Fax: (619) 399-5959  
 After Hours Phone: (844) 200-2426  
 Provider Gender: Male  
 NPI: 1821463159  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 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: Y  
 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**

**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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M 10:00AM-6:00PM  
 TU 10:00AM-2:00PM  
 W 10:00AM-6:00PM  
 TH 10:00AM-2:00PM  
 F 10:00AM-6:00PM  
 Website: N/A

**CHIROPRACTOR**

**ROBINSON, DEAN**  
 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: Y

Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM  
 Website: N/A

**CHIROPRACTOR**

**ROBINSON, DEAN**  
 Provider ID: 300847  
 Board Certified Specialty: No  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 Fax: (858) 633-4680  
 After Hours Phone: (858) 279-0925  
 Provider Gender: Male  
 NPI: 1851320337  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**DERMATOLOGY**

**FABRIKANT, JORDAN**

Provider ID: 262275  
 Board Certified Specialty: No  
 4060 4TH AVE STE 415  
 SAN DIEGO, CA 92103  
 Phone: (619) 298-9809  
 Fax: (619) 298-9823  
 After Hours Phone: (619)  
 298-9809  
 Provider Gender: Male  
 NPI: 1649585753  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA  
 Medi-Cal Open Panel: Y

Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 9:00AM-5:00PM  
 Website: N/A

**DERMATOLOGY**

**KANNAN, SWATI**

Provider ID: 286287  
 Board Certified Specialty: No  
 8899 UNIVERSITY CENTER  
 LN STE 350  
 SAN DIEGO, CA 92122  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1508155227  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RONALD  
 REAGAN UCLA MED CTR,  
 SANTA MONICA UCLA MED  
 CTR, UCSD MEDICAL CTR,  
 UCSD LA JOLLA JOHN SALLY  
 THORNTON  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**DERMATOLOGY**

**KAUNITZ, GENEVIEVE**

Provider ID: 285011  
 Board Certified Specialty: No  
 8899 UNIVERSITY CENTER  
 LN STE 350  
 SAN DIEGO, CA 92122  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1053734905  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A




**DERMATOLOGY**

**KAUNITZ, GENEVIEVE**

Provider ID: 269301  
 Board Certified Specialty: No  
 8899 UNIVERSITY CENTER  
 LN STE 350  
 SAN DIEGO, CA 92122  
 Phone: (858) 657-8322  
 Fax: (888) 539-8781  
 After Hours Phone: (858)  
 657-8322  
 Provider Gender: Female  
 NPI: 1659654598  
 Provider English Spoken: Y  
 Cultural Competency: N

*Hospital Affiliation:*  
PROVIDENCE SAINT JOHNS  
HEALTH CENTER, SANTA  
MONICA UCLA MED CTR,  
RONALD REAGAN UCLA MED  
CTR, UCSD MEDICAL CTR,  
UCSD LA JOLLA JOHN SALLY  
THORNTON


*Medi-Cal Open Panel:* Y  
*Min/Max Age:* 0\999  
*American Sign Language (ASL):*  
N

 *Accessibility:* CONTACT  
PROVIDER  
 *Hours:* M-F  
8:00AM-5:00PM  
 *Website:* N/A

### **DERMATOLOGY**




#### **SHI, VERONICA**

*Provider ID:* 271713  
*Board Certified Specialty:* No  
 8899 UNIVERSITY CENTER  
LN STE 350  
SAN DIEGO, CA 92122  
 *Phone:* (858) 657-8322  
*Fax:* (888) 539-8781  
 *After Hours Phone:* (858)  
657-8322

*Provider Gender:* Female  
*NPI:* 1366897464  
 *Provider English Spoken:* Y  
*Cultural Competency:* N

*Hospital Affiliation:* UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR


*Medi-Cal Open Panel:* Y  
*Min/Max Age:* 0\999  
*American Sign Language (ASL):*  
N

 *Accessibility:* CONTACT  
PROVIDER  
 *Hours:* M-F  
8:00AM-5:00PM  
 *Website:* N/A



### **DERMATOLOGY**

#### **SHI, VERONICA**

*Provider ID:* 286335  
*Board Certified Specialty:* No  
 16950 VIA TAZON  
SAN DIEGO, CA 92127  
 *Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
 *After Hours Phone:* (800)  
926-8273

*Provider Gender:* Female  
*NPI:* 1366897464  
 *Provider English Spoken:* Y  
*Cultural Competency:* N  
*Hospital Affiliation:* UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR



*Medi-Cal Open Panel:* Y  
*Min/Max Age:* 0\999  
*American Sign Language (ASL):*  
N




 *Accessibility:* CONTACT  
PROVIDER  
 *Hours:* M-F  
8:00AM-5:00PM  
 *Website:* N/A

### **DERMATOLOGY**

#### **SINGH, GAURAV**


*Provider ID:* 272612  
*Board Certified Specialty:* No  
 8899 UNIVERSITY CENTER  
LN STE 350  
SAN DIEGO, CA 92122  
 *Phone:* (800) 926-8273


*Fax:* (888) 539-8781  
 *After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Male  
*NPI:* 1184073801  
 *Provider English Spoken:* Y  
*Cultural Competency:* N  
*Hospital Affiliation:* UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
*Medi-Cal Open Panel:* Y  
*Min/Max Age:* 0\999  
*American Sign Language (ASL):*  
N

 *Accessibility:* CONTACT  
PROVIDER  
 *Hours:* M-F  
8:00AM-5:00PM  
 *Website:* N/A

### **EMERGENCY MEDICINE**

#### **AMANN, CHRISTOPHER**

*Provider ID:* 270913  
*Board Certified Specialty:* No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 *Phone:* (800) 926-8273  
*Fax:* (888) 539-8781  
 *After Hours Phone:* (800)  
926-8273  
*Provider Gender:* Male  
*NPI:* 1134326895

 *Provider English Spoken:* Y  
*Cultural Competency:* N  
*Hospital Affiliation:* UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON, USC  
KENNETH NORRIS JR CANCER  
HOSPITAL, KECK HOSPITAL OF  
USC, USC VERDUGO HILLS

**HOSPITAL**


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): Provider ID: 271136

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**EMERGENCY MEDICINE**


**AUSTIN, ANDREA**

Provider ID: 269291

Board Certified Specialty: No


 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1811289093

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON,  
GROSSMONT HOSPITAL, Los

Angeles General Medical  
Center, TEMECULA VALLEY  
HOSPITAL INC


Medi-Cal Open Panel: Y

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**

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1093161473

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**EMERGENCY MEDICINE**

**BARRY, JEFFREY**

Provider ID: 271130

Board Certified Specialty: No

 4168 FRONT ST  
SAN DIEGO, CA 92103

 Phone: (855) 535-5864  
Fax: (888) 539-8781

 After Hours Phone: (855)  
535-5864

Provider Gender: Male

NPI: 1801207006

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON


Medi-Cal Open Panel: Y

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: 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: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

**EMERGENCY MEDICINE**

**BARRY, JEFFREY**

Provider ID: 271129

Board Certified Specialty: No

4520 EXECUTIVE DR STE P2

SAN DIEGO, CA 92121

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1801207006

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

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: 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

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: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

Website: N/A

**EMERGENCY MEDICINE**

**BELLINGHAUSEN, AMY**

Provider ID: 270336

Board Certified Specialty: No

200 W ARBOR DR SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1801206354

Provider English Spoken: Y Cultural Competency: N

Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR, SHARP MEMORIAL HOSPITAL, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

Website: N/A

**EMERGENCY MEDICINE**

**BELLINGHAUSEN, AMY**

Provider ID: 270334

Board Certified Specialty: No

4168 FRONT ST SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1801206354

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: Y

Min/Max Age: 18\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

Website: N/A

**EMERGENCY MEDICINE**

**CASTELLANO, TIFFANY**

Provider ID: 301706

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1063893063

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

### **EMERGENCY MEDICINE**

#### **CASTELLANO, TIFFANY**

Provider ID: 279314

Board Certified Specialty: No

16950 VIA TAZON  
SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1063893063

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

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: Y

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

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1427476597

Provider English Spoken: Y

Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### **EMERGENCY MEDICINE**

#### **COLLINS, CATHLEEN**

Provider ID: 285133

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8800

Fax: (858) 966-7433

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: Y



Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
 Website: N/A




**EMERGENCY MEDICINE**

**COYNE, CHRISTOPHER**

Provider ID: 303036  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (619) 543-7051  
 Fax: (619) 543-3115  
 After Hours Phone: (619) 543-7051  
 Provider Gender: Male  
 NPI: 1043590169  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD

**EMERGENCY MEDICINE**

JOHN SALLY THORNTON,  
 RADY CHILDRENS HOSPITAL  
 SAN DIEGO, EL CENTRO  
 REGIONAL MEDICAL CENTER  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A




**EMERGENCY MEDICINE**

**GUITTARD, JESSE**

Provider ID: 239879  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (619) 543-6400  
 After Hours Phone: (619)




543-6400  
 Provider Gender: Male  
 NPI: 1770979890  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N



Hospital Affiliation: EL CENTRO  
 REGIONAL MEDICAL CENTER  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N




 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**EMERGENCY MEDICINE**

**HERNANDEZ, CRISTINA**

Provider ID: 242544  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1164765046


 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**EMERGENCY MEDICINE**



**HOGUE, BRENNIA**

Provider ID: 301711  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1043705296

 Provider English Spoken: Y  
 Cultural Competency: N





Hospital Affiliation: PIONEERS  
 MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N




 Accessibility: CONTACT PROVIDER  
 Website: N/A

**EMERGENCY MEDICINE**

**HORNBEAK, KIRSTEN**

Provider ID: 240022  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1205214442  
 Provider English Spoken: Y



*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Y*  
*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: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*




**EMERGENCY MEDICINE**

**LIOTTA, BENJAMIN**

*Provider ID: 285630*  
*Board Certified Specialty: No*  
 16950 VIA TAZON  
 SAN DIEGO, CA 92127  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1396270278*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Chinese*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP CHULA VISTA MED CTR, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Y*  
*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: 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: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

**EMERGENCY MEDICINE**



**MUELLER, MATTHEW**


*Provider ID: 280657*  
*Board Certified Specialty: No*  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1003355629*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, EL CENTRO REGIONAL MEDICAL CENTER*  
*Medi-Cal Open Panel: Y*  
*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: Y  
 Min/Max Age: 0\999

American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

**EMERGENCY MEDICINE**




**NOSTE, ERIN**

Provider ID: 239798  
 Board Certified Specialty: No  
 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (858) 605-4441  
 After Hours Phone: (858)  
605-4441  
 Provider Gender: Female  
 NPI: 1871732214  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY




THORNTON, UCSD MEDICAL  
 CTR, RADY CHILDRENS  
 HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Y  
 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: Y

Min/Max Age: 0\999  
 American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A



**EMERGENCY MEDICINE**

**PHAM, LILY**

Provider ID: 304937  
 Board Certified Specialty: No  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 Fax: (858) 966-7433  
 After Hours Phone: (858)  
966-8800


Provider Gender: Female  
 NPI: 1811423072  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Vietnamese  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
 DIEGO








Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
 Website: N/A

**EMERGENCY MEDICINE**






**PHAM, LILY**





Provider ID: 304933  
 Board Certified Specialty: No  
 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105  
 Phone: (619) 280-2905  
 Fax: (619) 283-1614  
 After Hours Phone: (619) 280-2905  
 Provider Gender: Female  
 NPI: 1811423072  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Vietnamese  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: SU 1:00PM-10:00PM  
 M-F 4:00PM-10:00PM  
 SA 1:00PM-10:00PM  
 Website: N/A

**EMERGENCY MEDICINE**








**RUDOLF, FRANCES**

Provider ID: 240159  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (858) 657-7000  
 After Hours Phone: (858) 657-7000  
 Provider Gender: Female  
 NPI: 1821487430  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999

American Sign Language (ASL):  After Hours Phone: (800) 926-8273  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A



**EMERGENCY MEDICINE**


**SABHA, MAHMOUD**

Provider ID: 243441  
 Board Certified Specialty: No  
 16950 VIA TAZON  
 SAN DIEGO, CA 92127  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1457747883  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 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**





**SLOANE, CHRISTIAN**



Provider ID: 209518  
 Board Certified Specialty: No  
 16950 VIA TAZON  
 SAN DIEGO, CA 92127  
 Phone: (800) 926-8273

After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1841233145  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD MEDICAL CTR, EL CENTRO REGIONAL MEDICAL CENTER, RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD LA JOLLA JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**EMERGENCY MEDICINE**



**TANAKA, HIDEAKI**

Provider ID: 240124  
 Board Certified Specialty: No  
 16950 VIA TAZON  
 SAN DIEGO, CA 92127  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1124280730  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: EL CENTRO REGIONAL MEDICAL CENTER, Sharp Grossmont Hospital  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: SU 8:00AM-8:00PM  
 M-F 8:00AM-5:00PM  
 SA 8:00AM-8:00PM  
 Website: N/A

**EMERGENCY MEDICINE**

**YOU, ALAN**

Provider ID: 269936  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1225425697

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
 8:00AM-5:00PM


 Website: N/A

**EMERGENCY MEDICINE**


**YU, ELAINE**

Provider ID: 301708  
 Board Certified Specialty: No

 200 W ARBOR DR  
 SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1528564150

 Provider English Spoken: Y  
 Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


**ENDOCRINOLOGY**


**METABOLISM DIABETES**

**BOEDER, SCHAFER**

Provider ID: 255611  
 Board Certified Specialty: No



 4168 FRONT ST  
 SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1477808285

 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
 CTR

Medi-Cal Open Panel: Y


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: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A

**ENDOCRINOLOGY**

**METABOLISM DIABETES**

**EKANAYAKE, PREETHIKA**

Provider ID: 284813





Board Certified Specialty: No

 4168 FRONT ST

SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1083922462  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Sinhala, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Y  
 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: Y  
 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 JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 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: Y  
 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: 287780  
 Board Certified Specialty: No  
 330 LEWIS ST  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273

Provider Gender: Female  
 NPI: 1720474141  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


**ENDOCRINOLOGY**

**METABOLISM DIABETES**


**NAGELBERG, JODI**

Provider ID: 287779

Board Certified Specialty: No

 8899 UNIVERSITY CENTER LN

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1720474141

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


**ENDOCRINOLOGY**

**METABOLISM DIABETES**

**SANTOS CAVAIOLA, TRICIA**

Provider ID: 256091

Board Certified Specialty: No

 4168 FRONT ST

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (858) 657-7298

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1518163799

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


**ENDOCRINOLOGY**

**METABOLISM DIABETES**


**TANTISIRA, LALITA**

Provider ID: 286323

Board Certified Specialty: No

 4303 LA JOLLA VILLAGE DR STE 2110

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1508874298

Provider English Spoken: Y

Provider Language(s)  
Spoken: Thai

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### ENDOCRINOLOGY

#### METABOLISM DIABETES

#### **VALDEZ, KRYSTAL**

Provider ID: 299363

Board Certified Specialty: No

10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

Phone: (844) 200-2426

Fax: (858) 578-4417

After Hours Phone: (844)  
200-2426

Provider Gender: Female

NPI: 1629480272

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: TWIN

CITIES COMMUNITY

HOSPITAL, SIERRA VISTA

REGIONAL MED CTR,

PARADISE VALLEY HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### ENDOCRINOLOGY

#### METABOLISM DIABETES

#### **VALDEZ, KRYSTAL**

Provider ID: 299743

Board Certified Specialty: No

10737 CAMINO RUIZ STE  
235

SAN DIEGO, CA 92126

Phone: (844) 200-2426

Fax: (858) 578-4417

After Hours Phone: (844)  
200-2426

Provider Gender: Female

NPI: 1629480272

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: TWIN

CITIES COMMUNITY

HOSPITAL, SIERRA VISTA

REGIONAL MED CTR,

PARADISE VALLEY HOSPITAL

Medi-Cal Open Panel: Y

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

#### **ALVAREZ-ESTRADA, MIGUEL**

Provider ID: 301761

Board Certified Specialty: No

3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

Phone: (619) 662-4100

Fax: (619) 595-0258

After Hours Phone: (619)  
662-4100

Provider Gender: Male

NPI: 1588197826

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SCRIPPS MERCY

HOSPITAL, PARADISE VALLEY

HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: SU 10:00AM-4:00PM  
M-F 8:30AM-5:30PM

SA 8:00AM-2:30PM

Website: N/A

### FAMILY PRACTICE

#### **BELL, TRACY**

Provider ID: 304813

Board Certified Specialty: No

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 279-0925

Fax: (858) 633-4680

After Hours Phone: (858)  
279-0925

Provider Gender: Female

NPI: 1497821318

Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 14\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM

 Website: N/A


**FAMILY PRACTICE**

**BELL, TRACY**

Provider ID: 304814

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858)  
810-8700

Provider Gender: Female


NPI: 1497821318


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 14\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM


 Website: N/A


**FAMILY PRACTICE**

**BERNADETT, ALEX**

Provider ID: 296740

Board Certified Specialty: No

 10505 SORRENTO VALLEY  
RD STE 200  
SAN DIEGO, CA 92121

 Phone: (858) 793-7860

Fax: (858) 436-1289

 After Hours Phone: (858)  
793-7860

Provider Gender: Male

NPI: 1215382841

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\99

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

**FAMILY PRACTICE**


**BERNADETT, ALEX**

Provider ID: 296739


Board Certified Specialty: No

 6699 ALVARADO RD STE  
2100

SAN DIEGO, CA 92120

 Phone: (619) 229-3909

Fax: (619) 229-3902

 After Hours Phone: (619)  
229-3909

Provider Gender: Male

NPI: 1215382841

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR


Medi-Cal Open Panel: Y

Min/Max Age: 0\99

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**FAMILY PRACTICE**

**CAMPBELL, BRIANNA**

Provider ID: 298950

Board Certified Specialty: No

 950 S EUCLID AVE  
SAN DIEGO, CA 92114


 Phone: (619) 662-4100

Fax: (619) 662-4158

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1316479892

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: CHULA  
VISTA COMM HOSP

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: SU 10:00AM-4:00PM  
M-F 8:30AM-5:30PM

SA 8:00AM-2:30PM

 Website: N/A


**FAMILY PRACTICE**


**CHEN, ALICE**

Provider ID: 207164

Board Certified Specialty: No

 330 LEWIS ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273



Provider Gender: Female  
 NPI: 1265810337  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Chinese  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**FAMILY PRACTICE**

**CHEN, ALICE**

Provider ID: 207163  
 Board Certified Specialty: No  
 9333 GENESEE AVE STE  
 200  
 SAN DIEGO, CA 92121  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1265810337  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Chinese  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 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**

**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  
 Provider Gender: Female  
 NPI: 1467434811  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: French, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N

Fax: (858) 633-4680  
 After Hours Phone: (858)  
 810-8700  
 Provider Gender: Female  
 NPI: 1467434811  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: French, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A

**FAMILY PRACTICE**

**HILL, LINDA**

Provider ID: 293210  
 Board Certified Specialty: No  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 Fax: (858) 633-4680  
 After Hours Phone: (858)  
 279-0925  
 Provider Gender: Female  
 NPI: 1467434811  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: French, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:30AM-5:30PM*  
 *Website: N/A*


**FAMILY PRACTICE**

**JOHN, TANNER**




*Provider ID: 303515*  
*Board Certified Specialty: No*  
 3177 OCEAN VIEW BLVD  
 SAN DIEGO, CA 92113  
 *Phone: (619) 662-4100*  
*Fax: (619) 595-0258*  
 *After Hours Phone: (619) 662-4100*

*Provider Gender: Male*

*NPI: 1043707326*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*

*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*



**FAMILY PRACTICE**

**JOLICOEUR, MEGAN**

*Provider ID: 300060*  
*Board Certified Specialty: No*  
 330 LEWIS ST  
 SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*

*NPI: 1114366192*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*


**FAMILY PRACTICE**

**JOLICOEUR, MEGAN**



*Provider ID: 300059*  
*Board Certified Specialty: No*  
 9909 MIRA MESA BLVD  
 STE 200  
 SAN DIEGO, CA 92131  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1114366192*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*

**FAMILY PRACTICE**



**JOLICOEUR, MEGAN**

*Provider ID: 300057*  
*Board Certified Specialty: No*  
 8899 UNIVERSITY CENTER  
 LN STE 350  
 SAN DIEGO, CA 92122  
 *Phone: (858) 249-6890*  
 *After Hours Phone: (858)*

*249-6890*


*Provider Gender: Female*  
*NPI: 1114366192*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*


**FAMILY PRACTICE**

**JOLICOEUR, MEGAN**



*Provider ID: 300058*  
*Board Certified Specialty: No*  
 9333 GENESEE AVE  
 SAN DIEGO, CA 92121  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*

*Provider Gender: Female*

*NPI: 1114366192*



 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*

**FAMILY PRACTICE**

**KUROSAKA, MOMO**

*Provider ID: 291447*  
*Board Certified Specialty: No*  
 8899 UNIVERSITY CENTER  
 LN  
 SAN DIEGO, CA 92122  
 *Phone: (800) 926-8273*

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1205848363

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

### **FAMILY PRACTICE**

#### **KUROSAKA, MOMO**

Provider ID: 291448

Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1205848363

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

### **FAMILY PRACTICE**

#### **MCLAUGHLIN, ERIK**

Provider ID: 303847

Board Certified Specialty: No

📍 2630 1ST AVE  
SAN DIEGO, CA 92103

☎ Phone: (619) 234-2158

Fax: (619) 234-0505

☎ After Hours Phone: (619) 234-2158

Provider Gender: Male

NPI: 1861637217

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

### **FAMILY PRACTICE**

#### **PERESS, LILIA**

Provider ID: 304277

Board Certified Specialty: No

📍 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

☎ Phone: (858) 279-0925

Fax: (858) 633-4680

☎ After Hours Phone: (858) 279-0925

Provider Gender: Female

NPI: 1275945446

☑ Provider English Spoken: Y  
☑ Provider Language(s)  
Spoken: Ukrainian

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

### **FAMILY PRACTICE**

#### **PERESS, LILIA**

Provider ID: 304276

Board Certified Specialty: No

📍 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

☎ Phone: (858) 810-8700

Fax: (858) 633-4680

☎ After Hours Phone: (858) 810-8700

Provider Gender: Female

NPI: 1275945446

☑ Provider English Spoken: Y  
☑ Provider Language(s)  
Spoken: Ukrainian

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

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**

#### **RISSE, JOSEPH**

Provider ID: 293216

Board Certified Specialty: Yes

📍 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

☎ Phone: (858) 279-0925

Fax: (858) 633-4680

☎ After Hours Phone: (858) 279-0925

Provider Gender: Male

NPI: 1952386765

☑ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

### **FAMILY PRACTICE**

#### **RISSER, JOSEPH**

Provider ID: 293217

Board Certified Specialty: No

📍 7011 LINDA VISTA RD

SAN DIEGO, CA 92111

☎ Phone: (858) 810-8700

Fax: (858) 633-4680

☎ After Hours Phone: (858) 810-8700

Provider Gender: Male

NPI: 1952386765

☑ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

### **FAMILY PRACTICE**

#### **ROSADO, IVAN**

Provider ID: 299244

Board Certified Specialty: No

📍 316 25TH ST

SAN DIEGO, CA 92102

☎ Phone: (619) 662-4100

Fax: (619) 238-3807

☎ After Hours Phone: (619) 662-4100

Provider Gender: Male

NPI: 1316479603

☑ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: SU 8:30AM-5:30PM

M-F 8:30AM-5:30PM

SA 8:30AM-2:30PM

🌐 Website: N/A

### **FAMILY PRACTICE**

#### **SCOTT, LAGINA**

Provider ID: 302648

Board Certified Specialty: No

📍 292 EUCLID AVE STE 210

SAN DIEGO, CA 92114

☎ Phone: (619) 662-4100

Fax: (619) 263-9601

☎ After Hours Phone: (619) 662-4100

Provider Gender: Female

NPI: 1558897009

☑ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F

8:00AM-5:00PM

🌐 Website: N/A

### **FAMILY PRACTICE**

#### **SUMMERS-DAY, COURTNEY**

Provider ID: 290976

Board Certified Specialty: Yes

📍 1016 OUTER RD

SAN DIEGO, CA 92154

☎ Phone: (619) 429-3733

Fax: (619) 628-5550

☎ After Hours Phone: (619) 429-3733

Provider Gender: Female

NPI: 1124288873

☑ Provider English Spoken: Y

☑ Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

### **FAMILY PRACTICE**

#### **VAN PRATT LEVIN, BENJAMIN**

Provider ID: 302531

Board Certified Specialty: No

📍 1016 OUTER RD

SAN DIEGO, CA 92154





☎ Phone: (619) 429-3733

Fax: (619) 328-5550

☎ After Hours Phone: (619) 429-3733








Provider Gender: Male

NPI: 1619438330

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: PIONEERS  
 MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Y  
 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: Y  
 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: Y  
 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A


### **GASTROENTEROLOGY**


#### **ANAND, GOBIND**

Provider ID: 304187  
 Board Certified Specialty: No  
 6655 ALVARADO RD  
 SAN DIEGO, CA 92120  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1861626814  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A

### **GASTROENTEROLOGY**

#### **BAUMAN, LAURA**

Provider ID: 260041  
 Board Certified Specialty: No  
 3030 CHILDRENS WAY FL  
 2

SAN DIEGO, CA 92123  
 Phone: (858) 966-4003  
 Fax: (858) 560-6798

 After Hours Phone: (858) 966-4003

Provider Gender: Female

NPI: 1255697850

 Provider English Spoken: Y  
 Cultural Competency: N


Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:00AM-5:00PM


 Website: N/A



### GASTROENTEROLOGY

#### DAVE, SHRAVAN

Provider ID: 270450

Board Certified Specialty: No

 4510 EXECUTIVE DR STE 7  
 SAN DIEGO, CA 92121

 Phone: (800) 926-8273  
 Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male


NPI: 1588081814


 Provider English Spoken: Y  
 Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A



### GASTROENTEROLOGY

#### DAVE, SHRAVAN

Provider ID: 304204

Board Certified Specialty: No

 6655 ALVARADO RD  
 SAN DIEGO, CA 92120

 Phone: (800) 926-8273  
 Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1588081814

 Provider English Spoken: Y  
 Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Website: N/A



### GASTROENTEROLOGY

#### HASAN, AWS

Provider ID: 299951

Board Certified Specialty: No

 200 W ARBOR DR  
 SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
 Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1780047597


 Provider English Spoken: Y  
 Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER


 Website: N/A

### GASTROENTEROLOGY



#### HILDRETH, AMBER

Provider ID: 280464

Board Certified Specialty: No

 3030 CHILDRENS WAY FL  
 2

SAN DIEGO, CA 92123

 Phone: (858) 966-4003  
 Fax: (858) 560-6798

 After Hours Phone: (858) 966-4003

Provider Gender: Female

NPI: 1548521511

 Provider English Spoken: Y  
 Cultural Competency: N


Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:00AM-5:00PM


 Website: N/A

### GASTROENTEROLOGY


#### KUMAR, SOMA

Provider ID: 205377

Board Certified Specialty: No

 3030 CHILDRENS WAY FL  
 2 SOUTH

SAN DIEGO, CA 92123

 Phone: (858) 966-4003

Fax: (858) 560-6798

☎ After Hours Phone: (858) 966-4003

Provider Gender: Female

NPI: 1356502520

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F

8:00AM-5:00PM

🌐 Website: N/A

### **GASTROENTEROLOGY**

#### **NOVO, MEGAN**

Provider ID: 296066

Board Certified Specialty: No

📍 292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114

☎ Phone: (619) 266-3332

Fax: (619) 266-6006

☎ After Hours Phone: (619) 266-3332

Provider Gender: Female

NPI: 1770961971

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR, UNIVERSITY OF

CALIFORNIA IRVINE MED CTR,  
PARADISE VALLEY HOSPITAL,

TRI CITY MEDICAL CTR,

SCRIPPS MEMORIAL

HOSPITAL ENCINITAS,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F

8:00AM-5:00PM

🌐 Website: N/A

### **GASTROENTEROLOGY**

#### **POLK, DAVID**

Provider ID: 275449

Board Certified Specialty: No

📍 3030 CHILDRENS WAY FL  
2

SAN DIEGO, CA 92123

☎ Phone: (760) 294-9260

Fax: (760) 294-9274

☎ After Hours Phone: (760)  
294-9260

Provider Gender: Male

NPI: 1427140839

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, CHILDRENS HOSP OF  
LOS ANGELES

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 18\150

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F

8:00AM-5:00PM

🌐 Website: N/A

### **GASTROENTEROLOGY**

#### **REDDY, JOSEPH**



Provider ID: 290034




Board Certified Specialty: Yes

📍 6699 ALVARADO RD STE  
2301

SAN DIEGO, CA 92120




 Phone: (619) 588-4074  
 Fax: (619) 588-4004  
 After Hours Phone: (619) 588-4074  
 Provider Gender: Male  
 NPI: 1245215391


 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Hindi, Spanish, Telugu  
 Cultural Competency: N  
 Hospital Affiliation:  
 GROSSMONT HOSPITAL, UCSD  
 MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 18\999

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**GASTROENTEROLOGY**

**SHAFFER, KATHERINE**




Provider ID: 295712  
 Board Certified Specialty: No  
 292 EUCLID AVE STE 115  
 SAN DIEGO, CA 92114  
 Phone: (619) 266-3332  
 Fax: (619) 266-6000  
 After Hours Phone: (619) 266-3332  
 Provider Gender: Female  
 NPI: 1336405695


 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 CHULA VISTA MED CTR,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA, PARADISE

VALLEY HOSPITAL  
 Medi-Cal Open Panel: Y  
 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: 283896  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1073803243


 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR

Medi-Cal Open Panel: Y  
 Min/Max Age: 18\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**GASTROENTEROLOGY**

**SHAH, SHAILJA**




Provider ID: 304178  
 Board Certified Specialty: No  
 6655 ALVARADO RD  
 SAN DIEGO, CA 92120  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781


 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1073803243  
 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\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 JOLLA  
 JOHN SALLY THORNTON



Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**GASTROENTEROLOGY**

**YOUSSEF, FADY**

Provider ID: 300024  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1265887723

Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 2\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**GENETICS CLINICAL**

**REIMERS, REBECCA**

Provider ID: 294650  
 Board Certified Specialty: No  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-6710  
 Fax: (858) 966-6711  
 After Hours Phone: (858) 966-6710  
 Provider Gender: Female  
 NPI: 1801207634  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**GENETICS CLINICAL**

**REIMERS, REBECCA**

Provider ID: 302348  
 Board Certified Specialty: No  
 7920 FROST ST STE 200  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-5840  
 Fax: (858) 966-8550  
 After Hours Phone: (858) 966-5840  
 Provider Gender: Female  
 NPI: 1801207634  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO


Medi-Cal Open Panel: N


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**GENETICS MEDICAL**

**DEL CAMPO CASANELLES,  
MIGUEL**


Provider ID: 206013

Board Certified Specialty: No

 7920 FROST ST STE 200  
SAN DIEGO, CA 92123


 Phone: (858) 966-7484


Fax: (858) 966-4064

 After Hours Phone: (858)  
966-7484

Provider Gender: Male

NPI: 1598141475

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: French, Italian,  
Portuguese, Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
UCSD LA JOLLA JOHN SALLY  
THORNTON


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**GENETICS MEDICAL**


**MARDACH, REBECCA**

Provider ID: 241946

Board Certified Specialty: No

 7920 FROST ST STE 200  
SAN DIEGO, CA 92123

 Phone: (858) 966-5840

 After Hours Phone: (858)  
966-5840

Provider Gender: Female

NPI: 1457330607

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RONALD  
REAGAN UCLA MED CTR, UC  
DAVIS MEDICAL CTR, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Y


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


**HEARING AID DEALER /  
SUPPLIER**

**ANDERSON, ELAINE**


Provider ID: 268689

Board Certified Specialty: No

 6367 ALVARADO CT STE 101  
SAN DIEGO, CA 92120

 Phone: (619) 583-7002

Fax: (619) 583-9404

 After Hours Phone: (619)  
583-7002

Provider Gender: Female

NPI: 1063558856

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Y


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

**HEARING AID DEALER /  
SUPPLIER**


**ANDERSON, ELAINE**

Provider ID: 268691

Board Certified Specialty: No

 9340 CLAIREMONT MESA  
BLVD STE D

SAN DIEGO, CA 92123

 Phone: (858) 278-9911

Fax: (858) 565-7324

 After Hours Phone: (858)  
278-9911

Provider Gender: Female

NPI: 1063558856

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Y


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

**HEARING AID DEALER /  
SUPPLIER**

**DAVIS, KELLE**

Provider ID: 268653  
 Board Certified Specialty: No  
 9340 CLAIREMONT MESA  
 BLVD STE D  
 SAN DIEGO, CA 92123  
 Phone: (858) 278-9911  
 Fax: (858) 565-7324

After Hours Phone: (858)  
 278-9911  
 Provider Gender: Female  
 NPI: 1902853344  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:30AM-5:00PM  
 Website: N/A

**HEARING AID DEALER /  
 SUPPLIER**

**DAVIS, KELLE**  
 Provider ID: 268652  
 Board Certified Specialty: No  
 6367 ALVARADO CT STE 101  
 SAN DIEGO, CA 92120  
 Phone: (619) 583-7002  
 Fax: (619) 583-9404

After Hours Phone: (619)  
 583-7002  
 Provider Gender: Female  
 NPI: 1902853344  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 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**

**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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER  
 Website: N/A

**HEMATOLOGY / ONCOLOGY**

**LEE, KAREN**  
 Provider ID: 284165  
 Board Certified Specialty: No  
 3010 CHILDRENS WAY FL 2  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-5811  
 Fax: (858) 966-8035  
 After Hours Phone: (858)  
 966-5811

Provider Gender: Female  
 NPI: 1518352970  
 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**HEMATOLOGY / ONCOLOGY**

**NGUYEN, ANTHONY**  
 Provider ID: 301060  
 Board Certified Specialty: No  
 16950 VIA TAZON  
 SAN DIEGO, CA 92127  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273

Provider Gender: Male  
 NPI: 1295153575  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: LOMA  
 LINDA UNIVERSITY MED CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER  
 Website: N/A

**HEMATOLOGY / ONCOLOGY**

**PAUL, MEGAN**  
 Provider ID: 274499  
 Board Certified Specialty: No

3010 CHILDRENS WAY STE 2W  
SAN DIEGO, CA 92123

Phone: (858) 966-5811

Fax: (858) 966-8035

After Hours Phone: (858) 966-5811

Provider Gender: Female

NPI: 1427495894

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### HEMATOLOGY / ONCOLOGY

#### **SCHWERKOSKE, JOHN**

Provider ID: 298655

Board Certified Specialty: No

3965 5TH AVE STE 230  
SAN DIEGO, CA 92103

Phone: (619) 872-0953

Fax: (619) 378-3162

After Hours Phone: (619) 872-0953

Provider Gender: Male

NPI: 1912260829

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: METHODIST HOSP OF SACRAMENTO, MERCY SAN JUAN MEDICAL CENTER,

MERCY GENERAL HOSPITAL, CITY OF HOPE NATIONAL

MED CTR, MERCY HOSPITAL OF FOLSOM, UC DAVIS

MEDICAL CTR, WOODLAND MEMORIAL HOSP,

WOODLAND MEMORIAL HOSP, LOMA LINDA

UNIVERSITY MED CTR MURRIETA, Hemet Valley Medical Center

Medi-Cal Open Panel: Y

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

#### **VU, PETER**

Provider ID: 272716

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1861810830

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Y

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

#### **ZHOU, JENNY**

Provider ID: 273188

Board Certified Specialty: No

9333 GENESEE AVE STE 310

SAN DIEGO, CA 92121

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1598007924

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### HOSPICE AND PALLIATIVE MEDICINE

#### **RUBENZIK, TAMARA**

Provider ID: 245573

Board Certified Specialty: No




200 W ARBOR DR

SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1811200652  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY




THORNTON, UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**HOSPICE AND PALLIATIVE MEDICINE**

**RUBENSIK, TAMARA**  
 Provider ID: 276671  
 Board Certified Specialty: No  
 4168 FRONT ST  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1811200652  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL

CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A





**INFECTIOUS DISEASE**




**ALDOUS, JEANNETTE**  
 Provider ID: 290420  
 Board Certified Specialty: No  
 950 S EUCLID AVE  
 SAN DIEGO, CA 92114  
 Phone: (619) 662-4100  
 Fax: (619) 205-6384  
 After Hours Phone: (619) 662-4100  
 Provider Gender: Female  
 NPI: 1073650339

 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A






**INFECTIOUS DISEASE**

**BAMFORD, LAURA**  
 Provider ID: 276546  
 Board Certified Specialty: No

 4168 FRONT ST FL 3  
 SAN DIEGO, CA 92103  
 Phone: (619) 543-6382  
 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**INFECTIOUS DISEASE**

**DEISS, ROBERT**  
 Provider ID: 258330  
 Board Certified Specialty: No  
 4168 FRONT ST FL 3  
 SAN DIEGO, CA 92103  
 Phone: (619) 543-3995  
 After Hours Phone: (619) 543-3995  
 Provider Gender: Male  
 NPI: 1194977652  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Portuguese, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

**INFECTIOUS DISEASE**


**HORTON, LUCY**

Provider ID: 240887

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1427324821

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

**INFECTIOUS DISEASE**

**KUPPALLI, KRUTIKA**

Provider ID: 301058

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1538346317

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, Stanford Health

Care, STANFORD HEALTH

CARE TRI-VALLEY

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


**INFECTIOUS DISEASE**

**MARTIN, THOMAS**

Provider ID: 277226

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1093193583

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON


Medi-Cal Open Panel: Y

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**

**MARTIN, THOMAS**


Provider ID: 277225

Board Certified Specialty: No

 4168 FRONT ST FL 3  
SAN DIEGO, CA 92103

 Phone: (619) 543-5890

Fax: (888) 539-8781

 After Hours Phone: (619)  
543-5890

Provider Gender: Male

NPI: 1093193583

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

**INFECTIOUS DISEASE**


**MOODLEY, AMARAN**

Provider ID: 208558

Board Certified Specialty: No

 3030 CHILDRENS WAY FL  
2

SAN DIEGO, CA 92123


 Phone: (885) 966-7785

Fax: (858) 966-8658

 After Hours Phone: (885) 966-7785

Provider Gender: Male

NPI: 1104023670

 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

### INFECTIOUS DISEASE


#### **PANNARAJ, PIA**

Provider ID: 301026

Board Certified Specialty: No

 3030 CHILDRENS WAY FL 2

SAN DIEGO, CA 92123


 Phone: (858) 966-7785

Fax: (858) 966-8658

 After Hours Phone: (858) 966-7785

Provider Gender: Female

NPI: 1942478524

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:

CHILDRENS HOSP OF LOS ANGELES, HOLLYWOOD

PRESBYTERIAN MED CTR,

RADY CHILDRENS HOSPITAL

SAN DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

### INFECTIOUS DISEASE

#### **PROMER, KATHERINE**

Provider ID: 258545

Board Certified Specialty: No

 4168 FRONT ST FL 3

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1306280607

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, SCRIPPS MEMORIAL

HOSPITAL, PALOMAR

MEDICAL CENTER

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

### INFECTIOUS DISEASE


#### **RAJAGOPAL, AMUTHA**


Provider ID: 221088

Board Certified Specialty: No

 4168 FRONT ST FL 3


SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1124465745

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999


American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

### INFECTIOUS DISEASE


#### **RAMIREZ SANCHEZ, CLAUDIA**

Provider ID: 299946

Board Certified Specialty: No

 200 W ARBOR DR

SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1659720555

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N



Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL




CHULA VISTA


Medi-Cal Open Panel: Y

Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**INFECTIOUS DISEASE**

**TOVAR PADUA, LEIDY**




Provider ID: 265093  
 Board Certified Specialty: No  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 Fax: (858) 966-7433  
 After Hours Phone: (858)  
 966-8800  
 Provider Gender: Female  
 NPI: 1033491311

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, CHILDRENS HOSP OF  
 LOS ANGELES, LONG BEACH  
 MEMORIAL MED CTR

Medi-Cal Open Panel: Y


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  
 3030 CHILDRENS WAY FL




2  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-7785  
 Fax: (858) 966-8658  
 After Hours Phone: (858)  
 966-7785  
 Provider Gender: Female  
 NPI: 1033491311

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, CHILDRENS HOSP OF  
 LOS ANGELES, LONG BEACH  
 MEMORIAL MED CTR

Medi-Cal Open Panel: Y




Min/Max Age: 0\19



American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**INTERNAL MEDICINE**

**ARUTYUNOV, BORIS**

Provider ID: 201910  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (619) 471-9186  
 After Hours Phone: (619)  
 471-9186  
 Provider Gender: Male  
 NPI: 1144562703

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Russian  
 Cultural Competency: N




Hospital Affiliation: GOOD  
 SAMARITAN HOSPITAL, PIH

HEALTH GOOD SAMARITAN  
 HOSPITAL, SUTTER MEDICAL  
 CENTER SACRAMENTO, UCSD  
 LA JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR

Medi-Cal Open Panel: Y

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: Y  
 Min/Max Age: 0\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER  
 Hours: M 8:30AM-5:30PM  
 TU 8:30AM-8:30PM  
 W-F 8:30AM-5:30PM  
 SA 9:00AM-4:00PM  
 Website: N/A



**INTERNAL MEDICINE**

**BALL, SHELDON**

Provider ID: 294136

Board Certified Specialty: No

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 810-8700

Fax: (858) 633-4680

After Hours Phone: (858)  
810-8700

Provider Gender: Male

NPI: 1689646275

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:30AM-5:30PM  
TU 8:30AM-8:30PM  
W-F 8:30AM-5:30PM  
SA 9:00AM-4:00PM

Website: N/A

**INTERNAL MEDICINE**

**BORDIN-WOSK, TALYA**

Provider ID: 273983

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (760) 471-9186

Fax: (619) 543-8255

After Hours Phone: (760)  
471-9186

Provider Gender: Female

NPI: 1801184973

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**INTERNAL MEDICINE**

**CHENG, GEORGE**

Provider ID: 247639

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1316174568

Provider English Spoken: Y

Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**INTERNAL MEDICINE**

**GELBERG, ANNA**

Provider ID: 285638

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1104004258

Provider English Spoken: Y

Provider Language(s)  
Spoken: Russian

Cultural Competency: N


Hospital Affiliation: PALOMAR HEALTH, PALOMAR MEDICAL CENTER, HOAG MEMORIAL HOSPITAL PRESBYTERIAN, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON


Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8:00AM-5:00PM

 Website: N/A


**INTERNAL MEDICINE**

**GRUNVALD, EDUARDO**

Provider ID: 286344

Board Certified Specialty: No

 200 W ARBOR DR SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1497791339

Provider English Spoken: Y

Provider Language(s) Spoken: Portuguese, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD MEDICAL CTR


Medi-Cal Open Panel: Y

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: Y

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: 1154818797


Provider English Spoken: Y Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A


**INTERNAL MEDICINE**


**HOGARTH, MICHAEL**

Provider ID: 214386

Board Certified Specialty: No

 200 W ARBOR DR SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1225019193

Provider English Spoken: Y

Provider Language(s) Spoken: Portuguese, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, UC

DAVIS MEDICAL CTR


Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL): N




 Accessibility: CONTACT PROVIDER

 Hours: M-F


8:00AM-5:00PM  
 Website: N/A

**INTERNAL MEDICINE**

**JABBOUR, MOUSSA**

Provider ID: 256659  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273

Provider Gender: Male  
 NPI: 1255741633


 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Arabic

Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR

Medi-Cal Open Panel: Y  
 Min/Max Age: 18\999

American Sign Language (ASL):  
 N




 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:00AM-5:00PM


 Website: N/A

**INTERNAL MEDICINE**


**JIANG, JUN**

Provider ID: 291415  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273

Provider Gender: Male  
 NPI: 1447792171

 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 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: Y

Min/Max Age: 18\999  
 American Sign Language (ASL):  
 N



 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A



**INTERNAL MEDICINE**

**KVIATKOVSKY, MILLA**

Provider ID: 274003  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (619) 543-6222

 After Hours Phone: (619) 543-6222


Provider Gender: Female  
 NPI: 1366855355

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Finnish, French,  
 Hebrew, Spanish

Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON

Medi-Cal Open Panel: Y  
 Min/Max Age: 18\999  
 American Sign Language (ASL):  
 N



 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:00AM-5:00PM



 Website: N/A

**INTERNAL MEDICINE**

**LAGO HERNANDEZ, CARLOS**

Provider ID: 238622  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273

Provider Gender: Male  
 NPI: 1558756270

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON

Medi-Cal Open Panel: Y  
 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: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

**INTERNAL MEDICINE**

**LAM, MICHAEL**

Provider ID: 274410

Board Certified Specialty: No

📍 4520 EXECUTIVE DR STE  
P2

SAN DIEGO, CA 92121

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1578974259

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

**INTERNAL MEDICINE**

**LEVERONE, NICHOLAS**

Provider ID: 272692

Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1407388564

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Y

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: 255882

Board Certified Specialty: No

📍 4168 FRONT ST  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1801091459

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

**INTERNAL MEDICINE**

**MARTINEZ, ARMANDO**

Provider ID: 291421

Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

📞 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1598261091

🗉 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

### INTERNAL MEDICINE

#### **MUNCE, DANIELLE**

Provider ID: 272577

Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

📞 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1740644509

🗉 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F

8:00AM-5:00PM

🌐 Website: N/A

### INTERNAL MEDICINE

#### **NAIDZIONAK, ULADZISLAU**

Provider ID: 290567

Board Certified Specialty: No

📍 7930 FROST ST STE 405  
SAN DIEGO, CA 92123

☎ Phone: (858) 237-0572

📞 After Hours Phone: (858) 237-0572

Provider Gender: Male

NPI: 1023246212

🗉 Provider English Spoken: Y  
Provider Language(s)

Spoken: Russian

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, SHARP  
CHULA VISTA MED CTR,

SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS MERCY  
HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: TU 9:00AM-4:00PM  
TH 9:00AM-4:00PM

🌐 Website: N/A

### INTERNAL MEDICINE

#### **NARANJO, RODRIGO**

Provider ID: 293268

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: 1609095264

🗉 Provider English Spoken: Y

🗉 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

### INTERNAL MEDICINE

#### **NARANJO, RODRIGO**

Provider ID: 293269

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: 1609095264

🗉 Provider English Spoken: Y

🗉 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

### INTERNAL MEDICINE

#### **NOKES, BRANDON**

Provider ID: 287582  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1487040051  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 18\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**INTERNAL MEDICINE**

**SEBASKY, MEGHAN**  
 Provider ID: 273962  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (619) 543-6222  
 Fax: (619) 543-8255  
 After Hours Phone: (619) 543-6222  
 Provider Gender: Female  
 NPI: 1538351408  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 18\999  
 American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A


**INTERNAL MEDICINE**


**SMITH, CHELSEY**  
 Provider ID: 239920


Board Certified Specialty: No  
 4168 FRONT ST  
 SAN DIEGO, CA 92103  
 Phone: (858) 657-6110  
 After Hours Phone: (858) 657-6110  
 Provider Gender: Female  
 NPI: 1013264506  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 18\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A


**INTERNAL MEDICINE**

**TANTISIRA, LALITA**  
 Provider ID: 275926  
 Board Certified Specialty: No  
 4520 EXECUTIVE DR  
 SAN DIEGO, CA 92121  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1508874298  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Thai  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 18\999

American Sign Language (ASL):  After Hours Phone: (800) 926-8273

N  
 Accessibility: CONTACT PROVIDER

 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A

**INTERNAL MEDICINE**

**TANTISIRA, LALITA**

Provider ID: 275927

Board Certified Specialty: No

 16950 VIA TAZON  
 SAN DIEGO, CA 92127


 Phone: (800) 926-8273


Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1508874298

 Provider English Spoken: Y

 Provider Language(s)  
 Spoken: Thai

Cultural Competency: N


Medi-Cal Open Panel: Y


Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A


**INTERNAL MEDICINE**

**TAYLOR, DAVID**

Provider ID: 274469

Board Certified Specialty: No

 200 W ARBOR DR  
 SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

Provider Gender: Male

NPI: 1033572995

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON


Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A

**INTERNAL MEDICINE**


**THOMAS, ROBERT**

Provider ID: 238929

Board Certified Specialty: Yes

 200 W ARBOR DR  
 SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1053765909

 Provider English Spoken: Y  
 Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A


**INTERNAL MEDICINE**

**WANG, ANGELA**

Provider ID: 259535

Board Certified Specialty: No

 200 W ARBOR DR  
 SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1730133976

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: SCRIPPS

GREEN HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL, UCSD

MEDICAL CTR


Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A

**INTERNAL MEDICINE**


**WANG, ANGELA**

Provider ID: 259534

Board Certified Specialty: No

 4520 EXECUTIVE DR STE  
 P2

SAN DIEGO, CA 92121


 Phone: (855) 355-5864

Fax: (888) 539-8781

 After Hours Phone: (855) 355-5864

Provider Gender: Female


NPI: 1730133976


 Provider English Spoken: Y

Cultural Competency: N  
Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, UCSD MEDICAL CTR

Medi-Cal Open Panel: Y  
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

#### **WEBSTER, LUKE**


Provider ID: 272681  
Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273  
Fax: (888) 539-8781


 After Hours Phone: (800) 926-8273

Provider Gender: Male  
NPI: 1235660887

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Y  
Min/Max Age: 18\999  
American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A

### INTERNAL MEDICINE

#### **YANG, JENNY**

Provider ID: 283026  
Board Certified Specialty: No

 4168 FRONT ST  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female  
NPI: 1346636453


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON

Medi-Cal Open Panel: Y  
Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER


 Hours: M-F  
8:00AM-5:00PM


 Website: N/A

### INTERNAL MEDICINE

#### **YANG, JENNY**

Provider ID: 283027  
Board Certified Specialty: No

 4520 EXECUTIVE DR STE P2  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female  
NPI: 1346636453


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON

Medi-Cal Open Panel: Y  
Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A

### INTERNAL MEDICINE

#### **ZHANG, SHERRY**



Provider ID: 272657  
Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female  
NPI: 1588198147

 Provider English Spoken: Y  
 Provider Language(s) Spoken: Mandarin  
Cultural Competency: N

Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL



CTR

Medi-Cal Open Panel: Y

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

### GERIATRIC MEDICINE

#### **AGNIHOTRI, PARAG**


Provider ID: 247292

Board Certified Specialty: No

 200 W ARBOR DR


SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1447351085

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: MERCY

GENERAL HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

### INTERVENTIONAL

### CARDIOLOGY


#### **SUDHAKAR, DEEPTHI**

Provider ID: 296050


Board Certified Specialty: No

 292 EUCLID AVE STE 210

SAN DIEGO, CA 92114

 Phone: (619) 616-2100

Fax: (619) 616-2104

 After Hours Phone: (619) 616-2100

Provider Gender: Female

NPI: 1811307051

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: Sharp

Grossmont Hospital, SHARP

CHULA VISTA MED CTR

Medi-Cal Open Panel: Y

Min/Max Age: 15\99

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

### LICENSED PROFESSIONAL

### CLINICAL COUNSELOR


#### **GARCIA, JENNI**

Provider ID: 299310

Board Certified Specialty: No

 3025 BEYER BLVD

SAN DIEGO, CA 92154

 Phone: (619) 662-4100

Fax: (619) 662-4119

 After Hours Phone: (619) 662-4100

Provider Gender: Female

NPI: 1437775863

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

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: Y

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: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8:00AM-5:00PM

Website: N/A

**MATERNAL AND FETAL**

**MEDICINE**

**ADAMI, REBECCA**

Provider ID: 277179

Board Certified Specialty: No

3020 CHILDRENS WAY SAN DIEGO, CA 92123

☎ Phone: (858) 966-6710

Fax: (858) 966-6711

☎ After Hours Phone: (858) 966-6710

Provider Gender: Female

NPI: 1992149447

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, SHARP MEMORIAL

HOSPITAL

Medi-Cal Open Panel: Y

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**

**EMERUWA, UKACHI**

Provider ID: 300010

Board Certified Specialty: No

200 W ARBOR DR SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1245627421

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Website: N/A

**MATERNAL AND FETAL**

**MEDICINE**

**EMERUWA, UKACHI**

Provider ID: 300012

Board Certified Specialty: No

4168 FRONT ST

SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1245627421

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Website: N/A

**MATERNAL AND FETAL**

**MEDICINE**

**EMERUWA, UKACHI**

Provider ID: 300011

Board Certified Specialty: No

16950 VIA TAZON SAN DIEGO, CA 92127

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1245627421

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Website: N/A

**MATERNAL AND FETAL**

**MEDICINE**

**LAURENT, LOUISE**

Provider ID: 208640

Board Certified Specialty: No

4168 FRONT ST  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1770532707

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS,  
PALOMAR MEDICAL CENTER,  
SCRIPPS MEMORIAL  
HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**MATERNAL AND FETAL  
MEDICINE**

**MCCULLOUGH, DEIRDRE**

Provider ID: 277260

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-6710

Fax: (858) 966-6711

After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1639153018

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
Sharp Grossmont Hospital,  
SHARP MEMORIAL HOSPITAL,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO

Medi-Cal Open Panel: Y

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: 210034

Board Certified Specialty: No

3003 HEALTH CENTER DR  
SAN DIEGO, CA 92123

Phone: (858) 966-6710

Fax: (858) 939-4102

After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1639153018

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
Sharp Grossmont Hospital,  
SHARP MEMORIAL HOSPITAL,

RADY CHILDRENS HOSPITAL  
SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**MATERNAL AND FETAL  
MEDICINE**

**MELBER, DORA**

Provider ID: 296994

Board Certified Specialty: No

3003 HEALTH CENTER DR  
SAN DIEGO, CA 92123

Phone: (858) 966-6710

Fax: (858) 939-4102

After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1124413026

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Hungarian, Spanish  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS

HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F


8:00AM-5:00PM  
 Website: N/A


**MATERNAL AND FETAL  
 MEDICINE**

**MELBER, DORA**

Provider ID: 296998  
 Board Certified Specialty: No

 7910 FROST ST STE 220  
 SAN DIEGO, CA 92123

 Phone: (858) 966-6710

 After Hours Phone: (858)  
 966-6710

Provider Gender: Female

NPI: 1124413026

Provider English Spoken: Y

Provider Language(s)  
 Spoken: Hungarian, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, RADY CHILDRENS

HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A


**MATERNAL AND FETAL  
 MEDICINE**

**MELBER, DORA**

Provider ID: 296990

Board Certified Specialty: No

 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123

 Phone: (858) 966-6710

Fax: (858) 966-6711

 After Hours Phone: (858)  
 966-6710

Provider Gender: Female

NPI: 1124413026

Provider English Spoken: Y

Provider Language(s)  
 Spoken: Hungarian, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, RADY CHILDRENS

HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A


**MATERNAL AND FETAL  
 MEDICINE**

**MELBER, DORA**

Provider ID: 296989

Board Certified Specialty: No

 7910 FROST ST STE 430  
 SAN DIEGO, CA 92123

 Phone: (858) 966-6710

Fax: (858) 966-6711

 After Hours Phone: (858)  
 966-6710

Provider Gender: Female

NPI: 1124413026

Provider English Spoken: Y

Provider Language(s)  
 Spoken: Hungarian, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, RADY CHILDRENS


HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 16\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A

**MATERNAL AND FETAL  
MEDICINE**

**MOORE, THOMAS**

Provider ID: 208644

Board Certified Specialty: No

4910 DIRECTORS PL STE  
200  
SAN DIEGO, CA 92121

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1184682379

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

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: 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: Y

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: 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: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**MATERNAL AND FETAL  
MEDICINE**

**RICHARDSON, ALVIE**

Provider ID: 277314

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-6710

Fax: (858) 966-6711

After Hours Phone: (858)  
966-6710

Provider Gender: Male

NPI: 1154305977

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, RADY

CHILDRENS HOSPITAL SAN

DIEGO, Sharp Grossmont

Hospital

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**MATERNAL AND FETAL  
MEDICINE**

**RICHARDSON, ALVIE**

Provider ID: 214436





Board Certified Specialty: No

3003 HEALTH CENTER DR  
SAN DIEGO, CA 92123

Phone: (858) 966-6710




Fax: (858) 939-4102




After Hours Phone: (858)

966-6710  
 Provider Gender: Male  
 NPI: 1154305977  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 MEMORIAL HOSPITAL, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, Sharp Grossmont  
 Hospital  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**MATERNAL AND FETAL  
 MEDICINE**





**SCHWENDEMANN, WADE**




Provider ID: 277307  
 Board Certified Specialty: No  
 3003 HEALTH CENTER DR  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-6710  
 Fax: (858) 939-4102  
 After Hours Phone: (858)  
 966-6710  
 Provider Gender: Male  
 NPI: 1477563302  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, SCRIPPS MEMORIAL  
 HOSPITAL, GROSSMONT  
 HOSPITAL, SHARP MEMORIAL  
 HOSPITAL, SHARP MARY

BIRCH HOSP FOR WOMEN  
 AND NEWBORNS, TRI CITY  
 MEDICAL CTR, Sharp  
 Grossmont Hospital, Sharp  
 Grossmont Hospital  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**MATERNAL AND FETAL  
 MEDICINE**








**SCHWENDEMANN, WADE**

Provider ID: 277304  
 Board Certified Specialty: No  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-6710  
 Fax: (858) 966-6711  
 After Hours Phone: (858)  
 966-6710  
 Provider Gender: Male  
 NPI: 1477563302  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, SCRIPPS MEMORIAL  
 HOSPITAL, GROSSMONT  
 HOSPITAL, SHARP MEMORIAL  
 HOSPITAL, SHARP MARY  
 BIRCH HOSP FOR WOMEN  
 AND NEWBORNS, TRI CITY  
 MEDICAL CTR, Sharp  
 Grossmont Hospital, Sharp  
 Grossmont Hospital

Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**MATERNAL AND FETAL  
 MEDICINE**

**WESTERMANN, MELISSA**

Provider ID: 287084

Board Certified Specialty: No

7910 FROST ST STE 220  
SAN DIEGO, CA 92123

Phone: (858) 966-6710

Fax: (858) 966-6711

After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1760730758

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
EARL AND LORRAINE MILLER  
CHILDRENS HSP, LONG  
BEACH MEMORIAL MED CTR,  
UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR, SHARP  
MEMORIAL HOSPITAL,  
GROSSMONT HOSPITAL,  
Sharp Grossmont Hospital,  
Sharp Grossmont Hospital  
Medi-Cal Open Panel: Y  
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,  
Sharp Grossmont Hospital  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**MATERNAL AND FETAL  
MEDICINE**

**WESTERMANN, MELISSA**

Provider ID: 242522

Board Certified Specialty: No

3003 HEALTH CENTER DR  
SAN DIEGO, CA 92123

Phone: (858) 966-6710

Fax: (858) 939-4102

After Hours Phone: (858)

966-6710

Provider Gender: Female

NPI: 1760730758

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS,  
EARL AND LORRAINE MILLER  
CHILDRENS HSP, LONG  
BEACH MEMORIAL MED CTR,  
UNIVERSITY OF CALIFORNIA  
IRVINE MED CTR, SHARP  
MEMORIAL HOSPITAL,  
GROSSMONT HOSPITAL,  
Sharp Grossmont Hospital,  
Sharp Grossmont Hospital  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**MATERNAL AND FETAL  
MEDICINE**

**WILLIAMS, KRISTIN**

Provider ID: 277383

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-6710




Fax: (858) 966-6711

After Hours Phone: (858)  
966-6710

Provider Gender: Female

NPI: 1992847131




Provider English Spoken: Y

*Cultural Competency: N*  
*Hospital Affiliation: Stanford Health Care, LUCILE SALTER PACKARD CHILDRENS HOSP, SAN MATEO MEDICAL CTR, SHARP MEMORIAL HOSPITAL, SHARP MARY BIRCH HOSP FOR WOMEN AND NEWBORNS, TRI CITY MEDICAL CTR, CALIFORNIA PACIFIC MED CTR, CALIFORNIA PACIFIC MED CTR, RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Medi-Cal Open Panel: Y*  
*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: Y*  
*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: 209253*  
*Board Certified Specialty: No*  
 4910 DIRECTORS PL STE 200 SAN DIEGO, CA 92121  
 *Phone: (800) 926-8273*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1497713846*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS*

*MEMORIAL HOSPITAL ENCINITAS, PALOMAR MEDICAL CENTER, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD LA JOLLA JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 16\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

**NEONATAL / PERINATAL MEDICINE**

**BAI-TONG, SHIYU**




*Provider ID: 283285*  
*Board Certified Specialty: No*  
 3020 CHILDRENS WAY SAN DIEGO, CA 92123  
 *Phone: (858) 966-5818*  
 *After Hours Phone: (858) 966-5818*  
*Provider Gender: Female*  
*NPI: 1528454188*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F*




8:00AM-5:00PM  
 Website: N/A

**NEONATAL / PERINATAL  
 MEDICINE**


**CARROLL, JEANNE**


Provider ID: 205727  
 Board Certified Specialty: No  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-5818  
 Fax: (858) 966-7483  
 After Hours Phone: (858)  
 966-5818  
 Provider Gender: Female  
 NPI: 1386928224

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N




 Accessibility: CONTACT  
 PROVIDER


 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A

**NEONATAL / PERINATAL  
 MEDICINE**

**DEL ROSARIO, PAMELA**


Provider ID: 295000  
 Board Certified Specialty: No  
 3010 CHILDRENS WAY FL 3  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-5888  
 After Hours Phone: (858)  
 966-5888  
 Provider Gender: Female


NPI: 1952691941  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD

MEDICAL CTR, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO

Medi-Cal Open Panel: Y  
 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: 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: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT


PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**NEONATAL / PERINATAL  
 MEDICINE**

**GLENN, TARA**


Provider ID: 283159  
 Board Certified Specialty: No  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-5818  
 Fax: (858) 966-7483  
 After Hours Phone: (858)  
 966-5818

Provider Gender: Female  
 NPI: 1992060974

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N



 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A

**NEONATAL / PERINATAL  
 MEDICINE**

**HIETALATI, SAMANTHA**

Provider ID: 294251  
 Board Certified Specialty: No  
 3010 CHILDRENS WAY FL 3  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-5888  
 Fax: (858) 249-5839

📞 After Hours Phone: (858) 966-5888  
 Provider Gender: Female  
 NPI: 1245617489  
 🗣️ Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER  
 🕒 Hours: M-F 8:00AM-5:00PM  
 🌐 Website: N/A

**NEONATAL / PERINATAL MEDICINE**

**HONOLD, JOSE**

Provider ID: 205941  
 Board Certified Specialty: No  
 📍 3020 CHILDRENS WAY SAN DIEGO, CA 92123  
 📞 Phone: (858) 966-5818  
 Fax: (858) 966-7483  
 📞 After Hours Phone: (858) 966-5818  
 Provider Gender: Male  
 NPI: 1093886855  
 🗣️ Provider English Spoken: Y  
 🗣️ Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, PIONEERS MEMORIAL HOSPITAL, SOUTHWEST HEALTHCARE INLAND VALLEY

HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, EL CENTRO REGIONAL MEDICAL CENTER, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL  
 Medi-Cal Open Panel: Y  
 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: 242881  
 Board Certified Specialty: No  
 📍 4077 5TH AVE SAN DIEGO, CA 92103  
 📞 Phone: (619) 691-7000  
 📞 After Hours Phone: (619) 691-7000  
 Provider Gender: Male  
 NPI: 1093886855  
 🗣️ Provider English Spoken: Y  
 🗣️ Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, PIONEERS MEMORIAL HOSPITAL, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO



SPRINGS HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, EL CENTRO REGIONAL MEDICAL CENTER, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER  
 🕒 Hours: M-F 8:00AM-5:00PM  
 🌐 Website: N/A

**NEONATAL / PERINATAL MEDICINE**

**LANE, BRIAN**



Provider ID: 205707  
 Board Certified Specialty: No  
 📍 3020 CHILDRENS WAY SAN DIEGO, CA 92123  
 📞 Phone: (858) 966-5818  
 Fax: (858) 966-7483  
 📞 After Hours Phone: (858) 966-5818  
 Provider Gender: Male  
 NPI: 1427129287  
 🗣️ Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO


SPRINGS HOSPITAL, SCRIPPS  
 MERCY HOSPITAL, SCRIPPS  
 MERCY HOSPITAL, SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):




N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**NEONATAL / PERINATAL  
 MEDICINE**

**LE, CRYSTAL**




Provider ID: 205630  
 Board Certified Specialty: No  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-5818  
 Fax: (858) 966-7483  
 After Hours Phone: (858)  
 966-5818  
 Provider Gender: Female  
 NPI: 1003028416


 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, SOUTHWEST  
 HEALTHCARE INLAND VALLEY  
 HOSPITAL, SOUTHWEST  
 HEALTHCARE RANCHO  
 SPRINGS HOSPITAL, SCRIPPS  
 MEMORIAL HOSPITAL,  
 SCRIPPS MEMORIAL  
 HOSPITAL ENCINITAS  
 Medi-Cal Open Panel: Y



Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**NEONATAL / PERINATAL  
 MEDICINE**

**MARC AURELE, KRISHELLE**



Provider ID: 206206  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (619) 543-3812  
 After Hours Phone: (800)  
 926-8273



Provider Gender: Female  
 NPI: 1952503435  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, UCSD MEDICAL CTR,  
 UCSD LA JOLLA JOHN SALLY  
 THORNTON, TRI CITY  
 MEDICAL CTR, SCRIPPS  
 MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A




**NEONATAL / PERINATAL  
 MEDICINE**

**MARC AURELE, KRISHELLE**

Provider ID: 206208  
 Board Certified Specialty: No  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-5818  
 Fax: (858) 966-7483



 After Hours Phone: (858)  
 966-5818  
 Provider Gender: Female  
 NPI: 1952503435  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, UCSD MEDICAL CTR,  
 UCSD LA JOLLA JOHN SALLY  
 THORNTON, TRI CITY  
 MEDICAL CTR, SCRIPPS  
 MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**NEONATAL / PERINATAL  
 MEDICINE**

**MARC AURELE, KRISHELLE**

Provider ID: 206210  
 Board Certified Specialty: No  
 3030 CHILDRENS WAY FL  
 2  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-8022

Fax: (858) 966-8457

☎ After Hours Phone: (858) 966-8022

Provider Gender: Female

NPI: 1952503435

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON, TRI CITY

MEDICAL CTR, SCRIPPS

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

**NEONATAL / PERINATAL MEDICINE**

**MATOBA, NANA**

Provider ID: 297974

Board Certified Specialty: No

📍 3010 CHILDRENS WAY FL 3 SAN DIEGO, CA 92123

☎ Phone: (858) 966-5888

Fax: (858) 249-5839

☎ After Hours Phone: (858) 966-5888

Provider Gender: Female

NPI: 1801952197

☑ Provider English Spoken: Y

☑ Provider Language(s) Spoken: Japanese

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

**NEONATAL / PERINATAL MEDICINE**

**MATOBA, NANA**

Provider ID: 297975

Board Certified Specialty: No

📍 4077 5TH AVE SAN DIEGO, CA 92103

☎ Phone: (619) 260-7046

Fax: (619) 686-3843

☎ After Hours Phone: (619) 260-7046

Provider Gender: Female

NPI: 1801952197

☑ Provider English Spoken: Y

☑ Provider Language(s) Spoken: Japanese

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

**NEONATAL / PERINATAL MEDICINE**

**MATOBA, NANA**

Provider ID: 299894

Board Certified Specialty: No

📍 3020 CHILDRENS WAY SAN DIEGO, CA 92123

☎ Phone: (858) 966-5888

Fax: (858) 966-7483

☎ After Hours Phone: (858) 966-5888

Provider Gender: Female

NPI: 1801952197

☑ Provider English Spoken: Y

☑ Provider Language(s) Spoken: Japanese

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

**NEONATAL / PERINATAL MEDICINE**

**MCCULLEY, DAVID**

Provider ID: 277177

Board Certified Specialty: No

📍 3020 CHILDRENS WAY SAN DIEGO, CA 92123

☎ Phone: (858) 966-5818

Fax: (858) 966-7483

☎ After Hours Phone: (858) 966-5818

Provider Gender: Male

NPI: 1235304155

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**NEONATAL / PERINATAL  
MEDICINE**

**MESTAN, KAREN**

Provider ID: 285932

Board Certified Specialty: No

3010 CHILDRENS WAY FL 3  
SAN DIEGO, CA 92123

Phone: (858) 966-5888

After Hours Phone: (858)  
966-5888

Provider Gender: Female

NPI: 1942253356

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**NEONATAL / PERINATAL**

**MEDICINE**

**NIEMI, ANNA-KAISA**

Provider ID: 262157

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5818

Fax: (858) 966-7483

After Hours Phone: (858)  
966-5818

Provider Gender: Female

NPI: 1497941397

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**NEONATAL / PERINATAL  
MEDICINE**

**NIEMI, ANNA-KAISA**

Provider ID: 262158

Board Certified Specialty: No

4077 5TH AVE  
SAN DIEGO, CA 92103

Phone: (619) 260-7107

After Hours Phone: (619)  
260-7107

Provider Gender: Female

NPI: 1497941397

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**NEONATAL / PERINATAL  
MEDICINE**

**NYMAN, KATHERINE**

Provider ID: 301822

Board Certified Specialty: No

4077 5TH AVE  
SAN DIEGO, CA 92103

Phone: (619) 260-7046

Fax: (619) 686-3843

After Hours Phone: (619)  
260-7046

Provider Gender: Female

NPI: 1003260951

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**NEONATAL / PERINATAL**

**MEDICINE**

**NYMAN, KATHERINE**

Provider ID: 301819

Board Certified Specialty: No

3010 CHILDRENS WAY FL 3  
SAN DIEGO, CA 92123

Phone: (858) 966-5888

Fax: (858) 249-5839

After Hours Phone: (858)  
966-5888

Provider Gender: Female

NPI: 1003260951

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**NEONATAL / PERINATAL  
MEDICINE**

**ODONNELL, F JANE**

Provider ID: 205578

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5818

Fax: (858) 966-7483

After Hours Phone: (858)  
966-5818

Provider Gender: Female

NPI: 1477625325

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL,  
UCSF BENIOFF CHILDREN'S  
HOSPITAL OAKLAND,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MERCY  
HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**NEONATAL / PERINATAL  
MEDICINE**

**RAMOS, CARLOS**

Provider ID: 206060

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (619) 543-3759

Fax: (619) 543-3812

After Hours Phone: (619)  
543-3759

Provider Gender: Male

NPI: 1205047545

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, EL CENTRO  
REGIONAL MEDICAL CENTER,  
SOUTHWEST HEALTHCARE

INLAND VALLEY HOSPITAL,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

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**

**SAJTI, ENIKO**

Provider ID: 206171

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (619) 543-3759

Fax: (619) 543-3812

After Hours Phone: (619)  
543-3759

Provider Gender: Female

NPI: 1649433103

Provider English Spoken: Y  
Cultural Competency: N



Hospital Affiliation: UCSF  
BENIOFF CHILDREN'S  
HOSPITAL OAKLAND, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT


**PROVIDER**  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**NEONATAL / PERINATAL  
 MEDICINE**

**SAUER, CHARLES**  
 Provider ID: 303906  
 Board Certified Specialty: No  
 4077 5TH AVE  
 SAN DIEGO, CA 92103  
 Phone: (619) 260-7046  
 After Hours Phone: (619)  
 260-7046  
 Provider Gender: Male  
 NPI: 1538388988  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, SCRIPPS MEMORIAL  
 HOSPITAL ENCINITAS,  
 PALOMAR MEDICAL CENTER,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA, PALOMAR  
 HEALTH, SCRIPPS MEMORIAL  
 HOSPITAL, SOUTHWEST  
 HEALTHCARE RANCHO  
 SPRINGS HOSPITAL,  
 SOUTHWEST HEALTHCARE  
 RANCHO SPRINGS HOSPITAL,  
 SOUTHWEST HEALTHCARE  
 INLAND VALLEY HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F





8:00AM-5:00PM  
 Website: N/A

**NEONATAL / PERINATAL  
 MEDICINE**

**SAUER, CHARLES**  
 Provider ID: 303904  
 Board Certified Specialty: No  
 3010 CHILDRENS WAY FL 3  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-5888  
 Fax: (858) 249-5839  
 After Hours Phone: (858)  
 966-5888  
 Provider Gender: Male  
 NPI: 1538388988  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, SCRIPPS MEMORIAL  
 HOSPITAL ENCINITAS,  
 PALOMAR MEDICAL CENTER,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA, PALOMAR  
 HEALTH, SCRIPPS MEMORIAL  
 HOSPITAL, SOUTHWEST  
 HEALTHCARE RANCHO  
 SPRINGS HOSPITAL,  
 SOUTHWEST HEALTHCARE  
 RANCHO SPRINGS HOSPITAL,  
 SOUTHWEST HEALTHCARE  
 INLAND VALLEY HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A

**NEONATAL / PERINATAL  
 MEDICINE**

**SONG, RICHARD**  
 Provider ID: 206143  
 Board Certified Specialty: No  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-5818  
 Fax: (858) 966-7483  
 After Hours Phone: (858)  
 966-5818  
 Provider Gender: Male  
 NPI: 1881893477  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, PALOMAR HEALTH,  
 SOUTHWEST HEALTHCARE  
 RANCHO SPRINGS HOSPITAL,  
 SCRIPPS MEMORIAL  
 HOSPITAL, SCRIPPS  
 MEMORIAL HOSPITAL  
 ENCINITAS, PALOMAR  
 MEDICAL CENTER,  
 SOUTHWEST HEALTHCARE  
 INLAND VALLEY HOSPITAL,  
 SOUTHWEST HEALTHCARE  
 INLAND VALLEY HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**NEONATAL / PERINATAL  
MEDICINE**

**SPEZIALE, MARK**

Provider ID: 206126

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5888

Fax: (858) 966-7483

After Hours Phone: (858)  
966-5888

Provider Gender: Male

NPI: 1801978143

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL  
CHULA VISTA, RADY

CHILDRENS HOSPITAL SAN  
DIEGO, SOUTHWEST

HEALTHCARE INLAND VALLEY  
HOSPITAL, SOUTHWEST

HEALTHCARE RANCHO

SPRINGS HOSPITAL, SCRIPPS  
MERCY HOSPITAL, UCSD

MEDICAL CTR, UCSD MEDICAL  
CTR, SCRIPPS MEMORIAL

HOSPITAL ENCINITAS

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**NEONATAL / PERINATAL  
MEDICINE**

**SUTTNER, DENISE**

Provider ID: 265085

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5818

Fax: (858) 966-7483

After Hours Phone: (858)  
966-5818

Provider Gender: Female

NPI: 1457433799

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN

DIEGO, UCSD MEDICAL CTR,  
SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS  
MEMORIAL HOSPITAL

ENCINITAS, SOUTHWEST

HEALTHCARE INLAND VALLEY N  
HOSPITAL, SOUTHWEST

HEALTHCARE RANCHO

SPRINGS HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL, SCRIPPS MERCY  
HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**NEONATAL / PERINATAL  
MEDICINE**

**SWEENEY, NATHALY**

Provider ID: 206182

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5818

Fax: (858) 966-7483

After Hours Phone: (858)  
966-5818

Provider Gender: Female

NPI: 1164572632

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, RADY  
CHILDRENS HOSPITAL SAN

DIEGO, PALOMAR MEDICAL  
CENTER

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**NEONATAL / PERINATAL  
MEDICINE**

**VOLLER, STEPHANNIE**

Provider ID: 303807

Board Certified Specialty: No

8001 FROST ST  
SAN DIEGO, CA 92123

Phone: (858) 966-8052

Fax: (858) 966-7789

After Hours Phone: (858)  
966-8052

Provider Gender: Female

NPI: 1417121971

Provider English Spoken: Y  
Cultural Competency: N




Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**NEONATAL / PERINATAL  
MEDICINE**

**VOLLER, STEPHANNIE**

Provider ID: 303808

Board Certified Specialty: No

 3010 CHILDRENS WAY FL 3  
SAN DIEGO, CA 92123

 Phone: (858) 966-5888

Fax: (858) 249-5839

 After Hours Phone: (858)  
966-5888

Provider Gender: Female

NPI: 1417121971

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**NEONATAL / PERINATAL  
MEDICINE**

**VOLLER, STEPHANNIE**

Provider ID: 303806

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5888

Fax: (858) 966-7483

 After Hours Phone: (858)  
966-5888

Provider Gender: Female

NPI: 1417121971


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**NEONATAL / PERINATAL  
MEDICINE**

**WEISS, KATHERINE**


Provider ID: 264677

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5818

Fax: (858) 966-7483

 After Hours Phone: (858)  
966-5818

Provider Gender: Female

NPI: 1053541862

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Website: N/A


**NEONATAL / PERINATAL  
MEDICINE**

**WEST, JULIE**

Provider ID: 297073

Board Certified Specialty: No

 3010 CHILDRENS WAY FL 3  
SAN DIEGO, CA 92123

 Phone: (858) 966-5888

Fax: (858) 249-5839

 After Hours Phone: (858)  
966-5888

Provider Gender: Female

NPI: 1811151848

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

**NEPHROLOGY**

**QUEVEDO, JUAN**

Provider ID: 269998

Board Certified Specialty: No

995 GATEWAY CENTER  
WAY STE 207

SAN DIEGO, CA 92102

Phone: (619) 263-9729

Fax: (619) 263-9730

After Hours Phone: (619)  
263-9729

Provider Gender: Male

NPI: 1093902496

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
9:00AM-5:00PM

Website: N/A

**NEPHROLOGY**

**SHAH, MITA**

Provider ID: 262230

Board Certified Specialty: No

8010 FROST ST STE 510  
SAN DIEGO, CA 92123

Phone: (858) 637-4700

Fax: (858) 637-4701

After Hours Phone: (858)  
637-4700

Provider Gender: Female

NPI: 1194773010

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**NEPHROLOGY**

**STEINBERG, STEVEN**

Provider ID: 262281

Board Certified Specialty: No

8010 FROST ST STE 510  
SAN DIEGO, CA 92123

Phone: (858) 637-4700

Fax: (858) 637-4701

After Hours Phone: (858)  
637-4700

Provider Gender: Male

NPI: 1407852783

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

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: Yes

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

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**NEPHROLOGY**

**ZHONG, YAN**

Provider ID: 296053

Board Certified Specialty: Yes

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  
 Medi-Cal Open Panel: Y  
 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  
 ☐ Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER  
 🕒 Hours: M-F 8:00AM-5:00PM  
 🌐 Website: N/A

**NEUROLOGY**

**BUI, JONATHAN**

Provider ID: 303227  
 Board Certified Specialty: No  
 📍 3030 CHILDRENS WAY FL 4  
 SAN DIEGO, CA 92123  
 ☎ Phone: (858) 966-5819  
 ☎ Fax: (858) 966-4930  
 ☎ After Hours Phone: (858) 966-5819  
 Provider Gender: Male  
 NPI: 1730247974

☐ Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER  
 🕒 Hours: M-F 8:00AM-5:00PM  
 🌐 Website: N/A

**NEUROLOGY**




**BUI, JONATHAN**

Provider ID: 206005  
 Board Certified Specialty: No  
 📍 8001 FROST ST  
 SAN DIEGO, CA 92123  
 ☎ Phone: (858) 966-5999  
 ☎ Fax: (858) 966-4930  
 ☎ After Hours Phone: (858) 966-5999  
 Provider Gender: Male  
 NPI: 1730247974  
 ☐ Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER  
 🕒 Hours: M-F 8:00AM-5:00PM  
 🌐 Website: N/A

**NEUROLOGY**

**COUGHLIN, DAVID**

Provider ID: 240951  
 Board Certified Specialty: No  
 📍 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 ☎ Phone: (800) 926-8273  
 ☎ After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1740543784  
 ☐ Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**NEUROLOGY**


**COUGHLIN, DAVID**


Provider ID: 240949

Board Certified Specialty: Yes

 4510 EXECUTIVE DR STE 325

SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Male


NPI: 1740543784


 Provider English Spoken: Y  
 Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A


**NEUROLOGY**

**COUGHLIN, DAVID**

Provider ID: 304172

Board Certified Specialty: No

 6655 ALVARADO RD  
 SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1740543784

 Provider English Spoken: Y  
 Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A

**NEUROLOGY**


**DOVE, KATHERINE**

Provider ID: 302784


Board Certified Specialty: No

 3030 CHILDRENS WAY FL 4

SAN DIEGO, CA 92123

 Phone: (858) 966-5819

Fax: (858) 966-4930

 After Hours Phone: (858) 966-5819

Provider Gender: Female

NPI: 1033642574

 Provider English Spoken: Y  
 Cultural Competency: N


Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A


**NEUROLOGY**

**DUNN-PIRIO, ANASTASIE**

Provider ID: 304160

Board Certified Specialty: No

 6655 ALVARADO RD  
 SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1700177136

 Provider English Spoken: Y  
 Cultural Competency: N


Hospital Affiliation: UCSD MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A


**NEUROLOGY**

**DUNN-PIRIO, ANASTASIE**

Provider ID: 203235

Board Certified Specialty: No

 200 W ARBOR DR FL 1  
 SAN DIEGO, CA 92103

 Phone: (619) 543-3500

Fax: (888) 539-8781

 After Hours Phone: (619) 543-3500

Provider Gender: Female

NPI: 1700177136


 Provider English Spoken: Y  
 Cultural Competency: N


Hospital Affiliation: UCSD MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*


**NEUROLOGY**

**FREDERICK, ALIYA**

*Provider ID: 283152*

*Board Certified Specialty: No*

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 *Phone: (858) 966-5999*

*Fax: (858) 576-8412*

 *After Hours Phone: (858)  
966-5999*

*Provider Gender: Female*

*NPI: 1548657992*

 *Provider English Spoken: Y  
Cultural Competency: N*


*Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD LA JOLLA JOHN  
SALLY THORNTON, UCSD*


*MEDICAL CTR*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\19*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*


 *Website: N/A*


**NEUROLOGY**

**GOLD, JEFFREY**

*Provider ID: 303287*

*Board Certified Specialty: No*

 3030 CHILDRENS WAY FL  
4  
SAN DIEGO, CA 92123

 *Phone: (858) 966-5819*

*Fax: (858) 966-4930*

 *After Hours Phone: (858)  
966-5819*

*Provider Gender: Male*

*NPI: 1568773984*


 *Provider English Spoken: Y  
Cultural Competency: N*


*Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND, SHARP MEMORIAL  
HOSPITAL*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\19*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*


**NEUROLOGY**

**GOLD, JEFFREY**

*Provider ID: 283335*

*Board Certified Specialty: No*

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 *Phone: (858) 966-5999*

*Fax: (858) 576-8412*

 *After Hours Phone: (858)  
966-5999*

*Provider Gender: Male*

*NPI: 1568773984*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF*


*CHILDREN'S HOSPITAL  
OAKLAND, SHARP MEMORIAL  
HOSPITAL*


*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\19*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*

**NEUROLOGY**


**GUIDO-ESTRADA, NATALIE**

*Provider ID: 303271*


*Board Certified Specialty: No*

 3030 CHILDRENS WAY FL  
4

SAN DIEGO, CA 92123

 *Phone: (858) 966-5819*

*Fax: (858) 966-4930*

 *After Hours Phone: (858)  
966-5819*

*Provider Gender: Female*

*NPI: 1528353521*

 *Provider English Spoken: Y  
Cultural Competency: N*


*Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\19*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*

**NEUROLOGY**

**GUNDOGDU, MELEK**

Provider ID: 201623

Board Certified Specialty: No

200 W ARBOR DR FL 1  
SAN DIEGO, CA 92103

Phone: (619) 543-3500

After Hours Phone: (619)  
543-3500

Provider Gender: Female

NPI: 1437253671

Provider English Spoken: Y

Provider Language(s)  
Spoken: Turkish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**NEUROLOGY**

**HANNAWI, ANDREW**

Provider ID: 283154

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5999

Fax: (858) 576-8412

After Hours Phone: (858)  
966-5999

Provider Gender: Male

NPI: 1194179135

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, UCSD LA JOLLA JOHN

SALLY THORNTON, UCSD

MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**NEUROLOGY**

**IRAGUIMADOZ, VICENTE**

Provider ID: 304154

Board Certified Specialty: No

6655 ALVARADO RD  
SAN DIEGO, CA 92120

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1053326710

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**NEUROLOGY**

**KHAMISHON, BORIS**

Provider ID: 269923

Board Certified Specialty: No

6699 ALVARADO RD STE  
2301

SAN DIEGO, CA 92120

Phone: (619) 582-2595

Fax: (619) 229-8006

After Hours Phone: (619)  
582-2595

Provider Gender: Male

NPI: 1104922038

Provider English Spoken: Y

Provider Language(s)  
Spoken: Russian, Samoan,  
Spanish

Cultural Competency: N

Hospital Affiliation: ALVARADO

HOSPITAL LLC

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH  
8:00AM-4:00PM  
F 8:00AM-3:00PM

Website: N/A

**NEUROLOGY**

**KIM MCMANUS, OLIVIA**

Provider ID: 303229

Board Certified Specialty: No

3030 CHILDRENS WAY FL  
4

SAN DIEGO, CA 92123

Phone: (858) 966-5819

Fax: (858) 966-4930

After Hours Phone: (858)  
966-5819

Provider Gender: Female  
 NPI: 1174870067  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation:  
 UNIVERSITY OF CALIFORNIA  
 IRVINE MED CTR, CHILDRENS  
 HOSPITAL OF ORANGE  
 COUNTY, RADY CHILDRENS  
 HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**NEUROLOGY**

**LAVERTY, CHAMINDRA**

Provider ID: 303258  
 Board Certified Specialty: No  
 3030 CHILDRENS WAY FL  
 4  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-5819  
 Fax: (858) 966-4930  
 After Hours Phone: (858)  
 966-5819  
 Provider Gender: Female  
 NPI: 1538320395  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**NEUROLOGY**

**LEE, DAVID**

Provider ID: 246263  
 Board Certified Specialty: No  
 200 W ARBOR DR FL 1  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1871884130  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Korean

Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**NEUROLOGY**

**LEE, DAVID**



Provider ID: 304198  
 Board Certified Specialty: No  
 6655 ALVARADO RD  
 SAN DIEGO, CA 92120  
 Phone: (800) 926-8273

Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1871884130  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Korean  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A

**NEUROLOGY**

**LEGER, GABRIEL**

Provider ID: 304176  
 Board Certified Specialty: No  
 6655 ALVARADO RD  
 SAN DIEGO, CA 92120  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1720367899  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N




 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*

**NEUROLOGY**

**LEGER, GABRIEL**

*Provider ID: 247608*  
*Board Certified Specialty: No*  
 4510 EXECUTIVE DR STE 325  
 SAN DIEGO, CA 92121  
 *Phone: (858) 543-8540*  
 *After Hours Phone: (858) 543-8540*  
*Provider Gender: Male*  
*NPI: 1720367899*


 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*




 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

**NEUROLOGY**

**LONGARDNER, KATHERINE**




*Provider ID: 268346*  
*Board Certified Specialty: No*  
 4520 EXECUTIVE DR  
 SAN DIEGO, CA 92121  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*

*NPI: 1801215926*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

**NEUROLOGY**




**LONGARDNER, KATHERINE**

*Provider ID: 304197*  
*Board Certified Specialty: No*  
 6655 ALVARADO RD  
 SAN DIEGO, CA 92120  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Female*  
*NPI: 1801215926*




 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*

**NEUROLOGY**

**NELSON, JAMES**

*Provider ID: 303228*  
*Board Certified Specialty: No*  
 3030 CHILDRENS WAY FL 4  
 SAN DIEGO, CA 92123  
 *Phone: (858) 966-5819*  
*Fax: (858) 966-4930*  
 *After Hours Phone: (858) 966-5819*

*Provider Gender: Male*  
*NPI: 1568434546*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: VALLEY CHILDRENS HOSPITAL, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*


**NEUROLOGY**


**QAYOUMI, WALI**

*Provider ID: 284370*  
*Board Certified Specialty: No*  
 4510 EXECUTIVE DR STE 325  
 SAN DIEGO, CA 92121  
 *Phone: (619) 294-3746*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (619) 294-3746*  
*Provider Gender: Male*



NPI: 1093178220

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: French

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR


Medi-Cal Open Panel: Y


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### NEUROLOGY

#### **QAYOUMI, WALI**

Provider ID: 304161

Board Certified Specialty: No

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1093178220

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: French

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): 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: Y

Min/Max Age: 0\999


American Sign Language (ASL):


N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Russian

Cultural Competency: N

Hospital Affiliation: MEDICAL

CTR AT UCSF


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

### NEUROLOGY


#### **RIGGINS, NINA**

Provider ID: 285968

Board Certified Specialty: No

 4510 EXECUTIVE DR STE  
325

SAN DIEGO, CA 92121

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)


### NEUROLOGY


#### **SCHORR, EMILY**

Provider ID: 305020

Board Certified Specialty: No

 4510 EXECUTIVE DR  
SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1255862041

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

### NEUROLOGY

#### **SCHORR, EMILY**

Provider ID: 305021  
Board Certified Specialty: No

📍 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
☎ Phone: (800) 926-8273  
📞 After Hours Phone: (800) 926-8273

Provider Gender: Female  
NPI: 1255862041

🗨 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER  
🌐 Website: N/A

### **NEUROLOGY**

#### **SCHORR, EMILY**

Provider ID: 305023  
Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103  
☎ Phone: (800) 926-8273  
📞 After Hours Phone: (800) 926-8273

Provider Gender: Female  
NPI: 1255862041

🗨 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER  
🌐 Website: N/A

### **NEUROLOGY**

#### **SWEAT, MARIE**

Provider ID: 303831  
Board Certified Specialty: No

📍 3030 CHILDRENS WAY FL  
4  
SAN DIEGO, CA 92123  
☎ Phone: (858) 966-5819  
📞 Fax: (858) 966-4930

📞 After Hours Phone: (858) 966-5819  
Provider Gender: Female  
NPI: 1861929036

🗨 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y  
Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

### **NEUROLOGY**

#### **YANG, JENNIFER**

Provider ID: 301593  
Board Certified Specialty: No

📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
☎ Phone: (858) 966-5999  
📞 Fax: (858) 576-8412

📞 After Hours Phone: (858) 966-5999  
Provider Gender: Female  
NPI: 1528420619

🗨 Provider English Spoken: Y  
🗨 Provider Language(s)  
Spoken: Chinese, Mandarin  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

### **NEUROLOGY**

#### **ZIMBRIC, MICHAEL**

Provider ID: 206272  
Board Certified Specialty: No

📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
☎ Phone: (858) 966-5999  
📞 Fax: (858) 966-4930

📞 After Hours Phone: (858) 966-5999  
Provider Gender: Male  
NPI: 1487819546

🗨 Provider English Spoken: Y  
🗨 Provider Language(s)  
Spoken: French  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND

Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER  
🕒 Hours: M-F

8:00AM-5:00PM  
 Website: N/A

**NEUROLOGY**


**ZIMBRIC, MICHAEL**

Provider ID: 303284

Board Certified Specialty: No

 3030 CHILDRENS WAY FL  
 4

SAN DIEGO, CA 92123


 Phone: (858) 966-5819

Fax: (858) 966-4930

 After Hours Phone: (858)  
 966-5819

Provider Gender: Male

NPI: 1487819546

 Provider English Spoken: Y

 Provider Language(s)  
 Spoken: French

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, UCSF BENIOFF

CHILDREN'S HOSPITAL

OAKLAND


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


**NEUROLOGY CHILD**

**GRAVES, JENNIFER**

Provider ID: 261037

Board Certified Specialty: No

 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123

 Phone: (858) 966-8800

Fax: (858) 966-7433

 After Hours Phone: (858)  
 966-8800

Provider Gender: Female

NPI: 1992849863

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: UCSF

Medical Center At Mission Bay,

UCSF MEDICAL CENTER AT

MOUNT ZION, MEDICAL CTR

AT UCSF, UCSD MEDICAL CTR,

UCSD LA JOLLA JOHN SALLY

THORNTON, RADY

CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


**NEUROLOGY CHILD**

**GUIDO-ESTRADA, NATALIE**

Provider ID: 205825

Board Certified Specialty: No

 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: Y

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**

**NELSON, JAMES**

Provider ID: 205373

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: 1568434546

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: VALLEY

CHILDRENS HOSPITAL, UCSD

MEDICAL CTR, RADY

CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

**NEUROLOGY CHILD**

**SAHAGIAN, MICHELLE**

Provider ID: 206074

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5999

Fax: (858) 966-4930

After Hours Phone: (858)  
966-5999

Provider Gender: Female

NPI: 1275604035

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 16\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**OBSTETRICS / GYNECOLOGY**

**COHEN, MANSOUR**

Provider ID: 205940

Board Certified Specialty: Yes

7695 CARDINAL CT STE  
390  
SAN DIEGO, CA 92123

Phone: (858) 279-8111

Fax: (858) 279-4703

After Hours Phone: (858)  
279-8111

Provider Gender: Male

NPI: 1346225356

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Arabic, Farsi,  
Hebrew, Spanish

Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP

MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS

Medi-Cal Open Panel: Y

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**

**CONTRERAS, MICHELLE**

Provider ID: 295938

Board Certified Specialty: No

550 WASHINGTON ST STE  
331  
SAN DIEGO, CA 92103

Phone: (619) 662-4100

Fax: (619) 432-1607

After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1730499252

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SUTTER  
SOLANO MED CTR, SCRIPPS  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**OBSTETRICS / GYNECOLOGY**

**DELCORE, LAURA**

Provider ID: 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: Y  
 Min/Max Age: 16\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A


**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: Y

Min/Max Age: 16\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Website: N/A


**OBSTETRICS / GYNECOLOGY**

**DELCORE, LAURA**

Provider ID: 291326

Board Certified Specialty: No

 3750 CONVOY ST STE 312  
 SAN DIEGO, CA 92111

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
 926-8273

Provider Gender: Female

NPI: 1790128759

 Provider English Spoken: Y  
 Cultural Competency: N


Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Website: N/A

**OBSTETRICS / GYNECOLOGY**

**DELCORE, LAURA**

Provider ID: 291329

Board Certified Specialty: No

 16950 VIA TAZON  
 SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
 926-8273

Provider Gender: Female

NPI: 1790128759

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 16\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Website: N/A

**OBSTETRICS / GYNECOLOGY**

**DRIEBE, AMY**

Provider ID: 291338

Board Certified Specialty: No

 6030 VILLAGE WAY  
 SAN DIEGO, CA 92130

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
 926-8273

Provider Gender: Female

NPI: 1730507567

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: SHARP


MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

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: Y  
Min/Max Age: 16\999

American Sign Language (ASL):  N

 Accessibility: CONTACT PROVIDER

 Website: N/A


**OBSTETRICS / GYNECOLOGY**

**DRIEBE, AMY**

Provider ID: 291337

Board Certified Specialty: No

 3750 CONVOY ST STE 312  
SAN DIEGO, CA 92111

 Phone: (800) 926-8273  
Fax: (888) 539-8781


 After Hours Phone: (800) 926-8273

Provider Gender: Female  
NPI: 1730507567


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y  
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: Y  
Min/Max Age: 16\999

American Sign Language (ASL):  N

 Accessibility: CONTACT PROVIDER

 Website: N/A

**OBSTETRICS / GYNECOLOGY**


**FRUGONI, GINA**


Provider ID: 270056

Board Certified Specialty: No

 4168 FRONT ST

SAN DIEGO, CA 92103

 Phone: (619) 400-5074

 After Hours Phone: (619) 400-5074

Provider Gender: Female  
NPI: 1578729315


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Y  
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**


**GARG, ANUPAM**

Provider ID: 295893

Board Certified Specialty: No

 550 WASHINGTON ST STE 331  
SAN DIEGO, CA 92103

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

Provider Gender: Male  
NPI: 1013944636

 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, ALVARADO

HOSPITAL LLC, SCRIPPS  
MERCY HOSPITAL CHULA

VISTA

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**OBSTETRICS / GYNECOLOGY**

**GROGAN, BRIAN**

Provider ID: 296002

Board Certified Specialty: No

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 279-0925

Fax: (858) 633-4682

After Hours Phone: (858)  
279-0925

Provider Gender: Male

NPI: 1235218439

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Website: N/A

**OBSTETRICS / GYNECOLOGY**

**GROGAN, BRIAN**

Provider ID: 296001

Board Certified Specialty: No

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 810-8700

Fax: (858) 633-4680

After Hours Phone: (858)  
810-8700

Provider Gender: Male

NPI: 1235218439

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Website: N/A

**OBSTETRICS / GYNECOLOGY**

**GUPTA, PRATIMA**

Provider ID: 257548

Board Certified Specialty: No

4168 FRONT ST  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1891749842

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Hindi, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**OBSTETRICS / GYNECOLOGY**

**GUPTA, PRATIMA**

Provider ID: 257547

Board Certified Specialty: No

16950 VIA TAZON  
SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1891749842

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**OBSTETRICS / GYNECOLOGY**

**HARVEY, SCOTT**

Provider ID: 278917

Board Certified Specialty: No

4168 FRONT ST  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781




After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1457662868






Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

**MEDICAL CTR, UCSD LA JOLLA** Provider ID: 208294  
**JOHN SALLY THORNTON** Board Certified Specialty: No  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 16\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**OBSTETRICS / GYNECOLOGY**

**HARVEY, SCOTT**

Provider ID: 278915  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1457662868  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
**MEDICAL CTR, UCSD LA JOLLA**  
**JOHN SALLY THORNTON**  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 16\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A






**OBSTETRICS / GYNECOLOGY**



**HOANG, MAI**

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: Y  
 Min/Max Age: 16\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**OBSTETRICS / GYNECOLOGY**









**HOM-TEDLA, MARIANNE**

Provider ID: 242751  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1972047397  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N

Hospital Affiliation: UCSD LA  
**JOLLA JOHN SALLY**  
**THORNTON, UCSD MEDICAL**  
**CTR**  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 16\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**OBSTETRICS / GYNECOLOGY**

**KLEIN, DAVID**

Provider ID: 271560  
 Board Certified Specialty: No  
 16950 VIA TAZON  
 SAN DIEGO, CA 92127  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1780073635  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
**MEDICAL CTR, UCSD LA JOLLA**  
**JOHN SALLY THORNTON**  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 16\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A



**OBSTETRICS / GYNECOLOGY**

**KLEIN, DAVID**

Provider ID: 271561

Board Certified Specialty: No

6030 VILLAGE WAY  
SAN DIEGO, CA 92130

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1780073635

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**OBSTETRICS / GYNECOLOGY**

**KOHATSU, KAREN**

Provider ID: 205481

Board Certified Specialty: No

11939 RANCHO BERNARDO  
RD STE 110  
SAN DIEGO, CA 92128

Phone: (858) 618-1156

Fax: (858) 618-3314

After Hours Phone: (858)  
618-1156

Provider Gender: Female

NPI: 1679517239

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR  
HEALTH

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH  
8:30AM-4:30PM  
F 8:30AM-2:00PM

Website: N/A

**OBSTETRICS / GYNECOLOGY**

**LAMALE-SMITH, LEAH**

Provider ID: 208681

Board Certified Specialty: No

4910 DIRECTORS PL STE  
200  
SAN DIEGO, CA 92121

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1396904876

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR, EISENHOWER MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):  
N

Accessibility: CONTACT

PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**OBSTETRICS / GYNECOLOGY**

**LAMALE-SMITH, LEAH**

Provider ID: 285519

Board Certified Specialty: No

16950 VIA TAZON  
SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1396904876

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR, EISENHOWER MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**OBSTETRICS / GYNECOLOGY**

**MACKAY, GILLIAN**

Provider ID: 200965





Board Certified Specialty: No



16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1770702177  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 16\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 9:00AM-5:00PM  
 Website: N/A

**OBSTETRICS / GYNECOLOGY**









**MACKAY, GILLIAN**

Provider ID: 303064  
 Board Certified Specialty: No  
 6030 VILLAGE WAY  
 SAN DIEGO, CA 92130  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1770702177  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 10\150  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 9:00AM-5:00PM  
 Website: N/A  
 Email: PARVINMANI@YAHOO.COM





**OBSTETRICS / GYNECOLOGY**

**MEADOWS, AUDRA**

Provider ID: 285742  
 Board Certified Specialty: No  
 4168 FRONT ST  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1467585521  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 16\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**OBSTETRICS / GYNECOLOGY**

**MEADOWS, AUDRA**

Provider ID: 285741  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1467585521  
 Provider English Spoken: Y  
 Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 16\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

**OBSTETRICS / GYNECOLOGY**

**MELENDEZ, ARIANA**

Provider ID: 299921

Board Certified Specialty: No

 4168 FRONT ST

SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1295232973

 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Y

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: Y

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: Y

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: Y

Min/Max Age: 16\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

**OBSTETRICS / GYNECOLOGY**

**PICKETT, CHARLOTTE**

Provider ID: 299980

Board Certified Specialty: No

6030 VILLAGE WAY  
SAN DIEGO, CA 92130

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1447530696

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 16\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**OBSTETRICS / GYNECOLOGY**

**PINSON, KELSEY**

Provider ID: 284286

Board Certified Specialty: No

4910 DIRECTORS PL STE  
200

SAN DIEGO, CA 92121

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1841722485

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON,  
UNIVERSITY HSP OF SAN  
DIEGO CO

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**OBSTETRICS / GYNECOLOGY**

**PINSON, KELSEY**

Provider ID: 284288

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1841722485

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON,  
UNIVERSITY HSP OF SAN  
DIEGO CO

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**OBSTETRICS / GYNECOLOGY**

**PINSON, KELSEY**

Provider ID: 284287

Board Certified Specialty: No

4168 FRONT ST  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1841722485

Provider English Spoken: Y  
Cultural Competency: N




Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON,  
UNIVERSITY HSP OF SAN  
DIEGO CO

Medi-Cal Open Panel: Y




Min/Max Age: 16\999

American Sign Language (ASL):  
N


 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F  
8:00AM-5:00PM*  
 *Website: N/A*

**OBSTETRICS / GYNECOLOGY**




**RIVAS, RENEE**

*Provider ID: 284298*  
*Board Certified Specialty: No*  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Female*  
*NPI: 1295263861*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR*




*Medi-Cal Open Panel: Y*  
*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**

**SEFA-BOAKYE, KOFI**

*Provider ID: 290713*  
*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: Male*  
*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*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 16\999*

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*

**OBSTETRICS / GYNECOLOGY**

**SHAH, NEMI**




*Provider ID: 272580*  
*Board Certified Specialty: No*  
 4168 FRONT ST  
 SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Female*  
*NPI: 1558715268*

 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL*

*CTR, SOUTHWEST  
HEALTHCARE RANCHO  
SPRINGS HOSPITAL,  
TEMECULA VALLEY HOSPITAL  
INC*

*Medi-Cal Open Panel: Y*  
*Min/Max Age: 16\999*  
*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F  
8:00AM-5:00PM*  
 *Website: N/A*


**OBSTETRICS / GYNECOLOGY**

**SHUCKETT, ARIEL**



*Provider ID: 290708*  
*Board Certified Specialty: No*  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 *Phone: (858) 279-0925*  
*Fax: (858) 633-4680*

 *After Hours Phone: (858)  
279-0925*

*Provider Gender: Female*  
*NPI: 1245590124*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP  
MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS*

*Medi-Cal Open Panel: Y*  
*Min/Max Age: 16\999*  
*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*

**OBSTETRICS / GYNECOLOGY**

**SUYAMA, JULIE**

Provider ID: 284290

Board Certified Specialty: No

4520 EXECUTIVE DR STE 360

SAN DIEGO, CA 92121

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1306372800

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

Website: N/A

**OBSTETRICS / GYNECOLOGY**

**SUYAMA, JULIE**

Provider ID: 284291

Board Certified Specialty: No

200 W ARBOR DR

SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1306372800

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 16\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

Website: N/A

**OBSTETRICS / GYNECOLOGY**

**THOMSON, SAMANTHA**

Provider ID: 285174

Board Certified Specialty: No

200 W ARBOR DR

SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1689013468

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: CEDARS

SINAI MEDICAL CENTER,

UCSD LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

Website: N/A

**OBSTETRICS / GYNECOLOGY**

**TRUJILLO, JENNIFER**

Provider ID: 290128

Board Certified Specialty: No

950 S EUCLID AVE


SAN DIEGO, CA 92114

 Phone: (619) 662-4100  
 Fax: (619) 662-4158  
 After Hours Phone: (619) 662-4100  
 Provider Gender: Female  
 NPI: 1053407593  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA, SHARP CHULA VISTA  
 MED CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 16\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 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: Y  
 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: 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**OCCUPATIONAL THERAPIST**

**LARSEN, JULIE**




Provider ID: 258359  
 Board Certified Specialty: No  
 8929 UNIVERSITY CENTER  
 LN STE 200

SAN DIEGO, CA 92122  
 Phone: (855) 543-0333  
 Fax: (858) 657-1809  
 After Hours Phone: (855) 543-0333  
 Provider Gender: Female  
 NPI: 1497009179  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**OCCUPATIONAL THERAPIST**

**MIKUT, ALYSSA**

Provider ID: 258415  
 Board Certified Specialty: No  
 8929 UNIVERSITY CENTER  
 LN STE 200  
 SAN DIEGO, CA 92122  
 Phone: (858) 249-0832  
 Fax: (858) 657-1809  
 After Hours Phone: (858) 249-0832  
 Provider Gender: Female  
 NPI: 1952816134  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A




**OPHTHALMOLOGY**

**BANSAL, PREETI**

Provider ID: 205620  
 Board Certified Specialty: Yes  
 7910 FROST ST STE 200  
 SAN DIEGO, CA 92123  
 Phone: (858) 309-7702  
 Fax: (858) 966-7403  
 After Hours Phone: (858)  
 309-7702  
 Provider Gender: Female  
 NPI: 1871664631




 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, GROSSMONT  
 HOSPITAL, SHARP MARY  
 BIRCH HOSP FOR WOMEN  
 AND NEWBORNS, SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA, SCRIPPS MEMORIAL  
 HOSPITAL, TRI CITY MEDICAL  
 CTR

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N


 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**OPHTHALMOLOGY**




**BAXTER, SALLY**

Provider ID: 272789  
 Board Certified Specialty: No  
 200 W ARBOR DR STE 101  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273

Provider Gender: Female  
 NPI: 1912325184

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999

American Sign Language (ASL):  
 N


 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**OPHTHALMOLOGY**

**BAXTER, SALLY**




Provider ID: 272788  
 Board Certified Specialty: No  
 4060 4TH AVE STE 610  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273

Provider Gender: Female  
 NPI: 1912325184

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA



JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**OPHTHALMOLOGY**

**BHATIA, SHAGUN**

Provider ID: 240636



Board Certified Specialty: No

7910 FROST ST STE 200  
SAN DIEGO, CA 92123

Phone: (858) 309-7702

Fax: (858) 966-7403

After Hours Phone: (858)  
309-7702

Provider Gender: Female

NPI: 1104237353

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR, RADY CHILDRENS

HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### OPHTHALMOLOGY

#### **CAMP, ANDREW**

Provider ID: 260020

Board Certified Specialty: No

7910 FROST ST STE 200  
SAN DIEGO, CA 92123

Phone: (858) 309-7702

Fax: (858) 966-7403

After Hours Phone: (858)  
309-7702

Provider Gender: Male

NPI: 1326300377

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON,

RADY CHILDRENS HOSPITAL  
SAN DIEGO

Medi-Cal Open Panel: Y

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)  
688-2648

Provider Gender: Male

NPI: 1790769156

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Medi-Cal Open Panel: Y

Min/Max Age: 6\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

Email:

MYNEWEYES@HOTMAIL.COM

### OPHTHALMOLOGY

#### **HENNEIN, LAUREN**

Provider ID: 297009

Board Certified Specialty: No

7910 FROST ST STE 200  
SAN DIEGO, CA 92123

Phone: (858) 309-7702

Fax: (858) 966-7403

After Hours Phone: (858)  
309-7702

Provider Gender: Female

NPI: 1699216010

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### OPHTHALMOLOGY

#### **HENNEIN, LAUREN**

Provider ID: 297011

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 309-7702

Fax: (858) 966-7403

After Hours Phone: (858)  
309-7702

Provider Gender: Female

NPI: 1699216010  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**OPHTHALMOLOGY**

**HUYNH, PAUL**

Provider ID: 245200  
 Board Certified Specialty: No  
 4844 UNIVERSITY AVE STE  
 A  
 SAN DIEGO, CA 92105  
 Phone: (619) 283-1303  
 Fax: (619) 283-1666  
 After Hours Phone: (619)  
 283-1303  
 Provider Gender: Male  
 NPI: 1871577056  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish, Tagalog,  
 Vietnamese  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 MEMORIAL HOSPITAL,  
 SCRIPPS MEMORIAL  
 HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 SA 8:00AM-5:00PM  
 Website: N/A  
 Email:  
 DOCTORPAUL@SBCGLOBAL.NET

**OPHTHALMOLOGY**

**HUYNH, PAUL**

Provider ID: 295645  
 Board Certified Specialty: No  
 4844 UNIVERSITY AVE STE  
 A  
 SAN DIEGO, CA 92105  
 Phone: (619) 283-1303  
 Fax: (619) 283-1666  
 After Hours Phone: (619)  
 283-1303  
 Provider Gender: Male  
 NPI: 1871577056  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish, Tagalog,  
 Vietnamese  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 MEMORIAL HOSPITAL,  
 SCRIPPS MEMORIAL  
 HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 18\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 SA 8:00AM-5:00PM  
 Website: N/A

Email:  
 DOCTORPAUL@SBCGLOBAL.NET

**OPHTHALMOLOGY**

**JACOBSEN, BRADLEY**

Provider ID: 302869  
 Board Certified Specialty: No  
 7695 CARDINAL CT STE 100  
 SAN DIEGO, CA 92123  
 Phone: (858) 609-7100  
 Fax: (858) 609-7106  
 After Hours Phone: (858)  
 609-7100  
 Provider Gender: Male  
 NPI: 1760845184


Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY  
 MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 18\999  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**OPHTHALMOLOGY**


**JIN, MAN**

Provider ID: 299955  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1073010120

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


### **OPHTHALMOLOGY**

#### **KHATIB, NORA**

Provider ID: 290441

Board Certified Specialty: No

 233 LEWIS ST  
SAN DIEGO, CA 92103


 Phone: (619) 501-9050


Fax: (619) 501-9054

 After Hours Phone: (619)  
501-9050

Provider Gender: Female

NPI: 1538487756

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic, Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,


SCRIPPS MERCY HOSPITAL


CHULA VISTA, SHARP CHULA  
VISTA MED CTR, GROSSMONT  
HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 14\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### **OPHTHALMOLOGY**


#### **KLINE, LANNING**

Provider ID: 239915

Board Certified Specialty: No

 4060 4TH AVE STE 610  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1841227477

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### **OPHTHALMOLOGY**

#### **LI, ALEXANDRIA**


Provider ID: 272833

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1841652864

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### **OPHTHALMOLOGY**


#### **LIU, YUNXIANG**

Provider ID: 210803

Board Certified Specialty: No


 7910 FROST ST STE 200  
SAN DIEGO, CA 92123

 Phone: (858) 309-7702

 After Hours Phone: (858)  
309-7702

Provider Gender: Female

NPI: 1770849804

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL

CTR, RADY CHILDRENS


HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

**OPHTHALMOLOGY**

**MOLL, ANGELA**

Provider ID: 205510

Board Certified Specialty: No

7910 FROST ST STE 200  
SAN DIEGO, CA 92123

Phone: (858) 309-7702

Fax: (858) 966-7403

After Hours Phone: (858)  
309-7702

Provider Gender: Female

NPI: 1861648602

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, GROSSMONT

HOSPITAL, SHARP MEMORIAL  
HOSPITAL, UCSF BENIOFF  
CHILDREN'S HOSPITAL

OAKLAND, SCRIPPS MERCY  
HOSPITAL, SCRIPPS MERCY  
HOSPITAL CHULA VISTA

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**OPHTHALMOLOGY**

**MOVAGHAR, MANSOOR**

Provider ID: 216412

Board Certified Specialty: No

7910 FROST ST STE 200  
SAN DIEGO, CA 92123

Phone: (858) 309-7702

After Hours Phone: (858)  
309-7702

Provider Gender: Male

NPI: 1497792220

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**OPHTHALMOLOGY**

**OHALLORAN, HENRY**

Provider ID: 205888

Board Certified Specialty: No

7910 FROST ST STE 200  
SAN DIEGO, CA 92123

Phone: (858) 309-7702

Fax: (858) 966-7403

After Hours Phone: (858)  
309-7702

Provider Gender: Male

NPI: 1235287947

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:  
GROSSMONT HOSPITAL,  
SCRIPPS MERCY HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Medi-Cal Open Panel: Y

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: 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: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**OPHTHALMOLOGY**

**PHAN, RYAN**

Provider ID: 302925

Board Certified Specialty: No

4844 UNIVERSITY AVE STE A

SAN DIEGO, CA 92105

Phone: (619) 283-1303

Fax: (619) 283-1666

After Hours Phone: (619) 283-1303

Provider Gender: Male

NPI: 1588027213

Provider English Spoken: Y

Provider Language(s)

Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, UCSD

LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, GROSSMONT HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

**OPHTHALMOLOGY**

**PHAN, RYAN**

Provider ID: 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: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

**OPHTHALMOLOGY**

**PHAN, RYAN**

Provider ID: 295646

Board Certified Specialty: No

10737 CAMINO RUIZ

SAN DIEGO, CA 92126

Phone: (858) 549-3200

Fax: (858) 549-3207

After Hours Phone: (858) 549-3200

Provider Gender: Male

NPI: 1588027213

Provider English Spoken: Y

Provider Language(s)

Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, UCSD

LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, GROSSMONT HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

**OPHTHALMOLOGY**

**PUIG LLANO, MANUEL**

Provider ID: 299964

Board Certified Specialty: No

4060 4TH AVE STE 610

SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1427102979

Provider English Spoken: Y

Provider Language(s)

Spoken: French, German, Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

MEMORIAL HOSPITAL, SHARP

CHULA VISTA MED CTR,



SCRIPPS MERCY HOSPITAL

CHULA VISTA

Medi-Cal Open Panel: Y

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: Y  
 Min/Max Age: 0\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER  
 Website: N/A


**OPHTHALMOLOGY**

**SHEILS, CATHERINE**



Provider ID: 299936  
 Board Certified Specialty: No

 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273

Provider Gender: Female  
 NPI: 1932605649

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):


N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A



**OPHTHALMOLOGY**

**SONG, DELU**

Provider ID: 302872  
 Board Certified Specialty: No




 7695 CARDINAL CT STE 100  
 SAN DIEGO, CA 92123  
 Phone: (858) 609-7100  
 Fax: (858) 609-7106

 After Hours Phone: (858) 609-7100  
 Provider Gender: Male  
 NPI: 1437689536

 Provider English Spoken: Y  
 Provider Language(s) Spoken: Chinese, Mandarin  
 Cultural Competency: N

Hospital Affiliation: TRI CITY MEDICAL CTR, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y  
 Min/Max Age: 18\999  
 American Sign Language (ASL):



N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**OPHTHALMOLOGY**

**YAMADA, KENTARO**

Provider ID: 295848  
 Board Certified Specialty: No  
 1040 UNIVERSITY AVE STE B209A  
 SAN DIEGO, CA 92103  
 Phone: (619) 299-1100  
 Fax: (619) 299-7156  
 After Hours Phone: (619) 299-1100




Provider Gender: Male  
 NPI: 1629047188

 Provider English Spoken: Y  
 Provider Language(s) Spoken: Japanese, Spanish

Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP

MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA



Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 9:00AM-5:00PM  
 Website: N/A

**OPTOMETRIST**





**AOTO, KIM**

Provider ID: 268723  
 Board Certified Specialty: No

 6945 EL CAJON BLVD  
 SAN DIEGO, CA 92115  
 Phone: (800) 898-2020  
 Fax: (844) 897-3788









 After Hours Phone: (800) 898-2020

Provider Gender: Female  
 NPI: 1780935650

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Vietnamese  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:30AM-5:00PM  
 Website: N/A




**OPTOMETRIST**

**AOTO, KIM**

Provider ID: 296795  
 Board Certified Specialty: No  
 4344 CONVOY ST STE C2  
 SAN DIEGO, CA 92111  
 Phone: (800) 898-2020  
 Fax: (844) 897-3788  
 After Hours Phone: (800)  
 898-2020  
 Provider Gender: Female  
 NPI: 1780935650  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Vietnamese  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M 9:00AM-5:00PM  
 TU 8:30AM-4:30PM  
 W 7:30AM-4:30PM  
 TH 9:30AM-5:00PM  
 F 8:30AM-4:00PM  
 Website: N/A

**OPTOMETRIST**





**AOTO, KIM**


Provider ID: 268718  
 Board Certified Specialty: No  
 4344 CONVOY ST STE C2  
 SAN DIEGO, CA 92111  
 Phone: (800) 898-2020  
 Fax: (844) 897-3788  
 After Hours Phone: (800)  
 898-2020  
 Provider Gender: Female  
 NPI: 1780935650

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Vietnamese  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M 9:00AM-5:00PM  
 TU 8:30AM-4:30PM  
 W 7:30AM-4:30PM  
 TH 9:30AM-5:00PM  
 F 8:30AM-4:00PM  
 Website: N/A

**OPTOMETRIST**


**JOMOC, CAITLIN**

Provider ID: 304156  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1861164642  
 Provider English Spoken: Y

Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A

**OPTOMETRIST**

**JOMOC, CAITLIN**

Provider ID: 304155  
 Board Certified Specialty: No  
 16950 VIA TAZON  
 SAN DIEGO, CA 92127  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1861164642  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A

**OPTOMETRIST**

**KIM, PHILIP**

Provider ID: 287910  
 Board Certified Specialty: No  
 4060 4TH AVE STE 610  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8372  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8372  
 Provider Gender: Male

NPI: 1376929034

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**OPTOMETRIST**

**SCHWAB, GARY**

Provider ID: 290411

Board Certified Specialty: No

4290 POLK AVE  
SAN DIEGO, CA 92105

Phone: (619) 563-0250

Fax: (858) 633-4681

After Hours Phone: (619)  
563-0250

Provider Gender: Male

NPI: 1740274372

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**OPTOMETRIST**

**VO, ANDREW**

Provider ID: 201312

Board Certified Specialty: No

200 W ARBOR DR STE 101  
SAN DIEGO, CA 92103

Phone: (619) 543-7907

After Hours Phone: (619)  
543-7907

Provider Gender: Male

NPI: 1790291565

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**OPTOMETRIST**

**VO, ANDREW**

Provider ID: 304147

Board Certified Specialty: No

16950 VIA TAZON  
SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1790291565

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**OPTOMETRIST**

**YU, CAROL**

Provider ID: 301684

Board Certified Specialty: No

16950 VIA TAZON  
SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1639697451

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT



**PROVIDER**  
 Website: N/A


**OPTOMETRIST**

**YU, CAROL**

Provider ID: 301683

Board Certified Specialty: No

 4060 4TH AVE STE 610  
 SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
 926-8273

Provider Gender: Female

NPI: 1639697451

 Provider English Spoken: Y  
 Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Website: N/A


**OPTOMETRIST**

**YU, CAROL**

Provider ID: 301680

Board Certified Specialty: No

 200 W ARBOR DR  
 SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
 926-8273

Provider Gender: Female

NPI: 1639697451


 Provider English Spoken: Y  
 Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Website: N/A

**ORAL MAXILLOFACIAL**

**SURGEON**


**DENTICO-OLIN, MARC**

Provider ID: 304727

Board Certified Specialty: No

 2878 CAMINO DEL RIO S  
 STE 210

SAN DIEGO, CA 92108

 Phone: (619) 298-2200

Fax: (619) 298-2250

 After Hours Phone: (619)  
 298-2200

Provider Gender: Male

NPI: 1629205174

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS GREEN  
 HOSPITAL, SCRIPPS MERCY

HOSPITAL CHULA VISTA


Medi-Cal Open Panel: Y


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A

**ORAL MAXILLOFACIAL**

**SURGEON**


**DENTICO-OLIN, MARC**

Provider ID: 273663

Board Certified Specialty: No

 501 WASHINGTON ST STE  
 710

SAN DIEGO, CA 92103

 Phone: (619) 295-6774

Fax: (619) 295-6776

 After Hours Phone: (619)  
 295-6774

Provider Gender: Male

NPI: 1629205174

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS GREEN

HOSPITAL, SCRIPPS MERCY


HOSPITAL CHULA VISTA

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A


**OTOLARYNGOLOGY**

**BLISS, MORGAN**

Provider ID: 272565

Board Certified Specialty: Yes

 3030 CHILDRENS WAY FL 1  
 SAN DIEGO, CA 92123

 Phone: (858) 309-7701

Fax: (858) 966-8038

 After Hours Phone: (858)  
 309-7701

Provider Gender: Female

NPI: 1760707657

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

**OTOLARYNGOLOGY**

**BRUMUND, KEVIN**

Provider ID: 299635

Board Certified Specialty: No

 8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1033193669

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

**OTOLARYNGOLOGY**

**BRUMUND, KEVIN**

Provider ID: 299634

Board Certified Specialty: No

 16950 VIA TAZON

SAN DIEGO, CA 92127


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1033193669

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

**OTOLARYNGOLOGY**


**CALIFANO, JOSEPH**

Provider ID: 299461

Board Certified Specialty: No

 16950 VIA TAZON

SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1881652972

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

**OTOLARYNGOLOGY**

**CALIFANO, JOSEPH**

Provider ID: 299462

Board Certified Specialty: No

 8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1881652972

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

**OTOLARYNGOLOGY**


**CALIFANO, JOSEPH**

Provider ID: 299457

Board Certified Specialty: No

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male



NPI: 1881652972

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y



Min/Max Age: 0\999



American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**OTOLARYNGOLOGY**


**CARVALHO, DANIELA**





Provider ID: 272557  
 Board Certified Specialty: No  
 3030 CHILDRENS WAY FL 1  
 SAN DIEGO, CA 92123  
 Phone: (858) 309-7701  
 Fax: (858) 966-8038  
 After Hours Phone: (858) 309-7701  
 Provider Gender: Female  
 NPI: 1154492916  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: French, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL



Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**OTOLARYNGOLOGY**

**CARVALHO, DANIELA**





Provider ID: 205628  
 Board Certified Specialty: No  
 3030 CHILDRENS WAY STE 109


SAN DIEGO, CA 92123  
 Phone: (858) 309-7702  
 After Hours Phone: (858) 309-7702  
 Provider Gender: Female  
 NPI: 1154492916  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: French, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y  
 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  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (619) 543-6631  
 Fax: (619) 471-0656  
 After Hours Phone: (619) 543-6631  
 Provider Gender: Male  
 NPI: 1932297330  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD MEDICAL CTR, SCRIPPS GREEN HOSPITAL

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**OTOLARYNGOLOGY**


**COFFEY, CHARLES**





Provider ID: 299583  
 Board Certified Specialty: No  
 8899 UNIVERSITY CENTER LN  
 SAN DIEGO, CA 92122  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1932297330  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD MEDICAL CTR, SCRIPPS GREEN HOSPITAL

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**OTOLARYNGOLOGY**

**COFFEY, CHARLES**

Provider ID: 299582  
 Board Certified Specialty: No  
 16950 VIA TAZON

SAN DIEGO, CA 92127  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1932297330  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, SCRIPPS  
 GREEN HOSPITAL  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT

PROVIDER  
 Website: N/A





**OTOLARYNGOLOGY**

**DECONDE, ADAM**

Provider ID: 299568  
 Board Certified Specialty: No  
 8899 UNIVERSITY CENTER  
 LN  
 SAN DIEGO, CA 92122  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1588988919  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A

**OTOLARYNGOLOGY**





**DECONDE, ADAM**

Provider ID: 299569  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1588988919  
 Provider English Spoken: Y  
 Cultural Competency: N



Hospital Affiliation: UCSD  
 MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A

**OTOLARYNGOLOGY**

**FRIEDMAN, RICK**




Provider ID: 299531  
 Board Certified Specialty: No  
 8899 UNIVERSITY CENTER  
 LN  
 SAN DIEGO, CA 92122  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1982708558  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: PIH  
 HEALTH GOOD SAMARITAN  
 HOSPITAL, CHILDRENS HOSP  
 OF LOS ANGELES, SOUTH  
 COAST GLOBAL MEDICAL  
 CENTER INC, ANAHEIM  
 GLOBAL MEDICAL CENTER,  
 ORANGE COUNTY GLOBAL  
 MEDICAL CENTER INC,  
 CHAPMAN GLOBAL MEDICAL  
 CENTER INC, UCSD LA JOLLA  
 JOHN SALLY THORNTON,  
 UCSD LA JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR


Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER  
 Website: N/A



**OTOLARYNGOLOGY**

**FRIEDMAN, RICK**

Provider ID: 299532  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273

Provider Gender: Male  
 NPI: 1982708558  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: PIH  
 HEALTH GOOD SAMARITAN  
 HOSPITAL, CHILDRENS HOSP  
 OF LOS ANGELES, SOUTH  
 COAST GLOBAL MEDICAL  
 CENTER INC, ANAHEIM  
 GLOBAL MEDICAL CENTER,  
 ORANGE COUNTY GLOBAL  
 MEDICAL CENTER INC,  
 CHAPMAN GLOBAL MEDICAL  
 CENTER INC, UCSD LA JOLLA  
 JOHN SALLY THORNTON,  
 UCSD LA JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR


Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**OTOLARYNGOLOGY**




**FRIEDMAN, RICK**


Provider ID: 299530  
 Board Certified Specialty: No  
 16950 VIA TAZON  
 SAN DIEGO, CA 92127  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273




Provider Gender: Male  
 NPI: 1982708558  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: PIH  
 HEALTH GOOD SAMARITAN  
 HOSPITAL, CHILDRENS HOSP  
 OF LOS ANGELES, SOUTH  
 COAST GLOBAL MEDICAL  
 CENTER INC, ANAHEIM  
 GLOBAL MEDICAL CENTER,  
 ORANGE COUNTY GLOBAL  
 MEDICAL CENTER INC,  
 CHAPMAN GLOBAL MEDICAL  
 CENTER INC, UCSD LA JOLLA  
 JOHN SALLY THORNTON,  
 UCSD LA JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A




**OTOLARYNGOLOGY**  
**FRIESEN, TZYYNONG**


Provider ID: 272604  
 Board Certified Specialty: No  
 3030 CHILDRENS WAY FL 1  
 SAN DIEGO, CA 92123  
 Phone: (858) 309-7701  
 Fax: (858) 966-8038  
 After Hours Phone: (858) 309-7701

Provider Gender: Female  
 NPI: 1952740177  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**OTOLARYNGOLOGY**  
**GILANI, SAPIDEH**

Provider ID: 299560  
 Board Certified Specialty: No  
 8899 UNIVERSITY CENTER  
 LN  
 SAN DIEGO, CA 92122  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273

Provider Gender: Female  
 NPI: 1003825571  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A


**OTOLARYNGOLOGY**

**GILANI, SAPIDEH**

Provider ID: 299561

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1003825571

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A


**OTOLARYNGOLOGY**

**GILANI, SAPIDEH**


Provider ID: 299559

Board Certified Specialty: No

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1003825571

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

**OTOLARYNGOLOGY**

**GREENE, JACQUELINE**

Provider ID: 298397

Board Certified Specialty: No

 8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female


NPI: 1144583931


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Website: N/A


**OTOLARYNGOLOGY**

**GREENE, JACQUELINE**

Provider ID: 272959

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1144583931


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**OTOLARYNGOLOGY**

**GREENE, JACQUELINE**

Provider ID: 298396

Board Certified Specialty: No

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female



NPI: 1144583931

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*


**OTOLARYNGOLOGY**

**HARRIS, JEFFREY**



*Provider ID: 299576*  
*Board Certified Specialty: No*  
 8899 UNIVERSITY CENTER LN  
 SAN DIEGO, CA 92122  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*  
*NPI: 1417988783*


 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*


**OTOLARYNGOLOGY**

**HARRIS, JEFFREY**



*Provider ID: 299575*  
*Board Certified Specialty: No*  
 16950 VIA TAZON  
 SAN DIEGO, CA 92127  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*

 *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*  
*NPI: 1417988783*



 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*


*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*


**OTOLARYNGOLOGY**

**HOM, DAVID**

*Provider ID: 299514*  
*Board Certified Specialty: No*  
 16950 VIA TAZON  
 SAN DIEGO, CA 92127  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*



 *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*  
*NPI: 1659305027*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*


*Medi-Cal Open Panel: Y*  
*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: Y*  
*Min/Max Age: 0\999*

*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*

**OTOLARYNGOLOGY**

**HOM, DAVID**

*Provider ID: 299511*  
*Board Certified Specialty: No*  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 *Phone: (858) 657-8590*  
 *After Hours Phone: (858) 657-8590*

*Provider Gender: Male*  
*NPI: 1659305027*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL*

CTR


Medi-Cal Open Panel: Y


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: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

**OTOLARYNGOLOGY**

**HUSSEMAN, JACOB**

Provider ID: 301053

Board Certified Specialty: No

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1124034053

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

GREEN HOSPITAL, SCRIPPS


MEMORIAL HOSPITAL


ENCINITAS

Medi-Cal Open Panel: Y

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

 After Hours Phone: (858)  
309-7701

Provider Gender: Female

NPI: 1659305753

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Mandarin

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO


Medi-Cal Open Panel: Y


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A

**OTOLARYNGOLOGY**

**KARI, ELINA**

Provider ID: 299446

Board Certified Specialty: No

 8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122  
 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1780860536

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

CHILDRENS HOSP OF LOS

ANGELES, PIH HEALTH

HOSPITAL - WHITTIER, UCSD

LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, RADY CHILDRENS


HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

 Website: N/A



**OTOLARYNGOLOGY**

**KARI, ELINA**

Provider ID: 299443

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (619) 543-6631

After Hours Phone: (619)  
543-6631

Provider Gender: Female

NPI: 1780860536

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

CHILDRENS HOSP OF LOS ANGELES, PIH HEALTH HOSPITAL - WHITTIER, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**OTOLARYNGOLOGY**

**KARI, ELINA**

Provider ID: 299445

Board Certified Specialty: No

16950 VIA TAZON  
SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)

926-8273

Provider Gender: Female

NPI: 1780860536

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

CHILDRENS HOSP OF LOS ANGELES, PIH HEALTH HOSPITAL - WHITTIER, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL

CTR, RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**OTOLARYNGOLOGY**

**LEUIN, SHELBY**

Provider ID: 272637

Board Certified Specialty: No

3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123

Phone: (858) 309-7701

Fax: (858) 966-8038

After Hours Phone: (858)  
309-7701

Provider Gender: Female

NPI: 1124230909

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**OTOLARYNGOLOGY**

**MAGIT, ANTHONY**

Provider ID: 299482

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1891858379

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**OTOLARYNGOLOGY**

**MAGIT, ANTHONY**

Provider ID: 299481

Board Certified Specialty: No

8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122

Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1891858379

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

### OTOLARYNGOLOGY

#### **MAGIT, ANTHONY**

Provider ID: 299480

Board Certified Specialty: No

📍 16950 VIA TAZON

SAN DIEGO, CA 92127

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1891858379

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

### OTOLARYNGOLOGY

#### **MATSUOKA, AKIHIRO**

Provider ID: 299590

Board Certified Specialty: No

📍 16950 VIA TAZON

SAN DIEGO, CA 92127

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1669630653

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

### OTOLARYNGOLOGY

#### **MATSUOKA, AKIHIRO**

Provider ID: 299591

Board Certified Specialty: No

📍 8899 UNIVERSITY CENTER

LN

SAN DIEGO, CA 92122

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1669630653

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

### OTOLARYNGOLOGY

#### **MATSUOKA, AKIHIRO**

Provider ID: 299592

Board Certified Specialty: No

📍 200 W ARBOR DR

SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1669630653

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

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: Y  
 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**OTOLARYNGOLOGY**

**NGUYEN, QUYEN**

Provider ID: 299606  
 Board Certified Specialty: No  
 16950 VIA TAZON  
 SAN DIEGO, CA 92127  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1477524452  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Vietnamese  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, SCRIPPS  
 GREEN HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A

**OTOLARYNGOLOGY**

**PATEL, VIJAY**

Provider ID: 297037  
 Board Certified Specialty: No  
 3030 CHILDRENS WAY STE  
 1  
 SAN DIEGO, CA 92123  
 Phone: (858) 309-7701  
 Fax: (858) 966-8038  
 After Hours Phone: (858)  
 309-7701  
 Provider Gender: Male  
 NPI: 1508250747  
 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, VALLEY CHILDRENS  
 HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**OTOLARYNGOLOGY**

**VAHABZADEH-HAGH,  
 ANDREW**

Provider ID: 299509  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1346506920  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RONALD  
 REAGAN UCLA MED CTR,  
 SANTA MONICA UCLA MED  
 CTR, UCSD LA JOLLA JOHN  
 SALLY THORNTON, UCSD  
 MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

 Website: N/A

**OTOLARYNGOLOGY**


**VAHABZADEH-HAGH,  
ANDREW**

Provider ID: 299508

Board Certified Specialty: No

 8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1346506920

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RONALD  
REAGAN UCLA MED CTR,

SANTA MONICA UCLA MED

CTR, UCSD LA JOLLA JOHN

SALLY THORNTON, UCSD

MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

**OTOLARYNGOLOGY**


**VAHABZADEH-HAGH,  
ANDREW**

Provider ID: 299507


Board Certified Specialty: No

 16950 VIA TAZON

SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1346506920

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RONALD  
REAGAN UCLA MED CTR,

SANTA MONICA UCLA MED

CTR, UCSD LA JOLLA JOHN

SALLY THORNTON, UCSD

MEDICAL CTR


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

**OTOLARYNGOLOGY**

**WATSON, DEBORAH**

Provider ID: 299641

Board Certified Specialty: No

 16950 VIA TAZON

SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1346270816

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Website: N/A

**OTOLARYNGOLOGY**

**WATSON, DEBORAH**

Provider ID: 299642

Board Certified Specialty: No

 8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1346270816

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

**OTOLARYNGOLOGY**


**WATSON, DEBORAH**


Provider ID: 299639

Board Certified Specialty: No

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (619) 543-6631

 After Hours Phone: (619)  
543-6631

Provider Gender: Female

NPI: 1346270816

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS

**GREEN HOSPITAL**

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**OTOLARYNGOLOGY**

**WEISSBROD, PHILIP**

Provider ID: 299610

Board Certified Specialty: No

200 W ARBOR DR STE 505  
SAN DIEGO, CA 92103

Phone: (858) 657-8590

After Hours Phone: (858)  
657-8590

Provider Gender: Male

NPI: 1366590853

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

GREEN HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Website: N/A

**OTOLARYNGOLOGY**

**WEISSBROD, PHILIP**

Provider ID: 299615

Board Certified Specialty: No

8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1366590853

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

GREEN HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Website: N/A

**OTOLARYNGOLOGY**

**WEISSBROD, PHILIP**

Provider ID: 299614

Board Certified Specialty: No

16950 VIA TAZON  
SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1366590853

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, SCRIPPS

GREEN HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Website: N/A

**OTOLARYNGOLOGY**

**YAN, CAROL**

Provider ID: 298412

Board Certified Specialty: No

16950 VIA TAZON  
SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1619237260

Provider English Spoken: Y

Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: Stanford

Health Care, LUCILE SALTER

PACKARD CHILDRENS HOSP,

UCSD LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Website: N/A

**OTOLARYNGOLOGY**

**YAN, CAROL**

Provider ID: 298413

Board Certified Specialty: No

8899 UNIVERSITY CENTER  
LN

SAN DIEGO, CA 92122

Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1619237260

Provider English Spoken: Y

Provider Language(s) Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: Stanford Health Care, LUCILE SALTER PACKARD CHILDRENS HOSP, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Website: N/A

### OTOLARYNGOLOGY

#### **YAN, CAROL**

Provider ID: 298414

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1619237260

Provider English Spoken: Y

Provider Language(s) Spoken: Chinese

Cultural Competency: N

Hospital Affiliation: Stanford Health Care, LUCILE SALTER

PACKARD CHILDRENS HOSP, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Website: N/A

### OTOLARYNGOLOGY /

### OTOLOGY / LARYNGOLOGY / RHINOLOGY

#### **MAGIT, ANTHONY**

Provider ID: 272767

Board Certified Specialty: Yes

3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123

Phone: (855) 309-7701

Fax: (858) 966-4062

☎ After Hours Phone: (855) 309-7701

Provider Gender: Male

NPI: 1891858379

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F  
9:00AM-5:00PM

Website: N/A

### PATHOLOGY ANATOMIC CLINICAL

#### **ALLEN, ELIZABETH**

Provider ID: 275756

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1174814065

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, SCRIPPS

MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, UCSD MEDICAL CTR, SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SCRIPPS MEMORIAL

HOSPITAL ENCINITAS,

SCRIPPS GREEN HOSPITAL,

SCRIPPS GREEN HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### PATHOLOGY ANATOMIC CLINICAL

#### **BROOME, HELEN**

Provider ID: 275720

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1184674145

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**PATHOLOGY ANATOMIC**

**CLINICAL**

**BROOME, HELEN**

Provider ID: 275721

Board Certified Specialty: No

10300 CAMPUS POINT DR  
SAN DIEGO, CA 92121

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1184674145

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**PATHOLOGY ANATOMIC**

**CLINICAL**

**BUI, JACK**

Provider ID: 247581

Board Certified Specialty: No

10300 CAMPUS POINT DR  
SAN DIEGO, CA 92121

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1942529821

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**PATHOLOGY ANATOMIC**  
**CLINICAL**

**BUI, JACK**

Provider ID: 247580

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1942529821

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**PATHOLOGY ANATOMIC**

**CLINICAL**

**QUINTANA, PAULINA**

Provider ID: 296765

Board Certified Specialty: No

292 EUCLID AVE STE 115  
SAN DIEGO, CA 92114

Phone: (619) 266-3332

Fax: (619) 266-6000

After Hours Phone: (619)  
266-3332

Provider Gender: Female  
 NPI: 1164482477  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: PARADISE  
 VALLEY HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**PATHOLOGY ANATOMIC  
 CLINICAL**

**ROMA, ANDRES**  
 Provider ID: 275826  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1295912657  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A  
**PATHOLOGY ANATOMIC  
 CLINICAL**  
**SHABAIK, AHMED**  
 Provider ID: 275781  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1679521579

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Arabic  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 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**

**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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A

**PATHOLOGY ANATOMIC  
 CLINICAL**

**STEPHENS, LAURA**  
 Provider ID: 300042  
 Board Certified Specialty: No  
 10300 CAMPUS POINT DR  
 SAN DIEGO, CA 92121  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1942561212  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**PATHOLOGY ANATOMIC  
CLINICAL**

**WANG, DEHUA**

Provider ID: 289153

Board Certified Specialty: No

3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123

Phone: (858) 966-6776

Fax: (858) 966-6707

After Hours Phone: (858)  
966-6776

Provider Gender: Female

NPI: 1578790655

Provider English Spoken: Y  
Provider Language(s)

Spoken: Chinese  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**PEDIATRIC ALLERGY /  
IMMUNOLOGY**

**ALKATIB, RHONDA**

Provider ID: 291226

Board Certified Specialty: No

2655 CAMINO DEL RIO N  
STE 425  
SAN DIEGO, CA 92108

Phone: (619) 286-6687

Fax: (619) 286-6695

After Hours Phone: (619)  
286-6687

Provider Gender: Female

NPI: 1417363086

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: ALVARADO  
HOSP MED CTR, ALVARADO  
HOSPITAL LLC

Medi-Cal Open Panel: Y

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

Fax: (858) 966-6791

After Hours Phone: (858)  
966-5961

Provider Gender: Female

NPI: 1205128089

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: LUCILE  
SALTER PACKARD CHILDRENS  
HOSP, Stanford Health Care,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A







**PEDIATRIC ALLERGY /  
IMMUNOLOGY**

**GENG, BOB**

Provider ID: 205824

Board Certified Specialty: No

3030 CHILDRENS WAY STE  
2

SAN DIEGO, CA 92123  
 Phone: (858) 966-5961  
 Fax: (858) 966-6791  
 After Hours Phone: (858) 966-5961  
 Provider Gender: Male  
 NPI: 1356570758  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 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  
 Fax: (858) 268-5145  
 After Hours Phone: (858) 292-1144  
 Provider Gender: Male  
 NPI: 1356570758  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN

DIEGO, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 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  
 Fax: (858) 268-5145  
 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: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

SA 8:00AM-0:00PM  
 Website: N/A




**PEDIATRIC ALLERGY / IMMUNOLOGY**





**LEIBEL, SYDNEY**

Provider ID: 205724  
 Board Certified Specialty: No  
 5776 RUFFIN RD  
 SAN DIEGO, CA 92123  
 Phone: (858) 292-1144  
 Fax: (858) 268-5145  
 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: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A






**PEDIATRIC ALLERGY / IMMUNOLOGY**



**LEIBEL, SYDNEY**

Provider ID: 205725  
 Board Certified Specialty: No  
 3030 CHILDRENS WAY FL 2 NORTH  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-5961  
 Fax: (858) 966-6791  
 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: Y  
 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**

**WALTERS, KRISTEN**  
 Provider ID: 206255  
 Board Certified Specialty: No  
 5776 RUFFIN RD  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-4900  
 Fax: (858) 966-4051  
 After Hours Phone: (858)  
 966-4900  
 Provider Gender: Female  
 NPI: 1437442308  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: Y  
 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: Y  
 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: Y  
 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  
 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: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**PEDIATRIC CARDIOLOGY**

**DAVIS, CHRISTOPHER**

Provider ID: N/A

Board Certified Specialty: No


 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5855  
Fax: (858) 966-7903

 After Hours Phone: (858)  
966-5855

Provider Gender: Male

NPI: 1760691950

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, GROSSMONT  
HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL, SHARP  
MEMORIAL HOSPITAL


Medi-Cal Open Panel: Y

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**

**DOMICO, MICHELE**

Provider ID: 216855

Board Certified Specialty: No

 3020 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123

 Phone: (858) 966-5855  
 After Hours Phone: (858)  
966-5855

Provider Gender: Female

NPI: 1932305000

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation:  
CHILDRENS HOSPITAL AT  
MISSION, CHILDRENS  
HOSPITAL OF ORANGE  
COUNTY, UNIVERSITY OF  
CALIFORNIA IRVINE MED CTR,  
Foothill Regional Medical  
Center, HOAG MEMORIAL  
HOSPITAL PRESBYTERIAN,  
SOUTH COAST GLOBAL  
MEDICAL CENTER INC, HOAG  
HOSPITAL IRVINE, HOAG  
HOSPITAL IRVINE, ANAHEIM  
GLOBAL MEDICAL CENTER,  
ORANGE COUNTY GLOBAL  
MEDICAL CENTER INC,  
CHAPMAN GLOBAL MEDICAL  
CENTER INC


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**PEDIATRIC CARDIOLOGY**

**DUMMER, KIRSTEN**

Provider ID: 260595

Board Certified Specialty: No


 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5855  
Fax: (858) 966-7903

 After Hours Phone: (858)  
966-5855

Provider Gender: Female

NPI: 1780642280

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**PEDIATRIC CARDIOLOGY**

**GOLDING, IAN**

Provider ID: 210823

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5855  
Fax: (858) 966-7903

 After Hours Phone: (858)  
966-5855

Provider Gender: Male

NPI: 1962974956

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**PEDIATRIC CARDIOLOGY**


**HALEY, JESSICA**

Provider ID: 205687

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5855  
Fax: (858) 966-7903

 After Hours Phone: (858)  
966-5855

Provider Gender: Female

NPI: 1023329885

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**PEDIATRIC CARDIOLOGY**

**JUSTINO, HENRI**

Provider ID: 284123

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5855  
Fax: (858) 966-7903

 After Hours Phone: (858)  
966-5855

Provider Gender: Male

NPI: 1518036821

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**PEDIATRIC CARDIOLOGY**

**LEHNERT SCHUCHARDT,  
ELEANOR**

Provider ID: 262250

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5855  
Fax: (858) 966-7903

 After Hours Phone: (858)  
966-5855

Provider Gender: Female

NPI: 1760707210

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

**PEDIATRIC CARDIOLOGY**

**MCCANDLESS, RACHEL**

Provider ID: 206147

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-4912

Fax: (858) 966-7903

After Hours Phone: (858)  
966-4912

Provider Gender: Female

NPI: 1487821815

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**PEDIATRIC CARDIOLOGY**

**MUELLER, DANA**

Provider ID: 245535

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5855

After Hours Phone: (858)  
966-5855

Provider Gender: Female

NPI: 1184915712

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**PEDIATRIC CARDIOLOGY**

**NARAYAN, HARI**

Provider ID: 205349

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5855

Fax: (858) 966-7903

After Hours Phone: (858)  
966-5855

Provider Gender: Male

NPI: 1376705707

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**PEDIATRIC CARDIOLOGY**

**RAO, ROHIT**

Provider ID: 206122

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5855

Fax: (858) 966-7903

After Hours Phone: (858)  
966-5855

Provider Gender: Male

NPI: 1063452779

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**PEDIATRIC CARDIOLOGY**

**SILVA SEPULVEDA, JOSE**

Provider ID: 206297

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5855

Fax: (858) 966-7903

After Hours Phone: (858)  
966-5855

Provider Gender: Male

NPI: 1417222472

Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Y


Min/Max Age: 0\19

American Sign Language (ASL): Cultural Competency: N

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: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


**PEDIATRIC CARDIOLOGY**

**STRINGER, JESSE**

Provider ID: 206296

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123


 Phone: (858) 966-5855

Fax: (858) 966-7903

 After Hours Phone: (858)  
966-5855

Provider Gender: Male

NPI: 1972745388

 Provider English Spoken: Y

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Y


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**PEDIATRIC CARDIOLOGY**

**VAUGHN, GABRIELLE**

Provider ID: 205643

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 576-1700

Fax: (858) 966-7423

 After Hours Phone: (858)  
576-1700

Provider Gender: Female

NPI: 1891004461

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
9:00AM-5:00PM

 Website: N/A


**PEDIATRIC CARDIOLOGY**

**VELLORE GOVARDHAN,  
SHILPA**

Provider ID: 271454

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5855

Fax: (858) 966-7903

 After Hours Phone: (858)  
966-5855

Provider Gender: Female

NPI: 1477702165

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**PEDIATRIC CARDIOLOGY**

**WERHO, DAVID**

Provider ID: 206316

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123





 Phone: (858) 966-5855

Fax: (858) 966-7903







 After Hours Phone: (858)  
966-5855

Provider Gender: Male

NPI: 1235391863




 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A





**PEDIATRIC CARDIOLOGY**  
**WILLIAMS, MATTHEW**

Provider ID: 206287  
 Board Certified Specialty: No  
 3020 CHILDRENS WAY FL 1  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-5855  
 Fax: (858) 966-7423  
 After Hours Phone: (858)  
 966-5855  
 Provider Gender: Male  
 NPI: 1831423250  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR,  
 UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F



8:00AM-5:00PM  
 Website: N/A





**PEDIATRIC CARDIOLOGY**  
**YOUNOSZAI, ADEL**

Provider ID: 303133  
 Board Certified Specialty: No  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-5855  
 Fax: (858) 966-7903  
 After Hours Phone: (858)  
 966-5855  
 Provider Gender: Male  
 NPI: 1952493819

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**PEDIATRIC DERMATOLOGY**  
**BOIKO, SUSAN**

Provider ID: 303684  
 Board Certified Specialty: No  
 7910 FROST ST STE 120  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-6795  
 Fax: (858) 966-7479  
 After Hours Phone: (858)  
 966-6795  
 Provider Gender: Female  
 NPI: 1053488981

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**PEDIATRIC DERMATOLOGY**  
**EICHENFIELD, DAWN**

Provider ID: 303679  
 Board Certified Specialty: No  
 7910 FROST ST STE 120  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-6795  
 Fax: (858) 966-7479  
 After Hours Phone: (858)  
 966-6795  
 Provider Gender: Female  
 NPI: 1295198091  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A



**PEDIATRIC DERMATOLOGY**

**EICHENFIELD, DAWN**

Provider ID: 283142

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-6795

Fax: (858) 966-7479

After Hours Phone: (858)  
966-6795

Provider Gender: Female

NPI: 1295198091

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**PEDIATRIC EMERGENCY**

**MEDICINE**

**AGHILI, ROXANA**

Provider ID: 303780

Board Certified Specialty: No

4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105

Phone: (619) 280-2905

Fax: (619) 283-1614

After Hours Phone: (619)  
280-2905

Provider Gender: Female

NPI: 1851927883

Provider English Spoken: Y

Provider Language(s)

Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: KAISER  
FOUNDATION HOSPITAL SAN  
DIEGO, RADY CHILDRENS

HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y

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: 304918

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8800

Fax: (858) 966-7433

After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1851927883

Provider English Spoken: Y

Provider Language(s)

Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: KAISER  
FOUNDATION HOSPITAL SAN  
DIEGO, RADY CHILDRENS

HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**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) 966-7433

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: Y

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

Fax: (858) 966-7433

🕒 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: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

**PEDIATRIC EMERGENCY  
MEDICINE**

**BELLOMO, THOMAS**

Provider ID: 205601

Board Certified Specialty: No

📍 4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105

☎ Phone: (619) 280-2905

Fax: (619) 283-1614

🕒 After Hours Phone: (619)

280-2905

Provider Gender: Male

NPI: 1700926698

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

🌐 Website: N/A

**PEDIATRIC EMERGENCY  
MEDICINE**

**BETTY, MARYANN**

Provider ID: 257396

Board Certified Specialty: No

📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-8800

Fax: (858) 966-7433

🕒 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1285014498

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

**PEDIATRIC EMERGENCY  
MEDICINE**

**BIALOSTOZKY, MARIO**

Provider ID: 206011

Board Certified Specialty: No

📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-8800

Fax: (858) 966-7433

🕒 After Hours Phone: (858)  
966-8800

Provider Gender: Male

NPI: 1609281450

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, RADY

CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS MERCY

HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

### PEDIATRIC EMERGENCY

#### MEDICINE

#### **BRYL, AMY**

Provider ID: 205967

Board Certified Specialty: No

📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-8800

Fax: (858) 966-7433

🕒 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1497079487

☐ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:

SOUTHWEST HEALTHCARE

INLAND VALLEY HOSPITAL,

UCSF BENIOFF CHILDREN'S

HOSPITAL OAKLAND,

SOUTHWEST HEALTHCARE

RANCHO SPRINGS HOSPITAL,

RADY CHILDRENS HOSPITAL

SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

### PEDIATRIC EMERGENCY

#### MEDICINE

#### **CAMPBELL, SARA**

Provider ID: 206335

Board Certified Specialty: No

📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-8800

🕒 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1841687563

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Farsi, Spanish

Cultural Competency: N

Hospital Affiliation:

CHILDRENS HOSP OF LOS

ANGELES, RADY CHILDRENS

HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y

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

#### **CARSTAIRS, SHAUN**

Provider ID: 205665

Board Certified Specialty: No

📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-8800

Fax: (858) 966-7433

🕒 After Hours Phone: (858)  
966-8800

Provider Gender: Male

NPI: 1255301602

☐ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS MERCY

HOSPITAL, SCRIPPS MERCY

HOSPITAL CHULA VISTA, UCSD

LA JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR, NAVAL MEDICAL CTR SD

RBE

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

**PEDIATRIC EMERGENCY MEDICINE**

**CHOO, SUN**

Provider ID: 296535

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8800

Fax: (858) 966-7433

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: N

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**PEDIATRIC EMERGENCY MEDICINE**

**CHOO, SUN**

Provider ID: 296536

Board Certified Specialty: No

4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105

Phone: (619) 280-2905

Fax: (619) 283-1614

After Hours Phone: (619)  
280-2905

Provider Gender: Female

NPI: 1700047628

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: N

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM

Website: N/A

**PEDIATRIC EMERGENCY MEDICINE**

**CONRAD, HEATHER**

Provider ID: 205960

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8800

After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1205813409

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SOUTHWEST  
HEALTHCARE INLAND VALLEY

HOSPITAL, SHARP CHULA  
VISTA MED CTR, UCSF

BENIOFF CHILDREN'S  
HOSPITAL OAKLAND,  
SOUTHWEST HEALTHCARE

RANCHO SPRINGS HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**PEDIATRIC EMERGENCY MEDICINE**

**DEL RE, ANGELO**

Provider ID: 206081

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8800

Fax: (858) 966-7433

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: Y

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

Fax: (858) 966-7433

🕒 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1366622078

🗣 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: N

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

**PEDIATRIC EMERGENCY  
MEDICINE**

**DO, STEPHANIE**

Provider ID: 287393

Board Certified Specialty: No

📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-8800

🕒 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1750513644

🗣 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Martin  
Luther King Jr Community  
Hospital, RADY CHILDRENS  
HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

**PEDIATRIC EMERGENCY  
MEDICINE**

**DONOFRIO-ODMANN, JOY**

Provider ID: 205375

Board Certified Specialty: No

📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-8800

Fax: (858) 966-7433

🕒 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1740571165

🗣 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: VALLEY  
CHILDRENS HOSPITAL,  
SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

**PEDIATRIC EMERGENCY  
MEDICINE**

**DORWART, ELIZABETH**

Provider ID: 294260

Board Certified Specialty: No

📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-8800

Fax: (858) 966-7433

🕒 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1609132034

🗣 Provider English Spoken: Y

🗣 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: LUCILE  
SALTER PACKARD CHILDRENS  
HOSP, Stanford Health Care,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

**PEDIATRIC EMERGENCY  
MEDICINE**

**EKPENYONG, ATIM**

Provider ID: 205722

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 576-1700

Fax: (858) 966-7433

After Hours Phone: (858)  
576-1700

Provider Gender: Female

NPI: 1932318565

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, SOUTHWEST

HEALTHCARE INLAND VALLEY

HOSPITAL, SOUTHWEST

HEALTHCARE RANCHO

SPRINGS HOSPITAL

Medi-Cal Open Panel: Y

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

Fax: (858) 966-7433

After Hours Phone: (858)  
966-8800

Provider Gender: Male

NPI: 1629118518

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**PEDIATRIC EMERGENCY  
MEDICINE**

**GAHM, CLAIRE**

Provider ID: 301305

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8800

Fax: (858) 966-7433

After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1750709077

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: N

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

Fax: (858) 966-7433

After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1275895849

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

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: 297172

Board Certified Specialty: No

4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

Phone: (619) 280-2905


Fax: (619) 283-1614

After Hours Phone: (619)  
280-2905

Provider Gender: Male




NPI: 1942223664




Provider English Spoken: Y  
Cultural Competency: N

*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: SU 1:00PM-10:00PM M-F 4:00PM-10:00PM SA 1:00PM-10:00PM*  
 *Website: N/A*

**PEDIATRIC EMERGENCY MEDICINE**

**GROSS, MATTHEW**





*Provider ID: 297174*  
*Board Certified Specialty: No*  
 3020 CHILDRENS WAY SAN DIEGO, CA 92123  
 *Phone: (858) 966-8800*  
*Fax: (858) 966-7433*  
 *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: Y*  
*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*  
*Fax: (858) 966-7433*  
 *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: Y*  
*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: Y*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

**PEDIATRIC EMERGENCY MEDICINE**

**INDRA, SEAN**

*Provider ID: 302625*  
*Board Certified Specialty: No*  
 3020 CHILDRENS WAY SAN DIEGO, CA 92123  
 *Phone: (858) 966-8800*  
*Fax: (858) 966-7433*  
 *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, VALLEY CHILDRENS HOSPITAL*  
*Medi-Cal Open Panel: N*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*

**PEDIATRIC EMERGENCY  
MEDICINE**

**ISHIMINE, PAUL**

Provider ID: 206236

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8800

Fax: (858) 966-7433

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: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**PEDIATRIC EMERGENCY  
MEDICINE**

**JACKSON, TAYLOR**

Provider ID: 302127

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5999

Fax: (858) 966-8519

After Hours Phone: (858)  
966-5999

Provider Gender: Male

NPI: 1326543752

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**PEDIATRIC EMERGENCY  
MEDICINE**

**JOSHI, WEENA**

Provider ID: 262234

Board Certified Specialty: No

4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

Phone: (619) 280-2905

Fax: (619) 283-1614

After Hours Phone: (619)  
280-2905

Provider Gender: Female

NPI: 1376862177

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, PALOMAR HEALTH

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM  
Website: N/A

**PEDIATRIC EMERGENCY  
MEDICINE**

**JOSHI, WEENA**

Provider ID: 262232

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8800

Fax: (858) 966-7433

After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1376862177

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, PALOMAR HEALTH

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**PEDIATRIC EMERGENCY  
MEDICINE**

**KHAN, SHAHFAR**

Provider ID: 294094

Board Certified Specialty: No



3020 CHILDRENS WAY  
SAN DIEGO, CA 92123



Phone: (858) 966-8800

Fax: (858) 966-7433



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: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A




**PEDIATRIC EMERGENCY  
 MEDICINE**

**KINGDON, JOANNA**  
 Provider ID: 302317  
 Board Certified Specialty: No  
 4305 UNIVERSITY AVE STE  
 150  
 SAN DIEGO, CA 92105  
 Phone: (619) 280-2905  
 Fax: (619) 283-1614  
 After Hours Phone: (619)  
 280-2905  
 Provider Gender: Female  
 NPI: 1609495399  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19

American Sign Language (ASL): Provider ID: 262029  
 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: Y  
 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**

Board Certified Specialty: No  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 309-7701  
 Fax: (858) 966-8038  
 After Hours Phone: (858)  
 309-7701  
 Provider Gender: Female  
 NPI: 1790856557  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, CHILDRENS HOSPITAL  
 OF ORANGE COUNTY  
 Medi-Cal Open Panel: Y  
 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: 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: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


**PEDIATRIC EMERGENCY  
MEDICINE**

**MENDES, CHANTAL**


Provider ID: 295668

Board Certified Specialty: No

 4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105

 Phone: (619) 280-2905

Fax: (619) 283-1614

 After Hours Phone: (619)  
280-2905

Provider Gender: Female

NPI: 1134681265


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM

SA 1:00PM-10:00PM  
 Website: N/A


**PEDIATRIC EMERGENCY  
MEDICINE**

**MESIWALA, ADNAN**

Provider ID: 275654

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

Fax: (858) 966-7433

 After Hours Phone: (858)  
966-8800

Provider Gender: Male

NPI: 1528483955

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**PEDIATRIC EMERGENCY  
MEDICINE**


**METCALF, ASHLEY**

Provider ID: 205348

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1073740205

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SOUTHWEST  
HEALTHCARE INLAND VALLEY  
HOSPITAL, SOUTHWEST  
HEALTHCARE RANCHO  
SPRINGS HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**PEDIATRIC EMERGENCY  
MEDICINE**

**MILLS, DAVID**

Provider ID: 302146

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

Fax: (858) 966-7433

 After Hours Phone: (858)  
966-8800

Provider Gender: Male

NPI: 1194145946



 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19



American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A


**PEDIATRIC EMERGENCY MEDICINE**

**MINKA, GENEVIEVE**

Provider ID: 205336  
 Board Certified Specialty: No  
 4305 UNIVERSITY AVE STE 150  
 SAN DIEGO, CA 92105  
 Phone: (619) 280-2905  
 Fax: (619) 283-1614  
 After Hours Phone: (619) 280-2905

Provider Gender: Female  
 NPI: 1689646689  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: French

Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MERCY HOSPITAL CHULA VISTA  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):


N  
 Accessibility: CONTACT PROVIDER  
 Hours: SU 1:00PM-10:00PM  
 M-F 4:00PM-10:00PM  
 SA 1:00PM-10:00PM  
 Website: N/A

**PEDIATRIC EMERGENCY MEDICINE**



**MINKA, GENEVIEVE**

Provider ID: 205334

Board Certified Specialty: No  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858) 966-8800

Provider Gender: Female  
 NPI: 1689646689  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: French


Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MERCY HOSPITAL CHULA VISTA  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**PEDIATRIC EMERGENCY MEDICINE**



**MINKA, GENEVIEVE**

Provider ID: 262107  
 Board Certified Specialty: No  
 8110 BIRMINGHAM WAY FL 1  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-7785  
 After Hours Phone: (858) 966-7785

Provider Gender: Female  
 NPI: 1689646689  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: French




Cultural Competency: N  
 Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN DIEGO, SCRIPPS MERCY HOSPITAL CHULA VISTA  
 Medi-Cal Open Panel: N  
 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**

**MISHRA-OCCHINO, SEEMA**

Provider ID: 205404  
 Board Certified Specialty: No  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 576-1700  
 Fax: (858) 966-7433  
 After Hours Phone: (858) 576-1700

Provider Gender: Female  
 NPI: 1689612830  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y  
 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

Fax: (858) 966-7433

After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1164981197

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**PEDIATRIC EMERGENCY MEDICINE**

**MURRAY, MATTHEW**

Provider ID: 205759

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8800

After Hours Phone: (858)  
966-8800

Provider Gender: Male

NPI: 1215103023

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON,

RADY CHILDRENS HOSPITAL

SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**PEDIATRIC EMERGENCY MEDICINE**

**NGUYEN, MYLINH**

Provider ID: 262299

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8800

Fax: (858) 966-7433

After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1730428053

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**PEDIATRIC EMERGENCY MEDICINE**

**NGUYEN, MARGARET**

Provider ID: 270705

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8800

Fax: (858) 966-7433

After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1942485248

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**PEDIATRIC EMERGENCY MEDICINE**

**OZAKI, YOSHIHIRO**

Provider ID: 241926

Board Certified Specialty: No

4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

Phone: (619) 280-2905

Fax: (619) 283-1614

☎ After Hours Phone: (619) 280-2905

Provider Gender: Male

NPI: 1467898239

☑ Provider English Spoken: Y

☑ Provider Language(s) Spoken: Japanese

Cultural Competency: N

Hospital Affiliation: VALLEY

CHILDRENS HOSPITAL, RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8:00AM-5:00PM

🌐 Website: N/A

**PEDIATRIC EMERGENCY**

**MEDICINE**

**OZCAN, ALI**

Provider ID: 287923

Board Certified Specialty: No

📍 3020 CHILDRENS WAY SAN DIEGO, CA 92123

☎ Phone: (858) 966-8800

Fax: (858) 966-7433

☎ After Hours Phone: (858) 966-8800

Provider Gender: Male

NPI: 1265867683

☑ Provider English Spoken: Y

☑ Provider Language(s) Spoken: Turkish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, LOMA LINDA

UNIVERSITY MED CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

**PEDIATRIC EMERGENCY**

**MEDICINE**

**PADE, KATHRYN**

Provider ID: 262411

Board Certified Specialty: No

📍 3020 CHILDRENS WAY SAN DIEGO, CA 92123

☎ Phone: (858) 966-8800

Fax: (858) 966-7433

☎ 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: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8:00AM-5:00PM

🌐 Website: N/A

**PEDIATRIC EMERGENCY**

**MEDICINE**

**PARK, BRIAN**

Provider ID: 302352

Board Certified Specialty: No

📍 3020 CHILDRENS WAY SAN DIEGO, CA 92123

☎ Phone: (858) 966-8800

Fax: (858) 966-7433

☎ After Hours Phone: (858) 966-8800

Provider Gender: Male

NPI: 1710418744

☑ Provider English Spoken: Y Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST

HEALTHCARE RANCHO SPRINGS HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

**PEDIATRIC EMERGENCY**

**MEDICINE**

**PARK, RONALD**

Provider ID: 295457

Board Certified Specialty: No

📍 4305 UNIVERSITY AVE STE 150

SAN DIEGO, CA 92105






☎ Phone: (619) 280-2905

Fax: (619) 283-1614

☎ After Hours Phone: (619) 280-2905

Provider Gender: Male

NPI: 1881695914



 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: N  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: SU 1:00PM-10:00PM M-F 4:00PM-10:00PM SA 1:00PM-10:00PM  
 Website: N/A

**PEDIATRIC EMERGENCY**

**MEDICINE**

**PARKER, SHERINE**








Provider ID: 205784  
 Board Certified Specialty: No  
 3020 CHILDRENS WAY SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 Fax: (858) 966-7433  
 After Hours Phone: (858) 966-8800  
 Provider Gender: Female  
 NPI: 1477626513  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: GLENDALE ADVENTIST MED CTR, GLENDALE MEMORIAL HOSP AND HEALTH CTR, TRI CITY MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO, VALLEY CHILDRENS

HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**PEDIATRIC EMERGENCY**




**MEDICINE**






**QUINONES-PEREZ, BIANCA**

Provider ID: 206947  
 Board Certified Specialty: No  
 3020 CHILDRENS WAY SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 Fax: (858) 966-7433  
 After Hours Phone: (858) 966-8800  
 Provider Gender: Female  
 NPI: 1124360565  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**PEDIATRIC EMERGENCY**




**MEDICINE**


**QUINONES-PEREZ, BIANCA**  
 Provider ID: 206949  
 Board Certified Specialty: No  
 4305 UNIVERSITY AVE STE 150 SAN DIEGO, CA 92105  
 Phone: (619) 280-2905  
 Fax: (619) 283-1614  
 After Hours Phone: (619) 280-2905  
 Provider Gender: Female  
 NPI: 1124360565




 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: SU 1:00PM-10:00PM M-F 4:00PM-10:00PM SA 1:00PM-10:00PM  
 Website: N/A

**PEDIATRIC EMERGENCY**

**MEDICINE**




**RANASURIYA, DUNISHA**  
 Provider ID: 216970  
 Board Certified Specialty: No  
 3020 CHILDRENS WAY SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858) 966-8800  
 Provider Gender: Female  
 NPI: 1740468057

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N




 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

**PEDIATRIC EMERGENCY  
MEDICINE**

**RATNAYAKE, KRISTIN**




Provider ID: 206034  
Board Certified Specialty: No  
 3020 CHILDRENS WAY MC  
5075  
SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
Fax: (858) 966-7433  
 After Hours Phone: (858)  
966-8800  
Provider Gender: Female  
NPI: 1679716658


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation:  
SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL,  
UCSF BENIOFF CHILDREN'S  
HOSPITAL OAKLAND,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL,  
RADY CHILDRENS HOSPITAL  
SAN DIEGO  
Medi-Cal Open Panel: Y



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**

**RUSSELL, SAMUEL**


Provider ID: 301249  
Board Certified Specialty: No  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
Fax: (858) 966-7433  
 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: Y  
Min/Max Age: 0\19


American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A




**PEDIATRIC EMERGENCY  
MEDICINE**

**RUSSELL, SAMUEL**

Provider ID: 301250  
Board Certified Specialty: No  
 4305 UNIVERSITY AVE STE

150  
SAN DIEGO, CA 92105  
 Phone: (619) 280-2905  
Fax: (619) 283-1614  
 After Hours Phone: (619)  
280-2905  
Provider Gender: Male  
NPI: 1215564265


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Y  
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**

**SALEH, FAREED**




Provider ID: 206216  
Board Certified Specialty: No  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
Fax: (858) 966-7433  
 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: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**PEDIATRIC EMERGENCY MEDICINE**

**SANACORA, RACHEL**

Provider ID: 297728  
 Board Certified Specialty: No  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 Fax: (858) 966-7433  
 After Hours Phone: (858)  
 966-8800  
 Provider Gender: Female  
 NPI: 1548987985

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO


Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: SU 1:00PM-10:00PM  
 M-F 4:00PM-10:00PM  
 SA 1:00PM-10:00PM  
 Website: N/A

**PEDIATRIC EMERGENCY MEDICINE**

**SCHROTER, STEPHANIE**



Provider ID: 243830  
 Board Certified Specialty: No  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 After Hours Phone: (858)  
 966-8800  
 Provider Gender: Female  
 NPI: 1073951828


 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A



**PEDIATRIC EMERGENCY MEDICINE**

**SCHWARTZ, KRISTY**

Provider ID: 206169  
 Board Certified Specialty: No  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 Fax: (858) 966-7433  
 After Hours Phone: (858)  
 966-8800  
 Provider Gender: Female  
 NPI: 1497080808

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, UCSD MEDICAL CTR,

SOUTHWEST HEALTHCARE  
 INLAND VALLEY HOSPITAL,  
 UCSF BENIOFF CHILDREN'S  
 HOSPITAL OAKLAND,  
 SOUTHWEST HEALTHCARE  
 RANCHO SPRINGS HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F




8:00AM-5:00PM  
 Website: N/A

**PEDIATRIC EMERGENCY**  
**MEDICINE**

**SHERER, KIMBERLY**

Provider ID: 284168  
 Board Certified Specialty: No

 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123

 Phone: (858) 966-8800

Fax: (858) 966-7433

 After Hours Phone: (858)  
 966-8800

Provider Gender: Female

NPI: 1992202964

 Provider English Spoken: Y  
 Cultural Competency: N


Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Website: N/A


**PEDIATRIC EMERGENCY**  
**MEDICINE**

**SHETH, SARIKA**

Provider ID: 248171

Board Certified Specialty: No

 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123

 Phone: (858) 966-8800

Fax: (858) 966-7433

 After Hours Phone: (858)  
 966-8800

Provider Gender: Female

NPI: 1336503234


 Provider English Spoken: Y  
 Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Website: N/A


**PEDIATRIC EMERGENCY**  
**MEDICINE**

**SOUDER, CHRISTOPHER**

Provider ID: 301636

Board Certified Specialty: No

 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123

 Phone: (858) 966-8800

Fax: (858) 966-7433

 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: N

Min/Max Age: 0\19

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Website: N/A

**PEDIATRIC EMERGENCY**  
**MEDICINE**


**SOUDER, CHRISTOPHER**

Provider ID: 301635

Board Certified Specialty: No

 3030 CHILDRENS WAY FL  
 3

SAN DIEGO, CA 92123

 Phone: (858) 966-6789

Fax: (858) 966-6706

 After Hours Phone: (858)  
 966-6789

Provider Gender: Male

NPI: 1851540199

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: UCSF


BENIOFF CHILDREN'S  
 HOSPITAL OAKLAND

Medi-Cal Open Panel: N

Min/Max Age: 0\19

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A


**PEDIATRIC EMERGENCY**  
**MEDICINE**

**TAMAS, VANESSA**

Provider ID: 206212

Board Certified Specialty: No

 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123

 Phone: (858) 576-1700

Fax: (858) 966-7433

 After Hours Phone: (858)  
 576-1700




Provider Gender: Female

NPI: 1326225368

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, SOUTHWEST  
HEALTHCARE INLAND VALLEY  
HOSPITAL, CHILDRENS HOSP  
OF LOS ANGELES,  
SOUTHWEST HEALTHCARE  
RANCHO SPRINGS HOSPITAL  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

**PEDIATRIC EMERGENCY  
MEDICINE**

**TANG, ANDREW**


Provider ID: 294677  
Board Certified Specialty: No  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
Fax: (858) 966-7433  
 After Hours Phone: (858)  
966-8800  
Provider Gender: Male  
NPI: 1184071516  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F

8:00AM-5:00PM  
 Website: N/A




**PEDIATRIC EMERGENCY  
MEDICINE**

**TODD, SARAH**

Provider ID: 302800  
Board Certified Specialty: No  
 4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105  
 Phone: (619) 280-2905  
Fax: (619) 283-1614  
 After Hours Phone: (619)  
280-2905  
Provider Gender: Female  
NPI: 1407299787

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RONALD  
REAGAN UCLA MED CTR,  
SANTA MONICA UCLA MED  
CTR, RADY CHILDRENS  
HOSPITAL SAN DIEGO, UCSD  
MEDICAL CTR








Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: SU 1:00PM-10:00PM  
M-F 4:00PM-10:00PM  
SA 1:00PM-10:00PM  
 Website: N/A

**PEDIATRIC EMERGENCY  
MEDICINE**





**TRAN, THERESA**

Provider ID: 301834  
Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
Fax: (858) 966-7433  
 After Hours Phone: (858)  
966-8800  
Provider Gender: Female  
NPI: 1417496985  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish,  
Vietnamese  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SOUTHWEST  
HEALTHCARE RANCHO  
SPRINGS HOSPITAL  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

**PEDIATRIC EMERGENCY  
MEDICINE**

**TRAUT, JOEL**

Provider ID: 205475  
Board Certified Specialty: No  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 576-1700  
Fax: (858) 966-7433  
 After Hours Phone: (858)  
576-1700  
Provider Gender: Male  
NPI: 1982792065  
 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY


**CHILDRENS HOSPITAL SAN DIEGO**


Medi-Cal Open Panel: Y

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**

**TYGART, MELISSA**

Provider ID: 294095

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: 1336602507


 Provider English Spoken: Y Cultural Competency: N


Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO


Medi-Cal Open Panel: N

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**

**ULRICH, STACEY**

Provider ID: 205847

Board Certified Specialty: No

 3020 CHILDRENS WAY SAN DIEGO, CA 92123

 Phone: (858) 966-8036

Fax: (858) 966-7433

 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: Y

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

Fax: (858) 966-7433

 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: Y

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: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: SU 1:00PM-10:00PM M-F 4:00PM-10:00PM SA 1:00PM-10:00PM

 Website: N/A


**PEDIATRIC EMERGENCY MEDICINE**

**VAN WOY, LAUREN**

Provider ID: 301574

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123


 Phone: (858) 966-8800

Fax: (858) 966-7433

 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1568959161

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Hospital Affiliation: PALOMAR  
HEALTH, PALOMAR MEDICAL  
CENTER, RADY CHILDRENS  
HOSPITAL SAN DIEGO

Medi-Cal Open Panel: N

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


**PEDIATRIC EMERGENCY MEDICINE**


**VANE, JACKSON**

Provider ID: 205883

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

 After Hours Phone: (858)  
966-8800

Provider Gender: Male

NPI: 1952608580

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY


CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**PEDIATRIC EMERGENCY MEDICINE**

**VARGAS, JACLYN**

Provider ID: 285935

Board Certified Specialty: No

 3010 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123

 Phone: (858) 576-1700

Fax: (858) 966-8479

 After Hours Phone: (858)  
576-1700

Provider Gender: Female  
NPI: 1619359718

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN


DIEGO, Los Angeles General  
Medical Center


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**PEDIATRIC EMERGENCY MEDICINE**

**VARGAS, JACLYN**

Provider ID: 285934

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5841

Fax: (858) 966-6728

 After Hours Phone: (858)  
966-5841

Provider Gender: Female

NPI: 1619359718

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, Los Angeles General  
Medical Center


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

**PEDIATRIC EMERGENCY MEDICINE**


**VARGAS, JACLYN**

Provider ID: 296486

Board Certified Specialty: No

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

 Phone: (619) 280-2905

Fax: (619) 283-1614

☎ After Hours Phone: (619) 280-2905

Provider Gender: Female

NPI: 1619359718

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, Los Angeles General  
Medical Center

Medi-Cal Open Panel: Y

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**

**VAYNGORTIN, TATYANA**

Provider ID: 263012

Board Certified Specialty: No

📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-8800

Fax: (858) 966-7433

☎ After Hours Phone: (858) 966-8800

Provider Gender: Female

NPI: 1578967907

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSF  
BENIOFF CHILDREN'S  
HOSPITAL OAKLAND,  
CHILDRENS HOSP OF LOS

ANGELES, RADY CHILDRENS

HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

**PEDIATRIC EMERGENCY**

**MEDICINE**

**WANG, YVETTE**

Provider ID: 263416

Board Certified Specialty: No

📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-8800

Fax: (858) 966-7433

☎ After Hours Phone: (858) 966-8800

Provider Gender: Female

NPI: 1710321278

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

**PEDIATRIC EMERGENCY**

**MEDICINE**

**WANG, EMILY**

Provider ID: 265952

Board Certified Specialty: No

📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-8800

Fax: (858) 966-7433

☎ After Hours Phone: (858) 966-8800

Provider Gender: Female

NPI: 1427142363

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL,  
SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, SCRIPPS MEMORIAL  
HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

**PEDIATRIC EMERGENCY**

**MEDICINE**

**WANG, EMILY**

Provider ID: 265954

Board Certified Specialty: No

📍 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105

☎ Phone: (619) 280-2905

Fax: (619) 283-1614

☎ After Hours Phone: (619) 280-2905

Provider Gender: Female

NPI: 1427142363

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL ENCINITAS, RADY

CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS MEMORIAL

HOSPITAL

Medi-Cal Open Panel: Y

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: (858) 966-7433

☎ After Hours Phone: (858) 576-1700

Provider Gender: Female

NPI: 1861880817

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F

8:00AM-5:00PM

🌐 Website: N/A

**PEDIATRIC ENDOCRINOLOGY**

**CYMBALUK, ANNA**

Provider ID: 294214

Board Certified Specialty: No

📍 3030 CHILDRENS WAY STE 4

SAN DIEGO, CA 92123

☎ Phone: (858) 966-4032

Fax: (858) 966-6227

☎ After Hours Phone: (858) 966-4032

Provider Gender: Female

NPI: 1043674849

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F

8:00AM-5:00PM

🌐 Website: N/A

**PEDIATRIC ENDOCRINOLOGY**

**PATTERSON, MARY**

Provider ID: 206059

Board Certified Specialty: No

📍 3030 CHILDRENS WAY FL 4 NORTH

SAN DIEGO, CA 92123

☎ Phone: (858) 966-4032

Fax: (858) 966-6227

☎ After Hours Phone: (858) 966-4032

Provider Gender: Female

NPI: 1912112020

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F

8:00AM-5:00PM

🌐 Website: N/A

**PEDIATRIC ENDOCRINOLOGY**

**SINGH, PUJA**

Provider ID: 302818

Board Certified Specialty: No

📍 3030 CHILDRENS WAY FL 4

SAN DIEGO, CA 92123

☎ Phone: (858) 966-4032

Fax: (858) 966-6227

☎ After Hours Phone: (858) 966-4032

Provider Gender: Female

NPI: 1841721172

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**PEDIATRIC ENDOCRINOLOGY**

**VARGAS TRUJILLO, MARCELA**

Provider ID: 205605  
 Board Certified Specialty: No  
 3030 CHILDRENS WAY FL 4  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-4032  
 Fax: (858) 966-4032  
 After Hours Phone: (858) 966-4032  
 Provider Gender: Female  
 NPI: 1952534091  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**PEDIATRIC GASTROENTEROLOGY**  
**CHU, CHRISTOPHER**

Provider ID: 301639  
 Board Certified Specialty: No  
 3030 CHILDRENS WAY FL 2  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-4003  
 Fax: (858) 560-6798  
 After Hours Phone: (858) 966-4003  
 Provider Gender: Male  
 NPI: 1912369273

Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish, Yue Chinese  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR  
 Medi-Cal Open Panel: N  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**PEDIATRIC GASTROENTEROLOGY**

**GOYAL, NIDHI**





Provider ID: 205598  
 Board Certified Specialty: No  
 3030 CHILDRENS WAY FL 2 SOUTH  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-4003  
 Fax: (858) 560-6798  
 After Hours Phone: (858) 966-4003  
 Provider Gender: Female

NPI: 1598029332  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\19




American Sign Language (ASL):  3030 CHILDRENS WAY FL  
N  
2  
SAN DIEGO, CA 92123  
 Phone: (858) 966-4003  
 Fax: (858) 560-6798  
 After Hours Phone: (858)  
966-4003  
Provider Gender: Male  
NPI: 1700318292

**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: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A




**PEDIATRIC**  
**GASTROENTEROLOGY**

**PATHAK, SAGAR**

Provider ID: 301825  
Board Certified Specialty: No




 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Gujarati, Spanish  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A



**PEDIATRIC**  
**GASTROENTEROLOGY**

**SCHWARZ, KATHLEEN**

Provider ID: 205885  
Board Certified Specialty: No  
 3030 CHILDRENS WAY FL  
2  
SAN DIEGO, CA 92123  
 Phone: (858) 966-4003  
Fax: (858) 560-6798  
 After Hours Phone: (858)  
966-4003  
Provider Gender: Female  
NPI: 1265465918




 Provider English Spoken: Y  
 Provider Language(s)


Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

**PEDIATRIC**  
**GASTROENTEROLOGY**

**YOUNG, JOCELYN**

Provider ID: 294675  
Board Certified Specialty: No  
 3030 CHILDRENS WAY FL  
2  
SAN DIEGO, CA 92123  
 Phone: (858) 966-4003  
Fax: (858) 560-6798  
 After Hours Phone: (858)  
966-4003  
Provider Gender: Female  
NPI: 1306227491

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UC DAVIS  
MEDICAL CTR, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER



🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

**PEDIATRIC HEMATOLOGY /  
ONCOLOGY**

**BRIGGS, BENJAMIN**

Provider ID: 274689  
Board Certified Specialty: No  
📍 3010 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123  
☎ Phone: (858) 966-5811  
Fax: (858) 966-8035  
🕒 After Hours Phone: (858)  
966-5811

Provider Gender: Male  
NPI: 1952695777  
📄 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, NAVAL MEDICAL CTR  
SD RBE

Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

**PEDIATRIC HEMATOLOGY /  
ONCOLOGY**

**BUSH, KELLY**

Provider ID: 274408  
Board Certified Specialty: No  
📍 3010 CHILDRENS WAY STE  
2  
SAN DIEGO, CA 92123  
☎ Phone: (858) 966-5811

Fax: (858) 966-8035  
🕒 After Hours Phone: (858)  
966-5811  
Provider Gender: Female  
NPI: 1073831079  
📄 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

**PEDIATRIC HEMATOLOGY /  
ONCOLOGY**

**CHOO, SUN**

Provider ID: 206115  
Board Certified Specialty: No  
📍 3010 CHILDRENS WAY STE  
2-WEST  
SAN DIEGO, CA 92123  
☎ Phone: (858) 966-5811  
Fax: (858) 966-8035  
🕒 After Hours Phone: (858)  
966-5811

Provider Gender: Female  
NPI: 1700047628  
📄 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19

American Sign Language (ASL):  
N  
♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

**PEDIATRIC HEMATOLOGY /  
ONCOLOGY**

**DING, HILDA**

Provider ID: 206173  
Board Certified Specialty: No  
📍 3010 CHILDRENS WAY  
SAN DIEGO, CA 92123  
☎ Phone: (858) 966-5811  
Fax: (858) 966-8035  
🕒 After Hours Phone: (858)  
966-5811








Provider Gender: Female  
NPI: 1780813923  
📄 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER  
🕒 Hours: M-F  
8:00AM-5:00PM  
🌐 Website: N/A

**PEDIATRIC HEMATOLOGY /  
ONCOLOGY**





**ELSTER, JENNIFER**




Provider ID: 205769  
Board Certified Specialty: No

 3010 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-5811  
 Fax: (858) 966-8035  
 After Hours Phone: (858)  
 966-5811  
 Provider Gender: Female  
 NPI: 1588866115  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: Y  
 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  
 After Hours Phone: (858)  
 966-5811  
 Provider Gender: Female  
 NPI: 1982091740  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: Y

Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A








**PEDIATRIC HEMATOLOGY /  
ONCOLOGY**

**JAFFRAY, JULIE**

Provider ID: 296760  
 Board Certified Specialty: No  
 3010 CHILDRENS WAY FL 2  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-5811  
 Fax: (858) 966-8035  
 After Hours Phone: (858)  
 966-5811  
 Provider Gender: Female  
 NPI: 1396942470  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation:  
 CHILDRENS HOSP OF LOS  
 ANGELES, RADY CHILDRENS  
 HOSPITAL SAN DIEGO, UCSD  
 MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A






**PEDIATRIC HEMATOLOGY /  
ONCOLOGY**

**KUO, DENNIS**

Provider ID: 205433  
 Board Certified Specialty: No  
 3010 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-5811  
 Fax: (858) 966-8035  
 After Hours Phone: (858)  
 966-5811  
 Provider Gender: Male  
 NPI: 1750492146  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**PEDIATRIC HEMATOLOGY /  
ONCOLOGY**

**SRIDHAR, SUNITA**

Provider ID: 302088  
 Board Certified Specialty: No  
 3010 CHILDRENS WAY FL 2  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-5811  
 Fax: (858) 966-8035  
 After Hours Phone: (858)  
 966-5811  
 Provider Gender: Female  
 NPI: 1649707365  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish


Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**PEDIATRIC HEMATOLOGY /  
ONCOLOGY**

**WONG, VICTOR**

Provider ID: 206149

Board Certified Specialty: No

 3010 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5811

Fax: (858) 966-8035

 After Hours Phone: (858)  
966-5811

Provider Gender: Male

NPI: 1154692473


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**PEDIATRIC HEMATOLOGY /  
ONCOLOGY**

**YU, HELENA**

Provider ID: 301583

Board Certified Specialty: No

 3010 CHILDRENS WAY FL 2  
SAN DIEGO, CA 92123


 Phone: (858) 966-5811

Fax: (858) 966-8035

 After Hours Phone: (858)  
966-5811

Provider Gender: Female

NPI: 1881127736

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**PEDIATRIC HEMATOLOGY /  
ONCOLOGY**

**YU, JENNIFER**

Provider ID: 206148

Board Certified Specialty: No

 3010 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5811

Fax: (858) 966-8035

 After Hours Phone: (858)  
966-5811

Provider Gender: Female

NPI: 1326315599

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


**PEDIATRIC HEMATOLOGY /  
ONCOLOGY**

**ZAGE, PETER**

Provider ID: 206315

Board Certified Specialty: No

 3010 CHILDRENS WAY STE  
2W  
SAN DIEGO, CA 92123

 Phone: (858) 966-5811

Fax: (858) 966-8035

 After Hours Phone: (858)  
966-5811

Provider Gender: Male

NPI: 1912003161

 Provider English Spoken: Y  
Cultural Competency: N



Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N




 Accessibility: CONTACT

**PROVIDER**  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**PEDIATRIC INFECTIOUS DISEASES**

**MILDER, EDMUND**



Provider ID: 289138  
 Board Certified Specialty: No  
 3030 CHILDRENS WAY FL  
 2  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-7785  
 Fax: (858) 966-8658  
 After Hours Phone: (858)  
 966-7785  
 Provider Gender: Male  
 NPI: 1760460026  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**PEDIATRIC NEPHROLOGY**





**CARTER, CAITLIN**




Provider ID: 302777  
 Board Certified Specialty: No  
 8110 BIRMINGHAM WAY FL  
 1  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-8052

Fax: (858) 966-7789  
 After Hours Phone: (858)  
 966-8052  
 Provider Gender: Female  
 NPI: 1255514618  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, SCRIPPS GREEN  
 HOSPITAL, SCRIPPS  
 MEMORIAL HOSPITAL  
 ENCINITAS, SCRIPPS  
 MEMORIAL HOSPITAL, UCSD  
 MEDICAL CTR, SHARP  
 MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**PEDIATRIC NEPHROLOGY**

**INGULLI, ELIZABETH**

Provider ID: 302778  
 Board Certified Specialty: No  
 8110 BIRMINGHAM WAY  
 STE 28  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-8052  
 Fax: (858) 966-7789  
 After Hours Phone: (858)  
 966-8052  
 Provider Gender: Female  
 NPI: 1811919244  
 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, UCSD MEDICAL CTR,  
 SHARP MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**PEDIATRIC NEPHROLOGY**

**MAK, ROBERT**

Provider ID: 302776  
 Board Certified Specialty: No  
 8110 BIRMINGHAM WAY FL  
 1  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-8052  
 Fax: (858) 966-7789  
 After Hours Phone: (858)  
 966-8052  
 Provider Gender: Male  
 NPI: 1740295252

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON,  
 RADY CHILDRENS HOSPITAL  
 SAN DIEGO  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F

8:00AM-5:00PM  
 Website: N/A

**PEDIATRIC NEPHROLOGY**


**PERENS, ELLIOT**

Provider ID: 302765

Board Certified Specialty: No

 8110 BIRMINGHAM WAY FL 1

SAN DIEGO, CA 92123

 Phone: (858) 966-8052

Fax: (858) 966-7789

 After Hours Phone: (858) 966-8052

Provider Gender: Male

NPI: 1922328947

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, UCSF BENIOFF

CHILDREN'S HOSPITAL

OAKLAND, MEDICAL CTR AT

UCSF, SHARP MEMORIAL

HOSPITAL, UCSD MEDICAL

CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

**PEDIATRIC PULMONOLOGY**


**AKONG, KATHRYN**

Provider ID: 205673

Board Certified Specialty: No

 3030 CHILDRENS WAY STE

2  
 SAN DIEGO, CA 92123

 Phone: (858) 966-5846

Fax: (858) 966-8457

 After Hours Phone: (858) 966-5846

Provider Gender: Female

NPI: 1912169061

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


**PEDIATRIC PULMONOLOGY**


**BHATTACHARJEE, RAKESH**

Provider ID: 246060

Board Certified Specialty: No

 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123

 Phone: (858) 576-1700

 After Hours Phone: (858) 576-1700

Provider Gender: Male

NPI: 1588781173

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


 Website: N/A

**PEDIATRIC PULMONOLOGY**


**BHATTACHARJEE, RAKESH**

Provider ID: 205950

Board Certified Specialty: No

 3030 CHILDRENS WAY FL 2 NORTH

SAN DIEGO, CA 92123

 Phone: (858) 966-5846

Fax: (858) 966-8457

 After Hours Phone: (858) 966-5846

Provider Gender: Male

NPI: 1588781173

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

**PEDIATRIC PULMONOLOGY**


**CERNELC KOHAN, MATEJKA**

Provider ID: 243041

Board Certified Specialty: No

 3030 CHILDRENS WAY FL 2

SAN DIEGO, CA 92123

 Phone: (858) 966-5846

Fax: (858) 966-8457

☎ After Hours Phone: (858) 966-5846  
 Provider Gender: Female  
 NPI: 1871752451  
 ☑ Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSF  
 BENIOFF CHILDREN'S  
 HOSPITAL OAKLAND, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT  
 PROVIDER  
 🕒 Hours: M-F  
 8:00AM-5:00PM  
 🌐 Website: N/A

**PEDIATRIC PULMONOLOGY**  
**CERNELC KOHAN, MATEJKA**

Provider ID: 243042  
 Board Certified Specialty: No  
 📍 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 ☎ Phone: (858) 966-5846  
 Fax: (858) 966-8457  
 ☎ After Hours Phone: (858)  
 966-5846  
 Provider Gender: Female  
 NPI: 1871752451  
 ☑ Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSF  
 BENIOFF CHILDREN'S  
 HOSPITAL OAKLAND, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: Y

Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT  
 PROVIDER  
 🕒 Hours: M-F  
 8:00AM-5:00PM  
 🌐 Website: N/A

**PEDIATRIC PULMONOLOGY**  
**CHENG, EULALIA**

Provider ID: 205827  
 Board Certified Specialty: No  
 📍 3030 CHILDRENS WAY STE  
 2  
 SAN DIEGO, CA 92123  
 ☎ Phone: (858) 966-5846  
 Fax: (858) 966-8457  
 ☎ After Hours Phone: (858)  
 966-5846  
 Provider Gender: Female  
 NPI: 1750394862  
 ☑ Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT  
 PROVIDER  
 🕒 Hours: M-F  
 8:00AM-5:00PM  
 🌐 Website: N/A

☑ Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT  
 PROVIDER  
 🕒 Hours: M-F  
 8:00AM-5:00PM  
 🌐 Website: N/A




**PEDIATRIC PULMONOLOGY**  
**FINCH, CHRISTINA**

Provider ID: 302581  
 Board Certified Specialty: No  
 📍 3030 CHILDRENS WAY FL





2  
 SAN DIEGO, CA 92123  
 ☎ Phone: (858) 966-5846  
 Fax: (858) 966-8457  
 ☎ After Hours Phone: (858)  
 966-5846  
 Provider Gender: Female  
 NPI: 1598255325  
 ☑ Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT  
 PROVIDER  
 🕒 Hours: M-F  
 8:00AM-5:00PM  
 🌐 Website: N/A

**PEDIATRIC PULMONOLOGY**  
**FIREIZEN, YARON**

Provider ID: 302329  
 Board Certified Specialty: No  
 📍 3030 CHILDRENS WAY FL  
 2  
 SAN DIEGO, CA 92123  
 ☎ Phone: (858) 966-5846  
 Fax: (858) 966-8457  
 ☎ After Hours Phone: (858)  
 966-5846  
 Provider Gender: Male  
 NPI: 1699123927  
 ☑ Provider English Spoken: Y  
 ☑ Provider Language(s)  
 Spoken: Hebrew  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN

**DIEGO**  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A



**PEDIATRIC PULMONOLOGY**  
**LANDEO GUTIERREZ, JEREMY**

Provider ID: 284176  
 Board Certified Specialty: No  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-5846  
 Fax: (858) 569-9052  
 After Hours Phone: (858)  
 966-5846  
 Provider Gender: Male  
 NPI: 1255750360  
 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**PEDIATRIC PULMONOLOGY**  
**LANDEO GUTIERREZ, JEREMY**  
 Provider ID: 284177

Board Certified Specialty: No  
 3030 CHILDRENS WAY FL  
 2  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-5846  
 Fax: (858) 966-8457  
 After Hours Phone: (858)  
 966-5846  
 Provider Gender: Male  
 NPI: 1255750360  
 Provider English Spoken: Y  
 Cultural Competency: N






Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A




**PEDIATRIC PULMONOLOGY**  
**LENHART-PENDERGRASS,  
 PATRICIA**

Provider ID: 294641  
 Board Certified Specialty: No  
 3030 CHILDRENS WAY FL  
 2  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-5846  
 Fax: (858) 966-8457  
 After Hours Phone: (858)  
 966-5846  
 Provider Gender: Female  
 NPI: 1144615659  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY

**CHILDRENS HOSPITAL SAN  
 DIEGO**  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**PEDIATRIC PULMONOLOGY**  
**RAO, APARNA**

Provider ID: 206123  
 Board Certified Specialty: No  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-5846  
 Fax: (858) 569-9052  
 After Hours Phone: (858)  
 966-5846  
 Provider Gender: Female  
 NPI: 1649222340  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Hindi

Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**PEDIATRIC PULMONOLOGY**

**RAO, APARNA**

Provider ID: 206124

Board Certified Specialty: No

3030 CHILDRENS WAY FL 2

SAN DIEGO, CA 92123

Phone: (858) 966-5846

Fax: (858) 966-5847

After Hours Phone: (858) 966-5846

Provider Gender: Female

NPI: 1649222340

Provider English Spoken: Y

Provider Language(s) Spoken: Hindi

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y

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

3030 CHILDRENS WAY FL 2 NORTH

SAN DIEGO, CA 92123

Phone: (858) 966-5846

Fax: (858) 569-5847

After Hours Phone: (858) 966-5846

Provider Gender: Female

NPI: 1568533321

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO, UCSD MEDICAL CTR

Medi-Cal Open Panel: Y

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: Y

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: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

**PEDIATRIC RHEUMATOLOGY**

**SHEETS, ROBERT**

Provider ID: 255900

Board Certified Specialty: No

3030 CHILDRENS WAY FL 1 SAN DIEGO, CA 92123

Phone: (858) 966-8082

Fax: (858) 966-4067

After Hours Phone: (858) 966-8082

Provider Gender: Male

NPI: 1013088772

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N




Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-4:30PM

 Website: N/A


**PEDIATRICS**

**ALAGIRI, MADHU**

Provider ID: 206387

Board Certified Specialty: No

 7920 FROST ST STE 200  
SAN DIEGO, CA 92123

 Phone: (858) 966-7484

Fax: (858) 966-4064

 After Hours Phone: (858)  
966-7484

Provider Gender: Male

NPI: 1619083961

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD


MEDICAL CTR, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**PEDIATRICS**

**ALLSUP, VICTORIA**


Provider ID: 302344

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)  
279-0925

Provider Gender: Female

NPI: 1437786944


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**PEDIATRICS**

**ALLSUP, VICTORIA**

Provider ID: 302345

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858)  
810-8700

Provider Gender: Female

NPI: 1437786944


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**PEDIATRICS**

**ANDREE, GREGOR**

Provider ID: 293220

Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111


 Phone: (858) 810-8700


Fax: (858) 633-4680

 After Hours Phone: (858)  
810-8700

Provider Gender: Male

NPI: 1467436063

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: German, Spanish


Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

**PEDIATRICS**


**ANDREE, GREGOR**

Provider ID: 293219

Board Certified Specialty: No

 4305 UNIVERSITY AVE STE  
150

SAN DIEGO, CA 92105


 Phone: (619) 280-2058


Fax: (858) 633-4682

 After Hours Phone: (619)  
280-2058

Provider Gender: Male

NPI: 1467436063

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: German, Spanish


Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


### **PEDIATRICS**

#### **BEAUCHAMP WALTERS, JULIA**

Provider ID: 270063

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5841

Fax: (858) 966-6728

 After Hours Phone: (858)  
966-5841

Provider Gender: Female

NPI: 1457420713

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


### **PEDIATRICS**

#### **CAMERON, MELISSA**


Provider ID: 205965

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123


 Phone: (858) 966-5841

Fax: (858) 966-6728

 After Hours Phone: (858)  
966-5841

Provider Gender: Female

NPI: 1902983752

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, PALOMAR MEDICAL

CENTER


Medi-Cal Open Panel: Y


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

Fax: (858) 966-7433

 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: Y

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: Y

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: Y  
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  
NPI: 1730570144  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
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: Y  
Min/Max Age: 0\18  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

### **PEDIATRICS**







#### **DOSHI, AMI**



Provider ID: 205329  
Board Certified Specialty: No  
 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 966-5841  
Fax: (858) 966-6728  
 After Hours Phone: (858)  
966-5841  
Provider Gender: Female  
NPI: 1801099676  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Gujarati, Spanish  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, PALOMAR MEDICAL  
CENTER  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

### **PEDIATRICS**

#### **DOSHI, AMI**

Provider ID: 205330  
Board Certified Specialty: No  
 3030 CHILDRENS WAY STE  
300  
SAN DIEGO, CA 92123  
 Phone: (858) 966-8974  
Fax: (858) 966-6721  
 After Hours Phone: (858)  
966-8974  
Provider Gender: Female  
NPI: 1801099676  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Gujarati, Spanish  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, PALOMAR MEDICAL  
CENTER  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER


 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

**PEDIATRICS**

**GIBONEY, JENNIFER**


Provider ID: 296242  
Board Certified Specialty: No

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700  
Fax: (858) 633-4680


 After Hours Phone: (858)  
810-8700

Provider Gender: Female  
NPI: 1275895849


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y  
Min/Max Age: 0\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 8:30AM-5:30PM  
TU 5:30PM-8:30PM  
W 8:30AM-5:30PM  
TH 5:30PM-8:30PM  
F 8:30AM-5:30PM  
SA 9:00AM-4:00PM


 Website: N/A

**PEDIATRICS**

**GIBONEY, JENNIFER**


Provider ID: 296241  
Board Certified Specialty: No

 4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105

 Phone: (619) 280-2058  
Fax: (858) 633-4682

 After Hours Phone: (619)  
280-2058


Provider Gender: Female  
NPI: 1275895849


 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y  
Min/Max Age: 0\18

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-2:00PM


 Website: N/A

**PEDIATRICS**

**GRAY, SARAH**


Provider ID: 284224  
Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5841  
Fax: (858) 966-6728

 After Hours Phone: (858)  
966-5841


Provider Gender: Female  
NPI: 1508210311

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A

**PEDIATRICS**

**HUANG, MARIA**


Provider ID: 205974  
Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5841  
Fax: (858) 966-6728

 After Hours Phone: (858)  
966-5841


Provider Gender: Female  
NPI: 1770841140

 Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y  
Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A

**PEDIATRICS**

**JIMENEZ BACARDI, ADRIA**

Provider ID: 294640  
Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5841

Fax: (858) 966-6728  
 ☎ After Hours Phone: (858) 966-5841  
 Provider Gender: Male  
 NPI: 1467847293  
 ☐ Provider English Spoken: Y  
 ☐ Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: ST MARYS HOSPITAL AND MEDICAL CENTER, RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19

American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER  
 🕒 Hours: M-F 8:00AM-5:00PM  
 🌐 Website: N/A

**PEDIATRICS**

**JINDAL, ANUJA**

Provider ID: 303285  
 Board Certified Specialty: No  
 📍 3030 CHILDRENS WAY FL 4 SAN DIEGO, CA 92123  
 ☎ Phone: (858) 966-5819  
 Fax: (858) 966-4930  
 ☎ After Hours Phone: (858) 966-5819  
 Provider Gender: Female  
 NPI: 1194046581  
 ☐ Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Y

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: Y  
 Min/Max Age: 0\18

American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER  
 🕒 Hours: M-TU 8:30AM-5:30PM W 10:00AM-7:00PM TH-F 8:30AM-5:30PM  
 🌐 Website: N/A

**PEDIATRICS**

**KHARE, MANASWITHA**

Provider ID: 206289

Board Certified Specialty: No  
 📍 3020 CHILDRENS WAY SAN DIEGO, CA 92123  
 ☎ Phone: (858) 966-5841  
 Fax: (858) 966-6728  
 ☎ After Hours Phone: (858) 966-5841  
 Provider Gender: Female  
 NPI: 1912345307

☐ Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19

American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER  
 🕒 Hours: M-F 8:00AM-5:00PM  
 🌐 Website: N/A

**PEDIATRICS**

**LEE, BEGEM**

Provider ID: 205923  
 Board Certified Specialty: No  
 📍 3020 CHILDRENS WAY SAN DIEGO, CA 92123  
 ☎ Phone: (858) 966-5841  
 Fax: (858) 966-6728  
 ☎ After Hours Phone: (858) 966-5841  
 Provider Gender: Female  
 NPI: 1053672444  
 ☐ Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND, RADY CHILDRENS HOSPITAL SAN

DIEGO


Medi-Cal Open Panel: Y


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

**PEDIATRICS**


**LOPEZ, XIMENA**

Provider ID: 302856

Board Certified Specialty: No

 3030 CHILDRENS WAY FL  
4

SAN DIEGO, CA 92123


 Phone: (858) 966-4032


Fax: (858) 966-6227

 After Hours Phone: (858)  
966-4032

Provider Gender: Female

NPI: 1740316405

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Y


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**PEDIATRICS**

**MANNINO AVILA, ELIZABETH**

Provider ID: 262161

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5841

Fax: (858) 966-6728

 After Hours Phone: (858)  
966-5841

Provider Gender: Female

NPI: 1164747127

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSF

BENIOFF CHILDREN'S

HOSPITAL OAKLAND, RADY

CHILDRENS HOSPITAL SAN

DIEGO


Medi-Cal Open Panel: Y


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: Y


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**PEDIATRICS**

**MARC AURELE, KRISHELLE**

Provider ID: 301719

Board Certified Specialty: No

 7910 FROST ST STE 230  
SAN DIEGO, CA 92123


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1952503435

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, UCSD MEDICAL CTR,

UCSD LA JOLLA JOHN SALLY

THORNTON, TRI CITY

MEDICAL CTR, SCRIPPS

MEMORIAL HOSPITAL


Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

**PEDIATRICS**

**NGO, MAI**

Provider ID: 302113  
 Board Certified Specialty: No  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-8974  
 Fax: (858) 966-4051

After Hours Phone: (858) 966-8974

Provider Gender: Female

NPI: 1508910787

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Vietnamese

Cultural Competency: N  
 Hospital Affiliation: UCSF  
 BENIOFF CHILDREN'S  
 HOSPITAL OAKLAND,  
 MEDICAL CTR AT UCSF, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO

Medi-Cal Open Panel: Y

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  
 Board Certified Specialty: No  
 7910 FROST ST STE 195  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-8974  
 Fax: (858) 966-6721

After Hours Phone: (858) 966-8974

Provider Gender: Female

NPI: 1508910787

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Vietnamese

Cultural Competency: N  
 Hospital Affiliation: UCSF  
 BENIOFF CHILDREN'S  
 HOSPITAL OAKLAND,  
 MEDICAL CTR AT UCSF, RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
 PROVIDER

Hours: M-F  
 8:00AM-5:00PM

Website: N/A

**PEDIATRICS**

**PATEL, AARTI**

Provider ID: 205865  
 Board Certified Specialty: No

3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123

Phone: (858) 966-5841  
 Fax: (858) 966-6728

After Hours Phone: (858) 966-5841

Provider Gender: Female

NPI: 1871813105

Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO

Medi-Cal Open Panel: Y

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: Y

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  
 Fax: (858) 966-7433

☎ 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: Y

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: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

### PEDIATRICS

#### **RIES, DAVID**

Provider ID: 206082

Board Certified Specialty: No

📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-5841

☎ After Hours Phone: (858) 966-5841

Provider Gender: Male

NPI: 1376705483

🗨 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD MEDICAL CTR, RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

### PEDIATRICS

#### **RUNGVIVATJARUS, TIRANUN**

Provider ID: 206319

Board Certified Specialty: No

📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-5841

Fax: (858) 966-6728

☎ After Hours Phone: (858) 966-5841

Provider Gender: Female

NPI: 1407276363

🗨 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

### PEDIATRICS

#### **SONG, RICHARD**

Provider ID: 301716

Board Certified Specialty: No

📍 7910 FROST ST STE 230  
SAN DIEGO, CA 92123

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1881893477

🗨 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, PALOMAR HEALTH, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, PALOMAR MEDICAL CENTER, SOUTHWEST HEALTHCARE

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER



INLAND VALLEY HOSPITAL,  
SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL


Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


### **PEDIATRICS**


#### **STOVER, LAURIE**

Provider ID: 206196

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-5841

 After Hours Phone: (858)  
966-5841

Provider Gender: Female

NPI: 1659442317

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19


American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


### **PEDIATRICS**

#### **SUTTNER, DENISE**

Provider ID: 301721

Board Certified Specialty: No

 7910 FROST ST STE 230  
SAN DIEGO, CA 92123

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1457433799

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS  
MEMORIAL HOSPITAL

ENCINITAS, SOUTHWEST

HEALTHCARE INLAND VALLEY

HOSPITAL, SOUTHWEST

HEALTHCARE RANCHO

SPRINGS HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL, SCRIPPS MERCY

HOSPITAL


Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


### **PEDIATRICS**

#### **VEGA, SARAH**

Provider ID: 297077

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123


 Phone: (858) 576-1700


Fax: (858) 966-6728

 After Hours Phone: (858)  
576-1700

Provider Gender: Female

NPI: 1154716199

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Y


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A

### **PEDIATRICS**


#### **VEGA, SARAH**

Provider ID: 297078

Board Certified Specialty: No

 3665 KEARNY VILLA RD  
STE 500

SAN DIEGO, CA 92123


 Phone: (858) 966-5980

Fax: (858) 966-5992

 After Hours Phone: (858)  
966-5980

Provider Gender: Female

NPI: 1154716199

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**PEDIATRICS**

**WEISS, KATHERINE**

Provider ID: 301703

Board Certified Specialty: No

 7910 FROST ST STE 230  
SAN DIEGO, CA 92123

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1053541862

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


**PEDIATRICS**

**WOSK, BERNARD**

Provider ID: 294742

Board Certified Specialty: No

 2630 1ST AVE  
SAN DIEGO, CA 92103


 Phone: (619) 234-2158

Fax: (619) 234-0505

 After Hours Phone: (619)  
234-2158

Provider Gender: Male

NPI: 1033154984

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\18

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: 287524

Board Certified Specialty: No

 7910 FROST ST STE 195  
SAN DIEGO, CA 92123

 Phone: (858) 966-8974

 After Hours Phone: (858)  
966-8974

Provider Gender: Male

NPI: 1457664518

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


**PHYSICAL MEDICINE /  
REHABILITATION**

**BIFFL, SUSAN**


Provider ID: 287453

Board Certified Specialty: No

 7910 FROST ST STE 195  
SAN DIEGO, CA 92123

 Phone: (858) 966-8974

Fax: (858) 966-6721

 After Hours Phone: (858)  
966-8974

Provider Gender: Female

NPI: 1366589640

 Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**PHYSICAL MEDICINE /  
REHABILITATION**


**DALAL, PRITHA**

Provider ID: 287523

Board Certified Specialty: No

 7910 FROST ST STE 195  
SAN DIEGO, CA 92123

 Phone: (858) 966-8974

 After Hours Phone: (858)  
966-8974

Provider Gender: Female

NPI: 1609017532


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**PHYSICAL MEDICINE /  
REHABILITATION**


**LEE, HAEWON**

Provider ID: 256226

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (858) 657-8200

 After Hours Phone: (858)  
657-8200

Provider Gender: Female

NPI: 1447661657

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Korean

Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

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

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: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**PHYSICAL MEDICINE /  
REHABILITATION**


**RYAN, KYLE**

Provider ID: 287520

Board Certified Specialty: No

 7910 FROST ST STE 195  
SAN DIEGO, CA 92123

 Phone: (858) 966-8974

 After Hours Phone: (858)  
966-8974

Provider Gender: Male

NPI: 1447645742


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**PHYSICAL MEDICINE /  
REHABILITATION**


**SCOTT-WYARD, PHOEBE**

Provider ID: 287519

Board Certified Specialty: No

 7910 FROST ST STE 195  
SAN DIEGO, CA 92123

 Phone: (858) 966-8974

 After Hours Phone: (858)  
966-8974

Provider Gender: Female

NPI: 1336356203

 Provider English Spoken: Y  
Cultural Competency: N



Hospital Affiliation:  
CHILDRENS HOSP OF LOS  
ANGELES, RADY CHILDRENS  
HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

 Accessibility: CONTACT


**PROVIDER**  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**PHYSICAL MEDICINE /  
 REHABILITATION**

**SKALSKY, ANDREW**


Provider ID: 287537  
 Board Certified Specialty: No  
 7910 FROST ST STE 195  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-8974  
 After Hours Phone: (858)  
 966-8974


Provider Gender: Male  
 NPI: 1487635272

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A

**PHYSICIANS ASSISTANT**

**AINSWORTH, DELISSA**


Provider ID: 243367  
 Board Certified Specialty: No  
 4510 EXECUTIVE DR  
 SAN DIEGO, CA 92121  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
 926-8273

Provider Gender: Female

NPI: 1750734893  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation:  
 SOUTHWEST HEALTHCARE  
 INLAND VALLEY HOSPITAL,  
 SOUTHWEST HEALTHCARE  
 RANCHO SPRINGS HOSPITAL,  
 UCSD MEDICAL CTR, UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N




 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:00AM-5:00PM


 Website: N/A

**PHYSICIANS ASSISTANT**

**ALBRIGHT, KELSEY**

Provider ID: 284763  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 923-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 923-8273


Provider Gender: Female  
 NPI: 1235653148

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999

American Sign Language (ASL):  
 N




 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:00AM-5:00PM


 Website: N/A

**PHYSICIANS ASSISTANT**

**ARMEEN, GARY**

Provider ID: 247035  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
 926-8273


Provider Gender: Male  
 NPI: 1760774863

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999

American Sign Language (ASL):  
 N



 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A

**PHYSICIANS ASSISTANT**

**BEITTER, KEERSTIN**

Provider ID: 300092  
 Board Certified Specialty: No  
 3434 MIDWAY DR STE 2001  
 SAN DIEGO, CA 92110  
 Phone: (619) 325-1161

Fax: (619) 325-1717

☎ After Hours Phone: (619) 325-1161

Provider Gender: Female

NPI: 1477129302

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA

Medi-Cal Open Panel: Y

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: Y

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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

### PHYSICIANS ASSISTANT

#### **BRUECKNER, TAMMIE**

Provider ID: 255558

Board Certified Specialty: No

📍 200 W ARBOR DR

SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

☎ After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1407212376

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

### PHYSICIANS ASSISTANT

#### **CASTILLO, PATRICIA**

Provider ID: 257530

Board Certified Specialty: No

📍 3544 30TH ST

SAN DIEGO, CA 92104

☎ Phone: (619) 515-2424

☎ After Hours Phone: (619)  
515-2424

Provider Gender: Female

NPI: 1376550657

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-TH

8:30AM-5:30PM  
F 8:30AM-5:00PM  
Website: N/A

**PHYSICIANS ASSISTANT**

**DERISSI, DANA**

Provider ID: 301632  
Board Certified Specialty: No  
3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
Phone: (858) 966-8800  
Fax: (858) 966-7433  
After Hours Phone: (858) 966-8800

Provider Gender: Female  
NPI: 1063829505  
Provider English Spoken: Y  
Provider Language(s) Spoken: Farsi  
Cultural Competency: N  
Hospital Affiliation: LOMA LINDA UNIVERSITY MED CTR, RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: N  
Min/Max Age: 0\19  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Website: N/A

**PHYSICIANS ASSISTANT**

**DOUGHERTY, CLARA**

Provider ID: 301589  
Board Certified Specialty: No  
3444 KEARNY VILLA RD  
STE 201  
SAN DIEGO, CA 92123  
Phone: (858) 430-1101  
Fax: (858) 429-7931  
After Hours Phone: (858)

430-1101  
Provider Gender: Female  
NPI: 1609987619  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Y  
Min/Max Age: 18\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

**PHYSICIANS ASSISTANT**

**DOUGHERTY, CLARA**

Provider ID: 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: Y  
Min/Max Age: 18\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

**PHYSICIANS ASSISTANT**

**DOUGHERTY, CLARA**

Provider ID: 301586  
Board Certified Specialty: No  
4060 4TH AVE STE 310  
SAN DIEGO, CA 92103  
Phone: (619) 297-4707  
Fax: (858) 429-7927  
After Hours Phone: (619) 297-4707

Provider Gender: Female  
NPI: 1609987619  
Provider English Spoken: Y  
Provider Language(s) Spoken: Spanish  
Cultural Competency: N  
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y  
Min/Max Age: 18\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

**PHYSICIANS ASSISTANT**

**DOUGHERTY, CLARA**

Provider ID: 301591  
 Board Certified Specialty: No  
 11770 BERNARDO PLAZA  
 CT STE 270  
 SAN DIEGO, CA 92128  
 Phone: (858) 485-0554  
 Fax: (858) 429-7933  
 After Hours Phone: (858) 485-0554  
 Provider Gender: Female  
 NPI: 1609987619  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 21\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 9:00AM-5:00PM  
 Website: N/A

**PHYSICIANS ASSISTANT**

**HASEGAWA, CHRIS**

Provider ID: 287349  
 Board Certified Specialty: No  
 4168 FRONT ST  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1225698962  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**PHYSICIANS ASSISTANT**

**HASEGAWA, CHRIS**

Provider ID: 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 ID: 247206  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1225698962  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**PHYSICIANS ASSISTANT**

**HUNTER, JACOB**



Provider ID: 287449  
 Board Certified Specialty: No

 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1114459765  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**PHYSICIANS ASSISTANT**

**HUNTER, JACOB**

Provider ID: 298430  
 Board Certified Specialty: No








 8899 UNIVERSITY CENTER  
 LN  
 SAN DIEGO, CA 92122  
 Phone: (800) 926-8273

 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1114459765  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 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

 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: Y  
 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**

**KHALEGHI, MANI**

Provider ID: 295896  
 Board Certified Specialty: No

 5395 RUFFIN RD STE 204  
 SAN DIEGO, CA 92123  
 Phone: (858) 571-3630  
 Fax: (858) 430-3146  
 After Hours Phone: (858)  
 571-3630  
 Provider Gender: Male  
 NPI: 1275072423  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Farsi  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 18\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TH  
 8:30AM-5:00PM  
 F 8:00AM-4:30PM  
 Website: N/A

**PHYSICIANS ASSISTANT**

**KIVIAT, ANNETTE**

Provider ID: 302452  
 Board Certified Specialty: No  
 3030 CHILDRENS WAY FL  
 2  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-4003  
 Fax: (858) 560-6798  
 After Hours Phone: (858)  
 966-4003  
 Provider Gender: Female  
 NPI: 1205381845  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, SCRIPPS MEMORIAL  
 HOSPITAL, SHARP MEMORIAL




**HOSPITAL**


Medi-Cal Open Panel: N

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

**PHYSICIANS ASSISTANT**


**LAM, DAVINA**

Provider ID: 295651


Board Certified Specialty: No

 6719 ALVARADO RD STE  
308

SAN DIEGO, CA 92120

 Phone: (619) 265-7912

Fax: (619) 265-7922

 After Hours Phone: (619)  
265-7912

Provider Gender: Female

NPI: 1245863737

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR

MEDICAL CENTER, SCRIPPS

MEMORIAL HOSPITAL,

ALVARADO HOSP MED CTR,


GROSSMONT HOSPITAL,


SHARP MEMORIAL HOSPITAL


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
9:00AM-5:00PM

 Website: N/A


**PHYSICIANS ASSISTANT**


**LAMBERT, GAGE**

Provider ID: 214788

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1144672494

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL ENCINITAS, UCSD

MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

**PHYSICIANS ASSISTANT**

**LINDEMANN, CHRISTINA**

Provider ID: 283760

Board Certified Specialty: No

 4510 EXECUTIVE DR STE  
325

SAN DIEGO, CA 92121

 Phone: (800) 926-8273

Fax: (858) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1194373514


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**PHYSICIANS ASSISTANT**


**MARTIN, HALEY**

Provider ID: 305026

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1093440836


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A


**PHYSICIANS ASSISTANT**

**MCADAMS, JOSEPH**

Provider ID: 280611

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1104371251

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

### PHYSICIANS ASSISTANT

#### **MERRILL, COREY**

Provider ID: 258040

Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1386032308

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

### PHYSICIANS ASSISTANT

#### **NAKAMITSU, ABIGAIL**

Provider ID: 268666

Board Certified Specialty: No

📍 3030 CHILDRENS WAY FL  
3

SAN DIEGO, CA 92123

☎ Phone: (858) 966-6789

Fax: (858) 966-8519

☎ After Hours Phone: (858) 966-6789

Provider Gender: Female

NPI: 1932459179

☑ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

### PHYSICIANS ASSISTANT

#### **PELIO, DARREN**

Provider ID: 293441

Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8275

Fax: (888) 539-8783

☎ After Hours Phone: (800) 926-8275

Provider Gender: Male

NPI: 1386791028

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

### PHYSICIANS ASSISTANT

#### **PELIO, DARREN**

Provider ID: 293444

Board Certified Specialty: No

📍 3900 5TH AVE STE 110  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8278

Fax: (888) 539-8786

☎ After Hours Phone: (800) 926-8278

Provider Gender: Male

NPI: 1386791028

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

### PHYSICIANS ASSISTANT

#### **PERREAULT, MARK**

Provider ID: 283586

Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103


☎ Phone: (800) 926-8273

☎ After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1356749451

☑ Provider English Spoken: Y

Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A



**PHYSICIANS ASSISTANT**

**PERREAULT, MARK**

Provider ID: 283585  
 Board Certified Specialty: No

 4520 EXECUTIVE DR  
 SAN DIEGO, CA 92121  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
 926-8273



Provider Gender: Male  
 NPI: 1356749451  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999


American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A



**PHYSICIANS ASSISTANT**

**PHUNG, AIVI**

Provider ID: 293247  
 Board Certified Specialty: No

 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 Fax: (858) 633-4680

 After Hours Phone: (858)  
 279-0925  
 Provider Gender: Female  
 NPI: 1639528110  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Vietnamese  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER  
 Website: N/A



**PHYSICIANS ASSISTANT**

**PHUNG, AIVI**

Provider ID: 293246  
 Board Certified Specialty: No




 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
 Fax: (858) 633-4680  
 After Hours Phone: (858)  
 810-8700

Provider Gender: Female  
 NPI: 1639528110  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Vietnamese  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A




**PHYSICIANS ASSISTANT**

**PRIEST, VIVIAN**

Provider ID: 272430  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1225581754

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Vietnamese  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR



Medi-Cal Open Panel: Y  
 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: Y


Min/Max Age: 20\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-4:00PM

 Website: N/A


### PHYSICIANS ASSISTANT


#### **ROBERTS, AUDREY**

Provider ID: 253253

Board Certified Specialty: No


 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (619) 543-7777

 After Hours Phone: (619)  
543-7777

Provider Gender: Female

NPI: 1265960256

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Y


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

Fax: (858) 966-7433

 After Hours Phone: (858)  
966-8800

Provider Gender: Female

NPI: 1174715106

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: German

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO


Medi-Cal Open Panel: N


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: Y

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


#### **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: Y

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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**PHYSICIANS ASSISTANT**

**SHAUL, SHERA**

Provider ID: 247974  
 Board Certified Specialty: No  
 4520 EXECUTIVE DR STE 111  
 SAN DIEGO, CA 92121  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1336659507

Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**PHYSICIANS ASSISTANT**

**SPEH, BRIAN**

Provider ID: 305009  
 Board Certified Specialty: No  
 6655 ALVARADO RD  
 SAN DIEGO, CA 92120  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1124593926

Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**PHYSICIANS ASSISTANT**

**STALLINGS, ANDREA**

Provider ID: 255913  
 Board Certified Specialty: No  
 330 LEWIS ST  
 SAN DIEGO, CA 92103  
 Phone: (619) 543-7496  
 After Hours Phone: (619)  
 543-7496

Provider Gender: Female  
 NPI: 1972595478  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**PHYSICIANS ASSISTANT**

**TESFAI, HELEN**

Provider ID: 287372  
 Board Certified Specialty: No  
 4168 FRONT ST  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)

926-8273  
 Provider Gender: Female  
 NPI: 1942724042  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**PHYSICIANS ASSISTANT**

**WAHLIN, TAMARA**

Provider ID: 299599  
 Board Certified Specialty: No  
 8899 UNIVERSITY CENTER  
 LN  
 SAN DIEGO, CA 92122  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1083823322  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**PHYSICIANS ASSISTANT**

**WAHLIN, TAMARA**

Provider ID: 299600

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1083823322

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**PHYSICIANS ASSISTANT**

**WAHLIN, TAMARA**

Provider ID: 299598

Board Certified Specialty: No

16950 VIA TAZON  
SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1083823322

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**PHYSICIANS ASSISTANT**

**WEIR, JACQUELINE**

Provider ID: 278203

Board Certified Specialty: No

9909 MIRA MESA BLVD  
STE 200  
SAN DIEGO, CA 92131

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1932494499

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**PHYSICIANS ASSISTANT**

**WEIR, JACQUELINE**

Provider ID: 278201

Board Certified Specialty: No

330 LEWIS ST  
SAN DIEGO, CA 92103

Phone: (800) 925-8271

Fax: (888) 539-8781

After Hours Phone: (800)  
925-8271

Provider Gender: Female

NPI: 1932494499

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**PHYSICIANS ASSISTANT**

**WEIR, JACQUELINE**

Provider ID: 278200

Board Certified Specialty: No

4168 FRONT ST  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1932494499

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA




JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F  
8:00AM-5:00PM*  
 *Website: N/A*


**PHYSICIANS ASSISTANT**

**WRIGHT, DEREK**


*Provider ID: 302388*  
*Board Certified Specialty: No*  
 3434 MIDWAY DR STE 2001  
 SAN DIEGO, CA 92110  
 *Phone: (619) 325-1161*  
*Fax: (619) 325-1717*  
 *After Hours Phone: (619)  
325-1161*


*Provider Gender: Male*

*NPI: 1629674858*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 18\999*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*

**PREVENTATIVE MEDICINE**

**GENERAL**

**ROMERO, CAMILA**

*Provider ID: 303060*  
*Board Certified Specialty: No*  
 330 LEWIS ST  
 SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800)  
926-8273*  
*Provider Gender: Female*

*NPI: 1508912130*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: French, Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SHARP*

*MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\999*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT PROVIDER*


 *Website: N/A*

**PREVENTATIVE MEDICINE**

**GENERAL**


**ROMERO, CAMILA**

*Provider ID: 293289*  
*Board Certified Specialty: No*  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 *Phone: (858) 279-0925*  
*Fax: (858) 633-4680*

 *After Hours Phone: (858)  
279-0925*

*Provider Gender: Female*

*NPI: 1508912130*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: French, Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SHARP*

*MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS*


*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\999*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT*

*PROVIDER*

 *Website: N/A*

**PREVENTATIVE MEDICINE**

**GENERAL**

**ROMERO, CAMILA**

*Provider ID: 293290*  
*Board Certified Specialty: No*  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 *Phone: (858) 810-8700*  
*Fax: (858) 633-4680*

 *After Hours Phone: (858)  
810-8700*

*Provider Gender: Female*

*NPI: 1508912130*

 *Provider English Spoken: Y*

 *Provider Language(s)  
Spoken: French, Spanish*

*Cultural Competency: N*

*Hospital Affiliation: SHARP*


*MARY BIRCH HOSP FOR  
WOMEN AND NEWBORNS*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\999*

*American Sign Language (ASL):  
N*


 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

**PSYCHOLOGIST**

**ABERCROMBIE, SHERI**

*Provider ID: 293400*  
*Board Certified Specialty: No*  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 *Phone: (858) 279-0925*  
*Fax: (858) 633-4680*

 *After Hours Phone: (858)  
279-0925*

*Provider Gender: Female*

NPI: 1932292422

☐ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:30AM-5:30PM

SA 8:30AM-4:00PM

🌐 Website: N/A

**PSYCHOLOGIST**

**ABERCROMBIE, SHERI**

Provider ID: 290770

Board Certified Specialty: No

📍 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

☎ Phone: (858) 810-8787

Fax: (858) 987-5825

📞 After Hours Phone: (858)  
810-8787

Provider Gender: Female

NPI: 1932292422

☐ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

**PSYCHOLOGIST**

**BANKS, SARAH**

Provider ID: 203173

Board Certified Specialty: No

📍 200 W ARBOR DR FL 1  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

📞 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1164701132

☐ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

**PSYCHOLOGIST**

**BANKS, SARAH**

Provider ID: 304195

Board Certified Specialty: No

📍 6655 ALVARADO RD  
SAN DIEGO, CA 92120

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

📞 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1164701132

☐ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

**PSYCHOLOGIST**

**BANKS, SARAH**

Provider ID: 203174

Board Certified Specialty: No

📍 4510 EXECUTIVE DR STE  
325

SAN DIEGO, CA 92121

☎ Phone: (800) 926-8273

📞 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1164701132

☐ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

**PSYCHOLOGIST**

**BASS, GURGIANA**

Provider ID: 290752

Board Certified Specialty: No

📍 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

☎ Phone: (858) 810-8787


Fax: (858) 987-5825

📞 After Hours Phone: (858)  
810-8787

Provider Gender: Male




NPI: 1639325277


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


**PSYCHOLOGIST**

**CHESHER, NICHOLAS**


Provider ID: 273811

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1124539697

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**PSYCHOLOGIST**

**CLEMENT, LUIS**

Provider ID: 290745

Board Certified Specialty: No

 2630 1ST AVE  
SAN DIEGO, CA 92103

 Phone: (619) 234-2158

Fax: (619) 234-0505

 After Hours Phone: (619)  
234-2158

Provider Gender: Male


NPI: 1235364712


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


**PSYCHOLOGIST**

**DEL AGUILA, FABIOLA**

Provider ID: 290302

Board Certified Specialty: No

 1016 OUTER RD  
SAN DIEGO, CA 92154



 Phone: (619) 429-3733

Fax: (619) 628-5550

 After Hours Phone: (619)  
429-3733

Provider Gender: Female

NPI: 1720283211

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


**PSYCHOLOGIST**

**DIOKNO, RHODA**

Provider ID: 290800

Board Certified Specialty: No

 2630 1ST AVE  
SAN DIEGO, CA 92103

 Phone: (619) 234-2158

Fax: (619) 234-0505

 After Hours Phone: (619)  
234-2158

Provider Gender: Female

NPI: 1629109483


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


**PSYCHOLOGIST**

**FIRESTONE, MICHELLE**

Provider ID: 290954

Board Certified Specialty: No

 6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)  
279-0925

Provider Gender: Female



NPI: 1114687803

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER  
 Website: N/A


**PSYCHOLOGIST**  
**FIRESTONE, MICHELLE**

Provider ID: 290773  
 Board Certified Specialty: No



 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
 Fax: (858) 633-4680

 After Hours Phone: (858) 810-8700

Provider Gender: Female  
 NPI: 1114687803




 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER  
 Website: N/A


**PSYCHOLOGIST**  
**FORZANI, CHRISTINA**

Provider ID: 290780  
 Board Certified Specialty: No



 4290 POLK AVE  
 SAN DIEGO, CA 92105  
 Phone: (619) 961-1497  
 Fax: (858) 633-4682

 After Hours Phone: (619) 961-1497

Provider Gender: Female  
 NPI: 1902939630




 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999

American Sign Language (ASL): N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999

 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  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER  
 Website: N/A

**PSYCHOLOGIST**  
**GIAMONA, KRISTEN**

Provider ID: 290801  
 Board Certified Specialty: No



 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 810-8787  
 Fax: (858) 987-5825

 After Hours Phone: (858) 810-8787

Provider Gender: Female  
 NPI: 1376824383

 Provider English Spoken: Y  
 Cultural Competency: N

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER  
 Website: N/A


**PSYCHOLOGIST**  
**GOMEZ, JUANITA**

Provider ID: 291424  
 Board Certified Specialty: No



 6030 VILLAGE WAY  
 SAN DIEGO, CA 92130  
 Phone: (800) 926-8372  
 Fax: (888) 539-8781

 After Hours Phone: (800) 926-8372

Provider Gender: Female  
 NPI: 1790915759




 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999


American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER  
 Website: N/A

**PSYCHOLOGIST**  
**HANNA-HADDAD, WEGDAN**

Provider ID: 303820  
 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: 1457769333

☐ Provider English Spoken: Y  
 ☐ Provider Language(s)  
 Spoken: Arabic  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT  
 PROVIDER  
 🕒 Hours: M-F  
 8:00AM-5:00PM  
 🌐 Website: N/A

**PSYCHOLOGIST**

**KLUEMPER, NICOLE**

Provider ID: 296237  
 Board Certified Specialty: No  
 📍 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 ☎ Phone: (858) 279-0925  
 Fax: (858) 633-4680  
 🕒 After Hours Phone: (858)  
 279-0925  
 Provider Gender: Female  
 NPI: 1902125818  
 ☐ Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT  
 PROVIDER  
 🌐 Website: N/A

**PSYCHOLOGIST**

**KLUEMPER, NICOLE**

Provider ID: 290792  
 Board Certified Specialty: No  
 📍 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111

☎ Phone: (858) 810-8700  
 Fax: (858) 279-0377  
 🕒 After Hours Phone: (858)  
 810-8700  
 Provider Gender: Female  
 NPI: 1902125818  
 ☐ Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT  
 PROVIDER  
 🌐 Website: N/A

**PSYCHOLOGIST**

**LABIB, MICHAEL**

Provider ID: 301617  
 Board Certified Specialty: No  
 📍 1666 PRECISION PARK LN  
 SAN DIEGO, CA 92173  
 ☎ Phone: (619) 662-4100  
 Fax: (619) 785-3384  
 🕒 After Hours Phone: (619)  
 662-4100  
 Provider Gender: Male  
 NPI: 1609055797  
 ☐ Provider English Spoken: Y  
 ☐ Provider Language(s)  
 Spoken: Arabic  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT  
 PROVIDER  
 🕒 Hours: M-F  
 8:00AM-5:00PM  
 🌐 Website: N/A

**PSYCHOLOGIST**

**LEBENSOHN CHIALVO,  
 FLORENCIA**

Provider ID: 245224  
 Board Certified Specialty: No  
 📍 9333 GENESEE AVE STE  
 200  
 SAN DIEGO, CA 92121  
 ☎ Phone: (800) 926-8273  
 🕒 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1134788730




☐ Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT  
 PROVIDER  
 🕒 Hours: M-F  
 8:00AM-5:00PM  
 🌐 Website: N/A

**PSYCHOLOGIST**

**LEBENSOHN CHIALVO,  
 FLORENCIA**

Provider ID: 245225  
 Board Certified Specialty: No  
 📍 7910 FROST ST STE 350  
 SAN DIEGO, CA 92123  
 ☎ Phone: (858) 496-4800  
 🕒 After Hours Phone: (858)  
 496-4800  
 Provider Gender: Female  
 NPI: 1134788730  
 ☐ Provider English Spoken: Y  
 Cultural Competency: N


*Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*  
 *Hours: M-F  
8:00AM-5:00PM*  
 *Website: N/A*




**PSYCHOLOGIST**

**LINKE, SARAH**

*Provider ID: 273638  
Board Certified Specialty: No  
 9909 MIRA MESA BLVD  
STE 200  
SAN DIEGO, CA 92131  
 *Phone: (800) 926-8273  
Fax: (888) 539-8781*  
 *After Hours Phone: (800)  
926-8273**



*Provider Gender: Female  
NPI: 1487026415  
 *Provider English Spoken: Y  
Cultural Competency: N**

*Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*  
 *Hours: M-F  
8:00AM-5:00PM*  
 *Website: N/A*

**PSYCHOLOGIST**

**LINKE, SARAH**

*Provider ID: 273639  
Board Certified Specialty: No  
 4910 DIRECTORS PL STE  
250  
SAN DIEGO, CA 92121  
 *Phone: (800) 926-8273  
Fax: (888) 539-8781**




 *After Hours Phone: (800)  
926-8273*

*Provider Gender: Female  
NPI: 1487026415*

 *Provider English Spoken: Y  
Cultural Competency: N*



*Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR*

*Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*  
 *Hours: M-F  
8:00AM-5:00PM*  
 *Website: N/A*


**PSYCHOLOGIST**

**MAGINOT-CHESHER, TAMARA**

*Provider ID: 273223  
Board Certified Specialty: No  
 4510 EXECUTIVE DR  
SAN DIEGO, CA 92121  
 *Phone: (858) 534-8019  
Fax: (858) 534-6727**




 *After Hours Phone: (858)  
534-8019*

*Provider Gender: Female  
NPI: 1043441165*

 *Provider English Spoken: Y*



*Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR, RADY  
CHILDRENS HOSPITAL SAN  
DIEGO*

*Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*  
 *Hours: M-F  
8:00AM-5:00PM*  
 *Website: N/A*

**PSYCHOLOGIST**

**MCCULLUM, TIFFANY**




*Provider ID: 290689  
Board Certified Specialty: No  
 286 EUCLID AVE STE 302  
SAN DIEGO, CA 92114  
 *Phone: (619) 662-4100  
Fax: (619) 205-1949**

 *After Hours Phone: (619)  
662-4100*

*Provider Gender: Female  
NPI: 1528306206*

 *Provider English Spoken: Y  
Cultural Competency: N*

*Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*  
 *Hours: M-F  
8:00AM-5:00PM*  
 *Website: N/A*

**PSYCHOLOGIST**

**MONTOYA, JESSICA**

Provider ID: 274619

Board Certified Specialty: No

4168 FRONT ST FL 3  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1003421256

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**PSYCHOLOGIST**

**NING, GRACE**

Provider ID: 296219

Board Certified Specialty: No

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 279-0925

Fax: (858) 633-4680

After Hours Phone: (858)  
279-0925

Provider Gender: Female

NPI: 1598911315

Provider English Spoken: Y

Provider Language(s)  
Spoken: Chinese, Mandarin

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**PSYCHOLOGIST**

**NING, GRACE**

Provider ID: 290742

Board Certified Specialty: No

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 810-8700

Fax: (858) 633-4680

After Hours Phone: (858)  
810-8700

Provider Gender: Female

NPI: 1598911315

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Chinese, Mandarin

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**PSYCHOLOGIST**

**NORMAN, MARC**

Provider ID: 272916

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (619) 543-2827

After Hours Phone: (619)  
543-2827

Provider Gender: Male

NPI: 1922169101

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**PSYCHOLOGIST**

**NORMAN, MARC**

Provider ID: 276869

Board Certified Specialty: No

350 DICKINSON ST  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1922169101

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:00AM-5:00PM  
 Website: N/A


**PSYCHOLOGIST**


**ORFF, HENRY**

Provider ID: 273009  
 Board Certified Specialty: No

 4520 EXECUTIVE DR STE P2

SAN DIEGO, CA 92121

 Phone: (844) 757-5337

 After Hours Phone: (844) 757-5337

Provider Gender: Male

NPI: 1144685215

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

**PSYCHOLOGIST**


**ORTIZ, MARIA**

Provider ID: 290721

Board Certified Specialty: No

 950 S EUCLID AVE

SAN DIEGO, CA 92114

 Phone: (619) 662-4100


Fax: (619) 662-4158

 After Hours Phone: (619) 662-4100

Provider Gender: Female

NPI: 1497980775

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

**PSYCHOLOGIST**

**PATTERSON-HYATT,**


**KIMBERLY**

Provider ID: 290730

Board Certified Specialty: No

 4690 EL CAJON BLVD

SAN DIEGO, CA 92115

 Phone: (619) 662-4100

Fax: (619) 205-6305

 After Hours Phone: (619) 662-4100

Provider Gender: Female

NPI: 1780997742

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

**PSYCHOLOGIST**

**PRINCE, RENEE**


Provider ID: 303603

Board Certified Specialty: No

 10737 CAMINO RUIZ STE

235

SAN DIEGO, CA 92126


 Phone: (844) 200-2426

Fax: (619) 474-4008

 After Hours Phone: (844) 200-2426

Provider Gender: Female

NPI: 1467737908

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999


American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-6:00PM

 Website: N/A

**PSYCHOLOGIST**


**RADOJEVIC, NATASHA**

Provider ID: 290690

Board Certified Specialty: No

 7011 LINDA VISTA RD

SAN DIEGO, CA 92111


 Phone: (858) 810-8700

Fax: (858) 279-0377

 After Hours Phone: (858) 810-8700

Provider Gender: Female

NPI: 1821365008

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

**PSYCHOLOGIST**

**SHELLINGER, KRISTON**

Provider ID: 213752

Board Certified Specialty: No

📍 330 LEWIS ST  
SAN DIEGO, CA 92103  
☎ Phone: (858) 246-1979  
🕒 After Hours Phone: (858) 246-1979

Provider Gender: Female

NPI: 1710234273

🗨 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD LA JOLLA JOHN

SALLY THORNTON, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

### PSYCHOLOGIST

#### **SCHELLINGER, KRISTON**

Provider ID: 213750

Board Certified Specialty: No

📍 9333 GENESEE AVE STE  
200  
SAN DIEGO, CA 92121  
☎ Phone: (800) 926-8273  
🕒 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1710234273

🗨 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD LA JOLLA JOHN

SALLY THORNTON, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

### PSYCHOLOGIST

#### **SCHELLINGER, KRISTON**

Provider ID: 213751

Board Certified Specialty: No

📍 9909 MIRA MESA BLVD  
STE 200  
SAN DIEGO, CA 92131  
☎ Phone: (858) 246-1979  
🕒 After Hours Phone: (858) 246-1979

Provider Gender: Female

NPI: 1710234273

🗨 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD LA JOLLA JOHN

SALLY THORNTON, UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

### PSYCHOLOGIST

#### **TARLE, STEPHANIE**

Provider ID: 303115

Board Certified Specialty: No

📍 6655 ALVARADO RD  
SAN DIEGO, CA 92120  
☎ Phone: (800) 926-8273  
☎ Fax: (888) 539-8781

🕒 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1659920403

🗨 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

### PSYCHOLOGIST

#### **TO, TUAN**

Provider ID: 290283

Board Certified Specialty: No

📍 4290 POLK AVE  
SAN DIEGO, CA 92105  
☎ Phone: (619) 563-0250  
☎ Fax: (858) 633-4681

🕒 After Hours Phone: (619) 563-0250

Provider Gender: Male

NPI: 1255696183

🗨 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

**PSYCHOLOGIST**

**TO, TUAN**

Provider ID: 290285

Board Certified Specialty: No

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 279-0925

Fax: (858) 633-4680

After Hours Phone: (858)  
279-0925

Provider Gender: Male

NPI: 1255696183

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**PSYCHOLOGIST**

**VANFOSSEN, BRIAN**

Provider ID: 295382

Board Certified Specialty: No

3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110

Phone: (619) 325-1161

Fax: (619) 325-1717

After Hours Phone: (619)  
325-1161

Provider Gender: Male

NPI: 1396072500

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**PSYCHOLOGIST**

**VIERLING, SABRINA**

Provider ID: 290589

Board Certified Specialty: No

4305 UNIVERSITY AVE STE  
150  
SAN DIEGO, CA 92105

Phone: (619) 280-2058

Fax: (858) 633-4682

After Hours Phone: (619)  
280-2058

Provider Gender: Female

NPI: 1215288238

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**PULMONARY DISEASES**

**BAILEY, JACOB**

Provider ID: 299923

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1598150039

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**PULMONARY DISEASES**

**BAILEY, JACOB**

Provider ID: 299924

Board Certified Specialty: No

4520 EXECUTIVE DR  
SAN DIEGO, CA 92121

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male



NPI: 1598150039

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**PULMONARY DISEASES**

**JOSHUA, JISHA**

Provider ID: 238061

Board Certified Specialty: No

4520 EXECUTIVE DR STE  
P2

SAN DIEGO, CA 92121

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1023436417

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi, Malayalam

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**PULMONARY DISEASES**

**JOSHUA, JISHA**

Provider ID: 238062

Board Certified Specialty: No

200 W ARBOR DR

SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1023436417

Provider English Spoken: Y

Provider Language(s)  
Spoken: Hindi, Malayalam

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**PULMONARY DISEASES**

**LE, HUAN**

Provider ID: 27358

Board Certified Specialty: No

5507 EL CAJON BLVD STE  
C

SAN DIEGO, CA 92115

Phone: (619) 582-1448

Fax: (619) 582-1081

After Hours Phone: (619)  
582-1448

Provider Gender: Male

NPI: 1780797381

Provider English Spoken: Y

Provider Language(s)

Spoken: French, Spanish,  
Vietnamese

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, PARADISE VALLEY

HOSPITAL, SHARP CHULA

VISTA MED CTR

Medi-Cal Open Panel: Y

Min/Max Age: 16\99

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-W  
9:00AM-5:00PM  
TH 8:00AM-1:00PM  
F 9:00AM-6:00PM  
SA 8:00AM-11:00AM

Website: N/A

**PULMONARY DISEASES**

**LE, HUAN**

Provider ID: 300636

Board Certified Specialty: No

5507 EL CAJON BLVD STE  
C

SAN DIEGO, CA 92115

Phone: (619) 582-1448

Fax: (619) 582-1081

After Hours Phone: (619)  
582-1448

Provider Gender: Male

NPI: 1780797381

Provider English Spoken: Y

Provider Language(s)  
Spoken: French, Spanish,  
Vietnamese

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, PARADISE VALLEY  
HOSPITAL, SHARP CHULA  
VISTA MED CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER


 Hours: M-W

9:00AM-5:00PM

TH 8:00AM-1:00PM

F 9:00AM-5:00PM

SA 8:00AM-11:00AM

 Website: N/A

### PULMONARY DISEASES


#### **MCGUIRE, WILLIAM**

Provider ID: 299986

Board Certified Specialty: No

 200 W ARBOR DR

SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1841684081

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP

CORONADO HOSP AND

HEALTHCARE CTR, SHARP

MARY BIRCH HOSP FOR

WOMEN AND NEWBORNS,

SHARP CHULA VISTA MED CTR


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

### PULMONARY DISEASES


#### **PEARCE, ALEX**

Provider ID: 300055

Board Certified Specialty: No

 200 W ARBOR DR

SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1265896856

 Provider English Spoken: Y


Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

### RADIATION ONCOLOGY


#### **CARMONA, RUBEN**

Provider ID: 303100


Board Certified Specialty: No

 7901 FROST ST

SAN DIEGO, CA 92123

 Phone: (858) 939-5010

Fax: (619) 740-8499

 After Hours Phone: (858)  
939-5010

Provider Gender: Male

NPI: 1275929242

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR, Sharp

Grossmont Hospital, SHARP  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999


American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

### RADIATION ONCOLOGY


#### **COLEMAN, LORI**

Provider ID: 221091

Board Certified Specialty: No

 3075 HEALTH CENTER DR

SAN DIEGO, CA 92123


 Phone: (858) 939-5010

Fax: (858) 939-5021

 After Hours Phone: (858)  
939-5010

Provider Gender: Female

NPI: 1053348920

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

SHARP MEMORIAL HOSPITAL,

GROSSMONT HOSPITAL,

PALOMAR MEDICAL CENTER,

Sharp Grossmont Hospital

Medi-Cal Open Panel: Y

Min/Max Age: 19\100

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F


8:00AM-5:00PM  
 Website: N/A


**RADIATION ONCOLOGY**

**HATTANGADI GLUTH, JONA**

Provider ID: 262270

Board Certified Specialty: No

 16918 DOVE CANYON RD  
 STE 103  
 SAN DIEGO, CA 92127


 Phone: (858) 649-5100

Fax: (858) 649-5099

 After Hours Phone: (858)  
 649-5100

Provider Gender: Female

NPI: 1467625491

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD


MEDICAL CTR


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-TH  
 8:00AM-5:00PM  
 F 8:00AM-8:00PM


 Website: N/A


**RADIATION ONCOLOGY**

**HATTANGADI GLUTH, JONA**

Provider ID: 254496

Board Certified Specialty: No

 16918 DOVE CANYON RD  
 STE 103  
 SAN DIEGO, CA 92127

 Phone: (858) 649-5100

Fax: (858) 649-5099

 After Hours Phone: (858)  
 649-5100

Provider Gender: Female

NPI: 1467625491

 Provider English Spoken: Y

Cultural Competency: N


Hospital Affiliation: UCSD


MEDICAL CTR


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-TH  
 8:00AM-5:00PM  
 F 8:00AM-8:00PM


 Website: N/A


**RADIATION ONCOLOGY**

**HOOPEES, DAVID**

Provider ID: 262206

Board Certified Specialty: No

 16918 DOVE CANYON RD  
 STE 103  
 SAN DIEGO, CA 92127


 Phone: (858) 649-5100


Fax: (858) 649-5099

 After Hours Phone: (858)  
 649-5100

Provider Gender: Male

NPI: 1962520080

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON


Medi-Cal Open Panel: Y

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**

**HOOPEES, DAVID**

Provider ID: 269725

Board Certified Specialty: No

 16918 DOVE CANYON RD  
 STE 103  
 SAN DIEGO, CA 92127


 Phone: (858) 649-5100

Fax: (858) 649-5099

 After Hours Phone: (858)  
 649-5100

Provider Gender: Male

NPI: 1962520080

 Provider English Spoken: Y

 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:30AM-5:00PM

 Website: N/A






**RADIATION ONCOLOGY**

**MURPHY, JAMES**

Provider ID: 262401






Board Certified Specialty: No

 16918 DOVE CANYON RD  
 STE 103

SAN DIEGO, CA 92127  
 Phone: (559) 447-4949  
 Fax: (559) 447-4925  
 After Hours Phone: (559) 447-4949  
 Provider Gender: Male  
 NPI: 1730382631  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**RADIATION ONCOLOGY**






**VOLPP, PAUL**

Provider ID: 221105  
 Board Certified Specialty: No  
 3075 HEALTH CENTER DR  
 SAN DIEGO, CA 92123  
 Phone: (858) 939-5010  
 Fax: (858) 939-5021  
 After Hours Phone: (858) 939-5010  
 Provider Gender: Male  
 NPI: 1225186232  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 MEMORIAL HOSPITAL, SHARP  
 CHULA VISTA MED CTR,  
 GROSSMONT HOSPITAL,  
 PALOMAR MEDICAL CENTER  
 Medi-Cal Open Panel: Y

Min/Max Age: 19\100  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**RADIATION ONCOLOGY**

**WEINSTEIN, GEOFFREY**




Provider ID: 220039  
 Board Certified Specialty: No  
 3075 HEALTH CENTER DR  
 SAN DIEGO, CA 92123  
 Phone: (858) 939-5010  
 Fax: (858) 939-5021  
 After Hours Phone: (858) 939-5010  
 Provider Gender: Male  
 NPI: 1841233947  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish


Cultural Competency: N  
 Hospital Affiliation: GROSSMONT HOSPITAL,  
 SHARP MEMORIAL HOSPITAL,  
 SHARP CHULA VISTA MED CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 19\100  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A




**RADIOLOGY DIAGNOSTIC**

**BERMAN, ZACHARY**

Provider ID: 269318





Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1033521190

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**RADIOLOGY DIAGNOSTIC**

**BERMAN, ZACHARY**


Provider ID: 304163  
 Board Certified Specialty: No  
 6655 ALVARADO RD  
 SAN DIEGO, CA 92120  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1033521190  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON  
 Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

**RADIOLOGY DIAGNOSTIC**

**BRANCH, CODY**

Provider ID: 304199

Board Certified Specialty: No

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1851770622

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


**RADIOLOGY DIAGNOSTIC**

**CARSWELL, AIMEE**


Provider ID: 303054

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (858) 554-1212

Fax: (858) 795-1195

 After Hours Phone: (858) 554-1212

Provider Gender: Female

NPI: 1619156635

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation:  
EISENHOWER MEDICAL CTR


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


**RADIOLOGY DIAGNOSTIC**

**CARSWELL, AIMEE**


Provider ID: 303055

Board Certified Specialty: No

 330 LEWIS ST  
SAN DIEGO, CA 92103

 Phone: (858) 554-1212

Fax: (858) 795-1195

 After Hours Phone: (858) 554-1212

Provider Gender: Female

NPI: 1619156635

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:  
EISENHOWER MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**RADIOLOGY DIAGNOSTIC**  
**CHENG, KAREN**

Provider ID: 283228  
 Board Certified Specialty: No  
 330 LEWIS ST STE 202  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1427430511

Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**RADIOLOGY DIAGNOSTIC**  
**CHENG, KAREN**

Provider ID: 304207  
 Board Certified Specialty: No  
 6655 ALVARADO RD  
 SAN DIEGO, CA 92120

Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1427430511

Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999

American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**RADIOLOGY DIAGNOSTIC**  
**CHENG, KAREN**

Provider ID: 283226  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1427430511

Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**RADIOLOGY DIAGNOSTIC**  
**CHEWNING, RUSH**

Provider ID: 301914  
 Board Certified Specialty: No  
 3030 CHILDRENS WAY FL 1  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-8863  
 Fax: (858) 966-8863

After Hours Phone: (858) 966-8863  
 Provider Gender: Male  
 NPI: 1083872212

Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19

American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**RADIOLOGY DIAGNOSTIC**  
**FAZELI, SOUDABEH**

Provider ID: 299991  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1639553613

☑ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

### **RADIOLOGY DIAGNOSTIC**

#### **FAZELI, SOUDABEH**

Provider ID: 299992

Board Certified Specialty: No

📍 330 LEWIS ST

SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1639553613

☑ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

### **RADIOLOGY DIAGNOSTIC**

#### **FAZELI, SOUDABEH**

Provider ID: 304171

Board Certified Specialty: No

📍 6655 ALVARADO RD

SAN DIEGO, CA 92120

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1639553613

☑ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

### **RADIOLOGY DIAGNOSTIC**

#### **FORCIER, NANCY**

Provider ID: 286956

Board Certified Specialty: No

📍 330 LEWIS ST

SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1497721724

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

GREEN HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL,

Providence Mission Hospital

Medi-Cal Open Panel: Y

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

📍 200 W ARBOR DR

SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1497721724

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

GREEN HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL,

Providence Mission Hospital

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🌐 Website: N/A

### **RADIOLOGY DIAGNOSTIC**

#### **FOWLER, KATHRYN**

Provider ID: 201291

Board Certified Specialty: No

📍 330 LEWIS ST STE 202

SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

☎ After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1255457941

☑ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS GREEN HOSPITAL, SCRIPPS GREEN HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

Website: N/A

**RADIOLOGY DIAGNOSTIC**

**FOWLER, KATHRYN**

Provider ID: 201289

Board Certified Specialty: No

200 W ARBOR DR SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1255457941

Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA,

SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS GREEN HOSPITAL, SCRIPPS GREEN HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999

SCRIPPS MEMORIAL HOSPITAL ENCINITAS, SCRIPPS GREEN HOSPITAL, SCRIPPS GREEN HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

Website: N/A

**RADIOLOGY DIAGNOSTIC**

**HANNSUN, GEMMY**

Provider ID: 282789

Board Certified Specialty: No

200 W ARBOR DR SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1992120026

Provider English Spoken: Y

Provider Language(s) Spoken: Khmer, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

N

Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

Website: N/A

**RADIOLOGY DIAGNOSTIC**

**HANNSUN, GEMMY**

Provider ID: 282791

Board Certified Specialty: No

330 LEWIS ST STE 202 SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1992120026

Provider English Spoken: Y

Provider Language(s) Spoken: Khmer, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

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: Y  
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


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

**RADIOLOGY DIAGNOSTIC**

**JAFFRAY, PAUL**

Provider ID: 299957

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1275700999

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: Los Angeles

General Medical Center


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


**RADIOLOGY DIAGNOSTIC**

**JAFFRAY, PAUL**

Provider ID: 304165

Board Certified Specialty: No

 6655 ALVARADO RD  
SAN DIEGO, CA 92120


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1275700999

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: Los Angeles

General Medical Center


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


**RADIOLOGY DIAGNOSTIC**

**JAZBEH, SAMMER**

Provider ID: 304167

Board Certified Specialty: No

 6655 ALVARADO RD  
SAN DIEGO, CA 92120


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1770825457

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


**RADIOLOGY DIAGNOSTIC**

**JAZBEH, SAMMER**

Provider ID: 271126

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1770825457

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**RADIOLOGY DIAGNOSTIC**

**JAZBEH, SAMMER**

Provider ID: 271127

Board Certified Specialty: No

330 LEWIS ST STE 202  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1770825457

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**RADIOLOGY DIAGNOSTIC**

**KONDILI, DHIMITER**

Provider ID: 283145

Board Certified Specialty: No

330 LEWIS ST STE 202  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1699125450

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:

EISENHOWER MEDICAL CTR

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**RADIOLOGY DIAGNOSTIC**

**MARKS, ROBERT**

Provider ID: 300064

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1952389934

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: ST MARY

MEDICAL CENTER

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**RADIOLOGY DIAGNOSTIC**

**MARKS, ROBERT**

Provider ID: 300065

Board Certified Specialty: No

330 LEWIS ST  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1952389934

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: ST MARY  
MEDICAL CENTER

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**RADIOLOGY DIAGNOSTIC**

**RITCHIE, DAVID**

Provider ID: 300032

Board Certified Specialty: No

330 LEWIS ST  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1407201916

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**RADIOLOGY DIAGNOSTIC**

**SADAT, SAYED**

Provider ID: 299969

Board Certified Specialty: No

330 LEWIS ST  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1679000806

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

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: Y

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: Y

Min/Max Age: 0\999

American Sign Language (ASL): NPI: 1871910810

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

**RADIOLOGY DIAGNOSTIC**


**SCHULTZ, HEATHER**

Provider ID: 240344

Board Certified Specialty: No

 330 LEWIS ST STE 202  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Female


NPI: 1871910810

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON


Medi-Cal Open Panel: Y


Min/Max Age: 0\999

American Sign Language (ASL):  N

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**RADIOLOGY DIAGNOSTIC**


**SCHULTZ, HEATHER**

Provider ID: 240342

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Female

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

**RADIOLOGY DIAGNOSTIC**

**SEARLEMAN, ADAM**


Provider ID: 299948

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1134570641


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  N

 Accessibility: CONTACT PROVIDER

 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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  N

 Accessibility: CONTACT PROVIDER

 Website: N/A


**RADIOLOGY DIAGNOSTIC**

**SLATER, JERRY**

Provider ID: 283312

Board Certified Specialty: No

 330 LEWIS ST STE 202  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1851746382



 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON,  
LOMA LINDA UNIVERSITY  
MED CTR

Medi-Cal Open Panel: Y



Min/Max Age: 0\999


American Sign Language (ASL):




N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**RADIOLOGY DIAGNOSTIC**

**SLATER, JERRY**

Provider ID: 283310  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1851746382






 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON,  
 LOMA LINDA UNIVERSITY  
 MED CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**RADIOLOGY DIAGNOSTIC**





**SPENGLER, NATHAN**

Provider ID: 303049  
 Board Certified Specialty: No  
 330 LEWIS ST  
 SAN DIEGO, CA 92103

 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1992919666  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation:  
 UNIVERSITY OF CALIFORNIA  
 IRVINE MED CTR  
 Medi-Cal Open Panel: Y  
 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: Y  
 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: Y  
 Min/Max Age: 17\120  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**RADIOLOGY DIAGNOSTIC**

**SWEET, JASON**

Provider ID: 305028  
 Board Certified Specialty: No  
 6655 ALVARADO RD  
 SAN DIEGO, CA 92120  
 Phone: (800) 926-8273  
 After Hours Phone: (800)







926-8273  
 Provider Gender: Male  
 NPI: 1326197393  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 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: Y  
 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  
 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: 1386987261  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**RADIOLOGY DIAGNOSTIC**

**TADDONIO, MICHAEL**  
 Provider ID: 240408  
 Board Certified Specialty: No  
 4168 FRONT ST  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1386987261  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL

CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**RADIOLOGY DIAGNOSTIC**

**TADDONIO, MICHAEL**  
 Provider ID: 240405  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1386987261  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**RADIOLOGY DIAGNOSTIC**

**TADROS, ANTHONY**  
 Provider ID: 268546

Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1306112057

🗨 Provider English Spoken: Y

🗨 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

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

📍 6655 ALVARADO RD  
SAN DIEGO, CA 92120

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1306112057

🗨 Provider English Spoken: Y

🗨 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

### **RADIOLOGY DIAGNOSTIC**

#### **THOMPSON, COLE**

Provider ID: 304175

Board Certified Specialty: No

📍 6655 ALVARADO RD  
SAN DIEGO, CA 92120

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1700315264

🗨 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

### **RADIOLOGY DIAGNOSTIC**

#### **THOMPSON, COLE**

Provider ID: 299989

Board Certified Specialty: No

📍 330 LEWIS ST  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1700315264

🗨 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

### RADIOLOGY DIAGNOSTIC

**UNSDORFER, KYLE**

Provider ID: 300034

*Board Certified Specialty: No*

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1285165183

🗨 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

### RADIOLOGY DIAGNOSTIC

**VAHDOT, NOUSHIN**

Provider ID: 300071

*Board Certified Specialty: No*

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1396700852

🗨 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

### RADIOLOGY DIAGNOSTIC

**VAHDOT, NOUSHIN**

Provider ID: 300070

*Board Certified Specialty: No*

📍 330 LEWIS ST  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1396700852

🗨 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

### RADIOLOGY DIAGNOSTIC

**VAKILIAN, SIAVOSH**

Provider ID: 283207

*Board Certified Specialty: No*

📍 5395 RUFFIN RD STE 103  
SAN DIEGO, CA 92123

☎ Phone: (858) 505-4100

Fax: (858) 429-7939

🕒 After Hours Phone: (858)  
505-4100

Provider Gender: Male

NPI: 1427456151

🗨 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PIONEERS

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

### RADIOLOGY DIAGNOSTIC

**VAKILIAN, SIAVOSH**

Provider ID: 283205

*Board Certified Specialty: No*

📍 3366 5TH AVE  
SAN DIEGO, CA 92103

☎ Phone: (619) 230-0400

Fax: (858) 429-7938

🕒 After Hours Phone: (619)  
230-0400

Provider Gender: Male

NPI: 1427456151

🗨 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PIONEERS  
MEMORIAL HOSPITAL


Medi-Cal Open Panel: Y





Min/Max Age: 0\999

American Sign Language (ASL): Provider Gender: Male

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### **RADIOLOGY DIAGNOSTIC**

#### **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: Y

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: 283517

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)

926-8273

Provider Gender: Male

NPI: 1790146611

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### **REGISTERED PHYSICAL**

#### **THERAPIST**

#### **AGUERO, PETER**

Provider ID: 258299

Board Certified Specialty: No

 9333 GENESEE AVE STE  
310  
SAN DIEGO, CA 92121


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1982120861


 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Y


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### **REGISTERED PHYSICAL**

### **THERAPIST**


#### **AGUERO, PETER**

Provider ID: 258298

Board Certified Specialty: No

 8929 UNIVERSITY CENTER  
LN STE 200

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1982120861

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### **REGISTERED PHYSICAL**

#### **THERAPIST**


#### **BARTZ, BRYAN**

Provider ID: 273381

Board Certified Specialty: No

 8929 UNIVERSITY CENTER  
LN STE 200

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1669818993

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

**MEDICAL CTR, UCSD LA JOLLA THERAPIST**

**JOHN SALLY THORNTON**

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

**REGISTERED PHYSICAL**

**THERAPIST**

**BARTZ, BRYAN**

Provider ID: 273380

Board Certified Specialty: No

16950 VIA TAZON

SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1669818993

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

**MEDICAL CTR, UCSD LA JOLLA**

**JOHN SALLY THORNTON**

Medi-Cal Open Panel: Y

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**

**BERGERON, PATRICK**

Provider ID: 206534

Board Certified Specialty: No

16950 VIA TAZON

SAN DIEGO, CA 92127

Phone: (800) 926-8273

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1285061390

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

**REGISTERED PHYSICAL**

**THERAPIST**

**BUNOSKY, ABIGAIL**

Provider ID: 258304

Board Certified Specialty: No

16950 VIA TAZON

SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1780018416

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

**REGISTERED PHYSICAL**

**THERAPIST**

**BUNOSKY, ABIGAIL**

Provider ID: 246022

Board Certified Specialty: No

200 W ARBOR DR

SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1780018416

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F

8:00AM-5:00PM

Website: N/A

**REGISTERED PHYSICAL**

**THERAPIST**

**CORTEZ, AARON**

Provider ID: 279194

Board Certified Specialty: No

16950 VIA TAZON

SAN DIEGO, CA 92127

☎ Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 ⌚ After Hours Phone: (800) 926-8273  
 Provider Gender: Male  
 NPI: 1639693187  
 🗨 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER  
 🕒 Hours: M-F 8:00AM-5:00PM  
 🌐 Website: N/A

**REGISTERED PHYSICAL THERAPIST**

**COSTELLO, MARK**  
 Provider ID: 295634  
 Board Certified Specialty: No  
 📍 7510 CLAIREMONT MESA BLVD STE 103  
 SAN DIEGO, CA 92111  
 ☎ Phone: (858) 277-2277  
 Fax: (408) 945-4018  
 ⌚ After Hours Phone: (858) 277-2277  
 Provider Gender: Male  
 NPI: 1710193602  
 🗨 Provider English Spoken: Y  
 🗨 Provider Language(s) Spoken: Arabic, Armenian, Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y

Min/Max Age: 5\999  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER  
 🌐 Website: N/A

**REGISTERED PHYSICAL THERAPIST**

**DANG, ERIC**  
 Provider ID: 258363  
 Board Certified Specialty: No  
 📍 8929 UNIVERSITY CENTER LN STE 200  
 SAN DIEGO, CA 92122  
 ☎ Phone: (858) 543-3333  
 Fax: (858) 657-1809  
 ⌚ After Hours Phone: (858) 543-3333  
 Provider Gender: Male  
 NPI: 1891237756  
 🗨 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER  
 🕒 Hours: M-F 8:00AM-5:00PM  
 🌐 Website: N/A



**REGISTERED PHYSICAL THERAPIST**

**DANG, KAYLEE**  
 Provider ID: 279261  
 Board Certified Specialty: No  
 📍 16950 VIA TAZON  
 SAN DIEGO, CA 92127  
 ☎ Phone: (800) 926-8273  
 Fax: (888) 539-8781

⌚ After Hours Phone: (800) 926-8273  
 Provider Gender: Female  
 NPI: 1316426356  
 🗨 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

**REGISTERED PHYSICAL THERAPIST**





**FARRAR, COURTNEY**


Provider ID: 295259  
Board Certified Specialty: No  
 3434 MIDWAY DR STE 2001  
SAN DIEGO, CA 92110  
 Phone: (619) 325-1161  
Fax: (619) 325-1717  
 After Hours Phone: (619)  
325-1161

Provider Gender: Male  
NPI: 1124577952  
 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
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**



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: Y  
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: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

**REGISTERED PHYSICAL THERAPIST**




**MC ELROY, CARTER**


Provider ID: 206522  
Board Certified Specialty: No  
 8929 UNIVERSITY CENTER  
LN STE 200  
SAN DIEGO, CA 92122  
 Phone: (855) 543-0333  
Fax: (858) 657-6873  
 After Hours Phone: (855)  
543-0333  
Provider Gender: Male  
NPI: 1114472230

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Thai  
Cultural Competency: N  
Hospital Affiliation: UCSD  
MEDICAL CTR  
Medi-Cal Open Panel: Y  
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: Y


Min/Max Age: 0\999

American Sign Language (ASL): Provider ID: 287652

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  
Cultural Competency: N


Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, UCSD  
LA JOLLA JOHN SALLY  
THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Y


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

**REGISTERED PHYSICAL**


**THERAPIST**


**RICKERTS, MATTHEW**

Provider ID: 287652

Board Certified Specialty: No

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1063882579


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A



**REGISTERED PHYSICAL THERAPIST**

**RUDD, CHRISTOPHER**

Provider ID: 207560

Board Certified Specialty: No

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1831539337

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

**CTR**


Medi-Cal Open Panel: Y


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: Y

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: Y

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

After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1568938413

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Website: N/A

**REGISTERED PHYSICAL THERAPIST**

**WALKER, JULIE**

Provider ID: 258489

Board Certified Specialty: No

8929 UNIVERSITY CENTER

LN STE 200

SAN DIEGO, CA 92122

Phone: (855) 543-0333

Fax: (858) 535-6422

After Hours Phone: (855) 543-0333

Provider Gender: Female

NPI: 1720489503

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**REGISTERED PHYSICAL THERAPIST**

**WILLIAMS, STACY**

Provider ID: 259684

Board Certified Specialty: No

4520 EXECUTIVE DR STE 1

SAN DIEGO, CA 92121

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1689962169

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**REGISTERED PHYSICAL THERAPIST**

**WILLIAMS, STACY**

Provider ID: 259683

Board Certified Specialty: No

200 W ARBOR DR

SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1689962169

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA


JOHN SALLY THORNTON


Medi-Cal Open Panel: Y


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

**SPEECH PATHOLOGIST**


**AROCHO-SALGADO, MIRELIS**

Provider ID: 296929

Board Certified Specialty: No

 11440 W BERNARDO CT  
STE 300

SAN DIEGO, CA 92127

 Phone: (877) 757-8353

Fax: (818) 357-2505

 After Hours Phone: (877)  
757-8353

Provider Gender: Female

NPI: 1063660165


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

**SPEECH PATHOLOGIST**


**AROCHO-SALGADO, MIRELIS**

Provider ID: 296930

Board Certified Specialty: No

 9655 GRANITE RIDGE DR  
STE 200

SAN DIEGO, CA 92123

 Phone: (877) 757-8353

Fax: (818) 357-2505

 After Hours Phone: (877)

757-8353

Provider Gender: Female

NPI: 1063660165

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

**SPEECH PATHOLOGIST**


**AROCHO-SALGADO, MIRELIS**

Provider ID: 296932

Board Certified Specialty: No

 7510 CLAIREMONT MESA  
BLVD STE 103

SAN DIEGO, CA 92111

 Phone: (877) 757-8353

Fax: (818) 357-2505

 After Hours Phone: (877)  
757-8353

Provider Gender: Female

NPI: 1063660165

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

**SPEECH PATHOLOGIST**

**CLARK, MELISSA**


Provider ID: 296922

Board Certified Specialty: No

 7510 CLAIREMONT MESA

BLVD STE 102

SAN DIEGO, CA 92111

 Phone: (877) 757-8353

Fax: (818) 357-2505

 After Hours Phone: (877)  
757-8353

Provider Gender: Female

NPI: 1760546428

 Provider English Spoken: Y  
 Provider Language(s)

Spoken: Arabic, Armenian,  
Farsi, Spanish

Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: SU 7:00AM-9:00PM  
M-F 7:00AM-9:00PM


 Website: N/A

**SPEECH PATHOLOGIST**


**CLARK, MELISSA**

Provider ID: 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: Y

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: 296920  
Board Certified Specialty: No  
 11440 W BERNARDO CT  
STE 300  
SAN DIEGO, CA 92127  
 Phone: (877) 757-8353  
Fax: (818) 357-2505  
 After Hours Phone: (877)  
757-8353  
Provider Gender: Female  
NPI: 1760546428

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic, Armenian,  
Farsi, Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 18\999

American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: SU 7:00AM-7:00PM  
M-F 7:00AM-7:00PM  
 Website: N/A

**SPEECH PATHOLOGIST**

**MADERA RIVERA, PAULA**

Provider ID: 296578  
Board Certified Specialty: No  
 11440 W BERNARDO CT  
STE 300

SAN DIEGO, CA 92127  
 Phone: (877) 757-8353  
Fax: (818) 357-2505  
 After Hours Phone: (877)  
757-8353  
Provider Gender: Female  
NPI: 1205443769

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic, Armenian,  
Farsi, Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 18\999

American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 7:00AM-7:00PM  
 Website: N/A

**SPEECH PATHOLOGIST**

**MADERA RIVERA, PAULA**

Provider ID: 296576  
Board Certified Specialty: No  
 9655 GRANITE RIDGE DR  
STE 200  
SAN DIEGO, CA 92123  
 Phone: (877) 757-8353  
Fax: (818) 357-2505  
 After Hours Phone: (877)  
757-8353  
Provider Gender: Female  
NPI: 1205443769

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic, Armenian,  
Farsi, Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 18\999

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 7:00AM-7:00PM  
 Website: N/A

**SPEECH PATHOLOGIST**

**MADERA RIVERA, PAULA**

Provider ID: 296575  
Board Certified Specialty: No  
 7510 CLAIREMONT MESA  
BLVD STE 103  
SAN DIEGO, CA 92111  
 Phone: (858) 277-2277  
Fax: (818) 357-2505

After Hours Phone: (858)  
277-2277  
Provider Gender: Female  
NPI: 1205443769

Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic, Armenian,  
Farsi, Spanish

Cultural Competency: N  
Medi-Cal Open Panel: Y  
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: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 7:00AM-7:00PM

🌐 Website: N/A

### SPEECH PATHOLOGIST

#### **O'DORAN, KAYLA**

Provider ID: 296585

Board Certified Specialty: No

📍 9655 GRANITE RIDGE DR  
STE 200

SAN DIEGO, CA 92123

📞 Phone: (877) 757-8353

Fax: (818) 357-2505

📞 After Hours Phone: (877)  
757-8353

Provider Gender: Female

NPI: 1275021438

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Arabic, Armenian,  
Farsi, Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F 7:00AM-7:00PM NPI: 1164979837

🌐 Website: N/A

### SPEECH PATHOLOGIST

#### **O'DORAN, KAYLA**

Provider ID: 296588

Board Certified Specialty: No

📍 11440 W BERNARDO CT  
STE 300

SAN DIEGO, CA 92127

📞 Phone: (877) 757-8353

Fax: (818) 357-2505

📞 After Hours Phone: (877)  
757-8353

Provider Gender: Female

NPI: 1275021438

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Arabic, Armenian,  
Farsi, Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

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

Provider Gender: Male

☑ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

### SPEECH PATHOLOGIST

#### **UNGER, LINDSEY**

Provider ID: 207202

Board Certified Specialty: No

📍 8929 UNIVERSITY CENTER  
LN STE 200

SAN DIEGO, CA 92122

📞 Phone: (800) 926-8273

Fax: (888) 539-8781

📞 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1972936813

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Sign Language

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

**SURGERY CARDIOVASCULAR**

**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: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**SURGERY CARDIOVASCULAR**

**GANTA, SRUJAN**

Provider ID: 256383

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5855

After Hours Phone: (858)  
966-5855

Provider Gender: Male

NPI: 1265071005

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**SURGERY CARDIOVASCULAR**

**LEWIS, MICHAEL**

Provider ID: 296906

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8030

Fax: (858) 966-8032

After Hours Phone: (858)  
966-8030

Provider Gender: Male

NPI: 1780847533

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: N

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**SURGERY CARDIOVASCULAR**

**NIGRO, JOHN**

Provider ID: 205367

Board Certified Specialty: No

3030 CHILDRENS WAY STE  
202

SAN DIEGO, CA 92123

Phone: (858) 966-8030

Fax: (858) 966-8032

After Hours Phone: (858)  
966-8030

Provider Gender: Male

NPI: 1881707818

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**SURGERY COLON SURGERY**

**EISENSTEIN, SAMUEL**

Provider ID: 286384

Board Certified Specialty: No

4520 EXECUTIVE DR  
SAN DIEGO, CA 92121

Phone: (858) 657-7237

After Hours Phone: (858)  
657-7237

Provider Gender: Male

NPI: 1194983932

Provider English Spoken: Y




Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999




American Sign Language (ASL):


N




 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

**SURGERY COLON SURGERY**

**EISENSTEIN, SAMUEL**

*Provider ID: 286364*  
*Board Certified Specialty: No*  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*

*Provider Gender: Male*  
*NPI: 1194983932*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*



**SURGERY COLON SURGERY**

**EISENSTEIN, SAMUEL**

*Provider ID: 286363*  
*Board Certified Specialty: No*  
 4303 LA JOLLA VILLAGE DR STE 2110  
 SAN DIEGO, CA 92122  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*




*Provider Gender: Male*


*NPI: 1194983932*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*

**SURGERY COLON SURGERY**

**LIU, SHANGLEI**




*Provider ID: 273363*  
*Board Certified Specialty: No*  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1043558653*


 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UNIVERSITY HSP OF SAN DIEGO CO*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*




 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

**SURGERY COLON SURGERY**

**LOPEZ, NICOLE**

*Provider ID: 286387*  
*Board Certified Specialty: No*  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 *Phone: (619) 543-6886*  
 *After Hours Phone: (619) 543-6886*


*Provider Gender: Female*  
*NPI: 1518163005*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON*  
*Medi-Cal Open Panel: Y*  
*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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**SURGERY COLON SURGERY**

**PARRY, LISA**








Provider ID: 286341  
 Board Certified Specialty: No  
 4303 LA JOLLA VILLAGE  
 DR STE 2110  
 SAN DIEGO, CA 92122  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1235369067

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 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: Y  
 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: Y  
 Min/Max Age: 0\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A




**SURGERY GENERAL**

**AL-NOURI, OMAR**

Provider ID: 211903  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1770742264

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Arabic  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR




Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N



 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**SURGERY GENERAL**

**ARMANI, AVA**




Provider ID: 282141  
 Board Certified Specialty: No  
 200 W ARBOR DR

SAN DIEGO, CA 92103  
 Phone: (858) 822-6100  
 After Hours Phone: (858) 822-6100  
 Provider Gender: Female  
 NPI: 1861759383  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: MEDICAL CTR AT UCSF, UCSF Medical Center At Mission Bay, UCSF MEDICAL CENTER AT MOUNT ZION, UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR








Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**SURGERY GENERAL**  
**BARNES, RYAN**

Provider ID: 129062  
 Board Certified Specialty: No  
 7910 FROST ST STE 250 SAN DIEGO, CA 92123  
 Phone: (858) 565-0104  
 Fax: (858) 565-0194  
 After Hours Phone: (858) 565-0104  
 Provider Gender: Male  
 NPI: 1831493501  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SHARP


CORONADO HOSP AND HEALTHCARE CTR, PALOMAR HEALTH  
 Medi-Cal Open Panel: Y  
 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: 299904  
 Board Certified Specialty: No  
 7910 FROST ST STE 250 SAN DIEGO, CA 92123  
 Phone: (858) 565-0104  
 Fax: (858) 565-0194  
 After Hours Phone: (858) 565-0104  
 Provider Gender: Male  
 NPI: 1831493501  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, PALOMAR HEALTH  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 9:00AM-4:30PM  
 Website: N/A

**SURGERY GENERAL**  
**BENCH, SHAWN**

Provider ID: 299895  
 Board Certified Specialty: Yes  
 7910 FROST ST STE 250 SAN DIEGO, CA 92123  
 Phone: (858) 565-0104  
 Fax: (858) 565-0194  
 After Hours Phone: (858) 565-0104  
 Provider Gender: Male  
 NPI: 1669700753

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SHARP MEMORIAL HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, KERN MEDICAL CENTER

Medi-Cal Open Panel: Y  
 Min/Max Age: 18\999  
 American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER  
 Hours: M-TH 9:00AM-5:00PM F 9:00AM-4:00PM  
 Website: N/A

**SURGERY GENERAL**  
**BENCH, SHAWN**

Provider ID: 129060  
 Board Certified Specialty: Yes  
 7910 FROST ST STE 250 SAN DIEGO, CA 92123  
 Phone: (858) 565-0104  
 Fax: (858) 565-0194  
 After Hours Phone: (858) 565-0104  
 Provider Gender: Male

NPI: 1669700753

☐ Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP  
CORONADO HOSP AND  
HEALTHCARE CTR, KERN  
MEDICAL CENTER

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-TH  
9:00AM-5:00PM  
F 9:00AM-4:00PM

🌐 Website: N/A

### SURGERY GENERAL

#### **BERUMEN, JENNIFER**

Provider ID: 260052

Board Certified Specialty: No

📍 8001 FROST ST  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-5811

Fax: (858) 966-8035

🕒 After Hours Phone: (858)  
966-5811

Provider Gender: Female

NPI: 1558566372

☐ Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON,  
RADY CHILDRENS HOSPITAL

SAN DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL

OAKLAND

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

### SURGERY GENERAL

#### **BRODERICK, RYAN**

Provider ID: 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: Y

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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

### SURGERY GENERAL

#### **BRODERICK, RYAN**

Provider ID: 247073

Board Certified Specialty: No

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

🕒 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1619252418

☐ Provider English Spoken: Y  
Cultural Competency: N




Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F  
8:00AM-5:00PM*  
 *Website: N/A*


**SURGERY GENERAL**

**BRUBAKER, ALEAH**

*Provider ID: 289164*

*Board Certified Specialty: No*

 8001 FROST ST  
SAN DIEGO, CA 92123

 *Phone: (858) 966-8354*

*Fax: (858) 966-5815*

 *After Hours Phone: (858)  
966-8354*

*Provider Gender: Female*

*NPI: 1790104305*


 *Provider English Spoken: Y*  
*Cultural Competency: N*


*Hospital Affiliation: Stanford  
Health Care, LUCILE SALTER  
PACKARD CHILDRENS HOSP,  
UCSD LA JOLLA JOHN SALLY  
THORNTON*

*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\19*

*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT  
PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

 *Website: N/A*

**SURGERY GENERAL**

**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: Y*

*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**


**CASILLAS BERUMEN, SERGIO**

*Provider ID: 304608*

*Board Certified Specialty: No*

 6719 ALVARADO RD STE  
303

SAN DIEGO, CA 92120



 *Phone: (619) 500-7699*

*Fax: (619) 483-3997*

 *After Hours Phone: (619)  
500-7699*

*Provider Gender: Male*

*NPI: 1437470762*

 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: PARADISE  
VALLEY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA*


*VISTA, SCRIPPS MERCY  
HOSPITAL, PALOMAR  
MEDICAL CENTER*

*Medi-Cal Open Panel: Y*

*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**


**CASILLAS BERUMEN, SERGIO**

*Provider ID: 304609*


*Board Certified Specialty: No*

 6402 EL CAJON BLVD STE  
100

SAN DIEGO, CA 92115



 *Phone: (619) 582-4490*

*Fax: (619) 501-9702*

 *After Hours Phone: (619)  
582-4490*

*Provider Gender: Male*

*NPI: 1437470762*

 *Provider English Spoken: Y*  
 *Provider Language(s)  
Spoken: Spanish*

*Cultural Competency: N*

*Hospital Affiliation: PARADISE  
VALLEY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA*

*VISTA, SCRIPPS MERCY  
HOSPITAL, PALOMAR*



*MEDICAL CENTER*

*Medi-Cal Open Panel: Y*




*Min/Max Age: 0\999*


*American Sign Language (ASL):  
N*

 *Accessibility: CONTACT*




**PROVIDER**  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**SURGERY GENERAL**  
**FAIRBANKS, TIMOTHY**

Provider ID: 260842  
 Board Certified Specialty: No  
 3030 CHILDRENS WAY FL 1  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-7711  
 Fax: (858) 966-7712  
 After Hours Phone: (858)  
 966-7711



Provider Gender: Male  
 NPI: 1407010556  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, UCSD MEDICAL CTR,  
 SHARP MEMORIAL HOSPITAL,  
 SCRIPPS MEMORIAL  
 HOSPITAL, UCSF BENIOFF  
 CHILDREN'S HOSPITAL  
 OAKLAND

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A



**SURGERY GENERAL**  
**HORGAN, SANTIAGO**

Provider ID: 286367  
 Board Certified Specialty: No

 4303 LA JOLLA VILLAGE  
 DR STE 2110  
 SAN DIEGO, CA 92122  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781

 After Hours Phone: (800)  
 926-8273

Provider Gender: Male  
 NPI: 1932297231


 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:00AM-5:00PM



 Website: N/A

**SURGERY GENERAL**  
**HORGAN, SANTIAGO**

Provider ID: 286379  
 Board Certified Specialty: No

 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (619) 471-0700  
 After Hours Phone: (619)  
 471-0700


Provider Gender: Male  
 NPI: 1932297231

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N




 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:00AM-5:00PM


 Website: N/A

**SURGERY GENERAL**  
**IGNACIO, ROMEO**

Provider ID: 217053  
 Board Certified Specialty: No


 8110 BIRMINGHAM WAY FL  
 2  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-7711  
 After Hours Phone: (858)  
 966-7711

Provider Gender: Male  
 NPI: 1538147145

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A

**SURGERY GENERAL**  
**JACOBSEN, GARTH**

Provider ID: 201729



**Board Certified Specialty:** No  
 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: Y  
 Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F  
 8:00AM-5:00PM

Website: N/A

**SURGERY GENERAL**

**JACOBSEN, GARTH**

Provider ID: 286355

Board Certified Specialty: No

4303 LA JOLLA VILLAGE DR STE 2110  
 SAN DIEGO, CA 92122

Phone: (800) 926-8273  
 Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male  
 NPI: 1265649966

Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F  
 8:00AM-5:00PM

Website: N/A

**SURGERY GENERAL**

**JACOBSEN, GARTH**

Provider ID: 286356

Board Certified Specialty: No

200 W ARBOR DR  
 SAN DIEGO, CA 92103

Phone: (800) 926-8273  
 Fax: (888) 539-8781

After Hours Phone: (800) 926-8273

Provider Gender: Male  
 NPI: 1265649966

Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

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**

**MUELLER, GEORGE**

Provider ID: 54298

Board Certified Specialty: No

7910 FROST ST STE 250  
 SAN DIEGO, CA 92123

Phone: (858) 565-0104

Fax: (858) 565-0194

After Hours Phone: (858) 565-0104

Provider Gender: Male  
 NPI: 1629179684

Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish,

Vietnamese

Cultural Competency: N  
 Hospital Affiliation: SHARP

MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Y

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: Y

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: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-TH  
9:00AM-5:00PM  
F 9:00AM-4:00PM

Website: N/A

**SURGERY GENERAL**

**RASCHKE, ERIC**

Provider ID: 270297

Board Certified Specialty: No

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: 1316386659

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**SURGERY GENERAL**

**SANDLER, BRYAN**

Provider ID: 286383

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1043410186

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

**MEDICAL CTR**

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**SURGERY GENERAL**

**SANDLER, BRYAN**

Provider ID: 286357

Board Certified Specialty: No

4303 LA JOLLA VILLAGE  
DR STE 2110

SAN DIEGO, CA 92122

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1043410186

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR

Medi-Cal Open Panel: Y

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: Y  
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**

**YU, NICHOLAS**

Provider ID: 301960  
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: 1710149950  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: SHARP CHULA VISTA MED CTR, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY

HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL, SHARP  
MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
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: Y  
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  
After Hours Phone: (800) 926-8273  
Provider Gender: Male  
NPI: 1497936900  
Provider English Spoken: Y  
Cultural Competency: N  
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM  
Website: N/A

**SURGERY HAND**

**CAGE, DORI NEILL**

Provider ID: 296731  
Board Certified Specialty: No  
8008 FROST ST STE 403  
SAN DIEGO, CA 92123  
Phone: (858) 715-9200  
Fax: (858) 715-9202  
After Hours Phone: (858) 715-9200

Provider Gender: Female  
 NPI: 1871592253  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: SHARP  
 MEMORIAL HOSPITAL,  
 SCRIPPS MERCY HOSPITAL,  
 SCRIPPS MERCY HOSPITAL  
 CHULA VISTA, Sharp  
 Grossmont Hospital  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A  
 Email: DCAGE@SDHAND.ORG

**SURGERY NEUROLOGICAL**

**BARBA, DAVID**

Provider ID: 244087  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (619) 543-5720  
 After Hours Phone: (619)  
 543-5720  
 Provider Gender: Male  
 NPI: 1093730251  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, UCSD MEDICAL CTR,

UCSD LA JOLLA JOHN SALLY  
 THORNTON, SCRIPPS  
 MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**SURGERY NEUROLOGICAL**

**BELVERUD, SHAWN**

Provider ID: 202333  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1073817268

Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A

**SURGERY NEUROLOGICAL**

**BEN-HAIM, SHARONA**

Provider ID: 304129  
 Board Certified Specialty: No

6655 ALVARADO RD  
 SAN DIEGO, CA 92120  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Female  
 NPI: 1942469663  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Hebrew, Spanish  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A

**SURGERY NEUROLOGICAL**

**LEVY, MICHAEL**

Provider ID: 298705  
 Board Certified Specialty: No  
 7910 FROST ST STE 180  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-8574  
 Fax: (858) 966-7930  
 After Hours Phone: (858)  
 966-8574  
 Provider Gender: Male  
 NPI: 1164593927  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, UCSD MEDICAL CTR,  
 CHILDRENS HOSP OF LOS

ANGELES


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


**SURGERY NEUROLOGICAL**


**MARSHALL, LAWRENCE**

Provider ID: 244150

Board Certified Specialty: No


 200 W ARBOR DR  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1750306171

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: German, Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


**SURGERY NEUROLOGICAL**

**OSORIO, JOSEPH**


Provider ID: 304170

Board Certified Specialty: No

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1437416591

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

**SURGERY NEUROLOGICAL**


**OSORIO, JOSEPH**

Provider ID: 242007

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1437416591

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999


American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


**SURGERY NEUROLOGICAL**


**PHAM, MARTIN**

Provider ID: 244158

Board Certified Specialty: No

 16950 VIA TAZON  
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1609130921

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


**SURGERY NEUROLOGICAL**

**SOUMEKH, MASSOUD**

Provider ID: 257468

Board Certified Specialty: Yes

 8008 FROST ST STE 401  
SAN DIEGO, CA 92123

 Phone: (858) 560-8544

Fax: (858) 560-8546

 After Hours Phone: (858) 560-8544

Provider Gender: Male

NPI: 1265495014

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: ALVARADO HOSP MED CTR, ALVARADO HOSPITAL LLC, SHARP MEMORIAL HOSPITAL, SHARP CHULA VISTA MED CTR


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH  
9:00AM-4:30PM

 Website: N/A

Email: JSOUMEKH@AOL.COM


### SURGERY NEUROLOGICAL


#### **TOMLIN, JEFFREY**

Provider ID: 272950

Board Certified Specialty: No

 200 W ARBOR DR FL 1  
SAN DIEGO, CA 92103

 Phone: (858) 657-8540

 After Hours Phone: (858)  
657-8540

Provider Gender: Male


NPI: 1366530321


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### SURGERY NEUROLOGICAL


#### **U, HOI**

Provider ID: 244132

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1164468146

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL CTR


Medi-Cal Open Panel: Y

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: SHARP

CHULA VISTA MED CTR,  
SHARP CORONADO HOSP  
AND HEALTHCARE CTR, Sharp

Grossmont Hospital, SHARP


MEMORIAL HOSPITAL


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### SURGERY ORTHOPEDIC


#### **BALLARD, BROOKE**

Provider ID: 262204


Board Certified Specialty: No

 5555 RESERVOIR DR STE  
104

SAN DIEGO, CA 92120


 Phone: (619) 286-9480

Fax: (619) 286-4568

 After Hours Phone: (619)  
286-9480

Provider Gender: Female

NPI: 1841447950

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: French, Spanish

Cultural Competency: N

Hospital Affiliation: ALVARADO HOSPITAL LLC, SHARP

CORONADO HOSP AND

HEALTHCARE CTR, SHARP

MEMORIAL HOSPITAL


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): Provider Gender: Male

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
9:00AM-5:00PM

 Website: N/A

### **SURGERY ORTHOPEDIC**

#### **BLAIS, MICAH**

Provider ID: 299943

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1972867562

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
GREEN HOSPITAL, SCRIPPS  
MEMORIAL HOSPITAL


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): Provider Gender: Female

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

### **SURGERY ORTHOPEDIC**


#### **BUI, CHRISTOPHER**

Provider ID: 241162

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273

NPI: 1619231537

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON


Medi-Cal Open Panel: Y


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### **SURGERY ORTHOPEDIC**

#### **BUKATA, SUSAN**

Provider ID: 304181

Board Certified Specialty: No

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1932140639

 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


### **SURGERY ORTHOPEDIC**

#### **BUKATA, SUSAN**

Provider ID: 277948

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1932140639

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Y

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**

#### **CAMPBELL, TANNER**

Provider ID: 301633

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-6789

Fax: (858) 966-8519

 After Hours Phone: (858)  
966-6789

Provider Gender: Male

NPI: 1821593096



 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: N








Min/Max Age: 0\19

American Sign Language (ASL):

N  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*

**SURGERY ORTHOPEDIC**

**CHENG, YU TSUN**

*Provider ID: 301903*  
*Board Certified Specialty: No*  
 3030 CHILDRENS WAY FL 3  
 SAN DIEGO, CA 92123  
 *Phone: (858) 966-6789*  
*Fax: (858) 966-6706*  
 *After Hours Phone: (858) 966-6789*  
*Provider Gender: Male*  
*NPI: 1992982854*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\19*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

**SURGERY ORTHOPEDIC**

**CHIARAPPA, FRANK**



*Provider ID: 304174*  
*Board Certified Specialty: No*

 6655 ALVARADO RD  
 SAN DIEGO, CA 92120  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1932536828*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*

**SURGERY ORTHOPEDIC**








**CHOI, JIHOON**

*Provider ID: 284788*  
*Board Certified Specialty: No*  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 *Phone: (800) 926-8273*  
*Fax: (888) 539-8781*  
 *After Hours Phone: (800) 926-8273*  
*Provider Gender: Male*  
*NPI: 1285097741*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR*  
*Medi-Cal Open Panel: Y*

*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*




**SURGERY ORTHOPEDIC**

**CIDAMBI, EMILY**



*Provider ID: 246466*  
*Board Certified Specialty: No*  
 3030 CHILDRENS WAY FL 3  
 SAN DIEGO, CA 92123  
 *Phone: (858) 966-6789*  
*Fax: (858) 966-6706*  
 *After Hours Phone: (858) 966-6789*  
*Provider Gender: Female*  
*NPI: 1659634699*  
 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*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: 296446*  
*Board Certified Specialty: No*  
 3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 *Phone: (858) 966-8800*  
*Fax: (858) 966-7433*  
 *After Hours Phone: (858) 966-8800*



Provider Gender: Female  
 NPI: 1659634699  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 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 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-8800  
 Fax: (858) 966-7433  
 After Hours Phone: (858)  
 966-8800  
 Provider Gender: Male  
 NPI: 1013048412  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY  
 CHILDRENS HOSPITAL SAN  
 DIEGO, UCSF BENIOFF  
 CHILDREN'S HOSPITAL  
 OAKLAND  
 Medi-Cal Open Panel: N  
 Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A

**SURGERY ORTHOPEDIC**

**EDMONDS, ERIC**

Provider ID: 260841  
 Board Certified Specialty: No  
 3030 CHILDRENS WAY FL  
 3  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-6789  
 Fax: (858) 966-6706  
 After Hours Phone: (858)  
 966-6789  
 Provider Gender: Male  
 NPI: 1013048412  
 Provider English Spoken: Y  
 Cultural Competency: N





**SURGERY ORTHOPEDIC**

**FLINT, JAMES**

Provider ID: 203178  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (858) 657-8200  
 After Hours Phone: (858)  
 657-8200  
 Provider Gender: Male  
 NPI: 1629239140  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**SURGERY ORTHOPEDIC**








**FLINT, JAMES**

Provider ID: 304177  
 Board Certified Specialty: No  
 6655 ALVARADO RD  
 SAN DIEGO, CA 92120  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1629239140  
 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A

**SURGERY ORTHOPEDIC**

**FLINT, JAMES**

Provider ID: 203178  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (858) 657-8200  
 After Hours Phone: (858)  
 657-8200  
 Provider Gender: Male  
 NPI: 1629239140  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**SURGERY ORTHOPEDIC**

**GOEB, YANNICK**

Provider ID: 284794

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1730542747

Provider English Spoken: Y

Provider Language(s)  
Spoken: German, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### **SURGERY ORTHOPEDIC**

#### **JACKSON, MADELEINE**

Provider ID: 301818

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8800

Fax: (858) 966-7433

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: N

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

### **SURGERY ORTHOPEDIC**

#### **KUSNEZOV, NICHOLAS**

Provider ID: 303196

Board Certified Specialty: No

7910 FROST ST STE 340  
SAN DIEGO, CA 92123

Phone: (858) 824-1703

Fax: (858) 455-6473

After Hours Phone: (858)  
824-1703

Provider Gender: Male

NPI: 1396185161

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: TWIN

CITIES COMMUNITY HOSPITAL

Medi-Cal Open Panel: Y

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**

#### **MCKNIGHT, BRADEN**

Provider ID: 303712

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: 1366983587

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL, SHARP

MEMORIAL HOSPITAL, SHARP

CORONADO HOSP AND

HEALTHCARE CTR, PARADISE

VALLEY HOSPITAL

Medi-Cal Open Panel: Y

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**

#### **PRUSS, ERIKA**

Provider ID: 303797

Board Certified Specialty: No

3030 CHILDRENS WAY FL  
3

SAN DIEGO, CA 92123

Phone: (858) 966-6789

Fax: (858) 966-6706

After Hours Phone: (858)  
966-6789

Provider Gender: Female

NPI: 1538402441

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO


Medi-Cal Open Panel: Y


Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### **SURGERY ORTHOPEDIC**

**SULLIVAN, THOMAS**

Provider ID: 285247

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1437565488

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### **SURGERY ORTHOPEDIC**

**SULLIVAN, THOMAS**


Provider ID: 304164

Board Certified Specialty: No

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1437565488

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD LA  
JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

 Website: N/A

### **SURGERY ORTHOPEDIC**

**TAYLOR, MARIO**

Provider ID: 304142

Board Certified Specialty: No

 6655 ALVARADO RD  
SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1407380512

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

### **SURGERY ORTHOPEDIC**

**TAYLOR, MARIO**

Provider ID: 299909

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1407380512


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER

 Website: N/A


### **SURGERY ORTHOPEDIC**

**UPASANI, VIDYADHAR**

Provider ID: 205914

Board Certified Specialty: No

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

 Phone: (858) 966-8800

Fax: (858) 966-7433

 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: N  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**SURGERY ORTHOPEDIC**

**UPASANI, VIDYADHAR**

Provider ID: 260953  
 Board Certified Specialty: No  
 3030 CHILDRENS WAY FL 3  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-6789  
 Fax: (858) 966-6706  
 After Hours Phone: (858) 966-6789  
 Provider Gender: Male  
 NPI: 1548417652  
 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y  
 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: Y  
 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: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**SURGERY PEDIATRIC**

**KELLER, BENJAMIN**

Provider ID: 272196  
 Board Certified Specialty: No  
 7920 FROST ST STE 200  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-5999  
 Fax: (858) 966-4064  
 After Hours Phone: (858) 966-5999

Provider Gender: Male  
 NPI: 1285953364

Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**SURGERY PEDIATRIC**

**KELLER, BENJAMIN**

Provider ID: 285941

Board Certified Specialty: No

📍 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-7711

Fax: (858) 966-7712

🕒 After Hours Phone: (858)  
966-7711

Provider Gender: Male

NPI: 1285953364

🗣 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

**SURGERY PEDIATRIC**

**KLING, KAREN**

Provider ID: 283380

Board Certified Specialty: No

📍 3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-7711

Fax: (858) 966-7712

🕒 After Hours Phone: (858)  
966-7711

Provider Gender: Female

NPI: 1982775144

🗣 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
SHARP MARY BIRCH HOSP

FOR WOMEN AND  
NEWBORNS, NATIONAL  
NAVAL MED CTR, SHARP  
MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

**SURGERY PEDIATRIC**

**KLING, KAREN**

Provider ID: 205340

Board Certified Specialty: No

📍 8110 BIRMINGHAM WAY FL  
2

SAN DIEGO, CA 92123

☎ Phone: (858) 966-7711

Fax: (858) 966-7712

🕒 After Hours Phone: (858)  
966-7711

Provider Gender: Female

NPI: 1982775144

🗣 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSD MEDICAL CTR,  
SHARP MARY BIRCH HOSP  
FOR WOMEN AND  
NEWBORNS, NATIONAL

NAVAL MED CTR, SHARP  
MEMORIAL HOSPITAL  
Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

**SURGERY PEDIATRIC**

**LAZAR, DAVID**

Provider ID: 283140

Board Certified Specialty: No

📍 3030 CHILDRENS WAY FL 1  
SAN DIEGO, CA 92123

☎ Phone: (858) 966-7711

Fax: (858) 966-7712

🕒 After Hours Phone: (858)  
966-7711

Provider Gender: Male

NPI: 1538365002

🗣 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A







**SURGERY PEDIATRIC**

**LAZAR, DAVID**

Provider ID: 205606





Board Certified Specialty: No





📍 8110 BIRMINGHAM WAY FL  
2

SAN DIEGO, CA 92123  
 Phone: (858) 966-7711  
 Fax: (858) 966-7712  
 After Hours Phone: (858) 966-7711  
 Provider Gender: Male  
 NPI: 1538365002  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**SURGERY PEDIATRIC**




**THANGARAJAH, HARIHARAN**


Provider ID: 206172  
 Board Certified Specialty: No  
 8110 BIRMINGHAM WAY FL 2  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-7711  
 Fax: (858) 966-7712  
 After Hours Phone: (858) 966-7711  
 Provider Gender: Male  
 NPI: 1598979593  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19



American Sign Language (ASL):  After Hours Phone: (858) 966-5999  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**SURGERY PEDIATRIC**

**THANGARAJAH, HARIHARAN**



Provider ID: 256194  
 Board Certified Specialty: No  
 3030 CHILDRENS WAY FL 1  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-7711  
 After Hours Phone: (858) 966-7711  
 Provider Gender: Male  
 NPI: 1598979593

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\19

American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**SURGERY PLASTIC**






**HINCHCLIFF, KATHARINE**

Provider ID: 277965  
 Board Certified Specialty: No  
 7920 FROST ST STE 200  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-5999  
 Fax: (858) 966-8394

 After Hours Phone: (858) 966-5999  
 Provider Gender: Female  
 NPI: 1346674561  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 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: Y  
 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: Y  
 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Hours: M-F  
 8:00AM-5:00PM

Website: N/A

**SURGERY PLASTIC**

**KOLB, FREDERIC**

Provider ID: 255576  
 Board Certified Specialty: No  
 7920 FROST ST STE 200  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-5999  
 Fax: (858) 966-8394

After Hours Phone: (858)  
 966-5999

Provider Gender: Female  
 NPI: 1790341832

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: French

Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\19  
 American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Hours: M-F  
 8:00AM-5:00PM

Website: N/A

**SURGERY PLASTIC**

**KOLB, FREDERIC**

Provider ID: 255575  
 Board Certified Specialty: No  
 4520 EXECUTIVE DR  
 SAN DIEGO, CA 92121

Phone: (800) 926-8273  
 Fax: (888) 539-8781

After Hours Phone: (800)  
 926-8273

Provider Gender: Female  
 NPI: 1790341832

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: Y  
 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: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### **SURGERY PLASTIC**

#### **REID, CHRISTOPHER**

Provider ID: 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: Y

Min/Max Age: 0\999

American Sign Language (ASL): Provider Gender: Male  
NPI: 1982964276

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### **SURGERY PLASTIC**

#### **REID, CHRISTOPHER**

Provider ID: 245523

Board Certified Specialty: No

7920 FROST ST STE 200  
SAN DIEGO, CA 92123

Phone: (858) 966-5999

Fax: (858) 966-8394

After Hours Phone: (858)  
966-5999

Provider Gender: Male

NPI: 1982964276

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

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 English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

### **SURGERY THORACIC**

#### **GANTA, SRUJAN**

Provider ID: 275611

Board Certified Specialty: No

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-5855

After Hours Phone: (858)  
966-5855

Provider Gender: Male

NPI: 1265071005

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM




 Website: N/A

**TRANSPLANT SURGERY**


**MEKEEL, KRISTIN**


Provider ID: 262109

Board Certified Specialty: Yes

 3020 CHILDRENS WAY STE 107


SAN DIEGO, CA 92123

 Phone: (858) 966-7711

 After Hours Phone: (858) 966-7711

Provider Gender: Female

NPI: 1104861947

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, RADY


CHILDRENS HOSPITAL SAN DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**TRANSPLANT SURGERY**

**SCHNICKEL, GABRIEL**

Provider ID: 262192

Board Certified Specialty: No

 8001 FROST ST  
SAN DIEGO, CA 92123


 Phone: (858) 966-8354

Fax: (858) 966-5815

 After Hours Phone: (858) 966-8354

Provider Gender: Male

NPI: 1619111440

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON,

RADY CHILDRENS HOSPITAL


SAN DIEGO


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**UROLOGY**

**CHEN, TONY**

Provider ID: 283960

Board Certified Specialty: No

 200 W ARBOR DR  
SAN DIEGO, CA 92103


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1245684497

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL CTR, PALOMAR MEDICAL CENTER


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT

PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


**UROLOGY**

**KATZ, JONATHAN**

Provider ID: 299918

Board Certified Specialty: No

 16950 VIA TAZON  
SAN DIEGO, CA 92127


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Male

NPI: 1952756207

 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Website: N/A


**UROLOGY**

**MARIETTI SHEPHERD, SARAH**

Provider ID: 265122

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: 1801094115

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND


Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

**UROLOGY**




**MARIETTI SHEPHERD, SARAH**

Provider ID: 206244  
Board Certified Specialty: No  
 7930 FROST ST STE 407  
SAN DIEGO, CA 92123  
 Phone: (858) 279-8527  
 After Hours Phone: (858)  
279-8527

Provider Gender: Female  
NPI: 1801094115  
 Provider English Spoken: Y  
Cultural Competency: N



Hospital Affiliation: RADY  
CHILDRENS HOSPITAL SAN  
DIEGO, UCSF BENIOFF  
CHILDREN'S HOSPITAL  
OAKLAND


Medi-Cal Open Panel: Y  
Min/Max Age: 0\19  
American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

**UROLOGY**




**MONGA, MANOJ**

Provider ID: 256847  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273  
Provider Gender: Female  
NPI: 1174609127


 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

**UROLOGY**




**MONGA, MANOJ**

Provider ID: 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: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

**UROLOGY**




**PATEL, DEVIN**

Provider ID: 246094  
Board Certified Specialty: No  
 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (858) 657-7876  
 After Hours Phone: (858)  
657-7876

Provider Gender: Male  
NPI: 1437505559  
 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: UCSD  
MEDICAL CTR, UCSD LA JOLLA  
JOHN SALLY THORNTON,  
CEDARS SINAI MEDICAL  
CENTER

Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

**UROLOGY**

**SAIDIAN, AVA**

Provider ID: 284831

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1205281912

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL  
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**UROLOGY**

**SALMASI, AMIRALI**

Provider ID: 203122

Board Certified Specialty: No

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Provider Gender: Male

NPI: 1609187962

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON,

GROSSMONT HOSPITAL

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**UROLOGY**

**SWORDS, KELLY**

Provider ID: 206183

Board Certified Specialty: No

7920 FROST ST STE 200  
SAN DIEGO, CA 92123

Phone: (858) 966-7484

Fax: (858) 966-4064

After Hours Phone: (858)  
966-7484

Provider Gender: Female

NPI: 1316101256

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN

DIEGO, UCSF BENIOFF

CHILDREN'S HOSPITAL

OAKLAND

Medi-Cal Open Panel: Y

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: Y  
 Min/Max Age: 16\110  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**UROLOGY**





**UNTERBERG, STEPHEN**




Provider ID: 295834  
 Board Certified Specialty: No  
 11770 BERNARDO PLAZA  
 CT STE 270  
 SAN DIEGO, CA 92128  
 Phone: (858) 485-0554  
 Fax: (858) 429-7933  
 After Hours Phone: (858)  
 485-0554  
 Provider Gender: Male  
 NPI: 1215374210  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MERCY HOSPITAL CHULA  
 VISTA, PALOMAR MEDICAL  
 CENTER  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**UROLOGY**

**UNTERBERG, STEPHEN**

Provider ID: 295833  
 Board Certified Specialty: Yes  
 4060 4TH AVE STE 310  
 SAN DIEGO, CA 92103  
 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: Y  
 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: Y  
 Min/Max Age: 16\110  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**UROLOGY**

**WANG, LUKE**

Provider ID: 299933  
 Board Certified Specialty: No  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Provider Gender: Male  
 NPI: 1033630173  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A

**SAN MARCOS**

**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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**CARDIOLOGY**

**DO, HULBERT**

Provider ID: 291583

Board Certified Specialty: No

150 VALPRED A RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767

Fax: (760) 736-8740

After Hours Phone: (760)  
736-6767

Provider Gender: Male

NPI: 1679733760

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR, Sharp  
Grossmont Hospital

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-8:00PM

SA 8:00AM-8:00PM

Website: N/A

**CARDIOLOGY**

**MOHAMEDALI, BURHAN**

Provider ID: 245578

Board Certified Specialty: No

955 BOARDWALK STE 100  
SAN MARCOS, CA 92078

Phone: (760) 798-8855

Fax: (760) 755-5245

After Hours Phone: (760)  
798-8855

Provider Gender: Male

NPI: 1831393289

Provider English Spoken: Y  
Provider Language(s)  
Spoken: Spanish, Swahili

Cultural Competency: N

Hospital Affiliation: SHARP  
CHULA VISTA MED CTR,  
Adventist Health and Rideout

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
9:00AM-5:00PM

Website: N/A

**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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**CARDIOLOGY**

**SUDHAKAR, DEEPTHI**

Provider ID: 291607

Board Certified Specialty: No

150 VALPRED A RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767

Fax: (760) 736-8740

After Hours Phone: (760)  
736-6767

Provider Gender: Female






NPI: 1811307051




Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Sharp


Grossmont Hospital, SHARP  
CHULA VISTA MED CTR  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A






**CARDIOVASCULAR DISEASE**  
**LERNER, JONATHAN**

Provider ID: 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: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A



**CERTIFIED ACUPUNCTURIST**  
**CARRA, BARBARA**



Provider ID: 303128  
Board Certified Specialty: No  
 1595 GRAND AVE STE 100  
SAN MARCOS, CA 92078  
 Phone: (760) 736-6767  
Fax: (760) 736-8740  
 After Hours Phone: (760)  
736-6767  
Provider Gender: Female  
NPI: 1588173629

 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Italian, Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
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  
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: Y  
Min/Max Age: 18\999

American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A


**CERTIFIED NURSE**  
**PRACTITIONER**

**BLAND, JACELIS**  
Provider ID: 296766  
Board Certified Specialty: No  
 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
Fax: (760) 736-8740  
 After Hours Phone: (760)  
736-6767  
Provider Gender: Female  
NPI: 1801522859  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-4:30PM  
 Website: N/A

**CERTIFIED NURSE**  
**PRACTITIONER**

**CARROLL, JOSEPH**  
Provider ID: 297852  
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: 1598041261


 Provider English Spoken: Y  
 Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
 N

 Accessibility: 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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
 8:00AM-6:00PM  
 SA 8:00AM-5:00PM  
 Website: N/A


**CERTIFIED NURSE PRACTITIONER**

**GARCIA, REGINA**

Provider ID: 297837

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  
 Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A


**CERTIFIED NURSE PRACTITIONER**

**HACINAS, REYNALDO**

Provider ID: 295052

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: 1215304860


 Provider English Spoken: Y  
 Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 4\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
 8:00AM-5:00PM

SA 8:00AM-4:30PM

 Website: N/A


**CERTIFIED NURSE PRACTITIONER**

**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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A


**CERTIFIED NURSE  
PRACTITIONER**

**KOHOUT, KATHRYN**

Provider ID: 291105

Board Certified Specialty: No

 150 VALPREDA RD  
SAN MARCOS, CA 92069


 Phone: (760) 736-6767

Fax: (760) 556-1501

 After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1316544331

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 14\999

American Sign Language (ASL):


N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-8:00PM

SA 8:00AM-5:00PM

 Website: N/A


**CERTIFIED NURSE  
PRACTITIONER**

**MOONEY, PATRICIA**

Provider ID: 280382

Board Certified Specialty: No

 838 NORDAHL RD STE 300  
SAN MARCOS, CA 92069


 Phone: (760) 747-8935

Fax: (760) 466-0078

 After Hours Phone: (760)  
747-8935

Provider Gender: Female

NPI: 1700470200

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


**CERTIFIED NURSE  
PRACTITIONER**

**PARSONS, MEKRAE**

Provider ID: 303220

Board Certified Specialty: No

 150 VALPREDA RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1972090306

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


**CERTIFIED NURSE  
PRACTITIONER**

**PRIETO, ALEJANDRA**

Provider ID: 297888

Board Certified Specialty: No

 150 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: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


**CERTIFIED NURSE  
PRACTITIONER**

**VAHDAT, VALERIE**

Provider ID: 294758

Board Certified Specialty: No

 2085 MONTIEL RD STE 102  
SAN MARCOS, CA 92069

 Phone: (833) 867-4642

Fax: (360) 462-5827

 After Hours Phone: (833)  
867-4642

Provider Gender: Female

NPI: 1093474090

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y



Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT



**PROVIDER**  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A


**CERTIFIED REGISTERED**

**NURSE MIDWIFE**

**BELANGER, TANYA**

Provider ID: 290739  
 Board Certified Specialty: No

 150 VALPRED A RD  
 SAN MARCOS, CA 92069

 Phone: (760) 736-6767  
 Fax: (760) 566-1501

 After Hours Phone: (760)  
 736-6767

Provider Gender: Female

NPI: 1407287469

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: PALOMAR  
 MEDICAL CENTER

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Website: N/A


**CHIROPRACTOR**


**HINES, TAYTE**

Provider ID: 302080

Board Certified Specialty: No


 2085 MONTIEL RD STE 102  
 SAN MARCOS, CA 92069

 Phone: (833) 867-4642  
 Fax: (360) 462-5827

 After Hours Phone: (833)  
 867-4642


Provider Gender: Male

NPI: 1598265647

 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 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  
 Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A


**CHIROPRACTOR**

**MOJICA, MARIO**

Provider ID: 302487

Board Certified Specialty: No



 150 VALPRED A RD  
 SAN MARCOS, CA 92069

 Phone: (760) 736-6767  
 Fax: (760) 736-8740

 After Hours Phone: (760)  
 736-6767

Provider Gender: Male

NPI: 1801962477

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:00AM-5:00PM

 Website: N/A


**FAMILY PRACTICE**

**NATH, DEVARSHI**

Provider ID: 296592

Board Certified Specialty: No



 1595 GRAND AVE STE 106  
 SAN MARCOS, CA 92078

 Phone: (760) 736-6767  
 Fax: (760) 736-6767

 After Hours Phone: (760)  
 736-6767

Provider Gender: Male

NPI: 1275630618

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Bengali



Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 2\999





American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
8:00AM-5:00PM  
 Website: N/A

**INTERNAL MEDICINE**

**KAYAL, ANAS**

Provider ID: 295512  
Board Certified Specialty: No  
 334 VIA VERA CRUZ STE 251  
SAN MARCOS, CA 92078  
 Phone: (760) 736-8091  
Fax: (760) 736-8092  
 After Hours Phone: (760)  
736-8091  
Provider Gender: Male  
NPI: 1851376917  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic  
Cultural Competency: N  
Hospital Affiliation: TRI CITY  
MEDICAL CTR, PALOMAR  
MEDICAL CENTER, TEMECULA  
VALLEY HOSPITAL INC,  
SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS,  
SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL  
Medi-Cal Open Panel: Y  
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**


**KAYAL, ANAS**

Provider ID: 295513

Board Certified Specialty: No  
 960 W SAN MARCOS BLVD  
STE 210  
SAN MARCOS, CA 92078  
 Phone: (760) 736-8091  
Fax: (760) 736-8092



 After Hours Phone: (760)  
736-8091  
Provider Gender: Male  
NPI: 1851376917  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Arabic  
Cultural Competency: N



Hospital Affiliation: TRI CITY  
MEDICAL CTR, PALOMAR  
MEDICAL CENTER, TEMECULA  
VALLEY HOSPITAL INC,  
SCRIPPS MEMORIAL  
HOSPITAL ENCINITAS,  
SOUTHWEST HEALTHCARE  
INLAND VALLEY HOSPITAL  
Medi-Cal Open Panel: Y  
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**






**PONIACHIK, SAMUEL**



Provider ID: 299258  
Board Certified Specialty: No  
 1595 GRAND AVE STE 100  
SAN MARCOS, CA 92078  
 Phone: (760) 520-8200  
Fax: (360) 462-2749  
 After Hours Phone: (760)  
520-8200

Provider Gender: Male  
NPI: 1467485078  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 18\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Website: N/A

**INTERNAL MEDICINE**

**TOLENTINO, ARTURO**

Provider ID: 298696  
Board Certified Specialty: No  
 2085 MONTIEL RD STE 102  
SAN MARCOS, CA 92069  
 Phone: (833) 867-4642  
Fax: (360) 462-5827  
 After Hours Phone: (833)  
867-4642  
Provider Gender: Male  
NPI: 1609066018  
 Provider English Spoken: Y  
 Provider Language(s)  
Spoken: Tagalog  
Cultural Competency: N  
Hospital Affiliation: PALOMAR  
HEALTH, PALOMAR MEDICAL  
CENTER  
Medi-Cal Open Panel: Y  
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**

**SUDHAKAR, DEEPTHI**

Provider ID: 296052

Board Certified Specialty: No

955 BOARDWALK STE 100  
SAN MARCOS, CA 92078

Phone: (760) 798-8855

Fax: (619) 616-2104

After Hours Phone: (760)  
798-8855

Provider Gender: Female

NPI: 1811307051

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Sharp

Grossmont Hospital, SHARP

CHULA VISTA MED CTR

Medi-Cal Open Panel: Y

Min/Max Age: 15\99

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 N

Provider Language(s)  
Spoken: Arabic, Persian

Cultural Competency: N

Hospital Affiliation: TEMECULA  
VALLEY HOSPITAL INC

Medi-Cal Open Panel: Y

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 200  
SAN MARCOS, CA 92069

Phone: (760) 281-3662

Fax: (760) 316-5268

After Hours Phone: (760)  
281-3662

Provider Gender: Male

NPI: 1225474034

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, TEMECULA

VALLEY HOSPITAL INC

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-6:00PM

Website: N/A

**OBSTETRICS / GYNECOLOGY**

**CABRERA, MICHELLE**

Provider ID: 303025

Board Certified Specialty: No

150 VALPRED A RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767

Fax: (760) 566-1501

After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1174774723

Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: Adventist  
Health and Rideout

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**OBSTETRICS / GYNECOLOGY**

**HINSHAW, PAUL**

Provider ID: 288907

Board Certified Specialty: No

120 CRAVEN RD STE 101  
SAN MARCOS, CA 92078







Phone: (760) 740-2710


Fax: (858) 207-0003

After Hours Phone: (760)




740-2710  
 Provider Gender: Male  
 NPI: 1215170717  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: PALOMAR  
 MEDICAL CENTER  
 Medi-Cal Open Panel: Y  
 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**  
**POUNTNEY, MARLENE**




Provider ID: 290189  
 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: 1174703680  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY  
 MEDICAL CTR, PALOMAR  
 MEDICAL CENTER  
 Medi-Cal Open Panel: Y  
 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**  
**POUNTNEY, MARLENE**



Provider ID: 257452  
 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: 1174703680




 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY  
 MEDICAL CTR, PALOMAR  
 MEDICAL CENTER  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\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: Y  
 Min/Max Age: 13\999  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**OPHTHALMOLOGY**  
**GUAN, HOWARD**

Provider ID: 303144  
 Board Certified Specialty: No  
 100 N RANCHO SANTA FE  
 RD STE 126  
 SAN MARCOS, CA 92069  
 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: Y


Min/Max Age: 0\0

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM


 Website: N/A


### OPHTHALMOLOGY

#### **PRESTERA, TORY**

Provider ID: 204707

Board Certified Specialty: Yes

 100 N RANCHO SANTA FE  
RD STE 126  
SAN MARCOS, CA 92069


 Phone: (760) 598-0400

Fax: (760) 598-5270

 After Hours Phone: (760)  
598-0400

Provider Gender: Male

NPI: 1346224557

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Thai

Cultural Competency: N

Hospital Affiliation: SHARP


MEMORIAL HOSPITAL


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

Email:


PRESTERA@YAHOO.COM


### OPHTHALMOLOGY

#### **PRESTERA, TORY**


Provider ID: 290590

Board Certified Specialty: Yes

 100 N RANCHO SANTA FE  
RD STE 126  
SAN MARCOS, CA 92069


 Phone: (760) 598-0400

Fax: (760) 598-5270

 After Hours Phone: (760)  
598-0400

Provider Gender: Male

NPI: 1346224557

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish, Thai

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL


Medi-Cal Open Panel: Y


Min/Max Age: 10\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

Email:


PRESTERA@YAHOO.COM


### PEDIATRICS

#### **LUM HO, RACHEL**

Provider ID: 304047

Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

Fax: (760) 736-6797

 After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1215469283

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER


Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

SA 8:00AM-5:00PM

 Website: N/A


### PEDIATRICS

#### **LUM HO, RACHEL**

Provider ID: 303150

Board Certified Specialty: No

 150 VALPRED A RD  
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

Fax: (760) 736-6797

 After Hours Phone: (760)  
736-6767

Provider Gender: Female

NPI: 1215469283

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: PALOMAR  
MEDICAL CENTER

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):


N



 Accessibility: CONTACT

**PROVIDER**  
 Hours: M-F  
 8:00AM-5:00PM  
 SA 8:00AM-5:00PM  
 Website: N/A


**PEDIATRICS**


**POSADAS, EMERITO**

Provider ID: 257536  
 Board Certified Specialty: No  
 150 VALPRED A RD  
 SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 Fax: (760) 566-1501  
 After Hours Phone: (760)  
 736-6767  
 Provider Gender: Male  
 NPI: 1720093198

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish, Tagalog  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY  
 MEDICAL CTR, PALOMAR  
 MEDICAL CENTER  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\18  
 American Sign Language (ASL):  
 N



 Accessibility: CONTACT  
 PROVIDER


 Hours: M-F  
 8:00AM-6:00PM

 Website: N/A



**PEDIATRICS**

**QUINTERO, CAROLYN**

Provider ID: 303142  
 Board Certified Specialty: No  
 150 VALPRED A RD  
 SAN MARCOS, CA 92069  
 Phone: (760) 736-6767

Fax: (760) 736-8740  
 After Hours Phone: (760)  
 736-6767

Provider Gender: Female  
 NPI: 1023033156

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:00AM-6:00PM  
 SA 8:00AM-5:00PM



 Website: N/A

**PHYSICIANS ASSISTANT**

**BERNARDO, RACHELLE**

Provider ID: 297083  
 Board Certified Specialty: No  
 1595 GRAND AVE STE 100  
 SAN MARCOS, CA 92078  
 Phone: (760) 736-6767  
 After Hours Phone: (760)  
 736-6767

Provider Gender: Female  
 NPI: 1821237678

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR  
 MEDICAL CENTER

Medi-Cal Open Panel: Y

Min/Max Age: 0\999



American Sign Language (ASL):  
 N

 Accessibility: CONTACT

**PROVIDER**  
 Website: N/A



**PHYSICIANS ASSISTANT**

**BERNARDO, RACHELLE**

Provider ID: 296584  
 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

Provider Gender: Female  
 NPI: 1821237678

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR  
 MEDICAL CENTER

Medi-Cal Open Panel: Y

Min/Max Age: 0\999



American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Website: N/A


**PHYSICIANS ASSISTANT**





**CELESTINO, MISHEL**

Provider ID: 302439  
 Board Certified Specialty: No  
 150 VALPRED A RD  
 SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 Fax: (760) 736-8740

 After Hours Phone: (760)  
 736-6767

Provider Gender: Female  
 NPI: 1578263760

 Provider English Spoken: Y

 *Provider Language(s)*  
Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F*  
8:00AM-5:00PM  
 *Website: N/A*


**PHYSICIANS ASSISTANT**






**GRAF, HALEY**

*Provider ID: 301290*  
*Board Certified Specialty: No*  
 1595 GRAND AVE STE 106  
SAN MARCOS, CA 92078  
 *Phone: (760) 436-6767*  
*Fax: (760) 736-8740*  
 *After Hours Phone: (760)*  
436-6767  
*Provider Gender: Female*  
*NPI: 1598394371*  
 *Provider English Spoken: Y*  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 2\999  
American Sign Language (ASL):  
N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F*  
8:00AM-5:00PM  
 *Website: N/A*

**PHYSICIANS ASSISTANT**




**HERNANDEZ, MIRIAM**

*Provider ID: 298336*  
*Board Certified Specialty: No*  
 150 VALPRED A RD

SAN MARCOS, CA 92069  
 *Phone: (760) 736-6767*  
*Fax: (760) 736-6767*  
 *After Hours Phone: (760)*  
736-6767  
*Provider Gender: Female*  
*NPI: 1457903700*  
 *Provider English Spoken: Y*  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*








**PHYSICIANS ASSISTANT**

**MATHIAS, WILLIAM**

*Provider ID: 302570*  
*Board Certified Specialty: No*  
 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 *Phone: (760) 736-6767*  
*Fax: (760) 566-1501*  
 *After Hours Phone: (760)*  
736-6767  
*Provider Gender: Male*  
*NPI: 1285806323*  
 *Provider English Spoken: Y*  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F*  
8:00AM-5:00PM  
 *Website: N/A*




**PHYSICIANS ASSISTANT**



**POLLEY, SHANNON**

*Provider ID: 296093*  
*Board Certified Specialty: No*  
 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 *Phone: (760) 736-6767*  
*Fax: (760) 736-8740*  
 *After Hours Phone: (760)*  
736-6767  
*Provider Gender: Female*  
*NPI: 1225608722*  
 *Provider English Spoken: Y*  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
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*

**PHYSICIANS ASSISTANT**





**RAMIREZ, JOSE**




*Provider ID: 296080*  
*Board Certified Specialty: No*  
 150 VALPRED A RD  
SAN MARCOS, CA 92069  
 *Phone: (760) 736-6767*  
*Fax: (760) 736-8740*  
 *After Hours Phone: (760)*  
736-6767  
*Provider Gender: Male*  
*NPI: 1497834402*  
 *Provider English Spoken: Y*  
 *Provider Language(s)*  
Spoken: Spanish  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 14\999

American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 SA 8:00AM-4:30PM  
 Website: N/A

**PHYSICIANS ASSISTANT**

**SACRAMENTO, CZAR**

Provider ID: 297879  
 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: 1316957061  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 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**




**SERING, MALIA**



Provider ID: 297122  
 Board Certified Specialty: No  
 838 NORDAHL RD STE 250  
 SAN MARCOS, CA 92069  
 Phone: (760) 738-7600  
 Fax: (760) 828-9138  
 After Hours Phone: (760)

738-7600  
 Provider Gender: Female  
 NPI: 1013198720  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 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**

**SERING, MALIA**

Provider ID: 269280  
 Board Certified Specialty: No  
 838 NORDAHL RD STE 250  
 SAN MARCOS, CA 92069  
 Phone: (760) 738-7600  
 Fax: (760) 828-9138  
 After Hours Phone: (760)  
 738-7600

Provider Gender: Female  
 NPI: 1013198720  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A



**PSYCHOLOGIST**

**ALTAMIRANO, LEON**

Provider ID: 290362

Board Certified Specialty: No  
 150 VALPREDA RD  
 SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 Fax: (760) 736-8740  
 After Hours Phone: (760)  
 736-6767  
 Provider Gender: Male  
 NPI: 1619271517

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 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 VALPREDA RD  
 SAN MARCOS, CA 92069  
 Phone: (760) 736-6767  
 Fax: (760) 736-8740  
 After Hours Phone: (760)  
 736-6767  
 Provider Gender: Female  
 NPI: 1073518965  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 5\50  
 American Sign Language (ASL):  
N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F



8:00AM-5:00PM  
 Website: N/A


**PSYCHOLOGIST**

**CORTIZO, ROSA**

Provider ID: 290796

Board Certified Specialty: No

 150 VALPRED A RD  
 SAN MARCOS, CA 92069

 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760)  
 736-6767

Provider Gender: Female

NPI: 1952316648

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish


Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Website: N/A


**PSYCHOLOGIST**

**FLYNN, DANIELLE**

Provider ID: 290795

Board Certified Specialty: No

 150 VALPRED A RD  
 SAN MARCOS, CA 92069

 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760)  
 736-6767

Provider Gender: Female

NPI: 1477785137

Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Website: N/A


**PSYCHOLOGIST**

**GEORGIEV, MARY JO**

Provider ID: 290793

Board Certified Specialty: No

 150 VALPRED A RD  
 SAN MARCOS, CA 92069

 Phone: (760) 737-6767

Fax: (760) 736-8740

 After Hours Phone: (760)  
 737-6767

Provider Gender: Female

NPI: 1518996875

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Website: N/A


**PSYCHOLOGIST**

**IMAM, SYED**

Provider ID: 298174

Board Certified Specialty: No

 150 VALPRED A RD  
 SAN MARCOS, CA 92069

 Phone: (760) 736-6767

Fax: (760) 566-1501

 After Hours Phone: (760)  
 736-6767

Provider Gender: Male

NPI: 1447428271

Provider English Spoken: Y

Provider Language(s)

Spoken: Hindi

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 15\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


**PSYCHOLOGIST**

**LOVE, YVONNE**

Provider ID: 301277

Board Certified Specialty: No

 2085 MONTIEL RD STE 102  
 SAN MARCOS, CA 92069

 Phone: (833) 867-4642

Fax: (360) 462-5827

 After Hours Phone: (833)  
 867-4642

Provider Gender: Female

NPI: 1902812811

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

**PSYCHOLOGIST**

**SIMPSON, ERIC**

Provider ID: 290803

Board Certified Specialty: No

150 VALPRED A RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767

Fax: (760) 736-8740

After Hours Phone: (760)  
736-6767

Provider Gender: Male

NPI: 1710110416

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

## **PSYCHOLOGIST**

### **TORRES, HECTOR**

Provider ID: 290788

Board Certified Specialty: No

150 VALPRED A RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767

Fax: (760) 736-8740

After Hours Phone: (760)  
736-6767

Provider Gender: Male

NPI: 1720265614

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Website: N/A

## **RHEUMATOLOGY**

### **AL NAHLAWI, BASMA**

Provider ID: 290068

Board Certified Specialty: No

334 VIA VERA CRUZ STE 251  
SAN MARCOS, CA 92078

Phone: (760) 736-8091

Fax: (760) 736-8092

After Hours Phone: (760)  
736-8091

Provider Gender: Female

NPI: 1144455262

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: LOMA

LINDA UNIVERSITY MED CTR

MURRIETA, PALOMAR

MEDICAL CENTER, LOMA

LINDA UNIVERSITY MED CTR

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

## **RHEUMATOLOGY**

### **AL NAHLAWI, BASMA**

Provider ID: 295532

Board Certified Specialty: No

960 W SAN MARCOS BLVD  
STE 210

SAN MARCOS, CA 92078

Phone: (760) 736-8091

Fax: (760) 736-8092

After Hours Phone: (760)

736-8091

Provider Gender: Female

NPI: 1144455262

Provider English Spoken: Y

Provider Language(s)  
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: LOMA

LINDA UNIVERSITY MED CTR

MURRIETA, PALOMAR

MEDICAL CENTER, LOMA

LINDA UNIVERSITY MED CTR

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

## **SAN YSIDRO**

## **CERTIFIED NURSE**

### **PRACTITIONER**

#### **IBARRA, MARTHA**

Provider ID: 304292

Board Certified Specialty: No

4004 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-6305

After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1114957289

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

### **CHIROPRACTOR**


#### **KELCHNER, MATTHEW**

Provider ID: 290508

Board Certified Specialty: No

 4004 BEYER BLVD

SAN YSIDRO, CA 92173

 Phone: (619) 428-4463

Fax: (619) 205-6305

 After Hours Phone: (619) 428-4463

Provider Gender: Male

NPI: 1174656755

 Provider English Spoken: Y


Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

### **FAMILY PRACTICE**


#### **ALVAREZ-ESTRADA, MIGUEL**

Provider ID: 294925


Board Certified Specialty: No

 4050 BEYER BLVD

SAN YSIDRO, CA 92173


 Phone: (619) 662-4100

Fax: (619) 205-6305

 After Hours Phone: (619) 662-4100

Provider Gender: Male

NPI: 1588197826

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SCRIPPS MERCY

HOSPITAL, PARADISE VALLEY

HOSPITAL


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

### **FAMILY PRACTICE**


#### **ARRIETA, NOEMI**

Provider ID: 297794


Board Certified Specialty: No

 4004 BEYER BLVD

SAN YSIDRO, CA 92173


 Phone: (619) 662-4100


Fax: (619) 205-6341

 After Hours Phone: (619) 662-4100

Provider Gender: Female

NPI: 1912223496

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS


MEMORIAL HOSPITAL


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-8:00PM  
SA 8:00AM-2:00PM

 Website: N/A

### **FAMILY PRACTICE**


#### **DALUGDUGAN, ESTHER**

Provider ID: 302285

Board Certified Specialty: No

 4004 BEYER BLVD

SAN YSIDRO, CA 92173


 Phone: (619) 662-4100


Fax: (619) 205-6341

 After Hours Phone: (619) 662-4100

Provider Gender: Female

NPI: 1962662718

 Provider English Spoken: Y

 Provider Language(s) Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR


Medi-Cal Open Panel: Y


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:00PM

 Website: N/A

### **FAMILY PRACTICE**

#### **MALEKMADANI, ARIENNE**

Provider ID: 303333

Board Certified Specialty: No

 4004 BEYER BLVD

SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 Fax: (619) 205-6341  
 After Hours Phone: (619) 662-4100  
 Provider Gender: Female  
 NPI: 1124648332  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Persian, Spanish  
 Cultural Competency: N

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:00PM  
 Website: N/A

**FAMILY PRACTICE**

**NAVARRO, VANESSA**

Provider ID: 297756  
 Board Certified Specialty: No  
 1666 PRECISION PARK LN  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 Fax: (619) 785-3384  
 After Hours Phone: (619) 662-4100  
 Provider Gender: Female  
 NPI: 1952563421  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Filipino, Spanish, Tagalog  
 Cultural Competency: N

Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM  
 SA 8:00AM-2:30PM  
 Website: N/A

**FAMILY PRACTICE**

**ORTEGA, LUIS**

Provider ID: 295225  
 Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 Fax: (619) 205-6341  
 After Hours Phone: (619) 662-4100  
 Provider Gender: Male  
 NPI: 1558924936  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N

Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**FAMILY PRACTICE**



**VAN PRATT LEVIN, AISHA**

Provider ID: 303300  
 Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 Fax: (619) 205-6305  
 After Hours Phone: (619) 662-4100  
 Provider Gender: Female  
 NPI: 1821550559  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish



Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**GENERAL PRACTICE**



**GARCIA-SANDOVAL, DAMARIS**

Provider ID: 302644  
 Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 Fax: (619) 662-4198  
 After Hours Phone: (619)  
 662-4100

Provider Gender: Female  
 NPI: 1447838883


 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish


Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A



**INFECTIOUS DISEASE**

**ALDOUS, JEANNETTE**

Provider ID: 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER  
 Website: N/A




**INTERNAL MEDICINE**

**BULOW, KWI**

Provider ID: 302346  
 Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 Fax: (619) 205-6341  
 After Hours Phone: (619)  
 662-4100

Provider Gender: Female  
 NPI: 1073608576  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD  
 MEDICAL CTR



Medi-Cal Open Panel: Y  
 Min/Max Age: 18\999  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:30AM-5:00PM  
 Website: N/A

**INTERNAL MEDICINE**

**PROMER, KATHERINE**

Provider ID: 293527  
 Board Certified Specialty: No  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 Fax: (619) 205-6305  
 After Hours Phone: (619)  
 662-4100

Provider Gender: Female  
 NPI: 1306280607  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY  
 THORNTON, UCSD MEDICAL  
 CTR, SCRIPPS MEMORIAL  
 HOSPITAL, PALOMAR  
 MEDICAL CENTER  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-8:00PM  
 SA 8:00AM-2:00PM  
 Website: N/A

**INTERNAL MEDICINE**

**RAMIREZ SANCHEZ, CLAUDIA**  
 Provider ID: 296122

Board Certified Specialty: 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: 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: Y

Min/Max Age: 18\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-8:00PM

SA 8:00AM-2:00PM

Website: N/A

### INTERNAL MEDICINE

#### **SY, RAMON**

Provider ID: 297757

Board Certified Specialty: No

1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 785-3384

After Hours Phone: (619)  
662-4100

Provider Gender: Male

NPI: 1982617403

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS

MEMORIAL HOSPITAL,

PARADISE VALLEY HOSPITAL

Medi-Cal Open Panel: Y

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

#### **CARSON, LATISA**

Provider ID: 290489

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: 1245229129

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):

N

Accessibility: CONTACT

PROVIDER

Website: N/A

### OBSTETRICS / GYNECOLOGY

#### **DINH, MY**

Provider ID: 290490

Board Certified Specialty: No

4050 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 428-4463

Fax: (213) 250-3369

After Hours Phone: (619)  
428-4463

Provider Gender: Female

NPI: 1316146996

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
9:00AM-5:00PM

Website: N/A

### OBSTETRICS / GYNECOLOGY

#### **GOLDSTEIN, EDWARD**

Provider ID: 290471

Board Certified Specialty: No

4050 BEYER BLVD  
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-1967

After Hours Phone: (619)  
662-4100

Provider Gender: Male

NPI: 1982617494


Provider English Spoken: Y


Provider Language(s)


Spoken: Spanish

Cultural Competency: N  
Hospital Affiliation: SHARP  
MEMORIAL HOSPITAL, SHARP  
CHULA VISTA MED CTR,  
SCRIPPS MERCY HOSPITAL  
CHULA VISTA, SCRIPPS  
MEMORIAL HOSPITAL,  
SCRIPPS MERCY HOSPITAL  
Medi-Cal Open Panel: Y  
Min/Max Age: 16\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:30AM-5:30PM  
SA 8:00AM-2:30PM

 Website: N/A


### **OBSTETRICS / GYNECOLOGY**

#### **GOMEZ, DANIELA**


Provider ID: 294885  
Board Certified Specialty: No  
 4004 BEYER BLVD STE 400  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
Fax: (619) 205-6341


 After Hours Phone: (619)  
662-4100

Provider Gender: Female  
NPI: 1255878997

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 16\999

American Sign Language (ASL):  
N



 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-8:00PM

SA 8:00AM-2:00PM  
 Website: N/A


### **OBSTETRICS / GYNECOLOGY**

#### **GOMEZ, DANIELA**

Provider ID: 294886  
Board Certified Specialty: No  
 4050 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
Fax: (619) 205-1967


 After Hours Phone: (619)  
662-4100

Provider Gender: Female  
NPI: 1255878997

 Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
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**

#### **JENKINS, ENCHANTA**

Provider ID: 290569  
Board Certified Specialty: No  
 4004 BEYER BLVD  
SAN YSIDRO, CA 92173  
 Phone: (619) 428-4463  
Fax: (619) 205-6305

 After Hours Phone: (619)  
428-4463

Provider Gender: Female  
NPI: 1285604702


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SCRIPPS MERCY  
HOSPITAL

Medi-Cal Open Panel: Y  
Min/Max Age: 16\999  
American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

### **OBSTETRICS / GYNECOLOGY**

#### **MAJERSKI GONZALEZ, MANDY**

Provider ID: 290725  
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: 1982812392


 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MERCY HOSPITAL, SCRIPPS  
MERCY HOSPITAL CHULA  
VISTA, SHARP CHULA VISTA  
MED CTR

Medi-Cal Open Panel: Y  
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**

**MAJERSKI GONZALEZ, MANDY**


Provider ID: 290957

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: 1982812392

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA, SHARP CHULA VISTA

MED CTR

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


**OPHTHALMOLOGY**

**DE SILVA, NIHAL**

Provider ID: 290551

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

Fax: (619) 205-6305

 After Hours Phone: (619) 662-4100

Provider Gender: Male

NPI: 1003834789

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:

MARINHEALTH AND

MARINHEALTH MEDICAL

CENTER

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A


**PEDIATRICS**

**FUJII, CINDY**

Provider ID: 298309

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100


Fax: (619) 205-6305

 After Hours Phone: (619) 662-4100

Provider Gender: Female

NPI: 1871664821

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: SU 10:00AM-4:00PM

M-F 8:30AM-5:30PM

SA 8:00AM-2:30PM

 Website: N/A


**PEDIATRICS**

**RODRIGUEZ, ALDO**


Provider ID: 295779

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173


 Phone: (619) 662-4100


Fax: (619) 662-6305

 After Hours Phone: (619) 662-4100

Provider Gender: Male

NPI: 1508209651

 Provider English Spoken: Y

 Provider Language(s) Spoken: Portuguese, Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: SU 10:00AM-4:00PM

M 8:30AM-8:00PM

W-F 8:30AM-5:30PM

SA 8:00AM-2:30PM

 Website: N/A


**PEDIATRICS**

**TAYLOR, TASHA**


Provider ID: 290077

Board Certified Specialty: No

 4050 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

Fax: (619) 205-6305


 After Hours Phone: (619) 662-4100

Provider Gender: Female



NPI: 1528144433

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY


MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


### PSYCHOLOGIST

#### **IBANEZ, BERENICE**


Provider ID: 290465

Board Certified Specialty: No

 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

Fax: (619) 205-6305

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1740394386

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, SCRIPPS

MEMORIAL HOSPITAL


ENCINITAS

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\64

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A

### REGISTERED PHYSICAL


#### THERAPIST


#### **TORRES, JOANN**

Provider ID: 296045

Board Certified Specialty: No


 3364 BEYER BLVD  
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1134732522

 Provider English Spoken: Y


Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


 Website: N/A

### SPEECH PATHOLOGIST


#### **HILL, CARLA**

Provider ID: 295894


Board Certified Specialty: No

 3364 BEYER BLVD STE  
102-103

SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

Fax: (619) 600-4870

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1043950751

 Provider English Spoken: Y  
Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A

## SANTEE


### CHIROPRACTOR

#### **KELCHNER, MATTHEW**


Provider ID: 290940

Board Certified Specialty: No

 120 TOWN CENTER PKWY  
SANTEE, CA 92071


 Phone: (619) 662-4100

Fax: (619) 662-4196

 After Hours Phone: (619)  
662-4100

Provider Gender: Male

NPI: 1174656755


 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Website: N/A


### **FAMILY PRACTICE**

#### **BAIOU, MOHAMED**


Provider ID: 302314

Board Certified Specialty: No

 120 TOWN CENTER PKWY  
SANTEE, CA 92071


 Phone: (619) 662-4100

Fax: (619) 662-4196

 After Hours Phone: (619)  
662-4100

Provider Gender: Male

NPI: 1447542659

 Provider English Spoken: Y


 Provider Language(s)  
Spoken: Arabic


Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TU  
8:00AM-5:00PM  
W 1:00PM-5:00PM  
TH 8:00AM-5:00PM

 Website: N/A


### **PHYSICIANS ASSISTANT**

#### **ROSENBLATT, SHERI**


Provider ID: 295738

Board Certified Specialty: No

 120 TOWN CENTER PKWY  
SANTEE, CA 92071

 Phone: (619) 662-4100

Fax: (619) 205-6305

 After Hours Phone: (619)  
662-4100

Provider Gender: Female

NPI: 1114041621

 Provider English Spoken: Y  
Cultural Competency: N


Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

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

Hospital Affiliation:


GROSSMONT HOSPITAL


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
7:00AM-5:00PM

 Website: N/A


### **RADIOLOGY DIAGNOSTIC**

#### **VENKATESH, VIJAY**


Provider ID: 269661

Board Certified Specialty: No

 9640 MISSION GORGE RD  
STE H  
SANTEE, CA 92071


 Phone: (619) 460-2770

Fax: (619) 460-2774

 After Hours Phone: (619)  
460-2770

Provider Gender: Male

NPI: 1689627085

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation:


GROSSMONT HOSPITAL

Medi-Cal Open Panel: Y

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**

#### **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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M 7:00AM-7:00PM  
 TU 7:00AM-5:00PM  
 W 7:00AM-7:00PM  
 TH 7:00AM-5:00PM  
 F 7:00AM-7:00PM  
 Website: N/A

**REGISTERED PHYSICAL**

**THERAPIST**

**DANSEY, ASHLEY**

Provider ID: 270339  
 Board Certified Specialty: No  
 9830 PROSPECT AVE STE A  
 SANTEE, CA 92071  
 Phone: (619) 448-4860  
 Fax: (619) 448-1639  
 After Hours Phone: (619) 448-4860  
 Provider Gender: Female  
 NPI: 1962716076  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT

PROVIDER  
 Website: N/A

**REGISTERED PHYSICAL**

**THERAPIST**






**LERMA, NICOLE**

Provider ID: 270343  
 Board Certified Specialty: No  
 9830 PROSPECT AVE STE A  
 SANTEE, CA 92071  
 Phone: (619) 448-4860  
 Fax: (619) 448-1639  
 After Hours Phone: (619) 448-4860  
 Provider Gender: Female  
 NPI: 1790155844  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**TEMECULA**

**CERTIFIED ACUPUNCTURIST**

**CRAFT, KEVIN**


Provider ID: 290944  
 Board Certified Specialty: No  
 41840 ENTERPRISE CIR N  
 TEMECULA, CA 92590  
 Phone: (951) 225-6400  
 Fax: (360) 462-2751  
 After Hours Phone: (951) 225-6400  
 Provider Gender: Male  
 NPI: 1659745610  
 Provider English Spoken: Y  
 Provider Language(s)





Spoken: Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: TU-F 8:00AM-5:00PM  
 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**MIRACLE, ANGELYN**

Provider ID: 300260  
 Board Certified Specialty: No  
 31170 TEMECULA PKWY  
 STE 200  
 TEMECULA, CA 92592  
 Phone: (951) 699-3299  
 Fax: (951) 302-1313  
 After Hours Phone: (951) 699-3299  
 Provider Gender: Female  
 NPI: 1144539842

 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: N  
 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 MIDWIFE**

**ZAMORA-FLYR, MARIA**

Provider ID: 290646

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: 1194938647

Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: SCRIPPS  
 MEMORIAL HOSPITAL  
 ENCINITAS  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER  
 Website: N/A

### **PHYSICIANS ASSISTANT**

#### **ANWAR, YASMIN**

Provider ID: 300846

Board Certified Specialty: No

31515 RANCHO PUEBLO RD  
 STE 102  
 TEMECULA, CA 92592  
 Phone: (951) 225-7873  
 Fax: (951) 305-9117  
 After Hours Phone: (951)  
 225-7873

Provider Gender: Female  
 NPI: 1588602247

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Persian, Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

### **PODIATRIST**

#### **NEGRON, RICARDO**

Provider ID: 290468

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: Male  
 NPI: 1932548393

Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish

Cultural Competency: N  
 Hospital Affiliation: Providence  
 St Joseph Hospital  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\999

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TH  
 8:00AM-5:00PM  
 Website: N/A

### **SURGERY GENERAL**

#### **VASCULAR**

#### **HOWE, STEVEN**

Provider ID: 206759

Board Certified Specialty: No

31700 TEMECULA VALLEY  
 PARKWAY  
 TEMECULA, CA 92592  
 Phone: (951) 303-2349  
 Fax: (951) 303-8591

After Hours Phone: (951)  
 303-2349




Provider Gender: Male  
 NPI: 1497702740

Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA  
 JOHN SALLY THORNTON, TRI  
 CITY MEDICAL CTR

Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999






American Sign Language (ASL):  
 N




 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 8:00AM-5:00PM*  
 *Website: N/A*

## VISTA

### ANESTHESIOLOGY PAIN MANAGEMENT




#### **GUPTA, ANUJ**

*Provider ID: 297703*  
*Board Certified Specialty: No*  
 2023 W VISTA WAY STE D VISTA, CA 92083  
 *Phone: (619) 330-8771*  
*Fax: (619) 330-8772*  
 *After Hours Phone: (619) 330-8771*  
*Provider Gender: Male*  
*NPI: 1073629549*  
 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*  
*Cultural Competency: N*  
*Hospital Affiliation: POMONA VALLEY HOSP MED CTR, PARADISE VALLEY HOSPITAL, TRI CITY MEDICAL CTR*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 16\999*  
*American Sign Language (ASL):*




*N*  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F 9:00AM-5:00PM*  
 *Website: N/A*  
*Email: CARMEDBILL@AOL.COM*

### CARDIOLOGY

#### **PARKS, MONICA**

*Provider ID: 302414*  
*Board Certified Specialty: No*  
 906 SYCAMORE AVE STE 104 VISTA, CA 92081  
 *Phone: (760) 630-2550*  
*Fax: (760) 726-2305*  
 *After Hours Phone: (760) 630-2550*  
*Provider Gender: Female*  
*NPI: 1740634971*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish, Vietnamese*  
*Cultural Competency: N*  
*Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL ENCINITAS, TRI CITY MEDICAL CTR*  
*Medi-Cal Open Panel: Y*  
*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: Y*  
*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



#### **SCARLETT, YVONNE**

*Provider ID: 290450*  
*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: 1083026223*

 *Provider English Spoken: Y*  
*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL):*

*N*

 *Accessibility: CONTACT PROVIDER*  
 *Website: N/A*

### CERTIFIED ACUPUNCTURIST

#### **SONG, CAROL**

Provider ID: 290550  
 Board Certified Specialty: No  
 1000 VALE TERRACE DR  
 VISTA, CA 92084  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000

Provider Gender: Female  
 NPI: 1518166685  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
 Hours: M-TH  
 8:00AM-8:00PM  
 F 9:00AM-5:00PM  
 SA 9:00AM-4:00PM  
 Website: N/A

**CERTIFIED NURSE PRACTITIONER**

**AYELE, MAHOGANY**

Provider ID: 257587  
 Board Certified Specialty: No  
 134 GRAPEVINE RD  
 VISTA, CA 92083  
 Phone: (844) 308-5003  
 Fax: (760) 414-3763  
 After Hours Phone: (844) 308-5003

Provider Gender: Female  
 NPI: 1902120421  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M 8:00AM-5:00PM  
 TU 10:30AM-7:30PM  
 W-F 8:00AM-5:00PM  
 Website: N/A

**CERTIFIED NURSE PRACTITIONER**

**BERNETICH, MEGHAN**

Provider ID: 302526  
 Board Certified Specialty: No  
 1000 VALE TERRACE DR  
 VISTA, CA 92084  
 Phone: (760) 631-5000  
 Fax: (760) 414-3702  
 After Hours Phone: (760) 631-5000

Provider Gender: Female  
 NPI: 1629354360  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 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**

**BERNETICH, MEGHAN**

Provider ID: 304506  
 Board Certified Specialty: No  
 1000 VALE TERRACE DR  
 VISTA, CA 92084  
 Phone: (760) 631-5000

Fax: (760) 414-3702  
 After Hours Phone: (760) 631-5000  
 Provider Gender: Female  
 NPI: 1629354360  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 9:00AM-5:00PM  
 SA 9:00AM-4:00PM  
 Website: N/A

**CERTIFIED NURSE PRACTITIONER**

**CARDINELL, ANNA**

Provider ID: 291411  
 Board Certified Specialty: No  
 910 SYCAMORE AVE STE 270  
 VISTA, CA 92081  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273

Provider Gender: Female  
 NPI: 1306978614  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**CHILAKA, SAMUEL**

Provider ID: 301312

Board Certified Specialty: No

134 GRAPEVINE RD  
VISTA, CA 92083

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1679140644

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH  
8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**CHILAKA, SAMUEL**

Provider ID: 301311

Board Certified Specialty: No

1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1679140644

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH  
8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**CHRISTY, TYLER**

Provider ID: 303928

Board Certified Specialty: No

517 N HORNE ST  
VISTA, CA 92083

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1689094971

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**CHRISTY, TYLER**

Provider ID: 303932

Board Certified Specialty: No

134 GRAPEVINE RD  
VISTA, CA 92083

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1689094971

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

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: Y

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: 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: Y


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: Y

Min/Max Age: 0\999

American Sign Language (ASL):


N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M 8:00AM-5:00PM  
 TU 10:30AM-7:30PM

W-F 8:00AM-5:00PM

SA 9:00AM-4:00PM

 Website: N/A


**CERTIFIED NURSE**  
**PRACTITIONER**

**HALGEDAHL, YI**

Provider ID: 241907

Board Certified Specialty: No

 1000 VALE TERRACE DR  
 VISTA, CA 92084

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
 631-5000

Provider Gender: Female

NPI: 1619246907

 Provider English Spoken: Y

 Provider Language(s)  
 Spoken: Mandarin

Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):


N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-TH  
 8:00AM-8:00PM

F 9:00AM-5:00PM

SA 9:00AM-4:00PM

 Website: N/A


**CERTIFIED NURSE**  
**PRACTITIONER**

**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: Y

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: Y  
 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: 302287  
 Board Certified Specialty: No  
 134 GRAPEVINE RD  
 VISTA, CA 92083  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Provider Gender: Female  
 NPI: 1407545221  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A



**CERTIFIED NURSE PRACTITIONER**

**HARRIS, PAMELA**  
 Provider ID: 302291  
 Board Certified Specialty: No

 105 DURIAN ST STE A  
 VISTA, CA 92083  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Provider Gender: Female  
 NPI: 1407545221  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A








**CERTIFIED NURSE PRACTITIONER**

**HERNANDEZ, JESSICA**  
 Provider ID: 302301  
 Board Certified Specialty: No  
 105 DURIAN ST STE A  
 VISTA, CA 92083  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Provider Gender: Female  
 NPI: 1013668680  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N





 Accessibility: CONTACT PROVIDER  
 Hours: M-F




8:00AM-5:00PM  
 Website: N/A

**CERTIFIED NURSE PRACTITIONER**

**HERNANDEZ, JESSICA**  
 Provider ID: 304493  
 Board Certified Specialty: No  
 134 GRAPEVINE RD  
 VISTA, CA 92083  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Provider Gender: Female  
 NPI: 1013668680  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 Website: N/A

**CERTIFIED NURSE PRACTITIONER**

**HERNANDEZ, JESSICA**  
 Provider ID: 302297  
 Board Certified Specialty: No  
 134 GRAPEVINE RD  
 VISTA, CA 92083  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Provider Gender: Female  
 NPI: 1013668680  
 Provider English Spoken: Y

*Cultural Competency: N*  
*Medi-Cal Open Panel: Y*  
*Min/Max 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: Y*  
*Min/Max 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: Y*  
*Min/Max 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: Y*  
*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*



 *Website: N/A*

**CERTIFIED NURSE PRACTITIONER**



**KELLEHER, BRIDGET**

*Provider ID: 298083*  
*Board Certified Specialty: No*

 134 GRAPEVINE RD  
 VISTA, CA 92083

 *Phone: (760) 631-5000*  
 *After Hours Phone: (760) 631-5000*

*Provider Gender: Female*  
*NPI: 1245695006*

 *Provider English Spoken: Y*  
 *Provider Language(s) Spoken: Spanish*

*Cultural Competency: N*  
*Hospital Affiliation: TRI CITY MEDICAL CTR*

*Medi-Cal Open Panel: Y*  
*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*


 *Website: N/A*

**CERTIFIED NURSE PRACTITIONER**

**KHUAT, LIEN**

*Provider ID: 297848*  
*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: 1366558678

☐ Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 18\999  
American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-TH  
8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

🌐 Website: N/A

**CERTIFIED NURSE PRACTITIONER**

**KHUAT, LIEN**

Provider ID: 297847

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: 1366558678

☐ Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 18\999

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-TH  
8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

🌐 Website: N/A

**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: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**MONTGOMERY, KEITH ALLEN**

Provider ID: 295288

Board Certified Specialty: No

📍 134 GRAPEVINE RD  
VISTA, CA 92083

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

📞 After Hours Phone: (760) 631-5000

Provider Gender: Male

NPI: 1790978617

☐ Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

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

NPI: 1790978617

☐ Provider English Spoken: Y  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 6\999

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-TU  
8:00AM-5:00PM  
W 10:00AM-7:00PM  
TH-F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

🌐 Website: N/A

**CERTIFIED NURSE  
PRACTITIONER**

**NICHOLAS, ESTELA**

Provider ID: 239866

Board Certified Specialty: No

📍 1000 VALE TERRACE DR  
VISTA, CA 92084

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

📞 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1558384792

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M 8:00AM-5:00PM  
TU-TH 8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

🌐 Website: N/A

**CERTIFIED NURSE  
PRACTITIONER**

**PRITZKER, JOELY**

Provider ID: 239773

Board Certified Specialty: No

📍 1000 VALE TERRACE DR  
VISTA, CA 92084

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

📞 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1619384351

☐ Provider English Spoken: Y

☐ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 12\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM  
SA 9:00AM-4:00PM

🌐 Website: N/A

**CERTIFIED NURSE  
PRACTITIONER**

**SHAHBAZ, LINNAE**

Provider ID: 304820

Board Certified Specialty: No

📍 1000 VALE TERRACE DR  
VISTA, CA 92084

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

📞 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1427712215

☐ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: TU-W  
0:00PM-8:00PM

🌐 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**SRILASAK, MICHELE**

Provider ID: 281857

Board Certified Specialty: No

📍 910 SYCAMORE AVE STE  
102  
VISTA, CA 92081

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

📞 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1265487326

☐ Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

**CERTIFIED NURSE  
PRACTITIONER**

**TAYLOR, CHRISTOPHER**

Provider ID: 295507

Board Certified Specialty: No

📍 134 GRAPEVINE RD  
VISTA, CA 92083

☎ Phone: (760) 631-5000




Fax: (760) 414-3892

📞 After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1851747166

☐ Provider English Spoken: Y

Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 12\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-2:00PM  
 SA 9:00AM-4:00PM  
 Website: N/A

**CERTIFIED NURSE**


**PRACTITIONER**

**TAYLOR, CHRISTOPHER**

Provider ID: 295504  
 Board Certified Specialty: No  
 105 DURIAN ST STE A  
 VISTA, CA 92083  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760)  
 631-5000


Provider Gender: Male


NPI: 1851747166

 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 12\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:00AM-2:00PM  
 SA 9:00AM-4:00PM

 Website: N/A

**CERTIFIED NURSE**


**PRACTITIONER**

**TAYLOR, CHRISTOPHER**

Provider ID: 295502

Board Certified Specialty: No

 1000 VALE TERRACE DR  
 VISTA, CA 92084

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
 631-5000

Provider Gender: Male

NPI: 1851747166

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Y


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**

**WILLIAMS, JINA**

Provider ID: 293676

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: 1225500259

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y


Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Hours: M 8:00AM-5:00PM

TU 10:30AM-7:30PM

W-F 8:00AM-5:00PM

 Website: N/A

**CERTIFIED NURSE**


**PRACTITIONER**

**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: Y

Min/Max Age: 12\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:00AM-5:00PM  
 SA 8:00AM-4:00PM

 Website: N/A

**CERTIFIED NURSE**


**PRACTITIONER**

**WINDHAM, SUZONNE**

Provider ID: 303721

Board Certified Specialty: No

 134 GRAPEVINE RD  
 VISTA, CA 92083

 Phone: (760) 631-5000

Fax: (760) 414-3892








 After Hours Phone: (760)

631-5000  
 Provider Gender: Female  
 NPI: 1679926208  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 12\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 SA 8:00AM-4:00PM  
 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**








**WINDHAM, SUZONNE**

Provider ID: 303840  
 Board Certified Specialty: No  
 134 GRAPEVINE RD  
 VISTA, CA 92083  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760)  
 631-5000  
 Provider Gender: Female  
 NPI: 1679926208  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 12\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 SA 8:00AM-4:00PM  
 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**





**WINDHAM, SUZONNE**




Provider ID: 303842  
 Board Certified Specialty: No  
 1000 VALE TERRACE DR  
 VISTA, CA 92084  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760)  
 631-5000  
 Provider Gender: Female  
 NPI: 1679926208  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 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: 303726  
 Board Certified Specialty: No  
 1000 VALE TERRACE DR  
 VISTA, CA 92084  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760)  
 631-5000  
 Provider Gender: Female  
 NPI: 1679926208  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y

Min/Max Age: 12\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 SA 8:00AM-4:00PM  
 Website: N/A

**CERTIFIED NURSE**

**PRACTITIONER**

**YCASAS, EMILY**

Provider ID: 298837  
 Board Certified Specialty: No  
 1000 VALE TERRACE DR  
 VISTA, CA 92084  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760)  
 631-5000  
 Provider Gender: Female  
 NPI: 1033841861  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 18\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-8:00PM  
 Website: N/A

**CERTIFIED REGISTERED  
 NURSE MIDWIFE**

**GUIDI, CASEY**

Provider ID: 300224  
 Board Certified Specialty: No  
 1000 VALE TERRACE DR  
 VISTA, CA 92084

☎ Phone: (760) 631-5000

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: Y

Min/Max Age: 12\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-TH  
8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

🌐 Website: N/A

**CERTIFIED REGISTERED  
NURSE MIDWIFE**

**GUIDI, CASEY**

Provider ID: 303315

Board Certified Specialty: No

📍 1000 VALE TERRACE DR  
VISTA, CA 92084

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

🕒 After Hours Phone: (760) 631-5000

Provider Gender: Female

NPI: 1013349919

🗒 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

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 REGISTERED  
NURSE MIDWIFE**

**ZAMORA-FLYR, MARIA**

Provider ID: 290640

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: 1194938647

🗒 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

ENCINITAS

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-8:00PM

🌐 Website: N/A

**CERTIFIED REGISTERED  
NURSE MIDWIFE**

**ZAMORA-FLYR, MARIA**

Provider ID: 290641

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: 1194938647

🗒 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS  
MEMORIAL HOSPITAL

ENCINITAS

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🌐 Website: N/A

**CHIROPRACTOR  
CORTEZ, JAIME**

Provider ID: 290483

Board Certified Specialty: No

📍 1000 VALE TERRACE DR  
VISTA, CA 92084

☎ Phone: (760) 414-3892

Fax: (760) 631-5000

🕒 After Hours Phone: (760) 414-3892

Provider Gender: Male

NPI: 1508195348

🗒 Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

🌐 Website: N/A

**CHIROPRACTOR**

**JU, NATHANIEL**

Provider ID: 290220

Board Certified Specialty: No

1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1972883882

Provider English Spoken: Y

Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH  
8:00AM-8:00PM  
F 9:00AM-5:00PM  
SA 9:00AM-4:00PM

Website: N/A

**CHIROPRACTOR**

**JU, NATHANIEL**

Provider ID: 290222

Board Certified Specialty: No

134 GRAPEVINE RD  
VISTA, CA 92083

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1972883882

Provider English Spoken: Y

Provider Language(s)  
Spoken: Chinese

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Website: N/A

**FAMILY PRACTICE**

**HIKES, RYAN**

Provider ID: 291652

Board Certified Specialty: No

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: Y

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: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-5:00PM  
TU 10:00AM-7:00PM  
W-F 8:00AM-5:00PM

Website: N/A

**FAMILY PRACTICE**

**MARTINEZ, LESLY**

Provider ID: 298003

Board Certified Specialty: No

134 GRAPEVINE RD  
VISTA, CA 92083

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1629509260

Provider English Spoken: Y

Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y


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**

**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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:00AM-5:00PM


 Website: N/A

**FAMILY PRACTICE**

**VIDAL, MONICA**

Provider ID: 293349  
 Board Certified Specialty: No  
 134 GRAPEVINE RD  
 VISTA, CA 92083  
 Phone: (844) 308-5003  
 Fax: (760) 414-3763  
 After Hours Phone: (844)  
 308-5003

Provider Gender: Female  
 NPI: 1871791749

 Provider English Spoken: Y

 Provider Language(s)  
 Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER


 Hours: M 8:00AM-5:00PM  
 TU 10:30AM-7:30PM  
 W-F 8:00AM-5:00PM


 Website: N/A

**HOSPICE AND PALLIATIVE**

**MEDICINE**

**RUBENZIK, TAMARA**

Provider ID: 282128  
 Board Certified Specialty: No  
 910 SYCAMORE AVE STE  
 102  
 VISTA, CA 92081  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781

 After Hours Phone: (800)  
 926-8273

Provider Gender: Female  
 NPI: 1811200652

 Provider English Spoken: Y  
 Cultural Competency: N

Hospital Affiliation: UCSD LA  
 JOLLA JOHN SALLY


THORNTON, UCSD MEDICAL  
 CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

 Hours: M-F  
 8:00AM-5:00PM


 Website: N/A

**INFECTIOUS DISEASE**

**HALPERIN, JASON**

Provider ID: 296420  
 Board Certified Specialty: No

 134 GRAPEVINE RD  
 VISTA, CA 92083

 Phone: (760) 631-5000  
 Fax: (760) 414-3892

 After Hours Phone: (760)  
 631-5000

Provider Gender: Male  
 NPI: 1952626228


 Provider English Spoken: Y  
 Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER


 Hours: M 8:00AM-5:00PM  
 TU 10:30AM-7:30PM  
 W-F 8:00AM-5:00PM


 Website: N/A

**INTERNAL MEDICINE**

**CHEN, MAX**



Provider ID: 302045  
 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: Male  
 NPI: 1285750356

 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Burmese, Chinese,

Mandarin, Spanish,  
Taiwanese  
Cultural Competency: N  
Medi-Cal Open Panel: Y  
Min/Max Age: 18\999  
American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TU  
8:00AM-5:00PM  
TH-F 8:00AM-5:00PM


 Website: N/A

### **INTERNAL MEDICINE**

#### **DAO, MARC**

Provider ID: 297754  
Board Certified Specialty: No

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000


Fax: (760) 414-3763

 After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1467542175

 Provider English Spoken: Y

 Provider Language(s)

Spoken: French,  
Vietnamese

Cultural Competency: N

Hospital Affiliation: PIONEERS  
MEMORIAL HOSPITAL,  
PALOMAR MEDICAL CENTER,  
SHARP MEMORIAL HOSPITAL,  
SHARP MARY BIRCH HOSP  
FOR WOMEN AND

NEWBORNS, EL CENTRO

REGIONAL MEDICAL CENTER,

PALOMAR HEALTH


Medi-Cal Open Panel: Y


Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH  
8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

 Website: N/A


### **OBSTETRICS / GYNECOLOGY**

#### **ARRIETA, IRIS**

Provider ID: 290607

Board Certified Specialty: No

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1659614303

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY  
MEDICAL CTR, RADY

CHILDRENS HOSPITAL SAN

DIEGO, SHARP MEMORIAL


HOSPITAL


Medi-Cal Open Panel: Y


Min/Max Age: 16\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH  
8:00AM-8:00PM  
F 9:00AM-5:00PM  
SA 9:00AM-4:00PM

 Website: N/A

### **OBSTETRICS / GYNECOLOGY**


#### **BINDER, PRATIBHA**

Provider ID: 282168

Board Certified Specialty: No

 910 SYCAMORE AVE STE  
102

VISTA, CA 92081

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

Provider Gender: Female

NPI: 1174758031

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-5:00PM

 Website: N/A


### **OBSTETRICS / GYNECOLOGY**

#### **DIETERICH, FREDERICK**

Provider ID: 304868

Board Certified Specialty: No

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000




Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Male

NPI: 1720183650


 Provider English Spoken: Y

Cultural Competency: N  
 Hospital Affiliation: Providence  
 St Jude Medical Center,  
 PLACENTIA LINDA HOSP,  
 Foothill Regional Medical  
 Center, LOS ALAMITOS  
 MEDICAL CENTER  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 16\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 9:00AM-4:00PM  
 Website: N/A

**OBSTETRICS / GYNECOLOGY**






**HAWKINS, MELISSA**

Provider ID: 290596  
 Board Certified Specialty: No  
 1000 VALE TERRACE DR  
 VISTA, CA 92084  
 Phone: (760) 631-5000  
 Fax: (760) 414-3755  
 After Hours Phone: (760)  
 631-5000  
 Provider Gender: Female  
 NPI: 1851620447  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY  
 MEDICAL CTR, PALOMAR  
 MEDICAL CENTER  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 16\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TH

8:00AM-7:00PM  
 F 8:00AM-5:00PM  
 SA 9:00AM-4:00PM  
 Website: N/A

**OBSTETRICS / GYNECOLOGY**

**LEON, JOSUE**



Provider ID: 290729  
 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: 1497799092  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish




Cultural Competency: N  
 Hospital Affiliation: PALOMAR  
 MEDICAL CENTER, TRI CITY  
 MEDICAL CTR  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 16\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

**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: Y  
 Min/Max Age: 16\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TH  
 9:00AM-8:00PM  
 F 9:00AM-5:00PM  
 SA 9:00AM-4:00PM  
 Website: N/A








**OBSTETRICS / GYNECOLOGY**

**POUNTNEY, MARLENE**





Provider ID: 290190  
 Board Certified Specialty: No  
 161 THUNDER DR STE 210  
 VISTA, CA 92083  
 Phone: (760) 757-5841  
 Fax: (619) 736-8740  
 After Hours Phone: (760)  
 757-5841  
 Provider Gender: Female  
 NPI: 1174703680  
 Provider English Spoken: Y  
 Provider Language(s)  
 Spoken: Spanish  
 Cultural Competency: N  
 Hospital Affiliation: TRI CITY

MEDICAL CTR, PALOMAR  
 MEDICAL CENTER  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 16\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A

**OBSTETRICS / GYNECOLOGY**




**SCHWEIKERT, SUZANNE**  
 Provider ID: 290423  
 Board Certified Specialty: No  
 161 THUNDER DR STE 210  
 VISTA, CA 92083  
 Phone: (760) 757-5841  
 Fax: (619) 736-8740  
 After Hours Phone: (760)  
 757-5841  
 Provider Gender: Female  
 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  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 16\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Website: N/A





**OPTOMETRIST**

**GEE, JENNIFER**  
 Provider ID: 273113  
 Board Certified Specialty: No  
 1000 VALE TERRACE DR  
 VISTA, CA 92084  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760)  
 631-5000  
 Provider Gender: Female  
 NPI: 1336589332  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation:  
 COMMUNITY REGIONAL  
 MEDICAL CENTER-FRESNO,  
 CALIFORNIA PACIFIC  
 MEDICAL CENTER - D P APH  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999





American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-TH  
 8:00AM-8:00PM  
 F 9:00AM-5:00PM  
 SA 9:00AM-4:00PM  
 Website: N/A

**OPTOMETRIST**

**GEE, JENNIFER**  
 Provider ID: 290209  
 Board Certified Specialty: No  
 134 GRAPEVINE RD  
 VISTA, CA 92083  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760)  
 631-5000  
 Provider Gender: Female  
 NPI: 1336589332

 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation:  
 COMMUNITY REGIONAL  
 MEDICAL CENTER-FRESNO,  
 CALIFORNIA PACIFIC  
 MEDICAL CENTER - D P APH  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M 8:00AM-5:00PM  
 TU 9:30AM-5:00PM  
 W 8:00AM-5:00PM  
 TH 10:00AM-7:00PM  
 F 8:00AM-5:00PM  
 SA 9:00AM-4:00PM  
 Website: N/A

**OPTOMETRIST**


**GEE, JENNIFER**  
 Provider ID: 290208  
 Board Certified Specialty: No  
 1000 VALE TERRACE DR  
 VISTA, CA 92084  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760)  
 631-5000  
 Provider Gender: Female  
 NPI: 1336589332  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation:  
 COMMUNITY REGIONAL  
 MEDICAL CENTER-FRESNO,  
 CALIFORNIA PACIFIC  
 MEDICAL CENTER - D P APH  
 Medi-Cal Open Panel: Y


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH  
8:00AM-8:00PM  
F 9:00AM-5:00PM  
SA 9:00AM-4:00PM

 Website: N/A


**OPTOMETRIST**

**GEE, JENNIFER**

Provider ID: 273114

Board Certified Specialty: No

 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1336589332

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:

COMMUNITY REGIONAL  
MEDICAL CENTER-FRESNO,  
CALIFORNIA PACIFIC  
MEDICAL CENTER - D P A P H

Medi-Cal Open Panel: Y

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**


**KASAI, SARAH**

Provider ID: 302767

Board Certified Specialty: No


 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1023406238

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER


 Website: N/A


**OPTOMETRIST**

**KASAI, SARAH**

Provider ID: 303740

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: 1023406238

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Y


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH  
8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

 Website: N/A


**OPTOMETRIST**

**KASAI, SARAH**

Provider ID: 302519

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: 1023406238

 Provider English Spoken: Y

Cultural Competency: N


Medi-Cal Open Panel: Y


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH  
8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

 Website: N/A


**OPTOMETRIST**

**KIM, MICHAEL**

Provider ID: 290903

Board Certified Specialty: No

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000

Fax: (760) 414-3892

☎ After Hours Phone: (760) 631-5000

Provider Gender: Male

NPI: 1164546313

☑ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: SU 8:00AM-5:00PM  
M-F 8:00AM-5:00PM

🌐 Website: N/A

**OPTOMETRIST**

**KIM, MICHAEL**

Provider ID: 245239

Board Certified Specialty: No

📍 134 GRAPEVINE RD  
VISTA, CA 92083

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

☎ After Hours Phone: (760) 631-5000

Provider Gender: Male

NPI: 1164546313

☑ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-W  
8:00AM-5:00PM

TH 10:30AM-7:30PM

F 8:00AM-5:00PM

🌐 Website: N/A

**OPTOMETRIST**

**KIM, MICHAEL**

Provider ID: 290697

Board Certified Specialty: No

📍 134 GRAPEVINE RD  
VISTA, CA 92083

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

☎ After Hours Phone: (760) 631-5000

Provider Gender: Male

NPI: 1164546313

☑ Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-W  
8:00AM-5:00PM  
TH 10:30AM-7:30PM  
F 8:00AM-5:00PM

🌐 Website: N/A

**OPTOMETRIST**

**MORA, WENDY**

Provider ID: 290238

Board Certified Specialty: No

📍 134 GRAPEVINE RD  
VISTA, CA 92083

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

☎ After Hours Phone: (760) 631-5000

Provider Gender: Female

NPI: 1376958389

☑ Provider English Spoken: Y

☑ Provider Language(s)  
Spoken: Spanish

Cultural Competency: N

Medi-Cal Open Panel: Y

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: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-TH  
8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

🌐 Website: N/A






**OPTOMETRIST**

**MORA, WENDY**

Provider ID: 242634




Board Certified Specialty: No




📍 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Provider Gender: Female  
 NPI: 1376958389  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Spanish  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TH 8:00AM-8:00PM  
 F 8:00AM-5:00PM  
 SA 9:00AM-4:00PM  
 Website: N/A

**OPTOMETRIST**

**TAM, EMILY**




Provider ID: 277978  
 Board Certified Specialty: No  
 1000 VALE TERRACE DR  
 VISTA, CA 92084  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Provider Gender: Female  
 NPI: 1497161236  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Mandarin  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER  
 Hours: SU 9:00AM-4:00PM  
 M-TH 8:00AM-8:00PM  
 F 8:00AM-5:00PM  
 SA 9:00AM-4:00PM  
 Website: N/A

**OPTOMETRIST**

**TAM, EMILY**




Provider ID: 290315  
 Board Certified Specialty: No  
 1000 VALE TERRACE DR  
 VISTA, CA 92084  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Provider Gender: Female  
 NPI: 1497161236  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Mandarin  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER  
 Hours: SU 9:00AM-4:00PM  
 M-TH 8:00AM-8:00PM  
 F 8:00AM-5:00PM  
 SA 9:00AM-4:00PM  
 Website: N/A

**OPTOMETRIST**






**TAM, EMILY**

Provider ID: 290316  
 Board Certified Specialty: No  
 134 GRAPEVINE RD  
 VISTA, CA 92083  
 Phone: (760) 631-5000

Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Provider Gender: Female  
 NPI: 1497161236  
 Provider English Spoken: Y  
 Provider Language(s) Spoken: Mandarin  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 5\21  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 SA 9:00AM-4:00PM  
 Website: N/A

**OPTOMETRIST**

**TRAN, JESSICA**

Provider ID: 304596

Board Certified Specialty: No

134 GRAPEVINE RD  
VISTA, CA 92083

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1457922957

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM  
SA 9:00AM-4:00PM

Website: N/A

**OPTOMETRIST**

**TRAN, JESSICA**

Provider ID: 303729

Board Certified Specialty: No

1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3702

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1457922957

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 5\21

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM  
SA 9:00AM-4:00PM

Website: N/A

**OPTOMETRIST**

**TRAN, JESSICA**

Provider ID: 304595

Board Certified Specialty: No

1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3702

After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1457922957

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y

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

**PEDIATRICS**

**RAHIMI, NASSRIN**

Provider ID: 257581

Board Certified Specialty: No

1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)

631-5000

Provider Gender: Female

NPI: 1063438166

Provider English Spoken: Y

Provider Language(s)  
Spoken: Farsi

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN  
DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH  
8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

Website: N/A

**PHYSICIANS ASSISTANT**

**KUPIS, ROBERT**

Provider ID: 291281

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: 1285676353

Provider English Spoken: Y  
Cultural Competency: N

Medi-Cal Open Panel: Y



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**

**WALLACE, STEPHANIE**


Provider ID: 239770

Board Certified Specialty: No

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000


Fax: (760) 414-3892

 After Hours Phone: (888)  
216-8482

Provider Gender: Female

NPI: 1518104942

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish

Cultural Competency: N


Hospital Affiliation: PALOMAR  
MEDICAL CENTER


Medi-Cal Open Panel: Y


Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M 8:00AM-5:00PM  
TU-TH 8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

 Website: N/A


**PODIATRIST**

**MILLER, JULIE**


Provider ID: 290666

Board Certified Specialty: No

 1000 VALE TERRACE DR  
VISTA, CA 92084

 Phone: (760) 631-5000

Fax: (760) 414-3763

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1619115664

 Provider English Spoken: Y  
Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL  
ENCINITAS, TRI CITY MEDICAL  
CTR

Medi-Cal Open Panel: Y


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


**PSYCHOLOGIST**


**GUTIERREZ, VERONICA**

Provider ID: 304731

Board Certified Specialty: No


 134 GRAPEVINE RD  
VISTA, CA 92083

 Phone: (760) 631-5000

 After Hours Phone: (760)  
631-5000

Provider Gender: Female

NPI: 1467674176

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER  
 Website: N/A


**PSYCHOLOGIST**

**GUTIERREZ, VERONICA**


Provider ID: 304729

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: 1467674176

 Provider English Spoken: Y

 Provider Language(s)  
Spoken: Spanish


Cultural Competency: N


Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH  
9:00AM-8:00PM  
F 9:00AM-5:00PM  
SA 9:00AM-4:00PM

 Website: N/A


**PULMONARY DISEASES**

**BAUTISTA, JENNIFER**

Provider ID: 300864

Board Certified Specialty: No

 2067 W VISTA WAY STE 160  
VISTA, CA 92083

 Phone: (760) 230-8994


Fax: (760) 944-1309

 After Hours Phone: (760)  
230-8994

Provider Gender: Female

NPI: 1770727034

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS, COMMUNITY

HOSPITAL OF THE MONTEREY

PENINSULA, NATIVIDAD

MEDICAL CENTER


Medi-Cal Open Panel: Y

Min/Max Age: 21\199


American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A


### **REGISTERED PHYSICAL**


#### **THERAPIST**

#### **AMBROSE, CHRISTOPHER**


Provider ID: 248009

Board Certified Specialty: No

 2067 W VISTA WAY STE 185 VISTA, CA 92083

 Phone: (760) 631-5888

Fax: (760) 631-5880

 After Hours Phone: (760) 591-7750

Provider Gender: Male

NPI: 1114977535

 Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: Y


Min/Max Age: 8\125

American Sign Language (ASL):

N

 Accessibility: CONTACT

#### **PROVIDER**

 Hours: M 7:00AM-7:00PM

TU 7:00AM-5:00PM

W 7:00AM-7:00PM

TH 7:00AM-5:00PM

F 7:00AM-7:00PM

 Website: N/A

### **SURGERY GENERAL**


#### **ARMANI, AVA**

Provider ID: 282144

Board Certified Specialty: No

 910 SYCAMORE AVE STE 102

VISTA, CA 92081

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1861759383

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: MEDICAL

CTR AT UCSF, UCSF Medical

Center At Mission Bay, UCSF

MEDICAL CENTER AT MOUNT

ZION, UCSD LA JOLLA JOHN

SALLY THORNTON, UCSD

MEDICAL CTR

Medi-Cal Open Panel: Y

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

 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: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: N/A

### **WILDOMAR**

### **ANESTHESIOLOGY**


#### **HYLTON, DIANA**

Provider ID: 241737

Board Certified Specialty: No

 36485 INLAND VALLEY DR

WILDOMAR, CA 92595

 Phone: (800) 926-8273

 After Hours Phone: (800)

926-8273  
 Provider Gender: Female  
 NPI: 1932527751  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR, SOUTHWEST HEALTHCARE INLAND VALLEY HOSPITAL, SOUTHWEST HEALTHCARE RANCHO SPRINGS HOSPITAL  
 Medi-Cal Open Panel: Y  
 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: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM  
 Website: N/A

**EMERGENCY MEDICINE**

**LI, JINGHONG**

Provider ID: 255940  
 Board Certified Specialty: No  
 36485 INLAND VALLEY DR WILDOMAR, CA 92595  
 Phone: (951) 677-1111  
 After Hours Phone: (951) 677-1111  
 Provider Gender: Female  
 NPI: 1619014479  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 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  
 Cultural Competency: N  
 Medi-Cal Open Panel: Y  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Website: N/A

**PULMONARY DISEASES**

**SURI, RAJAT**

Provider ID: 283349  
 Board Certified Specialty: No  
 36485 INLAND VALLEY DR WILDOMAR, CA 92595  
 Phone: (951) 677-1111  
 Fax: (951) 677-9757  
 After Hours Phone: (951) 677-1111  
 Provider Gender: Male  
 NPI: 1144615337  
 Provider English Spoken: Y  
 Cultural Competency: N  
 Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON  
 Medi-Cal Open Panel: Y  
 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**

**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: N

Min/Max Age: 0\150

Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status:  
JCAHO

Hours: M-F  
8:00AM-4:30PM

License Number: N/A

NPI: 1265468946

Website: [www.alvaradohospital.com](http://www.alvaradohospital.com)

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**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: N

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

N

Accessibility: CONTACT  
PROVIDER

**POWAY**

**PALOMAR HEALTH**

Provider ID: 170052

15615 POMERADO RD  
POWAY, CA 92064

Phone: (858) 613-4000

After Hours Phone: (858)  
613-4000

Accepting New Patients: N

Min/Max Age: 0\150

Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status:  
JCAHO

Hours: 24 Hours / 7  
days/week

License Number: 080000127

NPI: 1376513754

Website: [www.palomarhealth.org/facilities/palomar-poway-outpatient](http://www.palomarhealth.org/facilities/palomar-poway-outpatient)

American Sign Language (ASL):  
N

N

Accessibility: CONTACT  
PROVIDER

Birthing Friendly: Y

**ESCONDIDO**

**PALOMAR MEDICAL CENTER**

Provider ID: 173011

2185 CITRACADO PKWY  
ESCONDIDO, CA 92029

Phone: (442) 281-5000

After Hours Phone: (442)

281-5000

Accepting New Patients: N

Min/Max Age: 0\150

Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status:  
JCAHO

Hours: 24 Hours / 7  
days/week

License Number: 080000083

NPI: 1457321317

Website: [www.palomarhealth.org/facilities/palomar-medical-center](http://www.palomarhealth.org/facilities/palomar-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: N

Min/Max Age: 0\150

Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status:  
JCAHO

Hours: 24 Hours / 7  
days/week

License Number: N/A

NPI: 1356410351

Website: [www.paradisevallhospital.net](http://www.paradisevallhospital.net)

American Sign Language (ASL):  
N

Accessibility: CONTACT

PROVIDER

**SAN DIEGO**

**RADY CHILDRENS HOSPITAL  
SAN DIEGO**

Provider ID: 171083

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 576-1700

After Hours Phone: (858)  
576-1700

Accepting New Patients: N

Min/Max Age: 0\150

Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status:

JCAHO

Hours: 24 Hours / 7  
days/week

License Number: N/A

NPI: 1710065933

Website: www.rchsd.org

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

**LA JOLLA**

**SCRIPPS GREEN HOSPITAL**

Provider ID: 171084

10666 N TORREY PINES RD  
MS 220  
LA JOLLA, CA 92037

Phone: (858) 455-9100

After Hours Phone: (858)  
455-9100

Accepting New Patients: N

Min/Max Age: 0\150

Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status:

JCAHO

Hours: 24 Hours / 7  
days/week

License Number: 080000139

NPI: 1841233780

Website: www.scripps.org/  
ocations/hospitals\_\_scripps-  
green-hospital

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

**SCRIPPS MEMORIAL  
HOSPITAL**

Provider ID: 170045

9888 GENESEE AVE  
LA JOLLA, CA 92037

Phone: (800) 727-4777

After Hours Phone: (800)  
727-4777

Accepting New Patients: N

Min/Max Age: 0\150

Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status:

JCAHO

Hours: 24 Hours / 7  
days/week

License Number: 080000050

NPI: 1841277704

Website: www.scripps.org/  
ocations/hospitals\_\_scripps-  
memorial-hospital-la-  
jolla

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Birthing Friendly: Y

**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: N

Min/Max Age: 0\150

Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status:

JCAHO

Hours: 24 Hours / 7  
days/week

License Number: 080000148

NPI: 1700829199

Website: www.scripps.org/  
ocations/hospitals\_\_scripps-  
memorial-hospital-enci-  
nitas

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Birthing Friendly: Y

**SAN DIEGO**

**SCRIPPS MERCY HOSPITAL**

Provider ID: 170048

4077 5TH AVE  
SAN DIEGO, CA 92103

Phone: (619) 294-8111

After Hours Phone: (619)  
294-8111

Accepting New Patients: N

Min/Max Age: 0\150

Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status:

JCAHO

**ENCINITAS**

🕒 Hours: 24 Hours / 7 days/week

License Number: N/A

NPI: 1659359446

🌐 Website: [www.scripps.org/locations/hospitals\\_\\_scripps-mercy-hospital\\_\\_scripps-mercy-hospital-san-diego](http://www.scripps.org/locations/hospitals__scripps-mercy-hospital__scripps-mercy-hospital-san-diego)

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Birth Friendly: Y

### CHULA VISTA

#### SCRIPPS MERCY HOSPITAL

##### CHULA VISTA

Provider ID: 170256

📍 435 H ST

CHULA VISTA, CA 91910

☎ Phone: (619) 691-7000

🕒 After Hours Phone: (619) 691-7000

Accepting New Patients: N

Min/Max Age: 0\150

📄 Site English Spoken: Y

Cultural Competency: N

Hospital Accreditation Status:

JCAHO

🕒 Hours: 24 Hours / 7 days/week

License Number: 090000074

NPI: 1659359446

🌐 Website: [www.scripps.org/locations/hospitals\\_\\_scripps-mercy-hospital\\_\\_scripps-mercy-hospital-chula-vista](http://www.scripps.org/locations/hospitals__scripps-mercy-hospital__scripps-mercy-hospital-chula-vista)

American Sign Language (ASL):

N

♿ Accessibility: CONTACT

### PROVIDER

#### SAN DIEGO

#### SELECT SPECIALTY HOSPITAL SAN DIEGO

Provider ID: 170165

📍 555 WASHINGTON ST  
SAN DIEGO, CA 92103

☎ Phone: (619) 260-8300

🕒 After Hours Phone: (619) 260-8300

Accepting New Patients: N

Min/Max Age: 0\150

📄 Site English Spoken: Y

Cultural Competency: N

Hospital Accreditation Status:

JCAHO

🕒 Hours: 24 Hours / 7 days/week

License Number: 090000404

NPI: 1639172133

🌐 Website: N/A

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

### CHULA VISTA

#### SHARP CHULA VISTA MED CTR

Provider ID: 170251

📍 751 MEDICAL CENTER CT  
CHULA VISTA, CA 91911

☎ Phone: (619) 502-5800

🕒 After Hours Phone: (619) 502-5800

Accepting New Patients: N

Min/Max Age: 0\150

📄 Site English Spoken: Y

Cultural Competency: N

Hospital Accreditation Status:

JCAHO

🕒 Hours: 24 Hours / 7 days/week

License Number: 090000008

NPI: 1396728630

🌐 Website: [www.sharp.com/hospitals/chula-vista/](http://www.sharp.com/hospitals/chula-vista/)

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Birth Friendly: Y

### 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: N

Min/Max Age: 0\150

📄 Site English Spoken: Y

Cultural Competency: N

Hospital Accreditation Status:

JCAHO

🕒 Hours: 24 Hours / 7 days/week

License Number: N/A

NPI: 1154304475

🌐 Website: [www.sharp.com/hospitals/coronado/](http://www.sharp.com/hospitals/coronado/)

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

### SAN DIEGO

#### SHARP MARY BIRCH HOSP FOR WOMEN AND

**NEWBORNS**

Provider ID: 170054

3003 HEALTH CENTER DR  
SAN DIEGO, CA 92123

Phone: (858) 939-3400

After Hours Phone: (858)  
939-3400

Accepting New Patients: N

Min/Max Age: 0\150

Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status:  
JCAHO

Hours: 24 Hours / 7  
days/week

License Number: 080000039

NPI: 1407839921

Website: [www.sharp.com](http://www.sharp.com)

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**SHARP MEMORIAL HOSPITAL**

Provider ID: 170047

7901 FROST ST  
SAN DIEGO, CA 92123

Phone: (858) 939-3400

After Hours Phone: (858)  
939-3400

Accepting New Patients: N

Min/Max Age: 0\150

Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status:  
JCAHO

Hours: 24 Hours / 7  
days/week

License Number: N/A

NPI: 1407839921

Website: [www.sharp.com/hospitals/memorial/](http://www.sharp.com/hospitals/memorial/)

American Sign Language (ASL): Accepting New Patients: N  
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: N

Min/Max Age: 0\150

Site English Spoken: Y  
Cultural Competency: N

Hospital Accreditation Status:  
JCAHO

Hours: 24 Hours / 7  
days/week

License Number: N/A

NPI: 1801861190

Website: [www.tricitymed.org](http://www.tricitymed.org)

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Birthing Friendly: Y

**LA JOLLA**

**UCSD LA JOLLA JOHN SALLY THORNTON**

Provider ID: 170053

9300 CAMPUS POINT DR  
LA JOLLA, CA 92037

Phone: (858) 657-7000

After Hours Phone: (858)  
657-7000

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):  
N

Accessibility: CONTACT  
PROVIDER

**SAN DIEGO**

**UCSD MEDICAL CTR**

Provider ID: 170051

200 W ARBOR DR  
SAN DIEGO, CA 92103

Phone: (619) 543-6222

After Hours Phone: (619)  
543-6222

Accepting New Patients: N

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





## 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: N

NPI: 1962488007

Website: N/A

Credentials and/or

certifications:

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

## CHULA VISTA

### BIRCH PATRICK CONV CTR

Provider ID: 171998

751 MEDICAL CENTER CT  
CHULA VISTA, CA 91911

Phone: (619) 502-3600

Fax: (619) 502-5835

After Hours Phone: (619)  
502-3600

Accepting New Patients: N

NPI: 1538142369

Website: [www.sharp.com/hospitals/chula-vista/departments/skilled-nursing.cfm](http://www.sharp.com/hospitals/chula-vista/departments/skilled-nursing.cfm)

Credentials and/or

certifications:

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### SOUTH BAY POST ACUTE CARE

Provider ID: 394308

553 F ST  
CHULA VISTA, CA 91910

Phone: (619) 426-8611

Fax: (619) 240-7378

After Hours Phone: (619)  
426-8611

Accepting New Patients: N

Hours: M-F  
9:00AM-5:30PM

NPI: 1376946277

Website: <http://southbaypostacute.com>

Credentials and/or  
certifications:

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Filipino, Pilipino

Cultural Competency: N

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

## 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: N

NPI: 1184607418

Website: [www.sharp.com/hospitals/coronado/departments/long-term-care.cfm](http://www.sharp.com/hospitals/coronado/departments/long-term-care.cfm)

Credentials and/or  
certifications:

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

## 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: N

NPI: 1568484517

Website: [www.avocadopostacute.com](http://www.avocadopostacute.com)

Credentials and/or  
certifications:

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### COTTONWOOD CANYON HEALTHCARE CENTER

Provider ID: 171983

1391 E MADISON AVE  
EL CAJON, CA 92021

Phone: (619) 444-1107

**.D5 ارائه دهندگان خدمات و پشتیبانی های بلندمدت (LTSS)  
۱. مراقبت طولانی مدت (LTC) و مرکز پرستاری ماهر (SNF)**

Fax: (619) 444-1403

☎ After Hours Phone: (619)  
444-1107

Accepting New Patients: N

NPI: 1013953199

🌐 Website: <http://cottonwoodcanyonhc.com>

Credentials and/or  
certifications:

☐ Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

**COUNTRY HILLS HEALTH  
CARE CENTER**

Provider ID: 416853

📍 1580 BROADWAY  
EL CAJON, CA 92021

☎ Phone: (619) 441-8745

Fax: (619) 442-2553

☎ After Hours Phone: (619)  
441-8745

Accepting New Patients: N

NPI: 1700973963

🌐 Website: [www.countryhills.com](http://www.countryhills.com)

Credentials and/or  
certifications:

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken:  
American Sign Language,  
Arabic, Korean, Spanish,  
Tagalog, Farsi, Vietnamese,  
Mandarin

Cultural Competency: N

American Sign Language (ASL):

Y

♿ Accessibility: CONTACT  
PROVIDER

**COUNTRY HILLS POST ACUTE**

Provider ID: 503510

📍 1580 BROADWAY  
EL CAJON, CA 92021

☎ Phone: (619) 441-8745

Fax: (619) 441-9029

☎ After Hours Phone: (619)  
441-8745

Accepting New Patients: N

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: N

NPI: 1346516937

🌐 Website: N/A  
Credentials and/or

certifications:

☐ Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

**MAGNOLIA POST ACUTE CARE**

Provider ID: 380518

📍 635 S MAGNOLIA AVE  
EL CAJON, CA 92020

☎ Phone: (616) 442-8826

Fax: (619) 442-0288

☎ After Hours Phone: (616)  
442-8826

Accepting New Patients: N

NPI: 1316340227

🌐 Website: N/A  
Credentials and/or

certifications:

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken:  
Spanish, Tagalog

Cultural Competency: N

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

**PARKSIDE HEALTH AND  
WELLNESS CENTER**

Provider ID: 349923

📍 444 W LEXINGTON AVE  
EL CAJON, CA 92020

☎ Phone: (619) 442-7744

☎ After Hours Phone: (619)  
442-7744

Accepting New Patients: N

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


**.D5. ارائه‌دهندگان خدمات و پشتیبانی‌های بلندمدت (LTSS)  
 ۱. مراقبت طولانی مدت (LTC) و مرکز پرستاری ماهر (SNF)**

 *Accessibility: CONTACT 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: N*

*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*


**SOMERSET SUBACUTE AND CARE**

*Provider ID: 348526*

 151 CLAYDELLE AVE  
EL CAJON, CA 92020


 *Phone: (619) 442-0245*

*Fax: (614) 423-3631*

 *After Hours Phone: (619) 442-0245*

*Accepting New Patients: N*

*NPI: 1073916987*


 *Website: <http://somensetsubacute.com>*

*Credentials and/or certifications:*

 *Site English Spoken: Y*

*Cultural Competency: N*


*American Sign Language (ASL): 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: N*

*NPI: 1629129267*

 *Website: N/A*

*Credentials and/or certifications:*

 *Site English Spoken: Y*

 *Site Language(s) Spoken:*

*Tagalog, Spanish*

*Cultural Competency: N*

*American Sign Language (ASL):*


*N*


 *Accessibility: CONTACT PROVIDER*

**VICTORIA POST ACUTE CARE**

*Provider ID: 387720*

 654 S ANZA ST  
EL CAJON, CA 92020

 *Phone: (619) 440-5005*

 *After Hours Phone: (619) 440-5005*

*Accepting New Patients: N*

*NPI: 1326441239*

 *Website: <http://victoriapostacute.com>*

*Credentials and/or certifications:*

 *Site English Spoken: Y*


*Cultural Competency: 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: N*

*NPI: 1326441239*

 *Website: [www.VICTORIAPOSTACUTE.com](http://www.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: N*

*NPI: 1023048295*

 *Website: <http://villalaspalmascares.com>*


*Credentials and/or certifications:*

 *Site English Spoken: Y*

*Cultural Competency: N*





*American Sign Language (ASL):*


**.D5 ارائه‌دهندگان خدمات و پشتیبانی‌های بلندمدت (LTSS)  
۱. مراقبت طولانی مدت (LTC) و مرکز پرستاری ماهر (SNF)**

**N**  
 *Accessibility: CONTACT PROVIDER*


**ENCINITAS**


**AVIARA HEALTHCARE CENTER**

*Provider ID: 171995*  
 944 REGAL RD  
 ENCINITAS, CA 92024  
 *Phone: (760) 944-0331*  
 *After Hours Phone: (760) 944-0331*  
*Accepting New Patients: N*  
*NPI: 1518146620*  
 *Website: <http://aviarahealthcare.com>*

*Credentials and/or certifications:*  
 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Tagalog, Spanish*  
*Cultural Competency: N*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*



**ENCINITAS NURSING AND REHAB CTR**


*Provider ID: 171977*  
 900 SANTA FE DR  
 ENCINITAS, CA 92024  
 *Phone: (760) 753-6423*  
*Fax: (760) 753-4979*  
 *After Hours Phone: (760) 753-6423*  
*Accepting New Patients: N*  
 *Hours: M-F 8:00AM-5:00PM*  
*NPI: 1265415749*  
 *Website: [www.covenantcare.com](http://www.covenantcare.com)*

*Credentials and/or certifications:*  
 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Spanish*  
*Cultural Competency: N*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

**ESCONDIDO**





**ESCONDIDO CARE CENTER**

*Provider ID: 172027*  
 421 E MISSION AVE  
 ESCONDIDO, CA 92025  
 *Phone: (760) 747-0430*  
*Fax: (760) 747-0569*  
 *After Hours Phone: (760) 747-0430*  
*Accepting New Patients: N*  
 *Hours: M-F 8:00AM-4:30PM*  
*NPI: 1588660765*  
 *Website: <http://escondidopostacute.com>*

*Credentials and/or certifications:*  
 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Tagalog, Spanish*  
*Cultural Competency: N*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

**LIFE CARE CENTER OF ESCONDIDO**

*Provider ID: 172010*  
 1980 FELICITA RD

ESCONDIDO, CA 92025  
 *Phone: (760) 741-6109*  
 *After Hours Phone: (760) 741-6109*  
*Accepting New Patients: N*  
*NPI: 1386681286*  
 *Website: <http://lifecarecentrofescondido.com>*  
*Credentials and/or certifications:*  
 *Site English Spoken: Y*  
*Cultural Competency: N*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

**PALOMAR HEIGHTS CARE CTR**

*Provider ID: 170055*  
 1260 E OHIO AVE  
 ESCONDIDO, CA 92027  
 *Phone: (760) 746-1100*  
*Fax: (760) 746-1201*  
 *After Hours Phone: (760) 746-1100*  
*Accepting New Patients: N*  
*NPI: 1255337440*  
 *Website: <http://palomarheightsrehab.com>*  
*Credentials and/or certifications:*  
 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Spanish, Tagalog*  
*Cultural Competency: N*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

**PALOMAR VISTA HEALTHCARE CTR**

**.D5 ارائه‌دهندگان خدمات و پشتیبانی‌های بلندمدت (LTSS)  
۱. مراقبت طولانی مدت (LTC) و مرکز پرستاری ماهر (SNF)**

Provider ID: 171988

📍 201 N FIG ST  
ESCONDIDO, CA 92025

☎ Phone: (760) 746-0303

Fax: (760) 738-1749

🕒 After Hours Phone: (760)  
746-0303

Accepting New Patients: N

NPI: 1861491490

🌐 Website: <http://palomarvista.com>

Credentials and/or  
certifications:

📄 Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

### VALLE VISTA POST ACUTE

Provider ID: 171968

📍 1025 W 2ND AVE  
ESCONDIDO, CA 92025

☎ Phone: (760) 745-1842

Fax: (760) 745-4346

🕒 After Hours Phone: (760)  
745-1842

Accepting New Patients: N

🕒 Hours: M-F  
8:00AM-5:00PM

NPI: 1659369262

🌐 Website: [www.covenantcare.com](http://www.covenantcare.com)

Credentials and/or  
certifications:

📄 Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

### FALLBROOK

#### FALLBROOK SKILLED NURSING

Provider ID: 298744

📍 325 POTTER ST  
FALLBROOK, CA 92028

☎ Phone: (760) 728-2330

Fax: (909) 863-4644

🕒 After Hours Phone: (760)  
728-2330

Accepting New Patients: N

🕒 Hours: M-F  
8:00AM-5:00PM

NPI: 1265823264

🌐 Website: [www.progressivecarecenters.com](http://www.progressivecarecenters.com)

Credentials and/or  
certifications:

📄 Site English Spoken: Y

📄 Site Language(s) Spoken:  
Spanish, Tagalog

Cultural Competency: N

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

#### VIA RIO HOUSE

Provider ID: 662930

📍 1262 VIA ENCINOS DR  
FALLBROOK, CA 92028

☎ Phone: (760) 547-1976

Fax: (760) 721-9872

🕒 After Hours Phone: (760)  
547-1976

Accepting New Patients: N

NPI: 1962488007

🌐 Website: N/A

Credentials and/or

certifications:

📄 Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

### LA JOLLA

#### LA JOLLA NURSING AND REHAB CTR

Provider ID: 171975

📍 2552 TORREY PINES RD  
LA JOLLA, CA 92037

☎ Phone: (858) 453-5810

Fax: (858) 214-1212

🕒 After Hours Phone: (858)  
453-5810

Accepting New Patients: N

🕒 Hours: M-F  
8:00AM-5:00PM

NPI: 1457486078

🌐 Website: [www.covenantcare.com](http://www.covenantcare.com)

Credentials and/or  
certifications:

📄 Site English Spoken: Y

📄 Site Language(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: N

🕒 Hours: M-F 7:30AM-4:00PM

**D5. ارائه دهندگان خدمات و پشتیبانی های بلندمدت (LTSS)  
۱. مراقبت طولانی مدت (LTC) و مرکز پرستاری ماهر (SNF)**

NPI: 1588067482

 Website: <http://thecoveatlajolla.com>

Credentials and/or certifications:

Site English Spoken: Y  
Cultural Competency: N


American Sign Language (ASL): N



 Accessibility: CONTACT PROVIDER

**LA MESA**


**ARBOR HILLS NURSING CENTER**

Provider ID: 172007

 7800 PARKWAY DR  
LA MESA, CA 91942

 Phone: (619) 460-2330  
 After Hours Phone: (619) 460-2330


Accepting New Patients: N  
NPI: 1356345706

 Website: [www.lifegen.net/arborhills/](http://www.lifegen.net/arborhills/)

Credentials and/or certifications:


Site English Spoken: Y  
 Site Language(s) Spoken: Tagalog, Spanish, Russian  
Cultural Competency: N


American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER


**CARE MERIDIAN LA MESA**

Provider ID: 173379


 5640 AZTEC DR  
LA MESA, CA 91942

 Phone: (949) 263-6632

Fax: (619) 465-0019

 After Hours Phone: (949) 263-6632

Accepting New Patients: N  
NPI: 1235404674

 Website: [www.neurorestorative.com](http://www.neurorestorative.com)

Credentials and/or certifications:

Site English Spoken: Y  
Cultural Competency: N



American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

**COUNTRY MANOR LA MESA HEALTHCARE CENTER**

Provider ID: 172023

 5696 LAKE MURRAY BLVD  
LA MESA, CA 91942

 Phone: (619) 460-7871  
 After Hours Phone: (619) 460-7871

Accepting New Patients: N  
NPI: 1457345001

 Website: N/A  
Credentials and/or certifications:

Site English Spoken: Y  
Cultural Competency: N


American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER

**GROSSMONT HOSPITAL DP SNF**


Provider ID: 172643

 5555 GROSSMONT CENTER DR  
LA MESA, CA 91942

 Phone: (619) 740-4110

 After Hours Phone: (619) 740-4110

Accepting New Patients: N  
NPI: 1417930249

 Website: [www.sharp.com/hospitals/grossmont/departments/skilled-nursing.cfm](http://www.sharp.com/hospitals/grossmont/departments/skilled-nursing.cfm)

Credentials and/or certifications:


Site English Spoken: Y  
Cultural Competency: N


American Sign Language (ASL): N


 Accessibility: CONTACT PROVIDER

**GROSSMONT POST ACUTE 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: N  
NPI: 1689077588

 Website: <http://grossmontpostacute.com>

Credentials and/or certifications:

Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

**LA MESA HEALTHCARE CTR**

Provider ID: 172022

 3780 MASSACHUSETTS

D5. ارائه دهندگان خدمات و پشتیبانی های بلندمدت (LTSS)  
I. مراقبت طولانی مدت (LTC) و مرکز پرستاری ماهر (SNF)

AVE  
LA MESA, CA 91941  
☎ Phone: (619) 465-1313  
☎ Fax: (619) 465-8429  
⌚ After Hours Phone: (619)  
465-1313

Accepting New Patients: N  
NPI: 1003852666

🌐 Website: <http://lamesahealthcare.com>

Credentials and/or  
certifications:

☐ Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

### PARKWAY HILLS NURSING & REHAB

Provider ID: 417047

📍 7760 PARKWAY DR  
LA MESA, CA 91942

☎ Phone: (619) 469-0124  
☎ Fax: (619) 828-7654

⌚ After Hours Phone: (619)  
469-0124

Accepting New Patients: N

⌚ Hours: M-TH  
9:00AM-5:00PM  
F 5:00AM-5:00PM

NPI: 1174926448

🌐 Website: N/A

Credentials and/or  
certifications:

☐ Site English Spoken: Y

☐ Site Language(s) Spoken:  
Farsi, Spanish, Tagalog

Cultural Competency: N

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

### LEMON GROVE

#### BELLA VISTA HEALTH CENTER

Provider ID: 419062

📍 7922 PALM ST  
LEMON GROVE, CA 91945

☎ Phone: (619) 644-1000  
☎ Fax: (619) 797-2920

⌚ After Hours Phone: (619)  
644-1000

Accepting New Patients: N

NPI: 1760709687

🌐 Website: [www.bellavistahealth.com](http://www.bellavistahealth.com)

Credentials and/or  
certifications:

☐ Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

#### LEMON GROVE CARE AND REHAB CTR

Provider ID: 172013

📍 8351 BROADWAY  
LEMON GROVE, CA 91945

☎ Phone: (619) 463-0294  
☎ Fax: (619) 461-1064

⌚ After Hours Phone: (619)  
463-0294

Accepting New Patients: N

NPI: 1336134204

🌐 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: N  
NPI: 1497759856

🌐 Website: [www.lifegen.net/castlemanor/index.html](http://www.lifegen.net/castlemanor/index.html)

Credentials and/or  
certifications:

☐ Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

#### FRIENDSHIP MANOR NURSING AND REHABILITATION CTR

Provider ID: 171973

📍 902 EUCLID AVE  
NATIONAL CITY, CA 91950

☎ Phone: (619) 791-7700  
☎ Fax: (619) 791-7791

⌚ After Hours Phone: (619)  
791-7700


Accepting New Patients: N

⌚ Hours: M-F  
9:00AM-5:00PM

NPI: 1235133687




**.D5 ارائه‌دهندگان خدمات و پشتیبانی‌های بلندمدت (LTSS)  
۱. مراقبت طولانی مدت (LTC) و مرکز پرستاری ماهر (SNF)**

 Website: [www.lifegen.net/fr](http://www.lifegen.net/fr)  
iendshipmanor/  
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: N

NPI: 1275513293

 Website: <http://pvhcc.com>  
Credentials and/or  
certifications:

 Site English Spoken: Y  
Cultural Competency: N


American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER


**WINDSOR GARDENS CONV  
CTR OF SAN DIEGO**

Provider ID: 172011

 220 E 24TH ST  
NATIONAL CITY, CA 91950


 Phone: (619) 474-6741

Fax: (619) 474-1925

 After Hours Phone: (619)  
474-6741

Accepting New Patients: N

NPI: 1730176538

 Website: [www.windsorcare.com](http://www.windsorcare.com)

Credentials and/or  
certifications:

 Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


**OCEANSIDE**

**LA PALOMA HEALTHCARE  
CTR**

Provider ID: 172021


 3232 THUNDER DR  
OCEANSIDE, CA 92056

 Phone: (760) 724-2193

 After Hours Phone: (760)  
724-2193


Accepting New Patients: N

NPI: 1265462436

 Website: [WWW.LAPALOMA  
HEALTHCARE.COM](http://WWW.LAPALOMAHEALTHCARE.COM)  
Credentials and/or

certifications:

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish, Armenian, Korean,  
Tagalog

Cultural Competency: N


American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

**MCNEALY HOUSE**

Provider ID: 662925

 4602 ALLENDE AVE  
OCEANSIDE, CA 92057

 Phone: (760) 721-1706


Fax: (760) 721-9872

 After Hours Phone: (760)  
721-1706

Accepting New Patients: N  
NPI: 1962488007

 Website: N/A  
Credentials and/or

certifications:

 Site English Spoken: Y  
Cultural Competency: N


American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

**MICHALOWSKI HOME**

Provider ID: 662925

 4602 ALLENDE AVE  
OCEANSIDE, CA 92057

 Phone: (760) 721-1706

Fax: (760) 721-9872

 After Hours Phone: (760)  
721-1706

Accepting New Patients: N

NPI: 1962488007

 Website: N/A  
Credentials and/or

certifications:

 Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER

**POWAY**

**BOULDER CREEK POST ACUTE**


Provider ID: 276987

 12696 MONTE VISTA RD  
POWAY, CA 92064


 Phone: (858) 487-6242

Fax: (858) 487-4282


**.D5 ارائه دهندگان خدمات و پشتیبانی های بلندمدت (LTSS)  
۱. مراقبت طولانی مدت (LTC) و مرکز پرستاری ماهر (SNF)**

 After Hours Phone: (858)  
487-6242

Accepting New Patients: N

 Hours: M-F  
8:00AM-5:30PM

NPI: 1073902672

 Website: [http://bouldercre  
ekpa.com](http://bouldercre<br/>ekpa.com)

Credentials and/or  
certifications:

 Site English Spoken: Y  
Cultural Competency: N


American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

**POWAY HEALTHCARE  
CENTER**

Provider ID: 171989

 15632 POMERADO RD  
POWAY, CA 92064

 Phone: (858) 485-5153  
Fax: (858) 485-7694

 After Hours Phone: (858)  
485-5153


Accepting New Patients: N  
NPI: 1407035512

 Website: [http://powaycare.  
com](http://powaycare.<br/>com)

Credentials and/or  
certifications:

 Site English Spoken: Y  
Cultural Competency: N

American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER


**THE VILLAS AT POWAY**

Provider ID: 172642


 15615 POMERADO RD

POWAY, CA 92064


 Phone: (858) 613-4545

 After Hours Phone: (858)  
613-4545

Accepting New Patients: N  
NPI: 1619947090

 Website: [www.palomarheal  
th.org/skilled-  
nursing/villa-  
pomerado](http://www.palomarheal<br/>th.org/skilled-<br/>nursing/villa-<br/>pomerado)

Credentials and/or  
certifications:

 Site English Spoken: Y  
Cultural Competency: N


American Sign Language (ASL):  
N


 Accessibility: CONTACT  
PROVIDER

**SAN DIEGO**

**ACCESS TO INDEPENDENCE**


Provider ID: 417267

 8885 RIO SAN DIEGO DR  
STE 131  
SAN DIEGO, CA 92108


 Phone: (619) 293-3500  
Fax: (619) 704-2054

 After Hours Phone: (619)  
293-3500

Accepting New Patients: N

 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

**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: N


 Hours: SU-SA  
9:00AM-5:00PM

NPI: 1487640066

 Website: [http://arroyovista  
care.com](http://arroyovista<br/>care.com)

Credentials and/or  
certifications:

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Mandarin, Spanish,  
Vietnamese, Arabic,  
Tagalog

Cultural Competency: N



American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

**BALBOA NURSING AND  
REHAB CTR**


Provider ID: 416840

 3520 4TH AVE  
SAN DIEGO, CA 92103

 Phone: (619) 291-5270  
 After Hours Phone: (619)  
291-5270

Accepting New Patients: N

NPI: 1578521274

 Website: [http://balboahc.c  
om](http://balboahc.c<br/>om)

Credentials and/or  
certifications:






 Site English Spoken: Y

 Site Languages(s) Spoken:

**.D5 ارائه دهندگان خدمات و پشتیبانی های بلندمدت (LTSS)  
 1. مراقبت طولانی مدت (LTC) و مرکز پرستاری ماهر (SNF)**


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: N  
 NPI: 1346258274  
 Website: N/A  
 Credentials and/or  
 certifications:  
 Site English Spoken: Y  
 Cultural Competency: N  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**CARMEL MOUNTAIN REHAB  
 AND HEALTHCARE CTR**



Provider ID: 171971  
 11895 AVENUE OF  
 INDUSTRY  
 SAN DIEGO, CA 92128  
 Phone: (858) 673-0101  
 Fax: (858) 673-8320  
 After Hours Phone: (858)  
 673-0101  
 Accepting New Patients: N  
 NPI: 1083727093  
 Website: [http://carmelmou  
 ntain.net](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: N  
 NPI: 1598229437  
 Website: N/A  
 Credentials and/or  
 certifications:  
 Site English Spoken: Y  
 Site Languages(s) Spoken:  
 Spanish, Tagalog  
 Cultural Competency: N  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**HILLCREST HEIGHTS  
 HEALTHCARE CENTER**

Provider ID: 509489  
 4033 6TH AVE  
 SAN DIEGO, CA 92103  
 Phone: (619) 297-4086  
 Fax: (619) 297-9238

 After Hours Phone: (619)  
 297-4086  
 Accepting New Patients: N  
 Hours: M-F  
 8:00AM-5:00PM  
 NPI: 1558825067  
 Website: N/A  
 Credentials and/or  
 certifications:  
 Site English Spoken: Y  
 Cultural Competency: N  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**JACOB HEALTH CARE CENTER  
 LLC**


Provider ID: 172617  
 4075 54TH ST  
 SAN DIEGO, CA 92105  
 Phone: (619) 582-5168  
 Fax: (619) 325-0194  
 After Hours Phone: (619)  
 582-5168  
 Accepting New Patients: N  
 NPI: 1881684900  
 Website: [www.jacobhealthc  
 are.com](http://www.jacobhealthcare.com)  
 Credentials and/or  
 certifications:  
 Site English Spoken: Y  
 Site Languages(s) Spoken:  
 Tagalog, Spanish  
 Cultural Competency: N  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**MISSION HILLS POST ACUTE  
 CARE**


**.D5 ارائه‌دهندگان خدمات و پشتیبانی‌های بلندمدت (LTSS)  
 ۱. مراقبت طولانی مدت (LTC) و مرکز پرستاری ماهر (SNF)**

Provider ID: 339053

 3680 REYNARD WAY  
 SAN DIEGO, CA 92103

 Phone: (619) 297-4484

Fax: (855) 214-6992

 After Hours Phone: (619)  
 297-4484

Accepting New Patients: N

NPI: 1669875563

 Website: <http://missionhillspostacute.com>

Credentials and/or  
 certifications:

Site English Spoken: Y

Site Languages(s) Spoken:  
 Tagalog, Spanish

Cultural Competency: N

American Sign Language (ASL):  
 N


 Accessibility: CONTACT  
 PROVIDER

**RADY CHILDRENS**

**CONVALESCENT HOSPITAL**

Provider ID: 172200

 8022 BIRMINGHAM DR  
 SAN DIEGO, CA 92123


 Phone: (858) 966-5833

Fax: (858) 966-8558

 After Hours Phone: (858)  
 966-5833

Accepting New Patients: N

NPI: 1992881478

 Website: [www.rchsd.org](http://www.rchsd.org)

Credentials and/or  
 certifications:

Site English Spoken: Y

Cultural Competency: N


American Sign Language (ASL):  
 N

 Accessibility: CONTACT  
 PROVIDER

**REO VISTA HEALTHCARE CTR**

Provider ID: 171993

 6061 BANBURY ST  
 SAN DIEGO, CA 92139

 Phone: (619) 475-2211

Fax: (619) 479-9126

 After Hours Phone: (619)  
 475-2211

Accepting New Patients: N

NPI: 1255499174

 Website: <http://reovista.com>

Credentials and/or  
 certifications:

Site English Spoken: Y

Site Languages(s) Spoken:  
 Tagalog, Spanish

Cultural Competency: N


American Sign Language (ASL):  
 N


 Accessibility: CONTACT  
 PROVIDER

**ST PAULS HEALTH CARE  
 CENTER**

Provider ID: 288531


 235 NUTMEG ST  
 SAN DIEGO, CA 92103

 Phone: (619) 677-3895

 After Hours Phone: (619)  
 677-3895

Accepting New Patients: N

NPI: 1972619104

 Website: N/A

Credentials and/or  
 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: N

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: N

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



**.D5 ارائه دهندگان خدمات و پشتیبانی های بلندمدت (LTSS)  
 ۱. مراقبت طولانی مدت (LTC) و مرکز پرستاری ماهر (SNF)**

*American Sign Language (ASL): certifications:*



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: N*  
*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: N*  
*NPI: 1811963028*  
 *Website: https://windsorgoldenhill.com*  
*Credentials and/or*




 *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  
 *Phone: (760) 721-1706*  
*Fax: (760) 721-9872*  
 *After Hours Phone: (760) 721-1706*  
*Accepting New Patients: N*  
*NPI: 1962488007*  
 *Website: N/A*  
*Credentials and/or certifications:*

 *Site English Spoken: Y*  
*Cultural Competency: N*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT PROVIDER*


**SANTEE**



**STANFORD COURT SKILLED NURSING AND REHAB CENTER**  
*Provider ID: 171994*  
 8778 CUYAMACA ST  
 SANTEE, CA 92071  
 *Phone: (619) 449-5555*  
 *After Hours Phone: (619)*

449-5555  
*Accepting New Patients: N*  
 *Hours: SU-SA 8:00AM-5:00PM*  
*NPI: 1184628554*  
 *Website: www.lifegen.net/Stanfordcourt/*  
*Credentials and/or certifications:*

 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Tagalog, Spanish*  
*Cultural Competency: N*  
*American Sign Language (ASL):*  
 N  
 *Accessibility: CONTACT PROVIDER*

**SPRING VALLEY**

**AMAYA SPRINGS HEALTH CARE CENTER**  
*Provider ID: 420233*  
 8625 LAMAR ST  
 SPRING VALLEY, CA 91977  
 *Phone: (323) 326-6186*  
*Fax: (619) 461-3575*  
 *After Hours Phone: (323) 326-6186*  
*Accepting New Patients: N*  
*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**

**.D5 ارائه دهندگان خدمات و پشتیبانی های بلندمدت (LTSS)  
 ۱. مراقبت طولانی مدت (LTC) و مرکز پرستاری ماهر (SNF)**

**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: N  
 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: N  
 Hours: SU-SA  
 8:00AM-5:00PM  
 NPI: 1649375403  
 Website: covlivingmountmiguel.org  
 Credentials and/or certifications:  
 Site English Spoken: Y  
 Cultural Competency: N  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**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: N  
 Hours: SU-SA  
 8:00AM-5:00PM  
 NPI: 1649375403  
 Website: www.mountmiguelcovenantvillage.org  
 Credentials and/or certifications:  
 Site English Spoken: Y  
 Cultural Competency: N  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

Cultural Competency: N  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**VISTA**


**ANZA HOUSE**  
 Provider ID: 662920  
 1736 ANZA AVE  
 VISTA, CA 92084  
 Phone: (760) 721-1706  
 Fax: (760) 721-9872  
 After Hours Phone: (760) 721-1706  
 Accepting New Patients: N  
 NPI: 1962488007  
 Website: N/A  
 Credentials and/or certifications:  
 Site English Spoken: Y  
 Cultural Competency: N  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**VALLEY CENTER**

**AMREEN HOME**  
 Provider ID: 658588  
 13873 OAKWOOD GLEN PL  
 VALLEY CENTER, CA 92082  
 Phone: (760) 751-9879  
 Fax: (760) 749-3019  
 After Hours Phone: (760) 751-9879  
 Accepting New Patients: N  
 NPI: 1700160405  
 Website: N/A  
 Credentials and/or certifications:  
 Site English Spoken: Y

**GRACE HOUSE**  
 Provider ID: 662919  
 2507 HIBISCUS AVE  
 VISTA, CA 92081  
 Phone: (760) 721-1706  
 Fax: (760) 721-9872  
 After Hours Phone: (760) 721-1706  
 Accepting New Patients: N  
 NPI: 1962488007  
 Website: N/A  
 Credentials and/or certifications:  
 Site English Spoken: Y


**.D5 ارائه دهندگان خدمات و پشتیبانی های بلندمدت (LTSS)  
۱. مراقبت طولانی مدت (LTC) و مرکز پرستاری ماهر (SNF)**


*Cultural Competency: N*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

**LA FUENTE POST ACUTE**


*Provider ID: 429590*

 247 E BOBIER DR  
VISTA, CA 92084


 *Phone: (760) 945-3033*

 *After Hours Phone: (760) 945-3033*

*Accepting New Patients: N*

 *Hours: SU-SA  
8:30AM-5:00PM*

*NPI: 1366802696*

 *Website: N/A*  
*Credentials and/or certifications:*

*Site English Spoken: Y*  
*Cultural Competency: N*


*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*


**LIFE CARE CENTER OF VISTA**

*Provider ID: 171970*


 304 N MELROSE DR  
VISTA, CA 92083

 *Phone: (760) 724-8222*


*Fax: (760) 941-4870*

 *After Hours Phone: (760) 724-8222*

*Accepting New Patients: N*

 *Hours: SU-SA  
9:00AM-5:00PM*

*NPI: 1811942063*


 *Website: www.lcca.com*  
*Credentials and/or certifications:*

*Site English Spoken: Y*  
 *Site Languages(s) Spoken: Tagalog*  
*Cultural Competency: N*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

**MARSHALL HOUSE**

*Provider ID: 662924*


 758 S MELROSE DR  
VISTA, CA 92081

 *Phone: (760) 721-1706*

*Fax: (760) 721-9872*

 *After Hours Phone: (760) 721-1706*

*Accepting New Patients: N*  
*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: N*  
*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: N*  
*NPI: 1962488007*

 *Website: N/A*  
*Credentials and/or certifications:*

*Site English Spoken: Y*  
*Cultural Competency: N*


*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*


**SUSAN PARHAM HOUSING CORPORATION**

*Provider ID: 662929*


 1658 ANZA AVE  
VISTA, CA 92084

 *Phone: (760) 721-1706*

*Fax: (760) 721-9872*

 *After Hours Phone: (760) 721-1706*

*Accepting New Patients: N*  
*NPI: 1093137762*

 *Website: N/A*  
*Credentials and/or certifications:*

*Site English Spoken: Y*


**.D5 ارائه دهندگان خدمات و پشتیبانی های بلندمدت (LTSS)  
۱. مراقبت طولانی مدت (LTC) و مرکز پرستاری ماهر (SNF)**

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*Cultural Competency: N*

*American Sign Language (ASL):* certifications:


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: N*

 *Hours: M-F  
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*

**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: N*

*NPI: 1962488007*

 *Website: N/A*

*Credentials and/or*

*certifications:*

 *Site English Spoken: Y*

*Cultural Competency: N*

*American Sign Language (ASL):*


N

 *Accessibility: CONTACT PROVIDER*

**VISTA KNOLL SPECIALIZED CARE FACILITY**

*Provider ID: 172017*


 2000 WESTWOOD RD  
VISTA, CA 92083

 *Phone: (760) 630-2273*


*Fax: (760) 630-0913*

 *After Hours Phone: (760) 630-2273*

*Accepting New Patients: N*

 *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*




**SAN DIEGO**

**AGING & INDEPENDENCE  
SERVICES**

*Specialty: Case Management*

 5560 OVERLAND AVE  
SAN DIEGO, CA 92123

 Phone: (858) 495-5885


License Number: 1710308986

Accessibility: CONTACT

**PROVIDER**

 Hours: M-F

8:00AM-5:00PM

 Website: [https://www.sandiegocounty.gov/content/sdc/hhsa/programs/ais/inhome\\_supportive\\_services.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/ais/inhome_supportive_services.html)

**CHULA VISTA**

**OPEN ARMS ADHC**

Provider ID: 417307  
 301 E J ST  
 CHULA VISTA, CA 91910  
 Phone: (619) 420-1404  
 Fax: (619) 420-1408  
 After Hours Phone: (619) 420-1404  
 Accepting New Patients: N  
 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>

**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

Provider ID: 417305

240 S MAGNOLIA AVE  
 EL CAJON, CA 92020  
 Phone: (619) 631-7222  
 Fax: (619) 631-9228  
 After Hours Phone: (619) 631-7222  
 Accepting New Patients: N  
 Hours: M-F  
 8:00AM-3:30PM  
 NPI: 1821125550  
 Accessibility: CONTACT PROVIDER  
 American Sign Language (ASL): N  
 Language line interpreter services: N  
 Cultural Competency: N  
 Facility has access to skilled medical interpreters on site?: N  
 Interpreter Non-English  
 Languages: N  
 Website: <https://sites.google.com/site/westernadhec/contact-us>

**MAGNOLIA ADULT DAY**

**HEALTH CARE**  
 Provider ID: 408541  
 490 N MAGNOLIA AVE  
 EL CAJON, CA 92020  
 Phone: (619) 444-1522  
 Fax: (619) 444-1516  
 After Hours Phone: (619) 444-1522  
 Accepting New Patients: N  
 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>

**EL CAJON**

**EL CAJON ADHC**

Provider ID: 637126  
 854 JACKMAN ST  
 EL CAJON, CA 92020  
 Phone: (619) 328-2112  
 Fax: (619) 328-0069  
 After Hours Phone: (619) 328-2112  
 Accepting New Patients: N  
 Hours: SU-SA  
 9:00AM-3:00PM  
 License Number: 550008511  
 NPI: 1184207631  
 Accessibility: CONTACT

**LA MESA**

**GOLDEN LIFE ADHC**

Provider ID: 619502  
 9158 FLETCHER PKWY  
 LA MESA, CA 91942  
 Phone: (619) 357-7753  
 Fax: (619) 439-6038  
 After Hours Phone: (619) 357-7753  
 Accepting New Patients: N  
 NPI: 1093921900  
 Accessibility: CONTACT PROVIDER  
 American Sign Language (ASL): N

**WESTERN ADHC**

**.D5 ارائه دهندگان خدمات و پشتیبانی های بلندمدت (LTSS)  
 .III خدمات جامع محور مختص بزرگسالان (CBAS) - خدمات روزانه بزرگسالان**

Language line interpreter services: N  
 Cultural Competency: N  
 Facility has access to skilled medical interpreters on site?: N  
 Interpreter Non-English Languages: N  
 Website: N/A

**NATIONAL CITY**

**HORIZON CBAS**

Provider ID: 642082  
 1035 HARBISON AVE  
 NATIONAL CITY, CA 91950  
 Phone: (619) 474-1822  
 Fax: (619) 474-1826  
 After Hours Phone: (619) 474-1822  
 Accepting New Patients: N  
 License Number: 060000582  
 NPI: 1396476388  
 Accessibility: CONTACT PROVIDER

American Sign Language (ASL): N  
 Language line interpreter services: N  
 Cultural Competency: N  
 Facility has access to skilled medical interpreters on site?: N  
 Interpreter Non-English Languages: N  
 Website: N/A

**POWAY**

**POWAY ADULT DAY HEALTH CARE CENTER**

Provider ID: 404183  
 12250 CROSTHWAITE CIR

POWAY, CA 92064  
 Phone: (858) 748-5044  
 Fax: (858) 748-5405  
 After Hours Phone: (858) 748-5044  
 Accepting New Patients: N  
 License Number: 60000822  
 NPI: 1568659977  
 Accessibility: CONTACT PROVIDER

American Sign Language (ASL): N  
 Language line interpreter services: N  
 Cultural Competency: N  
 Facility has access to skilled medical interpreters on site?: N  
 Interpreter Non-English Languages: N  
 Website: N/A

**SAN DIEGO**

**SAN DIEGO FAMILY CIRCLE ADULT DAY HEALTH CARE**

Provider ID: 539018  
 4428 CONVOY ST STE 288  
 SAN DIEGO, CA 92111  
 Phone: (858) 244-4555  
 Fax: (858) 724-3302  
 After Hours Phone: (858) 244-4555  
 Accepting New Patients: N  
 Site Language(s) Spoken: Vietnamese, Mandarin, Spanish  
 Hours: M-F 8:00AM-5:00PM  
 License Number: 550005837  
 NPI: 1396201828  
 Accessibility: CONTACT PROVIDER

American Sign Language (ASL): N  
 Language line interpreter services: N  
 Cultural Competency: N  
 Facility has access to skilled medical interpreters on site?: N  
 Interpreter Non-English Languages: N  
 Website: www.lovingcaread hc.com

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: N  
 Hours: SU-SA 8:30AM-4:00PM  
 NPI: 1346455961  
 Accessibility: CONTACT PROVIDER  
 American Sign Language (ASL): N  
 Language line interpreter services: N  
 Cultural Competency: N  
 Facility has access to skilled medical interpreters on site?: N  
 Interpreter Non-English Languages: N  
 Website: www.lovingcaread hc.com

**CASA PACIFICA ADHCC**




Provider ID: 417303

D5. ارائه‌دهندگان خدمات و پشتیبانی‌های بلندمدت (LTSS)  
III. خدمات جامع‌محور مختص بزرگسالان (CBAS) - خدمات روزانه بزرگسالان

 1424 30TH ST STE C  
SAN DIEGO, CA 92154  
 Phone: (619) 424-8181  
 After Hours Phone: (619)  
424-8181  
Accepting New Patients: N  
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.americaread  
hc.com

## SAN MARCOS

### AMERICARE ADULT DAY HEALTH CARE CENTER

Provider ID: 420060  
 340 RANCHEROS DR STE  
196  
SAN MARCOS, CA 92069  
 Phone: (760) 682-2424  
Fax: (760) 471-5104  
 After Hours Phone: (760)  
682-2424  
Accepting New Patients: N  
License Number: 060000832  
NPI: 1528271186  
 Accessibility: CONTACT  
PROVIDER  
American Sign Language (ASL):  
N  
Language line interpreter  
services: N

**ALPINE**

**FRITZ, JENNIFER**

Provider Gender: Female  
 License Number: PSY24350  
 NPI: 1013071497  
 Provider English Spoken: Y  
 Cultural Competency: N  
 JENNIFER K FRITZ

1620 ALPINE BLVD STE 110  
 ALPINE, CA 91901  
 Phone: (619) 662-4100  
 Fax: (916) 205-6305  
 After Hours Phone: (619) 662-4100  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**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: Y

Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM

**SMITH, STEPHANIE**

Provider Gender: Female  
 License Number: PSY30779  
 NPI: 1346700325  
 Provider English Spoken: Y  
 Cultural Competency: N  
 STEPHANIE L SMITH

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: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**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: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-8:00PM  
 SA 8:00AM-4:00PM

**CELAYA, PATRICIA**

Provider Gender: Female  
 License Number: PSY33233  
 NPI: 1952656902  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: N  
 PATRICIA E CELAYA






678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 Fax: (619) 425-1184  
 After Hours Phone: (619) 662-4100  
 Website: N/A

Accepting New Patients: Y  
 Site English Spoken: Y  
 Site Language(s) Spoken: Spanish  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL):

**N**  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F  
8:00AM-8:00PM  
SA 8:00AM-4:00PM*

**DE LEEUW, KELLEY**

*Provider Gender: Female  
License Number: A114857  
NPI: 1720395361  
Provider English Spoken: Y  
Spanish  
Cultural Competency: N*  
**KELLEY J DE LEEUW**

 678 THIRD AVE  
 CHULA VISTA, CA 91910  
 *Phone: (619) 662-4100*  
*Fax: (619) 336-2323*  
 *After Hours Phone: (619)  
662-4100*  
 *Website: N/A*  
*Accepting New Patients: Y*  
 *Site English Spoken: Y*  
*TDD: U*  
*Min/Max Age: 0\999*

*American Sign Language (ASL):*

**N**  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: M-F  
8:30AM-5:30PM  
SA 8:00AM-2:30PM*


**GALLO, LINDA**

*Provider Gender: Female  
License Number: PSY27375  
NPI: 1427773621  
Provider English Spoken: Y  
Cultural Competency: N*  
**LINDA C GALLO**

 780 BAY BLVD STE 200


CHULA VISTA, CA 91910  
 *Phone: (619) 662-4100*  
*Fax: (619) 240-7852*  
 *After Hours Phone: (619)  
662-4100*  
 *Website: N/A*

*Accepting New Patients: Y*

 *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*

**GOMEZ-NARANJO, PATRICIA**


*Provider Gender: Female  
License Number: A55544  
NPI: 1053324541  
Provider English Spoken: Y  
Spanish  
Cultural Competency: N*

**PATRICIA A GOMEZ-NARANJO**

 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: Y*

 *Site English Spoken: Y*  
*TDD: U*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

**N**  
 *Accessibility: CONTACT PROVIDER*


**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: Y*

 *Site English Spoken: Y*  
*TDD: U*

*Min/Max Age: 0\999*

*American Sign Language (ASL):*

**N**  
 *Accessibility: CONTACT PROVIDER*  
 *Hours: SU 10:00AM-4:00PM  
M-F 8:30AM-5:30PM  
SA 8:00AM-2:30PM*


**JUAREZ, AMERICA**

*Provider Gender: Female  
License Number: LCS92516  
NPI: 1386281541*

*Provider English Spoken: Y  
Cultural Competency: N*

**AMERICA P JUAREZ**


 678 3RD AVE  
 CHULA VISTA, CA 91910

 *Phone: (619) 662-4100*  
*Fax: (619) 425-1184*

 *After Hours Phone: (619)  
662-4100*

 *Website: N/A*

*Accepting New Patients: Y*

 *Site English Spoken: Y*  
*TDD: U*

Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**KURZ, TROY**

Provider Gender: Male  
 License Number: A157190  
 NPI: 1154862357  
 Provider English Spoken: Y  
 Cultural Competency: N  
 TROY L KURZ

678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 Fax: (619) 425-6941  
 After Hours Phone: (619) 662-4100  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-8:00PM  
 SA 8:00AM-4:00PM

**MALAK, LAWRENCE**

Provider Gender: Male  
 License Number: A115345  
 NPI: 1467773028  
 Provider English Spoken: Y  
 Cultural Competency: N  
 LAWRENCE T MALAK

678 3RD AVE  
 CHULA VISTA, CA 91910

Phone: (619) 662-4100  
 Fax: (619) 425-1184  
 After Hours Phone: (619) 662-4100  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**MARTINEZ, STEPHANIE**

Provider Gender: Female  
 License Number: A152787  
 NPI: 1699126367  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: N  
 STEPHANIE MARTINEZ

678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 Fax: (619) 271-0260  
 After Hours Phone: (619) 662-4100  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: SU 10:00AM-4:00PM  
 M-F 8:30AM-5:30PM  
 SA 8:00AM-2:30PM

**OJHA, PRITI**

Provider Gender: Female  
 License Number: A139807  
 NPI: 1760897284  
 Provider English Spoken: Y  
 Cultural Competency: N  
 PRITI OJHA




678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 Fax: (619) 425-1184  
 After Hours Phone: (619) 662-4100  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U

Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: SU 10:00AM-4:00PM  
 M-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: Y

 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM







**TROYER, EMILY**

Provider Gender: Female  
 License Number: A149101  
 NPI: 1326484437  
 Provider English Spoken: Y  
 Cultural Competency: N  
 EMILY A TROYER

 678 3RD AVE  
 CHULA VISTA, CA 91910  
 Phone: (619) 662-4100  
 Fax: (619) 425-1184  
 After Hours Phone: (619)  
 662-4100  
 Website: N/A  
 Accepting New Patients: Y  
 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: Y  
 Site English 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: Y  
 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  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U

Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**BENNETT, WILLIAM**

Provider Gender: Male  
 License Number: C55097  
 NPI: 1568542462  
 Provider English Spoken: Y  
 Cultural Competency: N  
 WILLIAM R BENNETT

 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: Y  
 Site English Spoken: Y  
 TDD: U




Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

**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: Y


 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

**CRUZ, GUADALUPE**

Provider Gender: Male

License Number: LCS101900


NPI: 1649727942


Provider English Spoken: Y

Spanish

Cultural Competency: N

GUADALUPE A CRUZ

 855 E MADISON AVE  
EL CAJON, CA 92020


 Phone: (619) 440-2751

Fax: (360) 462-2746

 After Hours Phone: (619)  
440-2751

 Website: N/A

Accepting New Patients: Y

 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: Y


 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:30AM-5:30PM

**FRAGOSO, DOMINIQUE**

Provider Gender: Female

License Number: LCS12601


NPI: 1518521830

Provider English Spoken: Y

Cultural Competency: N

DOMINIQUE C FRAGOSO

 215 W MADISON AVE  
EL CAJON, CA 92020


 Phone: (619) 667-6125

Fax: (619) 590-9036

 After Hours Phone: (619)  
667-6125

 Website: N/A

Accepting New Patients: Y

 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: Y

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

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: Y*  
 *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*



**MATIALEU, LEOPOLDINE**

*Provider Gender: Female  
License Number: A152369  
NPI: 1255759718  
Provider English Spoken: Y  
French  
Cultural Competency: N*

*LEOPOLDINE P MATIALEU*  
 855 E MADISON AVE  
EL CAJON, CA 92020  
 *Phone: (619) 440-2751*  
*Fax: (360) 462-2746*







 *After Hours Phone: (619) 440-2751*

 *Website: N/A*  
*Accepting New Patients: Y*  
 *Site English 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, 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: Y*  
 *Site English Spoken: Y*  
*TDD: U*  
*Min/Max Age: 0\999*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*

**MISHRA, GAURAV**

*Provider Gender: Male  
License Number: A129941  
NPI: 1689804866  
Provider English Spoken: Y*



*Hindi, Kannada  
Cultural Competency: N  
GAURAV MISHRA*

 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: Y*  
 *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: Y*  
 *Site English 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: Y  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

**SANDERS, ROBERT**

Provider Gender: Male  
License Number: 20A5544  
NPI: 1144264300  
Provider English Spoken: Y  
Spanish  
Cultural Competency: N  
ROBERT B SANDERS

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: Y

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

**SANDERS, ROBERT**

Provider Gender: Male  
License Number: 20A5544  
NPI: 1144264300  
Provider English Spoken: Y  
Spanish  
Cultural Competency: N  
ROBERT B SANDERS

225 W MADISON AVE STE 2  
EL CAJON, CA 92020  
Phone: (619) 401-6236  
Fax: (760) 741-2782

After Hours Phone: (619) 334-7542

Website: N/A  
Accepting New Patients: Y

Site English Spoken: Y  
TDD: U

Min/Max Age: 18\999  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-TH  
10:30AM-3:30PM

**TAYAG, DYLAN**

Provider Gender: Male  
License Number: LCS96462  
NPI: 1902281983  
Provider English Spoken: Y  
Cultural Competency: N  
DYLAN S TAYAG

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: Y

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

**THOMAS, DALIA**

Provider Gender: Female  
License Number: LCS82132  
NPI: 1104151372  
Provider English Spoken: Y  
Cultural Competency: N  
DALIA M THOMAS

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: Y

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

**THOMAS, DALIA**



Provider Gender: Female  
 License Number: LCS82132  
 NPI: 1104151372  
 Provider English Spoken: Y  
 Cultural Competency: N  
 DALIA M THOMAS

 436 S MAGNOLIA AVE STE 101  
 EL CAJON, CA 92020  
 Phone: (619) 662-4100  
 Fax: (619) 401-7411  
 After Hours Phone: (619) 662-4100  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**WEAVER, MARINEL**







Provider Gender: Female  
 License Number: LCS15627  
 NPI: 1871786558  
 Provider English Spoken: Y  
 Cultural Competency: N  
 MARINEL E AVER

 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: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM



**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: Y  
 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: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 11\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**ENCINITAS**

**GARCIA, ROSEMARIE**

Provider Gender: Female  
 License Number: MFC123590  
 NPI: 1710410980  
 Provider English Spoken: Y  
 Cultural Competency: N  
 ROSEMARIE C GARCIA

 1130 2ND ST  
 ENCINITAS, CA 92024  
 Phone: (760) 736-6767  
 Fax: (760) 736-8740  
 After Hours Phone: (760) 736-6767  
 Website: N/A






Accepting New Patients: Y  
 Site English Spoken: Y  
 Site Language(s) Spoken: Spanish  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM



**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: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER








**LOPEZ, JOANNA**

Provider Gender: Female  
 License Number: MFC50381  
 NPI: 1275664385  
 Provider English Spoken: Y  
 Cultural Competency: N  
 JOANNA M LOPEZ  
 1130 2ND ST  
 ENCINITAS, CA 92024  
 Phone: (760) 736-6767  
 Fax: (760) 736-8740  
 After Hours Phone: (760)  
 736-6767  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM








**ESCONDIDO**

**ARLINGHAUS, RENE**






Provider Gender: Female  
 License Number: LCS80909  
 NPI: 1568973964  
 Provider English Spoken: Y  
 Cultural Competency: N  
 RENE M ARLINGHAUS  
 704 E GRAND AVE  
 ESCONDIDO, CA 92025  
 Phone: (619) 662-4100  
 Fax: (619) 662-4196  
 After Hours Phone: (619)  
 662-4100  
 Website: N/A  
 Accepting New Patients: Y  
 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

**BECERRA, GABRIEL**

Provider Gender: Male  
 License Number: LCS114743  
 NPI: 1205313319  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: N  
 GABRIEL CELESTINO

BECERRA  
 425 N DATE ST  
 ESCONDIDO, CA 92025  
 Phone: (760) 520-8340  
 Fax: (360) 462-2752  
 After Hours Phone: (760)  
 520-8340  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 18\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M 7:00AM-7:30PM  
 TU 7:00AM-4:30PM  
 W 7:00AM-7:30PM  
 TH-F 7:00AM-4:30PM

**BELINSKY, MARIA**



Provider Gender: Female  
 License Number: LCS69175  
 NPI: 1760867824  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: N  
 MARIA T BELINSKY  
 426 N DATE ST  
 ESCONDIDO, CA 92025  
 Phone: (760) 690-5900  
 Fax: (858) 633-4693  
 After Hours Phone: (760)  
 690-5900  
 Website: N/A  
 Accepting New Patients: Y  
 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: Y*

 *Site English Spoken: Y*  
*TDD: U*

*Min/Max Age: 0\999*

*American Sign Language (ASL): N*


 *Accessibility: CONTACT PROVIDER*


**BELINSKY, MARIA**


*Provider Gender: Female  
License Number: LCS69175  
NPI: 1760867824  
Provider English Spoken: Y  
Spanish  
Cultural Competency: N*

MARIA T BELINSKY

 460 N ELM ST  
ESCONDIDO, CA 92025  
 *Phone: (760) 520-8100*  
*Fax: (858) 633-4691*

 *After Hours Phone: (760) 520-8100*

 *Website: N/A*  
*Accepting New Patients: Y*

 *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: Y*

 *Site English Spoken: Y*

 *Site Languages(s) Spoken: Spanish*

*TDD: U*

*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F*

*8:00AM-5:00PM*

**CASTILLO, TIFFANY**


*Provider Gender: Female  
License Number: A158480  
NPI: 1114459252*

*Provider English Spoken: Y  
Spanish*


*Cultural Competency: N*

TIFFANY A CASTILLO

 425 N DATE ST  
ESCONDIDO, CA 92025

 *Phone: (760) 520-8340*


*Fax: (360) 462-2752*

 *After Hours Phone: (760) 520-8340*

 *Website: N/A*

*Accepting New Patients: Y*

 *Site English Spoken: Y*


 *Site Languages(s) Spoken: Spanish*

*TDD: U*

*Min/Max Age: 0\999*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F  
8:00AM-5:00PM*

**CASTILLO, TIFFANY**


*Provider Gender: Female  
License Number: A158480  
NPI: 1114459252*

*Provider English Spoken: Y  
Spanish*

*Cultural Competency: N*

TIFFANY A CASTILLO

 425 N DATE ST  
ESCONDIDO, CA 92025

 *Phone: (760) 520-8340*

*Fax: (360) 462-2752*



 *After Hours Phone: (760) 520-8340*

 *Website: N/A*

*Accepting New Patients: Y*

 *Site English Spoken: Y*

 *Site Languages(s) Spoken:*

*Spanish*  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM








**CHRISTENSEN, PATTI**

Provider Gender: Female  
 License Number: LCS24129  
 NPI: 1245434745  
 Provider English Spoken: Y  
 Cultural Competency: N  
 PATTI J CHRISTENSEN

 1002 E GRAND AVE  
 ESCONDIDO, CA 92025  
 Phone: (760) 741-2660  
 After Hours Phone: (760) 741-2660  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:30AM-5:00PM


**DOCKERY, LEE**

Provider Gender: Male  
 License Number: A178136  
 NPI: 1225526320  
 Provider English Spoken: Y  
 Cultural Competency: N  
 LEE M DOCKERY

 425 N DATE ST  
 ESCONDIDO, CA 92025  
 Phone: (760) 520-8300  
 Fax: (858) 633-4698  
 After Hours Phone: (760) 520-8300  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM

**ESTRADA PATINO, ANGELA**






Provider Gender: Female  
 License Number: PSY31789  
 NPI: 1629339015  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: N  
 ANGELA J ESTRADA PATINO  
 460 N ELM ST  
 ESCONDIDO, CA 92025  
 Phone: (760) 520-8100  
 Fax: (760) 466-1373  
 After Hours Phone: (760) 520-8100  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 TDD: U  
 Min/Max Age: 14\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT

PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM  
 SA 8:00AM-0:00PM


**FU, KATHERINE**



Provider Gender: Female  
 License Number: A187562  
 NPI: 1356877807  
 Provider English Spoken: Y  
 Cultural Competency: N  
 KATHERINE FU

 704 E GRAND AVE  
 ESCONDIDO, CA 92025  
 Phone: (619) 662-4100  
 Fax: (619) 662-4196  
 After Hours Phone: (619) 662-4100

 Website: N/A  
 Accepting New Patients: Y  
 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

**GARCIA, JANET**


Provider Gender: Female  
 License Number: LCS91462  
 NPI: 1790144756  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: N  
 JANET A GARCIA  
 550 W WASHINGTON AVE  
 ESCONDIDO, CA 92025

 Phone: (760) 489-6380  
 Fax: (760) 740-0837

 After Hours Phone: (760) 489-6380

 Website: N/A


Accepting New Patients: Y

 Site English Spoken: Y  
 TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
 8:00AM-5:00PM

**GUZZO, RICHARD**

Provider Gender: Male

License Number: LCS8288


NPI: 1497898431


Provider English Spoken: Y

Cultural Competency: N

RICHARD L GUZZO


 1002 E GRAND AVE  
 ESCONDIDO, CA 92025

 Phone: (760) 737-6960

 After Hours Phone: (760) 737-6960

 Website: N/A


Accepting New Patients: Y

 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: Y

 Site English Spoken: Y  
 TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
 8:00AM-5:00PM

**KULKARNI, NISHAT**

Provider Gender: Male

License Number: A187134


NPI: 1669034732


Provider English Spoken: Y

Cultural Competency: N


NISHAT KULKARNI

 425 N DATE ST  
 ESCONDIDO, CA 92025

 Phone: (760) 520-8300


 Fax: (858) 633-4698

 After Hours Phone: (760) 520-8300

 Website: N/A

Accepting New Patients: Y

 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

**MACIAS, ZIRLEY**

Provider Gender: Female

License Number: LCS96997


NPI: 1245616887


Provider English Spoken: Y

Cultural Competency: N

ZIRLEY S MACIAS

 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: Y

 Site English Spoken: Y  
 TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

**MAGOS, DANIEL**

Provider Gender: Male

License Number: LCS88270


NPI: 1578983664

Provider English Spoken: Y

Cultural Competency: N

DANIEL K MAGOS

 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: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER







**MARTINEZ, NORAYMA**

Provider Gender: Female  
 License Number: LCS100019  
 NPI: 1669808267  
 Provider English Spoken: Y  
 Cultural Competency: N  
 NORAYMA MARTINEZ

 728 E VALLEY PKWY  
 ESCONDIDO, CA 92025  
 Phone: (760) 737-6900  
 Fax: (360) 462-2748  
 After Hours Phone: (760) 737-6900  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**POSTLETHWAITE, ALEJANDRA**



Provider Gender: Female

License Number: A88938  
 NPI: 1750566915  
 Provider English Spoken: Y  
 Cultural Competency: N  
 ALEJANDRA POSTLETHWAITE  
 425 N DATE ST  
 ESCONDIDO, CA 92025  
 Phone: (760) 520-8300  
 Fax: (858) 633-4698  
 After Hours Phone: (760) 520-8300  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**PRASAD, AMITHA**









Provider Gender: Female  
 License Number: A158657  
 NPI: 1821436882  
 Provider English Spoken: Y  
 Cultural Competency: N  
 AMITHA, PRASAD

 2125 CITRACADO PKWY  
 STE 200  
 ESCONDIDO, CA 92029  
 Phone: (760) 294-9270  
 Fax: (760) 294-9268  
 After Hours Phone: (760) 294-9270  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\19  
 American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**PRATHER, ALLYSON**



Provider Gender: Female  
 License Number: MFC45441  
 NPI: 1083725006  
 Provider English Spoken: Y  
 Cultural Competency: N  
 ALLYSON M PRATHER


 425 N DATE ST  
 ESCONDIDO, CA 92025  
 Phone: (760) 520-8300  
 Fax: (858) 633-4698  
 After Hours Phone: (760) 520-8300  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM


**RIOS, SIERRA**

Provider Gender: Female  
 License Number: LCS91970  
 NPI: 1942746128  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: N  
 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: Y


 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

**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: Y


 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M 7:00AM-7:30PM

TU 7:00AM-4:30PM

W 7:00AM-7:30PM

TH-F 7:00AM-4:30PM

**RODARTE, GABRIEL**

Provider Gender: Male

License Number: A87906



NPI: 1184649212

Provider English Spoken: Y Spanish


Cultural Competency: N

GABRIEL RODARTE

 425 N DATE ST ESCONDIDO, CA 92025

 Phone: (760) 520-8340  
 Fax: (858) 633-4698

 After Hours Phone: (760) 520-8340

 Website: N/A

Accepting New Patients: Y


 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F 8:00AM-5:00PM

**SCHEUBER, TIMOTHY**

Provider Gender: Male



License Number: PSY26681

NPI: 1083017396

Provider English Spoken: Y Cultural Competency: N

TIMOTHY A SCHEUBER

 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: Y

 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

**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: Y

 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

**STREET, KYLE**

Provider Gender: Male

License Number: 20A21304

NPI: 1457912131

Provider English Spoken: Y

Cultural Competency: N

KYLE A STREET

425 N DATE ST  
ESCONDIDO, CA 92025

Phone: (760) 520-8300

Fax: (858) 633-4698

After Hours Phone: (760)  
520-8300

Website: N/A

Accepting New Patients: Y

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

**SUOZZO, JOSEPH**

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: Y

Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

**TEETER-WITT, ALYSSA**

Provider Gender: Female

License Number: PSY31075

NPI: 1932308442

Provider English Spoken: Y

Cultural Competency: N

ALYSSA TEETER-WITT

425 N DATE ST  
ESCONDIDO, CA 92025

Phone: (760) 520-8300

Fax: (858) 633-4698

After Hours Phone: (760)  
520-8300

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

**TEETER-WITT, ALYSSA**

Provider Gender: Female

License Number: PSY31075

NPI: 1932308442

Provider English Spoken: Y

Cultural Competency: N

ALYSSA TEETER-WITT

426 N DATE ST  
ESCONDIDO, CA 92025

Phone: (760) 690-5900

Fax: (858) 633-4693

After Hours Phone: (760)

690-5900

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

**TIZNADO, MONICA**

Provider Gender: Female

License Number: MFC81074

NPI: 1497895197

Provider English Spoken: Y

Spanish

Cultural Competency: N

MONICA M TIZNADO

425 N DATE ST  
ESCONDIDO, CA 92025

Phone: (760) 520-8340

Fax: (360) 462-2752

After Hours Phone: (760)  
520-8340

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

**TIZNADO, MONICA**

Provider Gender: Female

License Number: MFC81074

NPI: 1497895197

Provider English Spoken: Y  
Spanish

Cultural Competency: N

MONICA M TIZNADO

425 N DATE ST  
ESCONDIDO, CA 92025

Phone: (760) 520-8340  
Fax: (360) 462-2752

After Hours Phone: (760)  
520-8340

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

**VALLEZ-BARLAM, ANDREA**

Provider Gender: Female

License Number: PSY9962

NPI: 1710902143

Provider English Spoken: Y

German, Spanish

Cultural Competency: N

ANDREA VALLEZ-BARLAM

426 N DATE ST  
ESCONDIDO, CA 92025

Phone: (760) 690-5900  
Fax: (858) 633-4693

After Hours Phone: (760)  
690-5900

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

**VALLEZ-BARLAM, ANDREA**

Provider Gender: Female

License Number: PSY9962

NPI: 1710902143

Provider English Spoken: Y

German, Spanish

Cultural Competency: N

ANDREA VALLEZ-BARLAM

488 E VALLEY PKWY STE  
404

ESCONDIDO, CA 92025  
Phone: (760) 466-9800

Fax: (858) 633-4693

After Hours Phone: (760)  
466-9800

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
German, Spanish

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

**VAQUERO, JUANA**

Provider Gender: Female

License Number: PSY28364

NPI: 1023459708

Provider English Spoken: Y

Cultural Competency: N

JUANA VAQUERO

425 N DATE ST  
ESCONDIDO, CA 92025

Phone: (760) 520-8300  
Fax: (858) 633-4698

After Hours Phone: (760)  
520-8300

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

**VENNAM, VAMSI**

Provider Gender: Male

License Number: 20A19415

NPI: 1679070569

Provider English Spoken: Y

Cultural Competency: N

VAMSI K VENNAM

425 N DATE ST  
ESCONDIDO, CA 92025

Phone: (760) 520-8300  
Fax: (858) 633-4698

After Hours Phone: (760)  
520-8300

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

**WOODWORTH, JENNIFER**



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: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**FALLBROOK**

**CARDOZA, CLAUDIA**  
 Provider Gender: Female  
 License Number: LCS82778  
 NPI: 1871084715  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: N  
**CLAUDIA J CARDOZA**  
 1328 S MISSION RD  
 FALLBROOK, CA 92028  
 Phone: (760) 451-4730  
 Fax: (760) 457-4700  
 After Hours Phone: (760)  
 451-4730  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 Site Languages(s) Spoken:  
 Spanish  
 TDD: U


Min/Max Age: 6\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM

**GILROY, LAURA**  
 Provider Gender: Female  
 License Number: LCS27123  
 NPI: 1437427978  
 Provider English Spoken: Y  
 Cultural Competency: N  
**LAURA L GILROY**  
 1328 S MISSION RD  
 FALLBROOK, CA 92028  
 Phone: (760) 451-4720  
 Fax: (760) 457-4700

 After Hours Phone: (760)  
 451-4720  
 Website: N/A  
 Accepting New Patients: Y  
 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: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**MCAULEY, ROBERT**  
 Provider Gender: Male  
 License Number: G23317  
 NPI: 1194881888  
 Provider English Spoken: Y  
 Cultural Competency: N  
**ROBERT A MCAULEY**  
 1328 S MISSION RD  
 FALLBROOK, CA 92028  
 Phone: (760) 451-4730  
 Fax: (760) 457-4700  
 After Hours Phone: (760)  
 451-4730  
 Website: N/A  
 Accepting New Patients: Y  
 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  
 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: Y

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**RODARTE, GABRIEL**

*Provider Gender: Male*

*License Number: A87906*

*NPI: 1184649212*

*Provider English Spoken: Y*  
*Spanish*

*Cultural Competency: N*

GABRIEL RODARTE

1328 S MISSION RD  
FALLBROOK, CA 92028

Phone: (760) 541-4730

Fax: (760) 457-4700

After Hours Phone: (760)  
541-4730

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**IMPERIAL BEACH**

**GONZALEZ, CLAUDIA**

*Provider Gender: Female*

*License Number: LCS100328*

*NPI: 1770055543*

*Provider English Spoken: Y*

*Cultural Competency: N*

CLAUDIA GONZALEZ

949 PALM AVE  
IMPERIAL BEACH, CA 91932

Phone: (619) 429-3733

Fax: (619) 628-5550

After Hours Phone: (619)  
429-3733

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**ZUREK, BEDEANIA**

*Provider Gender: Female*

*License Number: LCS74215*

*NPI: 1942375811*

*Provider English Spoken: Y*

*Cultural Competency: N*

BEDEANIA R ZUREK

949 PALM AVE  
IMPERIAL BEACH, CA 91932

Phone: (619) 429-3733

Fax: (619) 628-5550

After Hours Phone: (619)  
429-3733

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y  
TDD: U

*Min/Max Age: 0\999*

*American Sign Language (ASL):*  
N

Accessibility: CONTACT  
PROVIDER

**LA JOLLA**

**BAILIS, JESSICA**

*Provider Gender: Female*

*License Number: PSY27537*

*NPI: 1760739049*

*Provider English Spoken: Y*

*Cultural Competency: N*

JESSICA R BAILIS

8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**BOOTH, CHRISTOPHER**

*Provider Gender: Male*

*License Number: PSY26073*

*NPI: 1568893162*





*Provider English Spoken: Y*

*Cultural Competency: N*

CHRISTOPHER R BOOTH

8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM

**BOOTH, CHRISTOPHER**






Provider Gender: Male  
 License Number: PSY26073  
 NPI: 1568893162  
 Provider English Spoken: Y  
 Cultural Competency: N  
 CHRISTOPHER R BOOTH  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM


**BOUTELLE, KERRI**

Provider Gender: Male  
 License Number: PSY21823








NPI: 1780620906  
 Provider English Spoken: Y  
 Cultural Competency: N  
 KERRI N BOUTELLE  
 3344 N TORREY PINES CT  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**BOUTELLE, KERRI**




Provider Gender: Male  
 License Number: PSY21823  
 NPI: 1780620906  
 Provider English Spoken: Y  
 Cultural Competency: N  
 KERRI N BOUTELLE  
 8950 VILLA LA JOLLA DR  
 STE C212  
 LA JOLLA, CA 92037  
 Phone: (858) 246-1654  
 After Hours Phone: (858) 246-1654  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER





 Hours: M-F  
 8:00AM-5:00PM

**BOUTELLE, KERRI**

Provider Gender: Male  
 License Number: PSY21823  
 NPI: 1780620906  
 Provider English Spoken: Y  
 Cultural Competency: N  
 KERRI N BOUTELLE  
 8950 VILLA LA JOLLA DR  
 STE C101  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM








**BRAR, SIMERJEET**

Provider Gender: Female  
 License Number: A144765  
 NPI: 1417393307  
 Provider English Spoken: Y  
 Cultural Competency: N  
 SIMERJEET K BRAR  
 8950 VILLA LA JOLLA DR  
 STE C101  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273

 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM



**CHESHER, NICHOLAS**

Provider Gender: Male  
 License Number: PSY29290  
 NPI: 1124539697  
 Provider English Spoken: Y  
 Cultural Competency: N  
 NICHOLAS J CHESHER

 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM

**CLAUDAT, KIMBERLY**

Provider Gender: Female  
 License Number: PSY28581  
 NPI: 1699200949  
 Provider English Spoken: Y

Cultural Competency: N  
 KIMBERLY B CLAUDAT  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Website: N/A  
 Accepting New Patients: Y  
 Site English 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: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT

PROVIDER



**DUARTE, KRISTEN**

Provider Gender: Female  
 License Number: PSY31227  
 NPI: 1093119364  
 Provider English Spoken: Y  
 Cultural Competency: N  
 KRISTEN L DUARTE

 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
 926-8273  
 Website: N/A

Accepting New Patients: Y  
 Site English 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: Y  
 Site English 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: Y


 Site English 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: Y

 Site English Spoken: Y


TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F  
8:00AM-5:00PM

**EICHEN, DAWN**

Provider Gender: Female

License Number: PSY27823


NPI: 1861043366

Provider English Spoken: Y


Cultural Competency: N

DAWN M EICHEN

 3344 N TORREY PINES CT  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

 Website: N/A

Accepting New Patients: Y

 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

**ELLEDDGE, LINDSAY**

Provider Gender: Female

License Number: LCS96136


NPI: 1619428828

Provider English Spoken: Y

Cultural Competency: N

LINDSAY E ELLEDGE

 8950 VILLA LA JOLLA DR  
STE 101  
LA JOLLA, CA 92037


 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

 Website: N/A


Accepting New Patients: Y

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

**FINN, DAPHNA**

Provider Gender: Female

License Number: A152291


NPI: 1639522725

Provider English Spoken: Y

Cultural Competency: N

DAPHNA M FINN

 8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

 Website: N/A

Accepting New Patients: Y

 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

**HUEGE, STEVEN**

Provider Gender: Male

License Number: C141122

NPI: 1598716367


Provider English Spoken: Y

Cultural Competency: N

STEVEN F HUEGE

 8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)  
926-8273

 Website: N/A

Accepting New Patients: Y

 Site English 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: Y

 Site English 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: Y

 Site English 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: Y

 Site English 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  
 Accepting New Patients: Y  
 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: Y  
 Site English 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: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM

**LINKE, SARAH**



Provider Gender: Female  
 License Number: PSY27116  
 NPI: 1487026415  
 Provider English Spoken: Y  
 Cultural Competency: N  
 SARAH E LINKE  
 8939 VILLA LA JOLLA DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM

**MAGINOT-CHESSER, TAMARA**

Provider Gender: Female  
 License Number: PSY28678  
 NPI: 1043441165  
 Provider English Spoken: Y  
 Cultural Competency: N  
 TAMARA R MAGINOT  
 CHESSER  
 9300 CAMPUS POINT DR  
 LA JOLLA, CA 92037  
 Phone: (858) 534-7792  
 Fax: (619) 471-9017  
 After Hours Phone: (858) 534-7792  
 Website: N/A  
 Accepting New Patients: Y  
 Site English 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

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

🌐 Website: N/A

Accepting New Patients: Y

🗨 Site English 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: Y

🗨 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\150

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
9:00AM-5:00PM

**MENDEZ, ANDRES**

Provider Gender: Male

License Number: PSY28907

NPI: 1841482692

Provider English Spoken: Y  
Spanish

Cultural Competency: N

ANDRES G MENDEZ

📍 8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

🌐 Website: N/A

Accepting New Patients: Y

🗨 Site English 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: Y

🗨 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

**MOORE, SHAVON**

Provider Gender: Female

License Number: A152789

NPI: 1053682773

Provider English Spoken: Y

Cultural Competency: N

SHAVON C MOORE

📍 8950 VILLA LA JOLLA DR  
STE C101  
LA JOLLA, CA 92037

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

🌐 Website: N/A

Accepting New Patients: Y

🗨 Site English 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: Y

Site English 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: Y

Site English 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: Y

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

**QAYOUMI, WALI**

Provider Gender: Male

License Number: A168429

NPI: 1093178220

Provider English Spoken: Y  
French

Cultural Competency: N

WALI Z QAYOUMI

9500 GILMAN DR STE 2069  
LA JOLLA, CA 92093

Phone: (858) 822-5881

Fax: (888) 539-8781

After Hours Phone: (858)  
822-5881

Website: N/A

Accepting New Patients: Y

Site English 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: Y

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: Y

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**RICHARD, MARLA**

Provider Gender: Female

License Number: G65188

NPI: 1578720934

Provider English Spoken: Y

Cultural Competency: N

MARLA G RICHARD

8950 VILLA LA JOLLA DR  
STE C101

LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:00AM-5:00PM

**RICHARD, MARLA**

Provider Gender: Female

License Number: G65188

NPI: 1578720934

Provider English Spoken: Y

Cultural Competency: N

MARLA G RICHARD

9300 MEDIAL CENTER DR  
LA JOLLA, CA 92037

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Website: N/A

Accepting New Patients: Y

Site English 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: Y

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: Y

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: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**WISHNEK, HANNAH**








Provider Gender: Female  
 License Number: LCS105699  
 NPI: 1578012043  
 Provider English Spoken: Y  
 Cultural Competency: N

**HANNAH K WISHNEK**

 8910 VILLA LA JOLLA DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER






**ZLATAR, ZVINKA**



Provider Gender: Female  
 License Number: PSY26230  
 NPI: 1497139059

Provider English Spoken: Y  
 Spanish  
 Cultural Competency: N  
**ZVINKA Z ZLATAR**  
 9444 MEDICAL CENTER DR  
 LA JOLLA, CA 92037  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Website: N/A  
 Accepting New Patients: Y  
 Site English 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: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999

American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TH  
 8:00AM-5:00PM

**NATIONAL CITY**

**FLANIGAN, MARILYN**

Provider Gender: Female  
 License Number: MFC97326  
 NPI: 1588996912  
 Provider English Spoken: Y  
 Cultural Competency: N  
**MARILYN Y FLANIGAN**  
 2743 HIGHLAND AVE  
 NATIONAL CITY, CA 91950  
 Phone: (844) 200-2426  
 Fax: (858) 578-4417  
 After Hours Phone: (844) 200-2426  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-6:00PM

**KUGEL, SAMUEL**

Provider Gender: Male  
 License Number: A54412  
 NPI: 1497813968  
 Provider English Spoken: Y  
 Portuguese, Spanish  
 Cultural Competency: N

**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: Y

Site English Spoken: Y

Site Language(s) Spoken:  
Spanish, Portuguese

TDD: U

Min/Max Age: 18\150

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

9:00AM-5:00PM

**SACHS, MELISSA**

Provider Gender: Female

License Number: LCS76968

NPI: 1649760356

Provider English Spoken: Y

Cultural Competency: N

**MELISSA R SACHS**

2400 E 8TH ST  
NATIONAL CITY, CA 91950

Phone: (619) 662-4100

Fax: (619) 259-2807

After Hours Phone: (619)  
662-4100

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT

**PROVIDER**

Hours: M-F

8:30AM-5:30PM

SA 8:00AM-2:30PM

**SILVEY, CHRISTOPHER**

Provider Gender: Male

License Number: LCS85942

NPI: 1932793502

Provider English Spoken: Y

Cultural Competency: N

**CHRISTOPHER J SILVEY**

2743 HIGHLAND AVE  
NATIONAL CITY, CA 91950

Phone: (844) 200-2426

Fax: (619) 474-4008

After Hours Phone: (844)  
200-2426

Website: N/A

Accepting New Patients: Y

Site English 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: Y

Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:00AM-5:00PM

SA 9:00AM-4:00PM

**ACOSTA, AZUCENA**

Provider Gender: Female

License Number: LCS98304

NPI: 1255937496

Provider English Spoken: Y

Spanish

Cultural Competency: N

**AZUCENA ACOSTA**

517 N HORNE ST  
OCEANSIDE, CA 92054

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Website: N/A

Accepting New Patients: Y

Site English 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

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: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TU  
 8:00AM-5:00PM  
 W 8:00AM-7:00PM  
 TH-F 8:00AM-5:00PM  
 SA 9:00AM-4:00PM

**CHALMERS, VIRGINIA**

Provider Gender: Female  
 License Number: LCS28053  
 NPI: 1265613715  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: N  
 VIRGINIA C CHALMERS

619 CROUCH ST  
 OCEANSIDE, CA 92054  
 Phone: (760) 736-6767  
 Fax: (760) 566-1501

After Hours Phone: (760) 736-6767  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**CHRISTIANSON, WARREN**

Provider Gender: Male  
 License Number: 20A9664  
 NPI: 1932359445  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: N  
 WARREN R CHRISTIANSON II

517 N HORNE ST  
 OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TH  
 8:00AM-7:00PM  
 F 8:00AM-5:00PM  
 SA 9:00AM-4:00PM

**CHRISTIANSON, WARREN**

Provider Gender: Male

License Number: 20A9664  
 NPI: 1932359445  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: N  
 WARREN R CHRISTIANSON II

818 PIER VIEW WAY  
 OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TH  
 8:00AM-7:00PM  
 F 8:00AM-5:00PM  
 SA 9:00AM-4:00PM

**CHRISTIANSON, WARREN**

Provider Gender: Male  
 License Number: 20A9664  
 NPI: 1932359445  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: N  
 WARREN R CHRISTIANSON II

517 N HORNE ST  
 OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Website: N/A  
 Accepting New Patients: Y

☐ Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL): Spanish

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-TH  
8:00AM-7:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

**CHRISTIANSON, WARREN**

Provider Gender: Male

License Number: 20A9664

NPI: 1932359445

Provider English Spoken: Y  
Spanish

Cultural Competency: N

WARREN R CHRISTIANSON II

📍 818 PIER VIEW WAY  
OCEANSIDE, CA 92054

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

📞 After Hours Phone: (760) 631-5000

🌐 Website: N/A

Accepting New Patients: Y

☐ Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL): Spanish

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-TH  
8:00AM-7:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

**CHRISTIANSON, WARREN**

Provider Gender: Male

License Number: 20A9664

NPI: 1932359445

Provider English Spoken: Y

Cultural Competency: N

WARREN R CHRISTIANSON II

📍 4700 N RIVER RD  
OCEANSIDE, CA 92057

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

📞 After Hours Phone: (760) 631-5000

🌐 Website: N/A

Accepting New Patients: Y

☐ Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-TH  
8:00AM-7:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

**CHRISTIANSON, WARREN**

Provider Gender: Male

License Number: 20A9664

NPI: 1932359445

Provider English Spoken: Y

Cultural Competency: N

WARREN R CHRISTIANSON II

📍 4700 N RIVER RD  
OCEANSIDE, CA 92057

☎ Phone: (760) 631-5000

Fax: (760) 414-3892

📞 After Hours Phone: (760) 631-5000

🌐 Website: N/A

Accepting New Patients: Y

☐ Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-TH  
8:00AM-7:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

**COOK, SHERYL**

Provider Gender: Female

License Number: PSY15449

NPI: 1750420816

Provider English Spoken: Y

Cultural Competency: N

SHERYL G COOK

📍 619 CROUCH ST STE 100  
OCEANSIDE, CA 92054

☎ Phone: (760) 736-6767

Fax: (760) 736-8740

📞 After Hours Phone: (760) 736-6767

🌐 Website: N/A

Accepting New Patients: Y

☐ Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M 9:00AM-6:15PM  
W 9:00AM-6:00PM

**CRUZ, VANESSA**

Provider Gender: Female

License Number: LCS87166


NPI: 1285170662

Provider English Spoken: Y

*Cultural Competency: N*

VANESSA Y CRUZ

 517 N HORNE ST  
OCEANSIDE, CA 92054


 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000


 Website: N/A

Accepting New Patients: Y

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

**CRUZ, VANESSA**

*Provider Gender: Female*

*License Number: LCS87166*


*NPI: 1285170662*

*Provider English Spoken: Y*

*Cultural Competency: N*

VANESSA Y CRUZ

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054


 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000


 Website: N/A


Accepting New Patients: Y

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH  
9:00AM-7:00PM

F 9:00AM-5:00PM

SA 9:00AM-4:00PM

**CRUZ, VANESSA**

*Provider Gender: Female*

*License Number: LCS87166*


*NPI: 1285170662*

*Provider English Spoken: Y*


*Cultural Competency: N*


VANESSA Y CRUZ

 818 PIER VIEW WAY  
OCEANSIDE, CA 92054


 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)  
631-5000

 Website: N/A


Accepting New Patients: Y

 Site English Spoken: Y  
TDD: U

Min/Max Age: 4\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-TH  
9:00AM-7:00PM  
F 9:00AM-5:00PM  
SA 9:00AM-4:00PM

**CRUZ, VANESSA**

*Provider Gender: Female*

*License Number: LCS87166*


*NPI: 1285170662*

*Provider English Spoken: Y*

*Cultural Competency: N*

VANESSA Y CRUZ

 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: Y

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

**DOUGHERTY, CHRISTINE**

*Provider Gender: Female*

*License Number: LCS26686*


*NPI: 1003194960*

*Provider English Spoken: Y*

*Cultural Competency: N*

CHRISTINE A DOUGHERTY

 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: Y

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

**DOUGHERTY, CHRISTINE**

*Provider Gender: Female*

*License Number: LCS26686*

*NPI: 1003194960*

*Provider English Spoken: Y*

*Cultural Competency: N*

CHRISTINE A DOUGHERTY

818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760) 631-5000  
Website: N/A  
Accepting New Patients: Y  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER

**DOUGHERTY, CHRISTINE**

Provider Gender: Female  
License Number: LCS26686  
NPI: 1003194960

Provider English Spoken: Y  
Cultural Competency: N

CHRISTINE A DOUGHERTY

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760) 631-5000  
Website: N/A  
Accepting New Patients: Y  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER

**GODINEZ, BRENDA**

Provider Gender: Female  
License Number: LCS88306

NPI: 1568918647  
Provider English Spoken: Y  
Spanish

Cultural Competency: N

BRENDA GODINEZ

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: Y  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER

**GODINEZ, BRENDA**

Provider Gender: Female  
License Number: LCS88306  
NPI: 1568918647

Provider English Spoken: Y  
Spanish

Cultural Competency: N

BRENDA GODINEZ

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: Y  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

**GODINEZ, BRENDA**

Provider Gender: Female  
License Number: LCS88306  
NPI: 1568918647

Provider English Spoken: Y  
Spanish

Cultural Competency: N

BRENDA GODINEZ

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: Y  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER

**GUTIERREZ, VERONICA**


Provider Gender: Female  
License Number: PSY21413  
NPI: 1467674176

Provider English Spoken: Y  
Spanish

Cultural Competency: N

VERONICA GUTIERREZ




4700 N RIVER RD  
OCEANSIDE, CA 92057  
Phone: (760) 631-5000  
After Hours Phone: (760) 631-5000



 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER


**GUTIERREZ, VERONICA**

Provider Gender: Female  
 License Number: PSY21413  
 NPI: 1467674176  
 Provider English Spoken: Y  
 Spanish

Cultural Competency: N  
 VERONICA GUTIERREZ

 818 PIER VIEW WAY  
 OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
 After Hours Phone: (760)  
 631-5000




 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U



Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**GUTIERREZ, VERONICA**

Provider Gender: Female  
 License Number: PSY21413  
 NPI: 1467674176  
 Provider English Spoken: Y  
 Spanish

Cultural Competency: N  
 VERONICA GUTIERREZ

 517 N HORNE ST  
 OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
 After Hours Phone: (760)  
 631-5000

 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U

Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N



 Accessibility: CONTACT PROVIDER

**JENSEN, BRIAN**

Provider Gender: Male  
 License Number: PSY26041  
 NPI: 1518138049

Provider English Spoken: Y  
 Cultural Competency: N

BRIAN M JENSEN

 619 CROUCH ST  
 OCEANSIDE, CA 92054  
 Phone: (760) 566-1620  
 Fax: (760) 433-4040

 After Hours Phone: (760)  
 566-1620

 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U



Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

**KRAPES, MICHAEL**

Provider Gender: Male  
 License Number: PSY25077  
 NPI: 1215233028


Provider English Spoken: Y  
 Cultural Competency: N  
 MICHAEL B KRAPES

 2210 MESA DR STE 300  
 OCEANSIDE, CA 92054  
 Phone: (760) 736-6767  
 Fax: (760) 566-1501

 After Hours Phone: (760)  
 736-6767

 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U



Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

**MAUHILI, KENNA**

Provider Gender: Female  
 License Number: PSY23713  
 NPI: 1386949360


Provider English Spoken: Y  
 Cultural Competency: N  
 KENNA M MAUHILI

 619 CROUCH ST STE 100  
 OCEANSIDE, CA 92054  
 Phone: (760) 736-6767  
 Fax: (760) 736-8740

 After Hours Phone: (760)  
 736-6767

 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U

Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

**MENDEZ, ADRIANA**

Provider Gender: Female  
 License Number: LCS86435  
 NPI: 1356777361  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: N

ADRIANA J MENDEZ

4700 N RIVER RD  
 OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**MENDEZ, ADRIANA**

Provider Gender: Female  
 License Number: LCS86435  
 NPI: 1356777361  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: N

ADRIANA J MENDEZ

517 N HORNE ST  
 OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Website: N/A

Accepting New Patients: Y

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: Y  
 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: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**MEYERHOF, GRETA**

Provider Gender: Female  
 License Number: MFC32299  
 NPI: 1487196333  
 Provider English Spoken: Y  
 Cultural Competency: N  
 GRETA R MEYERHOF

818 PIER VIEW WAY  
 OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Website: N/A

Accepting New Patients: Y  
 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: Y

Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### MONTEZ, REBECCA

Provider Gender: Female

License Number: LCS26869

NPI: 1396047809

Provider English Spoken: Y

Spanish

Cultural Competency: N

REBECCA MONTEZ

2210 MESA DR STE 5  
OCEANSIDE, CA 92054

Phone: (760) 757-5841

Fax: (619) 736-8740

After Hours Phone: (760)  
757-5841

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### NEVILLE, MARGARET

Provider Gender: Female

License Number: LCS82407

NPI: 1073682407

Provider English Spoken: Y

Cultural Competency: N

MARGARET R NEVILLE

4700 N RIVER RD  
OCEANSIDE, CA 92057

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### NEVILLE, MARGARET

Provider Gender: Female

License Number: LCS82407

NPI: 1073682407

Provider English Spoken: Y

Cultural Competency: N

MARGARET R NEVILLE

517 N HORNE ST  
OCEANSIDE, CA 92054

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### NEVILLE, MARGARET

Provider Gender: Female

License Number: LCS82407

NPI: 1073682407

Provider English Spoken: Y

Cultural Competency: N

MARGARET R NEVILLE

818 PIER VIEW WAY  
OCEANSIDE, CA 92054

Phone: (760) 631-5000

Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### ORTIZ, BEVERLY

Provider Gender: Female

License Number: MFC121355

NPI: 1760826572

Provider English Spoken: Y

Cultural Competency: N




BEVERLY L ORTIZ

2210 MESA DR STE 300  
OCEANSIDE, CA 92054

Phone: (760) 736-6767

Fax: (760) 566-1501



After Hours Phone: (760)

736-6767  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**PATEL, MITESH**

Provider Gender: Male  
 License Number: A181164  
 NPI: 1568880292  
 Provider English Spoken: Y  
 Cultural Competency: N  
 MITESH K PATEL



 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: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 18\999  
 American Sign Language (ASL):


N  
 Accessibility: CONTACT PROVIDER  
 Hours: M 8:00AM-5:00PM  
 TU 10:00AM-7:00PM  
 W-F 8:00AM-5:00PM  
 SA 9:00AM-4:00PM



**PATEL, MITESH**

Provider Gender: Male  
 License Number: A181164  
 NPI: 1568880292

Provider English Spoken: Y  
 Cultural Competency: N  
 MITESH K PATEL  
 517 N HORNE ST  
 OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892





 After Hours Phone: (760) 631-5000  
 Website: N/A  
 Accepting New Patients: Y


 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 18\999  
 American Sign Language (ASL):



N  
 Accessibility: CONTACT PROVIDER  
 Hours: M 8:00AM-5:00PM  
 TU 10:00AM-7:00PM  
 W-F 8:00AM-5:00PM  
 SA 9:00AM-4:00PM

**PATEL, MITESH**

Provider Gender: Male  
 License Number: A181164  
 NPI: 1568880292  
 Provider English Spoken: Y  
 Cultural Competency: N  
 MITESH K PATEL

 818 PIER VIEW WAY  
 OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Website: N/A  
 Accepting New Patients: Y





 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 18\999  
 American Sign Language (ASL):


N  
 Accessibility: CONTACT PROVIDER  
 Hours: M 8:00AM-5:00PM  
 TU 10:00AM-7:00PM  
 W-F 8:00AM-5:00PM  
 SA 9:00AM-4:00PM



**SANCHEZ, ADRIANA**

Provider Gender: Female  
 License Number: LCS97093  
 NPI: 1609450451

Provider English Spoken: Y  
 Spanish  
 Cultural Competency: N  
 ADRIANA SANCHEZ

 517 N HORNE ST  
 OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Website: N/A

Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-4:00PM

**SANCHEZ, ADRIANA**

Provider Gender: Female  
 License Number: LCS97093  
 NPI: 1609450451

Provider English Spoken: Y  
 Spanish  
 Cultural Competency: N  
 ADRIANA SANCHEZ



818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760) 631-5000  
Website: N/A

Accepting New Patients: Y

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: Y

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**SMITH, SONYA**

Provider Gender: Female

License Number: LCS82598  
NPI: 1902070857

Provider English Spoken: Y  
Spanish

Cultural Competency: N

SONYA L SMITH

4700 N RIVER RD  
OCEANSIDE, CA 92057  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760) 631-5000  
Website: N/A

Accepting New Patients: Y

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**SMITH, SONYA**

Provider Gender: Female  
License Number: LCS82598  
NPI: 1902070857

Provider English Spoken: Y  
Spanish

Cultural Competency: N

SONYA L SMITH

517 N HORNE ST  
OCEANSIDE, CA 92054  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760) 631-5000  
Website: N/A

Accepting New Patients: Y

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**SMITH, SONYA**

Provider Gender: Female  
License Number: LCS82598  
NPI: 1902070857

Provider English Spoken: Y  
Spanish

Cultural Competency: N

SONYA L SMITH

818 PIER VIEW WAY  
OCEANSIDE, CA 92054  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760) 631-5000  
Website: N/A

Accepting New Patients: Y

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER




**WILSON, CARLENE**

Provider Gender: Female  
License Number: LCS74685  
NPI: 1508327081

Provider English Spoken: Y  
Cultural Competency: N

CARLENE WILSON



517 N HORNE ST  
OCEANSIDE, CA 92054  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760)

631-5000  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**WILSON, CARLENE**






Provider Gender: Female  
 License Number: LCS74685  
 NPI: 1508327081

Provider English Spoken: Y  
 Cultural Competency: N  
 CARLENE WILSON

 818 PIER VIEW WAY  
 OCEANSIDE, CA 92054  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**WILSON, CARLENE**







Provider Gender: Female  
 License Number: LCS74685  
 NPI: 1508327081  
 Provider English Spoken: Y  
 Cultural Competency: N  
 CARLENE WILSON

 4700 N RIVER RD  
 OCEANSIDE, CA 92057  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**POWAY**



**ANDERSEN, CLAIRE**


Provider Gender: Female  
 License Number: A125942  
 NPI: 1831418664  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: N  
 CLAIRE E ANDERSEN



 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: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**ANDERSEN, CLAIRE**

Provider Gender: Female  
 License Number: A125942  
 NPI: 1831418664  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: N  
 CLAIRE E ANDERSEN






 13020 POWAY RD  
 POWAY, CA 92064  
 Phone: (760) 737-6960  
 Fax: (760) 741-2782  
 After Hours Phone: (760) 737-6960  
 Website: N/A

Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U

Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM

**KULKARNI, NISHAT**

Provider Gender: Male  
 License Number: A187134  
 NPI: 1669034732  
 Provider English Spoken: Y  
 Cultural Competency: N  
 NISHAT KULKARNI

 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: Y  
 Site English Spoken: Y

Site Languages(s) Spoken: Spanish  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM

**MODHWADIA, MAMTA**

Provider Gender: Female  
 License Number: A113990  
 NPI: 1043353667  
 Provider English Spoken: Y  
 German  
 Cultural Competency: N  
 MAMTA D MODHWADIA  
 13010 POWAY RD  
 POWAY, CA 92064  
 Phone: (858) 218-3000  
 Fax: (360) 462-2742  
 After Hours Phone: (858) 218-3000  
 Website: N/A

Accepting New Patients: Y  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 TDD: U  
 Min/Max Age: 16\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 9:00AM-5:00PM

**PEDERSEN, SUESAN**

Provider Gender: Female  
 License Number: A138369

NPI: 1558603837  
 Provider English Spoken: Y  
 Cultural Competency: N  
 SUESAN M PEDERSEN  
 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: Y

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

**POSTLETHWAITE, ALEJANDRA**

Provider Gender: Female  
 License Number: A88938  
 NPI: 1750566915  
 Provider English Spoken: Y  
 Cultural Competency: N  
 ALEJANDRA POSTLETHWAITE  
 13010 POWAY RD  
 POWAY, CA 92064  
 Phone: (858) 218-3000  
 Fax: (858) 633-4688  
 After Hours Phone: (858) 218-3000  
 Website: N/A  
 Accepting New Patients: Y

Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999

American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER








**STREET, KYLE**

Provider Gender: Male  
 License Number: 20A21304  
 NPI: 1457912131  
 Provider English Spoken: Y  
 Cultural Competency: N  
 KYLE A STREET  
 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: Y  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM


**VALLEZ-BARLAM, ANDREA**

Provider Gender: Female  
 License Number: PSY9962  
 NPI: 1710902143  
 Provider English Spoken: Y  
 German, Spanish  
 Cultural Competency: N  
 ANDREA VALLEZ-BARLAM  
 13010 POWAY RD


POWAY, CA 92064  
 Phone: (858) 218-3000  
 Fax: (858) 633-4688  
 After Hours Phone: (858) 218-3000  
 Website: N/A  
 Accepting New Patients: Y  
 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: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT




**PROVIDER**  
 Hours: M-F 8:30AM-5:30PM  
 SA 8:30AM-4:00PM




**ABERCROMBIE, SHERI**  
 Provider Gender: Female  
 License Number: PSY18536  
 NPI: 1932292422  
 Provider English Spoken: Y  
 Cultural Competency: N

SHERI ABERCROMBIE  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 810-8787  
 Fax: (858) 987-5825  
 After Hours Phone: (858) 810-8787  
 Website: N/A







Accepting New Patients: Y  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**ALVAREZ, IRAIDA**  
 Provider Gender: Female  
 License Number: MFC105698  
 NPI: 1174683189  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: N  
 IRAIDA ALVAREZ







 3025 BEYER BLVD  
 SAN DIEGO, CA 92154  
 Phone: (619) 662-4100  
 After Hours Phone: (619)

662-4100  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 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: Y  
 Site English Spoken: Y  
 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: Y  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER

**BANKS, SARAH**

Provider Gender: Female  
License Number: PSY30296  
NPI: 1164701132

Provider English Spoken: Y  
Cultural Competency: N  
SARAH J BANKS

 200 W ARBOR DR FL 1  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273  
 Website: N/A

Accepting New Patients: Y  
 Site English 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: Y  
 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER


**BANKS, SARAH**


Provider Gender: Female  
License Number: PSY30296  
NPI: 1164701132

Provider English Spoken: Y  
Cultural Competency: N  
SARAH J BANKS

 4510 EXECUTIVE DR STE  
325  
SAN DIEGO, CA 92121  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273

 Website: N/A  
Accepting New Patients: Y  
 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT

PROVIDER  
 Hours: M-F  
8:00AM-5:00PM



**BARRON, KAVITA**

Provider Gender: Female  
License Number: A155596  
NPI: 1821418542

Provider English Spoken: Y  
Cultural Competency: N  
KAVITA BARRON

 200 W ARBOR DR  
SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
926-8273

 Website: N/A  
Accepting New Patients: Y  
 Site English Spoken: Y  
TDD: U


Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM

**BASS, GURGIANA**

Provider Gender: Male  
License Number: PSY24750  
NPI: 1639325277

Provider English Spoken: Y  
Cultural Competency: N  
GURGIANA BASS

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
 Phone: (858) 810-8787  
Fax: (858) 987-5825

 After Hours Phone: (858)  
810-8787  
 Website: N/A

Accepting New Patients: Y

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**BRAR, SIMERJEET**

Provider Gender: Female

License Number: A144765

NPI: 1417393307

Provider English Spoken: Y

Cultural Competency: N

SIMERJEET K BRAR

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 576-1700

Fax: (858) 966-8164

After Hours Phone: (858)  
576-1700

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\19

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

**BREEDLOVE, AMANDA**

Provider Gender: Female

License Number: MFC139230

NPI: 1316487119

Provider English Spoken: Y

Cultural Competency: N

AMANDA A BREEDLOVE

1666 PRECISION PARK LN  
SAN DIEGO, CA 92173

Phone: (619) 662-4100

Fax: (619) 785-3384

After Hours Phone: (619)  
662-4100

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

**BROWN, DARCIE**

Provider Gender: Female

License Number: MFC119851

NPI: 1639796071

Provider English Spoken: Y

Cultural Competency: N

DARCIE D BROWN

16950 VIA TAZON  
SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

**CALLAGHAN, KATHRYN**

Provider Gender: Female

License Number: MFC106901

NPI: 1558768812

Provider English Spoken: Y

Cultural Competency: N

KATHRYN R CALLAGHAN

2630 1ST AVE  
SAN DIEGO, CA 92103

Phone: (619) 234-2158

Fax: (619) 234-0206

After Hours Phone: (619)  
234-2158

Website: N/A

Accepting New Patients: Y

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

**CASTELLANOS, GRACIELA**

Provider Gender: Female

License Number: MFC114148

NPI: 1033484530

Provider English Spoken: Y  
Spanish

Cultural Competency: N

GRACIELA CASTELLANOS

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: Y

 Site English Spoken: Y


TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

**CEBALLOS, JACQUELINE CAMILLE**

Provider Gender: Female

License Number: LCS110194

NPI: 1093350258


Provider English Spoken: Y

Cultural Competency: N

JACQUELINE CAMILLE

CEBALLOS

 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: Y


 Site English Spoken: Y


TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

**CEBALLOS, JACQUELINE**

**CAMILLE**

Provider Gender: Female

License Number: LCS110194

NPI: 1093350258


Provider English Spoken: Y

Cultural Competency: N

JACQUELINE CAMILLE

CEBALLOS

 7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858) 810-8700

 Website: N/A

Accepting New Patients: Y

 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

**CHESHER, NICHOLAS**

Provider Gender: Male

License Number: PSY29290


NPI: 1124539697

Provider English Spoken: Y

Cultural Competency: N


NICHOLAS J CHESHER

 200 W ARBOR DR  
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

 Website: N/A

Accepting New Patients: Y

 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

**CIOBANU, COSMINA**

Provider Gender: Female

License Number: A137628

NPI: 1285049932


Provider English Spoken: Y


Cultural Competency: N

COSMINA S CIOBANU

 4510 EXECUTIVE DR STE  
315

SAN DIEGO, CA 92121

 Phone: (858) 534-8019

 After Hours Phone: (858) 534-8019

 Website: N/A

Accepting New Patients: Y

 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

**CIOBANU, COSMINA**

Provider Gender: Female








License Number: A137628

NPI: 1285049932

Provider English Spoken: Y








Cultural Competency: N

COSMINA S CIOBANU

 3010 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 576-1700  
Fax: (858) 966-8164  
 After Hours Phone: (858)  
576-1700  
 Website: N/A  
Accepting New Patients: Y  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM








**CIOBANU, COSMINA**

Provider Gender: Female  
License Number: A137628  
NPI: 1285049932  
Provider English Spoken: Y  
Cultural Competency: N  
COSMINA S CIOBANU

 3020 CHILDRENS WAY  
SAN DIEGO, CA 92123  
 Phone: (858) 576-1700  
Fax: (858) 966-8164  
 After Hours Phone: (858)  
576-1700  
 Website: N/A  
Accepting New Patients: Y  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM

**CIOBANU, COSMINA**

Provider Gender: Female  
License Number: A137628  
NPI: 1285049932  
Provider English Spoken: Y  
Cultural Competency: N  
COSMINA S CIOBANU

 8001 FROST ST  
SAN DIEGO, CA 92123  
 Phone: (858) 576-1700  
Fax: (858) 966-8164  
 After Hours Phone: (858)  
576-1700  
 Website: N/A  
Accepting New Patients: Y  
 Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\19  
American Sign Language (ASL):  
N  
 Accessibility: CONTACT  
PROVIDER  
 Hours: M-F  
8:00AM-5:00PM

**CLEMENT, LUIS**

Provider Gender: Male  
License Number: PSY28534  
NPI: 1235364712  
Provider English Spoken: Y  
Cultural Competency: N  
LUIS F CLEMENT

 2630 1ST AVE  
SAN DIEGO, CA 92103  
 Phone: (619) 234-2158  
Fax: (619) 234-0505  
 After Hours Phone: (619)  
234-2158  
 Website: N/A  
Accepting New Patients: Y  
 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: Y  
 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999





American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

**DE LEEUW, KELLEY**

Provider Gender: Female  
License Number: A114857  
NPI: 1720395361  
Provider English Spoken: Y  
Spanish  
Cultural Competency: N  
KELLEY J DE LEEUW  
 950 S EUCLID AVE



SAN DIEGO, CA 92114  
 Phone: (619) 662-4100  
 Fax: (619) 662-4158  
 After Hours Phone: (619) 662-4100  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM SA 8:00AM-4:30PM









**DE LEEUW, KELLEY**

Provider Gender: Female  
 License Number: A114857  
 NPI: 1720395361  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: N  
 KELLEY J DE LEEUW

 1685 HOLLISTER ST  
 SAN DIEGO, CA 92154  
 Phone: (619) 662-4100  
 Fax: (619) 336-2323  
 After Hours Phone: (619) 662-4100  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER






**DEACON, CASSIE**

Provider Gender: Female  
 License Number: LCS94105  
 NPI: 1720452998  
 Provider English Spoken: Y  
 Cultural Competency: N  
 CASSIE C DEACON

 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
 Fax: (858) 633-4680  
 After Hours Phone: (858) 810-8700  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M 8:30AM-5:30PM TU 5:30PM-8:30PM W-F 8:30AM-5:30PM SA 9:00AM-4:00PM







**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: Y  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M 8:30AM-5:30PM TU 5:30PM-8:30PM W-F 8:30AM-5:30PM SA 9:00AM-4:00PM

**DEL AGUILA, FABIOLA**

Provider Gender: Female  
 License Number: PSY24471  
 NPI: 1720283211  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: N  
 FABIOLA DEL AGUILA

 1016 OUTER RD  
 SAN DIEGO, CA 92154  
 Phone: (619) 429-3733  
 Fax: (619) 628-5550  
 After Hours Phone: (619) 429-3733  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER

**DIAZ, JAENAI**

Provider Gender: Female

License Number: LCS80689

NPI: 1508241811

Provider English Spoken: Y  
Spanish

Cultural Competency: N

JAENAI DIAZ

350 DICKINSON ST  
SAN DIEGO, CA 92103

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### DIOKNO, RHODA

Provider Gender: Female

License Number: PSY28073

NPI: 1629109483

Provider English Spoken: Y

Cultural Competency: N

ROHDA CARINO DIOKNO

2630 1ST AVE  
SAN DIEGO, CA 92103

Phone: (619) 234-2158

Fax: (619) 234-0505

After Hours Phone: (619)  
234-2158

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### DOLNAK, DOUGLAS

Provider Gender: Male

License Number: 20A6059

NPI: 1316147085

Provider English Spoken: Y

Cultural Competency: N

DOUGLAS R DOLNAK

10737 CAMINO RUIZ  
SAN DIEGO, CA 92126

Phone: (844) 200-2426

Fax: (619) 474-4008

After Hours Phone: (844)  
200-2426

Website: N/A

Accepting New Patients: Y

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

### 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: Y

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: Y

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

### ESCAMILLA, KARLA

Provider Gender: Female

License Number: LCS87168

NPI: 1134613946

Provider English Spoken: Y

Cultural Competency: N

**KARLA B. ESCAMILLA**

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: Y  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-4:00PM

**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: Y  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT

**PROVIDER**

Hours: M-F  
8:00AM-5:00PM

**ESTAVILLO, SAUL**

Provider Gender: Male  
License Number: MFC102610  
NPI: 1528330073  
Provider English Spoken: Y  
Spanish  
Cultural Competency: N

**SAUL J ESTAVILLO**

3045 BEYER BLVD STE D101  
SAN DIEGO, CA 92154  
Phone: (619) 662-4161  
Fax: (619) 662-4109  
After Hours Phone: (619) 662-4161  
Website: N/A  
Accepting New Patients: Y  
Site English 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: Y  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER

**FIRESTONE, MICHELLE**

Provider Gender: Female  
License Number: PSY33081  
NPI: 1114687803  
Provider English Spoken: Y  
Cultural Competency: N  
MICHELLE E FIRESTONE

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: Y  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER

**FITZGERALD, MICHAEL**

Provider Gender: Male  
License Number: A73710  
NPI: 1336393578  
Provider English Spoken: Y  
Cultural Competency: N  
MICHAEL W FITZGERALD

16918 DOVE CANYON RD  
STE 100  
SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Website: N/A

Accepting New Patients: Y

Site English 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: Y

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

### 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: Y

Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### FRANK, GUIDO

Provider Gender: Male

License Number: A86429

NPI: 1578608733

Provider English Spoken: Y

Cultural Competency: N

GUIDO K FRANK

3020 CHILDRENS WAY  
SAN DIEGO, CA 92123

Phone: (858) 966-8145

Fax: (858) 966-8154

After Hours Phone: (858)  
966-8145

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y

TDD: U

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

### FRY, LIANE

Provider Gender: Female

License Number: MFC42570

NPI: 1003110917

Provider English Spoken: Y

Cultural Competency: N

LIANE M FRY

3177 OCEAN VIEW BLVD  
SAN DIEGO, CA 92113

Phone: (619) 662-4100

Fax: (619) 595-0258

After Hours Phone: (619)  
662-4100

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y

TDD: U

Min/Max Age: 12\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Hours: M-F  
8:00AM-5:00PM

### GARCIA, RICHARD

Provider Gender: Male

License Number: LCS28742

NPI: 1881198554

Provider English Spoken: Y

Cultural Competency: N

RICHARD R GARCIA

2630 1ST AVE  
SAN DIEGO, CA 92103  
Phone: (619) 234-2158  
Fax: (619) 234-0505  
After Hours Phone: (619) 234-2158  
Website: N/A  
Accepting New Patients: Y  
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: Y  
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

**GIAMONA, KRISTEN**

Provider Gender: Female  
License Number: PSY28419  
NPI: 1376824383  
Provider English Spoken: Y  
Cultural Competency: N  
KRISTEN M GIAMONA

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Phone: (858) 810-8787  
Fax: (858) 987-5825  
After Hours Phone: (858) 810-8787  
Website: N/A  
Accepting New Patients: Y  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER

**GIAMONA, KRISTEN**

Provider Gender: Female  
License Number: PSY28419  
NPI: 1376824383  
Provider English Spoken: Y  
Cultural Competency: N  
KRISTEN M GIAMONA

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111  
Phone: (858) 279-0925  
Fax: (858) 633-4680  
After Hours Phone: (858) 279-0925  
Website: N/A  
Accepting New Patients: Y

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: Y  
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: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER


**HANNA-HADDAD, WEGDAN**

Provider Gender: Female  
 License Number: PSY26481  
 NPI: 1457769333  
 Provider English Spoken: Y  
 Arabic  
 Cultural Competency: N  
 WEGDAN HANNA-HADDAD




 950 S EUCLID AVE  
 SAN DIEGO, CA 92114  
 Phone: (619) 662-4100  
 Fax: (619) 662-4158  
 After Hours Phone: (619) 662-4100  
 Website: N/A  
 Accepting New Patients: Y  
 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

**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: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**JALBERT, KATIE**









Provider Gender: Female  
 License Number: LCS112693  
 NPI: 1134825979  
 Provider English Spoken: Y  
 Cultural Competency: N  
 KATIE L JALBERT  
 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: Y  
 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







**JALBERT, KATIE**

Provider Gender: Female  
 License Number: LCS112693  
 NPI: 1134825979  
 Provider English Spoken: Y  
 Cultural Competency: N  
 KATIE L JALBERT

 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: Y  
 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






**JOSHI, YASH**

Provider Gender: Male  
 License Number: A147156  
 NPI: 1598151433  
 Provider English Spoken: Y  
 Cultural Competency: N  
 YASH B JOSHI  
 200 W ARBOR DR

SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800) 926-8273  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM








**KAYE, WALTER**

Provider Gender: Male  
 License Number: A24819  
 NPI: 1922076223  
 Provider English Spoken: Y  
 Cultural Competency: N  
 WALTER H KAYE





 4510 EXECUTIVE DR  
 SAN DIEGO, CA 92121  
 Phone: (858) 534-8019  
 After Hours Phone: (858) 534-8019  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM


**KHAFAJA, MOHAMAD**

Provider Gender: Male




License Number: A115892  
 NPI: 1780867119  
 Provider English Spoken: Y  
 Arabic  
 Cultural Competency: N  
 MOHAMAD H KHAFAJA  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800) 926-8273  
 Website: N/A  
 Accepting New Patients: Y  
 Site English 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: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL):





N  
 Accessibility: CONTACT PROVIDER


**KLUEMPER, NICOLE**

Provider Gender: Female  
 License Number: PSY27064  
 NPI: 1902125818  
 Provider English Spoken: Y  
 Cultural Competency: N  
 NICOLE S KLUEMPER  
 7011 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 810-8700  
 Fax: (858) 279-0377  
 After Hours Phone: (858) 810-8700

 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER


**KLUEMPER, NICOLE**

Provider Gender: Female  
 License Number: PSY27064  
 NPI: 1902125818  
 Provider English Spoken: Y  
 Cultural Competency: N  
 NICOLE S KLUEMPER  
 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 Fax: (858) 633-4680  
 After Hours Phone: (858) 279-0925  
 Website: N/A  
 Accepting New Patients: Y

 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: Y

 Site English Spoken: Y

 Site Languages(s) Spoken:  
Spanish

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

**LIDLAW, JOHN**

Provider Gender: Male

License Number: MFC44560

NPI: 1689790073


Provider English Spoken: Y


Cultural Competency: N


JOHN K LAIDLAW

 10737 CAMINO RUIZ STE  
235


SAN DIEGO, CA 92126

 Phone: (844) 200-2426

 After Hours Phone: (844)  
200-2426

 Website: N/A

Accepting New Patients: Y

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

**LEBENSOHN CHIALVO, FLORENCIA**

Provider Gender: Female

License Number: PSY30776


NPI: 1134788730


Provider English Spoken: Y

Cultural Competency: N

FLORENCIA LEBENSOHN  
CHIALVO


 7910 FROST ST STE 350  
SAN DIEGO, CA 92123

 Phone: (858) 496-4800

 After Hours Phone: (858)  
496-4800

 Website: N/A

Accepting New Patients: Y

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT PROVIDER

 Hours: M-F

8:00AM-5:00PM

**LEBENSOHN CHIALVO, FLORENCIA**

Provider Gender: Female

License Number: PSY30776

NPI: 1134788730


Provider English Spoken: Y


Cultural Competency: N

FLORENCIA LEBENSOHN  
CHIALVO

 9333 GENESEE AVE STE  
200


SAN DIEGO, CA 92121

 Phone: (800) 926-8273

 After Hours Phone: (800)  
926-8273


 Website: N/A

Accepting New Patients: Y

 Site English 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

 Website: N/A



Accepting New Patients: Y

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: Y

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:00AM-5:00PM

**LI, XIA**

Provider Gender: Female

License Number: A163344

NPI: 1336670413

Provider English Spoken: Y

Mandarin

Cultural Competency: N

XIA LI

16918 DOVE CANYON RD  
STE 100  
SAN DIEGO, CA 92127

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Website: N/A

Accepting New Patients: Y

Site English 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: Y

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT

PROVIDER

Hours: M-F  
8:00AM-5:00PM

**LINKE, SARAH**

Provider Gender: Female

License Number: PSY27116

NPI: 1487026415

Provider English Spoken: Y

Cultural Competency: N

SARAH E LINKE

9909 MIRA MESA BLVD  
STE 200  
SAN DIEGO, CA 92131

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)  
926-8273

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-F

8:00AM-5:00PM

**LIU, TIMOTHY**

Provider Gender: Male

License Number: A105535

NPI: 1720262801

Provider English Spoken: Y

Mandarin, Yue Chinese

Cultural Competency: N

TIMOTHY C LIU

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 810-8700

Fax: (858) 279-0377

☎ After Hours Phone: (858) 810-8700  
 🌐 Website: N/A  
 Accepting New Patients: Y  
 🗣 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT PROVIDER

**LIU, TIMOTHY**

Provider Gender: Male  
 License Number: A105535  
 NPI: 1720262801  
 Provider English Spoken: Y  
 Mandarin, Yue Chinese  
 Cultural Competency: N  
 TIMOTHY C LIU

📍 6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 📞 Phone: (858) 279-0925  
 Fax: (858) 633-4680  
 ☎ After Hours Phone: (858) 279-0925  
 🌐 Website: N/A  
 Accepting New Patients: Y  
 🗣 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT PROVIDER

**LONGGARDNER, KATHERINE**

Provider Gender: Female  
 License Number: A137963  
 NPI: 1801215926  
 Provider English Spoken: Y

Cultural Competency: N  
 KATHERINE M LONGGARDNER  
 📍 4520 EXECUTIVE DR  
 SAN DIEGO, CA 92121  
 📞 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 ☎ After Hours Phone: (800) 926-8273  
 🌐 Website: N/A  
 Accepting New Patients: Y  
 🗣 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT PROVIDER  
 ⌚ Hours: M-F  
 8:00AM-5:00PM

**MAGINOT-CHESHER, TAMARA**

Provider Gender: Female  
 License Number: PSY28678  
 NPI: 1043441165  
 Provider English Spoken: Y  
 Cultural Competency: N  
 TAMARA R MAGINOT  
 CHESHER

📍 4510 EXECUTIVE DR  
 SAN DIEGO, CA 92121  
 📞 Phone: (858) 534-8019  
 Fax: (858) 534-6727  
 ☎ After Hours Phone: (858) 534-8019  
 🌐 Website: N/A  
 Accepting New Patients: Y  
 🗣 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT

PROVIDER  
 ⌚ Hours: M-F  
 8:00AM-5:00PM

**MALAK, LAWRENCE**

Provider Gender: Male  
 License Number: A115345  
 NPI: 1467773028  
 Provider English Spoken: Y  
 Cultural Competency: N  
 LAWRENCE T MALAK

📍 4290 POLK AVE  
 SAN DIEGO, CA 92105  
 📞 Phone: (619) 563-0250  
 Fax: (858) 633-4681  
 ☎ After Hours Phone: (619) 563-0250  
 🌐 Website: N/A  
 Accepting New Patients: Y  
 🗣 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: (619) 280-2058  
 Fax: (858) 633-4682

☎ After Hours Phone: (619) 280-2058

🌐 Website: N/A

Accepting New Patients: Y

🗨 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F

8:00AM-5:00PM

SA 8:00AM-2:00PM

**MARTINEZ, STEPHANIE**

Provider Gender: Female

License Number: A152787

NPI: 1699126367

Provider English Spoken: Y

Spanish

Cultural Competency: N

STEPHANIE MARTINEZ

📍 200 W ARBOR DR  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

🌐 Website: N/A

Accepting New Patients: Y

🗨 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F

8:00AM-5:00PM

**MARTINEZ, STEPHANIE**

Provider Gender: Female

License Number: A152787

NPI: 1699126367

Provider English Spoken: Y

Spanish

Cultural Competency: N

STEPHANIE MARTINEZ

📍 350 DICKINSON ST  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

🌐 Website: N/A

Accepting New Patients: Y

🗨 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

**MCCULLUM, TIFFANY**

Provider Gender: Female

License Number: PSY29329

NPI: 1528306206

Provider English Spoken: Y

Cultural Competency: N

TIFFANY MCCULLUM

📍 286 EUCLID AVE STE 302  
SAN DIEGO, CA 92114

☎ Phone: (619) 662-4100

Fax: (619) 205-1949

☎ After Hours Phone: (619) 662-4100

🌐 Website: N/A

Accepting New Patients: Y

🗨 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

**MEYER, AARON**

Provider Gender: Male

License Number: A133702

NPI: 1538505425

Provider English Spoken: Y

Cultural Competency: N

AARON A MEYER

📍 200 W ARBOR DR FL 7  
SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

🌐 Website: N/A

Accepting New Patients: Y

🗨 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F  
8:00AM-5:00PM

**MEYER, AARON**

Provider Gender: Male

License Number: A133702

NPI: 1538505425

Provider English Spoken: Y

Cultural Competency: N

AARON A MEYER

📍 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: Y

☐ 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 SA 8:00AM-2:00PM

**MILLS, BRAD**

Provider Gender: Male

License Number: LCS87409

NPI: 1598542813

Provider English Spoken: Y Spanish

Cultural Competency: N

BRAD A MILLS

📍 1501 IMPERIAL AVE SAN DIEGO, CA 92101

☎ Phone: (619) 233-8500

Fax: (619) 687-1067

☎ After Hours Phone: (619) 233-8500

🌐 Website: N/A

Accepting New Patients: Y

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken: Spanish

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL): N

♿ Accessibility: CONTACT

PROVIDER

🕒 Hours: M-F 8:00AM-5:00PM

**MIRON, JEAN-PHILIPPE**

Provider Gender: Male

License Number: A186033

NPI: 1952178196

Provider English Spoken: Y

Cultural Competency: N

JEAN-PHILIPPE MIRON

📍 16918 DOVE CANYON RD STE 100

SAN DIEGO, CA 92127

☎ Phone: (800) 926-8273

☎ After Hours Phone: (800) 926-8273

🌐 Website: N/A

Accepting New Patients: Y

☐ Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

**MONTOYA, JESSICA**

Provider Gender: Female

License Number: PSY31647

NPI: 1003421256

Provider English Spoken: Y

Cultural Competency: N

JESSICA L MONTOYA

📍 4168 FRONT ST FL 3 SAN DIEGO, CA 92103

☎ Phone: (800) 926-8273

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

🌐 Website: N/A

Accepting New Patients: Y

☐ Site English Spoken: Y TDD: U

Min/Max Age: 0\999

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8:00AM-5:00PM

**MOORE, SHAVON**

Provider Gender: Female

License Number: A152789

NPI: 1053682773

Provider English Spoken: Y

Cultural Competency: N

SHAVON C MOORE

📍 4510 EXECUTIVE DR SAN DIEGO, CA 92121

☎ Phone: (800) 926-8273

☎ After Hours Phone: (800) 926-8273

🌐 Website: N/A

Accepting New Patients: Y

☐ Site English Spoken: Y TDD: U

Min/Max Age: 0\999

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F 8:00AM-5:00PM

**MUHAMMAD, LAMA**

Provider Gender: Female

License Number: A156500

NPI: 1558701623

Provider English Spoken: Y

Arabic

Cultural Competency: N

**LAMA MUHAMMAD**

350 DICKINSON ST  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Website: N/A  
Accepting New Patients: Y  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM

**MUHAMMAD, LAMA**

Provider Gender: Female  
License Number: A156500  
NPI: 1558701623  
Provider English Spoken: Y  
Arabic  
Cultural Competency: N  
LAMA MUHAMMAD

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
Fax: (888) 539-8781  
After Hours Phone: (800) 926-8273  
Website: N/A  
Accepting New Patients: Y  
Site English 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

4510 EXECUTIVE DR STE 315  
SAN DIEGO, CA 92121  
Phone: (858) 534-8019  
After Hours Phone: (858) 534-8019  
Website: N/A  
Accepting New Patients: Y  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-F  
8:00AM-5:00PM

**NGUYEN, HOANG**

Provider Gender: Male  
License Number: G83977  
NPI: 1720011620  
Provider English Spoken: Y  
Vietnamese  
Cultural Competency: N  
HOANG A NGUYEN

200 W ARBOR DR  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
After Hours Phone: (800) 926-8273  
Website: N/A

Accepting New Patients: Y

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

**NGUYEN, HOANG**

Provider Gender: Male  
License Number: G83977  
NPI: 1720011620  
Provider English Spoken: Y  
Vietnamese  
Cultural Competency: N  
HOANG A NGUYEN

410 DICKINSON ST STE 100  
SAN DIEGO, CA 92103  
Phone: (800) 926-8273  
After Hours Phone: (800) 926-8273  
Website: N/A  
Accepting New Patients: Y  
Site English 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: Y

Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

### NING, GRACE

Provider Gender: Female

License Number: PSY27293

NPI: 1598911315

Provider English Spoken: Y

Chinese, Mandarin

Cultural Competency: N

GRACE J NING

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 810-8700

Fax: (858) 633-4680

After Hours Phone: (858)  
810-8700

Website: N/A

Accepting New Patients: Y

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

Phone: (619) 543-2827

After Hours Phone: (619)  
543-2827

Website: N/A

Accepting New Patients: Y

Site English 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: Y

Site English 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: Y

Site English 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: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM







**ORFF, HENRY**

Provider Gender: Male  
 License Number: PSY27099  
 NPI: 1144685215  
 Provider English Spoken: Y  
 Cultural Competency: N  
 HENRY J ORFF

 4520 EXECUTIVE DR STE P2  
 SAN DIEGO, CA 92121  
 Phone: (844) 757-5337  
 After Hours Phone: (844) 757-5337  
 Website: N/A  
 Accepting New Patients: Y  
 Site English 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  
 Fax: (619) 662-4158  
 After Hours Phone: (619) 662-4100  
 Website: N/A  
 Accepting New Patients: Y  
 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: Y


 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**PATTON, MICHAEL**

Provider Gender: Male  
 License Number: LCS18244  
 NPI: 1184756702  
 Provider English Spoken: Y  
 Cultural Competency: N  
 MICHAEL A PATTON

 1501 IMPERIAL AVE  
 SAN DIEGO, CA 92101  
 Phone: (619) 233-8500  
 Fax: (619) 687-1067  
 After Hours Phone: (619) 233-8500  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**PEDERSEN, SUESAN**

Provider Gender: Female  
 License Number: A138369  
 NPI: 1558603837  
 Provider English Spoken: Y  
 Cultural Competency: N  
 SUESAN M PEDERSEN  
 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: Y  
Site English Spoken: Y  
Site Languages(s) Spoken: Spanish  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M 8:30AM-5:30PM  
TU 8:30AM-8:30PM  
W 8:30AM-5:30PM  
TH 8:30AM-8:30PM  
F 8:30AM-5:30PM  
SA 9:00AM-4:00PM

**PEDERSEN, SUESAN**

Provider Gender: Female  
License Number: A138369  
NPI: 1558603837  
Provider English Spoken: Y  
Cultural Competency: N  
SUESAN M PEDERSEN

4290 POLK AVE  
SAN DIEGO, CA 92105  
Phone: (619) 563-2050  
Fax: (858) 633-4681  
After Hours Phone: (619) 563-2050  
Website: N/A  
Accepting New Patients: Y  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):

N  
Accessibility: CONTACT PROVIDER

**PEDERSEN, SUESAN**

Provider Gender: Female  
License Number: A138369  
NPI: 1558603837  
Provider English Spoken: Y  
Cultural Competency: N  
SUESAN M PEDERSEN

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: Y  
Site English Spoken: Y  
Site Languages(s) Spoken: Spanish  
TDD: U

Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M 8:30AM-5:30PM  
TU 8:30AM-8:30PM  
W 8:30AM-5:30PM  
TH 8:30AM-8:30PM  
F 8:30AM-5:30PM  
SA 9:00AM-4:00PM

**PEDERSEN, SUESAN**

Provider Gender: Female  
License Number: A138369  
NPI: 1558603837  
Provider English Spoken: Y  
Cultural Competency: N  
SUESAN M PEDERSEN

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: Y  
Site English Spoken: Y  
Site Languages(s) Spoken: Spanish  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M 8:30AM-5:30PM  
TU 8:30AM-8:30PM  
W 8:30AM-5:30PM  
TH 8:30AM-8:30PM  
F 8:30AM-5:30PM  
SA 9:00AM-4:00PM

**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: Y  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999



American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-6:00PM

**QAYOUMI, WALI**

Provider Gender: Male

License Number: A168429

NPI: 1093178220

Provider English Spoken: Y  
French

Cultural Competency: N

WALI Z QAYOUMI

4510 EXECUTIVE DR STE  
325

SAN DIEGO, CA 92121

Phone: (619) 294-3746

Fax: (888) 539-8781

After Hours Phone: (619)  
294-3746

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

**RADOJEVIC, NATASHA**

Provider Gender: Female

License Number: PSY28495

NPI: 1821365008

Provider English Spoken: Y

Cultural Competency: N

NATASHA RADOJEVIC

7011 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 810-8700

Fax: (858) 279-0377

After Hours Phone: (858)  
810-8700

Website: N/A

Accepting New Patients: Y

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: Y

Site English 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: Y

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

**RICHARD, MARLA**

Provider Gender: Female

License Number: G65188

NPI: 1578720934

Provider English Spoken: Y

Cultural Competency: N

MARLA G RICHARD

16950 VIA TAZON  
SAN DIEGO, CA 92127

Phone: (800) 926-8273

After Hours Phone: (800)  
926-8273

Website: N/A

Accepting New Patients: Y

Site English 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: Y

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:30AM-5:30PM  
SA 8:00AM-2:30PM

**SAWYER, CAROLYN**

Provider Gender: Female  
License Number: A149116  
NPI: 1043653249

Provider English Spoken: Y  
Cultural Competency: N

CAROLYN M SAWYER

3030 CHILDRENS WAY FL  
4

SAN DIEGO, CA 92123

Phone: (858) 966-4032  
Fax: (858) 966-6227

After Hours Phone: (858) 966-4032

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

**SAWYER, CAROLYN**

Provider Gender: Female  
License Number: A149116  
NPI: 1043653249

Provider English Spoken: Y  
Cultural Competency: N

CAROLYN M SAWYER

7920 FROST ST STE 200  
SAN DIEGO, CA 92123

Phone: (858) 246-0794  
Fax: (858) 496-9257

After Hours Phone: (858) 246-0794

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F

8:00AM-5:00PM

**SAWYER, CAROLYN**

Provider Gender: Female  
License Number: A149116  
NPI: 1043653249

Provider English Spoken: Y  
Cultural Competency: N

CAROLYN M SAWYER

3665 KEARNY VILLA RD  
STE 400

SAN DIEGO, CA 92123  
Phone: (858) 966-5990  
Fax: (858) 966-7508

After Hours Phone: (858) 966-5990

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\19

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

**SCHELLINGER, KRISTON**

Provider Gender: Female  
License Number: PSY26313  
NPI: 1710234273

Provider English Spoken: Y  
Cultural Competency: N




KRISTON B SCHELLINGER

330 LEWIS ST  
SAN DIEGO, CA 92103

Phone: (858) 246-1979  
After Hours Phone: (858) 246-1979





Website: N/A

Accepting New Patients: Y

 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM

**SCHELLINGER, KRISTON**

Provider Gender: Female  
 License Number: PSY26313  
 NPI: 1710234273  
 Provider English Spoken: Y  
 Cultural Competency: N  
 KRISTON B SCHELLINGER

 9333 GENESEE AVE STE  
 200  
 SAN DIEGO, CA 92121  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
 926-8273  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM







**SCHELLINGER, KRISTON**

Provider Gender: Female  
 License Number: PSY26313  
 NPI: 1710234273  
 Provider English Spoken: Y  
 Cultural Competency: N  
 KRISTON B SCHELLINGER

 9909 MIRA MESA BLVD  
 STE 200  
 SAN DIEGO, CA 92131  
 Phone: (858) 246-1979  
 After Hours Phone: (858)  
 246-1979  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM








**SCHLOSSER, TARA**

Provider Gender: Female  
 License Number: MFC107868  
 NPI: 1407220437  
 Provider English Spoken: Y  
 Cultural Competency: N  
 TARA S SCHLOSSER

 330 LEWIS ST  
 SAN DIEGO, CA 92103  
 Phone: (800) 926-8273  
 After Hours Phone: (800)  
 926-8273  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER






**SHU, I WEI**




Provider Gender: Male

License Number: A103813  
 NPI: 1992840144  
 Provider English Spoken: Y  
 Cultural Competency: N  
 I WEI SHU  
 200 W ARBOR DR  
 SAN DIEGO, CA 92103  
 Phone: (858) 534-6200  
 Fax: (858) 534-6205  
 After Hours Phone: (800)  
 926-8273  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM

**SILVEY, CHRISTOPHER**

Provider Gender: Male  
 License Number: LCS85942  
 NPI: 1932793502  
 Provider English Spoken: Y  
 Cultural Competency: N  
 CHRISTOPHER J SILVEY

 10737 CAMINO RUIZ STE  
 235  
 SAN DIEGO, CA 92126  
 Phone: (858) 578-4220  
 Fax: (858) 578-4417  
 After Hours Phone: (858)  
 578-4220  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999


American Sign Language (ASL):  Website: N/A  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM


**SOLORIO JR, ROBERTO**

Provider Gender: Male  
 License Number: LCS102729  
 NPI: 1972088185

Provider English Spoken: Y  
 Cultural Competency: N  
 ROBERTO SOLORIO JR

 4690 EL CAJON BLVD  
 SAN DIEGO, CA 92115  
 Phone: (619) 662-4100  
 After Hours Phone: (619)  
 662-4100  
 Website: N/A

Accepting New Patients: Y  
 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: Y  
 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: Y  
 Site English Spoken: Y  
 Site Languages(s) Spoken:  
 Spanish  
 TDD: U

Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N

 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM

**TARLE, STEPHANIE**




Provider Gender: Female  
 License Number: PSY32155  
 NPI: 1659920403  
 Provider English Spoken: Y



Cultural Competency: N  
 STEPHANIE J TARLE  
 6655 ALVARADO RD  
 SAN DIEGO, CA 92120  
 Phone: (800) 926-8273  
 Fax: (888) 539-8781  
 After Hours Phone: (800)  
 926-8273  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER



**TAYAG, DYLAN**

Provider Gender: Male  
 License Number: LCS96462  
 NPI: 1902281983

Provider English Spoken: Y  
 Cultural Competency: N  
 DYLAN S TAYAG

 286 EUCLID AVE STE 302  
 SAN DIEGO, CA 92114  
 Phone: (619) 662-4100  
 Fax: (619) 205-1949  
 After Hours Phone: (619)  
 662-4100

 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Hours: SU 10:00AM-4:00PM  
 M-F 8:30AM-5:30PM

SA 8:00AM-2:30PM

**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: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM

**TILTON, PETER**

Provider Gender: Male  
 License Number: G27781  
 NPI: 1538258694  
 Provider English Spoken: Y  
 Cultural Competency: N  
 PETER A TILTON  
 2630 1ST AVE  
 SAN DIEGO, CA 92103  
 Phone: (619) 234-2158  
 Fax: (619) 234-0505  
 After Hours Phone: (619) 234-2158  
 Website: N/A  
 Accepting New Patients: Y

Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**TO, TUAN**

Provider Gender: Male  
 License Number: PSY30204  
 NPI: 1255696183  
 Provider English Spoken: Y  
 Cultural Competency: N  
 TUAN TO

4290 POLK AVE  
 SAN DIEGO, CA 92105  
 Phone: (619) 563-0250  
 Fax: (858) 633-4681  
 After Hours Phone: (619) 563-0250  
 Website: N/A  
 Accepting New Patients: Y  
 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: Y  
 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: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**TROYER, EMILY**

Provider Gender: Female  
 License Number: A149101  
 NPI: 1326484437  
 Provider English Spoken: Y

*Cultural Competency: N*

EMILY A TROYER

4305 UNIVERSITY AVE STE 150

SAN DIEGO, CA 92105

Phone: (619) 280-2058

Fax: (858) 633-4682

After Hours Phone: (619) 280-2058

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-2:00PM

**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: Y

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-2:00PM

**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: Y

Site English Spoken: Y

Site Language(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: Y

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: Y

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

**WU, MICHELLE**

Provider Gender: Female  
 License Number: A125139  
 NPI: 1043650088  
 Provider English Spoken: Y  
 Cultural Competency: N  
 MICHELLE L WU

3020 CHILDRENS WAY  
 SAN DIEGO, CA 92123  
 Phone: (858) 966-8145  
 Fax: (858) 966-8164  
 After Hours Phone: (858) 966-8145  
 Website: N/A  
 Accepting New Patients: Y  
 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

**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: Y  
 Site English Spoken: Y  
 TDD: U

Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**YIDI, DIANA**

Provider Gender: Female  
 License Number: LCS110300  
 NPI: 1194438663  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: N  
 DIANA L YIDI

6973 LINDA VISTA RD  
 SAN DIEGO, CA 92111  
 Phone: (858) 279-0925  
 Fax: (858) 633-4680  
 After Hours Phone: (858) 279-0925  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 Site Language(s) Spoken: Spanish  
 TDD: U

Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:30AM-5:30PM

**ZAPATEL, JUAN**

Provider Gender: Male  
 License Number: LCS78174  
 NPI: 1043446644  
 Provider English Spoken: Y  
 Cultural Competency: N  
 JUAN P ZAPATEL

286 EUCLID AVE STE 302  
 SAN DIEGO, CA 92114  
 Phone: (619) 662-4100  
 Fax: (619) 428-7952  
 After Hours Phone: (619) 662-4100  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**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: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-TU

9:00AM-7:00PM  
W-F 9:00AM-6:00PM

**ZIMMERMAN, JENNIFER**

Provider Gender: Female  
License Number: LCS28729  
NPI: 1811449077  
Provider English Spoken: Y  
Cultural Competency: N  
JENNIFER A ZIMMERMAN

6973 LINDA VISTA RD  
SAN DIEGO, CA 92111

Phone: (858) 279-9676  
Fax: (858) 633-4680

After Hours Phone: (858) 279-9676

Website: N/A

Accepting New Patients: Y

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: Y

Site English Spoken: Y  
Site Languages(s) Spoken: Spanish

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

**SAN MARCOS**

**ALTAMIRANO, LEON**

Provider Gender: Male  
License Number: PSY23734  
NPI: 1619271517  
Provider English Spoken: Y  
Spanish

Cultural Competency: N  
LEON ALTAMIRANO

150 VALPRED A RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767  
Fax: (760) 736-8740

After Hours Phone: (760) 736-6767

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

**ARIELLA, LYND A**

Provider Gender: Female  
License Number: PSY19450  
NPI: 1073518965  
Provider English Spoken: Y  
Cultural Competency: N  
LYND A R ARIELLA

150 VALPRED A RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767  
Fax: (760) 736-8740

After Hours Phone: (760) 736-6767

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y  
Site Languages(s) Spoken: Spanish

TDD: U

Min/Max Age: 5\50

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Hours: M-F  
8:00AM-5:00PM

**CORTIZO, ROSA**

Provider Gender: Female  
License Number: PSY22278  
NPI: 1952316648  
Provider English Spoken: Y  
Spanish

Cultural Competency: N  
ROSA CORTIZO

150 VALPRED A RD  
SAN MARCOS, CA 92069

Phone: (760) 736-6767  
Fax: (760) 736-8740

After Hours Phone: (760) 736-6767

Website: N/A

Accepting New Patients: Y



Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER

**FLYNN, DANIELLE**

Provider Gender: Female  
License Number: PSY26184  
NPI: 1477785137  
Provider English Spoken: Y  
Cultural Competency: N

**DANIELLE I FLYNN**

150 VALPRED A RD  
SAN MARCOS, CA 92069  
Phone: (760) 736-6767  
Fax: (760) 736-8740  
After Hours Phone: (760) 736-6767  
Website: N/A  
Accepting New Patients: Y  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER

**GEORGIEV, MARY JO**

Provider Gender: Female  
License Number: PSY17954  
NPI: 1518996875  
Provider English Spoken: Y  
Cultural Competency: N

**MARY-JO GEORGIEV**

150 VALPRED A RD  
SAN MARCOS, CA 92069  
Phone: (760) 737-6767

Fax: (760) 736-8740  
After Hours Phone: (760) 737-6767  
Website: N/A  
Accepting New Patients: Y  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER

**IMAM, SYED**

Provider Gender: Male  
License Number: PSY27695  
NPI: 1447428271  
Provider English Spoken: Y  
Hindi  
Cultural Competency: N  
SYED IMAM

150 VALPRED A RD  
SAN MARCOS, CA 92069  
Phone: (760) 736-6767  
Fax: (760) 566-1501  
After Hours Phone: (760) 736-6767  
Website: N/A  
Accepting New Patients: Y  
Site English Spoken: Y  
Site Languages(s) Spoken: Spanish  
TDD: U  
Min/Max Age: 15\999  
American Sign Language (ASL):  
N  
Accessibility: CONTACT PROVIDER  
Hours: M-F 8:00AM-5:00PM

**LOVE, YVONNE**


Provider Gender: Female  
License Number: PSY18321  
NPI: 1902812811  
Provider English Spoken: Y  
Spanish  
Cultural Competency: N  
YVONNE R LOVE  
2085 MONTIEL RD STE 102  
SAN MARCOS, CA 92069  
Phone: (833) 867-4642  
Fax: (360) 462-5827  
After Hours Phone: (833) 867-4642  
Website: N/A  
Accepting New Patients: Y  
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

**REEG, JESSICA**

Provider Gender: Female  
License Number: MFC124306  
NPI: 1144382987  
Provider English Spoken: Y  
Spanish  
Cultural Competency: N  
JESSICA REEG

150 VALPRED A RD  
SAN MARCOS, CA 92069  
Phone: (760) 736-6767  
Fax: (760) 566-1501  
After Hours Phone: (760) 736-6767  
Website: N/A


Accepting New Patients: Y

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F  
8:00AM-8:00PM  
SA 8:00AM-5:00PM

**SIMPSON, ERIC**

Provider Gender: Male

License Number: PSY28885


NPI: 1710110416

Provider English Spoken: Y

Cultural Competency: N

ERIC SIMPSON

 150 VALPRED A RD  
SAN MARCOS, CA 92069


 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760)  
736-6767

 Website: N/A

Accepting New Patients: Y

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

**SOLORIO JR, ROBERTO**

Provider Gender: Male

License Number: LCS102729


NPI: 1972088185

Provider English Spoken: Y

Cultural Competency: N


ROBERTO SOLORIO JR

 150 VALPRED A RD  
SAN MARCOS, CA 92069


 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760)  
736-6767

 Website: N/A

Accepting New Patients: Y

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

**TONG, GARRICK**

Provider Gender: Male

License Number: A102192


NPI: 1831361278

Provider English Spoken: Y

Cultural Competency: N

GARRICK G TONG

 150 VALPRED A RD  
SAN MARCOS, CA 92069



 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760)  
736-6767

 Website: N/A

Accepting New Patients: Y

 Site English Spoken: Y  
 Site Language(s) Spoken:  
Spanish

TDD: U

Min/Max Age: 4\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

 Hours: M-F

8:00AM-8:00PM

SA 8:00AM-5:00PM

**TORRES, HECTOR**

Provider Gender: Male

License Number: PSY13309


NPI: 1720265614

Provider English Spoken: Y  
Spanish

Cultural Competency: N

HECTOR M TORRES

 150 VALPRED A RD  
SAN MARCOS, CA 92069


 Phone: (760) 736-6767

Fax: (760) 736-8740

 After Hours Phone: (760)  
736-6767


 Website: N/A

Accepting New Patients: Y

 Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

 Accessibility: CONTACT  
PROVIDER

**SAN YSIDRO**

**AGUILAR, DIANA**

Provider Gender: Female

License Number: LCS83063


NPI: 1194065813

Provider English Spoken: Y  
Spanish

Cultural Competency: N

DIANA A AGUILAR

 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: Y

🗨 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: SU 10:00AM-4:00PM

M-F 8:30AM-5:30PM

SA 8:00AM-2:30PM

**ALVAREZ, IRAIDA**

Provider Gender: Female

License Number: MFC105698

NPI: 1174683189

Provider English Spoken: Y

Spanish

Cultural Competency: N

IRAIDA ALVAREZ

📍 1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173

☎ Phone: (619) 662-4100

Fax: (619) 785-3384

☎ After Hours Phone: (619) 662-4100

🌐 Website: N/A

Accepting New Patients: Y

🗨 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

**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: Y

🗨 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F

8:00AM-5:00PM

**CARBAJAL, OSCAR**

Provider Gender: Male

License Number: MFC118465

NPI: 1871966283

Provider English Spoken: Y

Spanish

Cultural Competency: N

OSCAR A CARBAJAL

📍 1666 PRECISION PARK LN  
SAN YSIDRO, CA 92173

☎ Phone: (619) 662-4100

Fax: (619) 205-6374

☎ After Hours Phone: (619) 662-4100

🌐 Website: N/A

Accepting New Patients: Y

🗨 Site English Spoken: Y

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F

8:00AM-5:00PM

**CRAWFORD-DAY, ANN**

Provider Gender: Female

License Number: A166646

NPI: 1386149706

Provider English Spoken: Y

Spanish

Cultural Competency: N

ANN E CRAWFORD-DAY

📍 4004 BEYER BLVD  
SAN YSIDRO, CA 92173

☎ Phone: (619) 662-4100

Fax: (619) 205-6341

☎ After Hours Phone: (619) 662-4100

🌐 Website: N/A

Accepting New Patients: Y

🗨 Site English Spoken: Y

🗨 Site Languages(s) Spoken: Spanish

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

🕒 Hours: M-F

8:00AM-8:00PM

SA 8:00AM-2:00PM

**DEPAOLO, AMANDA**

Provider Gender: Female

License Number: LCS99056

NPI: 1215420138

Provider English Spoken: Y

*Cultural Competency: N*  
**AMANDA L DEPAOLO**  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 Fax: (619) 205-6305  
 After Hours Phone: (619)  
 662-4100  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 Site Languages(s) Spoken:  
 Spanish  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM

**DIA, ALI**





*Provider Gender: Male*  
*License Number: A47803*  
*NPI: 1912031030*  
*Provider English Spoken: Y*  
 Arabic  
*Cultural Competency: N*



**ALI R DIA**  
 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 Fax: (619) 205-6305  
 After Hours Phone: (619)  
 662-4100  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL):

*N*  
 Accessibility: CONTACT  
 PROVIDER

**FONTANA, LOUIS**



*Provider Gender: Male*  
*License Number: G49072*  
*NPI: 1780734343*  
*Provider English Spoken: Y*  
*Cultural Competency: N*  
**LOUIS A FONTANA**




 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 Fax: (619) 205-6305  
 After Hours Phone: (619)  
 662-4100  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999

*American Sign Language (ASL):*  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-8:00PM  
 SA 8:00AM-2:00PM

**GOMEZ-NARANJO, PATRICIA**

*Provider Gender: Female*  
*License Number: A55544*  
*NPI: 1053324541*  
*Provider English Spoken: Y*  
 Spanish  
*Cultural Competency: N*  
**PATRICIA A GOMEZ-NARANJO**

 4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 428-4463  
 Fax: (619) 205-6305

 After Hours Phone: (619)  
 428-4463  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER

**GONZALEZ-GARCIA,  
 CAROLINA**

*Provider Gender: Female*  
*License Number: MFC41111*  
*NPI: 1215321955*  
*Provider English Spoken: Y*  
 Spanish  
*Cultural Competency: N*  
**CAROLINA GONZALES GARCIA**

 3364 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 Fax: (619) 565-2373  
 After Hours Phone: (619)  
 662-4100  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M-F  
 8:00AM-5:00PM

**GUTIERREZ, SARAHI**

*Provider Gender: Female*  
*License Number: LCS82040*

NPI: 1174909071  
 Provider English Spoken: Y  
 Cultural Competency: N

SARAH M GUTIERREZ

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: Y

Site English Spoken: Y  
 TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F  
 8:00AM-5:00PM

**IBANEZ, BERENICE**

Provider Gender: Female  
 License Number: PSY22080  
 NPI: 1740394386

Provider English Spoken: Y  
 Spanish

Cultural Competency: N

BERENICE B IBANEZ

4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 Fax: (619) 205-6305  
 After Hours Phone: (619) 662-4100  
 Website: N/A

Accepting New Patients: Y

Site English Spoken: Y  
 TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

**JENNINGS, AMY**

Provider Gender: Female  
 License Number: LCS100075  
 NPI: 1609549161

Provider English Spoken: Y  
 Cultural Competency: N

AMY E JENNINGS

4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 Fax: (619) 205-6305

After Hours Phone: (619) 662-4100

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F  
 8:00AM-8:00PM  
 SA 8:00AM-2:00PM

**JOHNSON, JENNIFER**

Provider Gender: Female  
 License Number: PSY33295  
 NPI: 1023783248

Provider English Spoken: Y  
 Cultural Competency: N

JENNIFER JOHNSON

4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100

Fax: (619) 205-6341

After Hours Phone: (619) 662-4100

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish

TDD: U

Min/Max Age: 0\64

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F  
 8:00AM-5:00PM

**LOPEZ, MARIBEL**

Provider Gender: Female  
 License Number: LCS86171  
 NPI: 1669180600

Provider English Spoken: Y  
 Cultural Competency: N

MARIBEL, LOPEZ

4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 Fax: (619) 205-6341

After Hours Phone: (619) 662-4100

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y  
 TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Hours: M-F  
 8:00AM-8:00PM  
 SA 8:00AM-2:00PM

**MISHRA, GAURAV**

Provider Gender: Male  
 License Number: A129941  
 NPI: 1689804866  
 Provider English Spoken: Y  
 Hindi, Kannada  
 Cultural Competency: N

**GAURAV MISHRA**

1666 PRECISION PARK LN  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 Fax: (619) 785-3384  
 After Hours Phone: (619) 662-4100  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 5\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: SU 10:00AM-4:00PM  
 M-F 8:30AM-5:30PM  
 SA 10:00AM-4:00PM

**MONTES, DENISE**

Provider Gender: Female  
 License Number: LCS115972  
 NPI: 1003694167  
 Provider English Spoken: Y  
 Cultural Competency: N

**DENISE F MONTES**

4004 BEYER BLVD  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 Fax: (619) 205-6305  
 After Hours Phone: (619) 662-4100  
 Website: N/A

Accepting New Patients: Y

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

**PALAZUELOS, MARGARITA**

Provider Gender: Female  
 License Number: LCS117172  
 NPI: 1104379791  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: N

**MARGARITA C PALAZUELOS**

1666 PRECISION PARK LN  
 SAN YSIDRO, CA 92173  
 Phone: (619) 662-4100  
 Fax: (619) 785-3384  
 After Hours Phone: (619) 662-4100  
 Website: N/A

Accepting New Patients: Y

Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 TDD: U  
 Min/Max Age: 6\21  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**MEAGHER, RAISHELLE**

Provider Gender: Female  
 License Number: LCS109804  
 NPI: 1851821904  
 Provider English Spoken: Y  
 Cultural Competency: N

**RAISHELLE L MEAGHER**

120 TOWN CENTER PKWY  
 SANTEE, CA 92071  
 Phone: (619) 662-4100  
 Fax: (619) 662-4196  
 After Hours Phone: (619) 662-4100  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Hours: M-F 8:00AM-5:00PM

**VALLEY CENTER**

**PLASCENCIA, CINDY**

Provider Gender: Female  
 License Number: MFC113536  
 NPI: 1952723736  
 Provider English Spoken: Y  
 Cultural Competency: N

**CINDY PLASCENCIA**

28477 LIZARD ROCKS RD  
 VALLEY CENTER, CA 92082  
 Phone: (760) 742-9919  
 Fax: (360) 462-2750  
 After Hours Phone: (760) 742-9919  
 Website: N/A

**SANTEE**

Accepting New Patients: Y

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

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: Y

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH  
8:00AM-2:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-6:00PM

**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: Y

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M 8:00AM-5:00PM  
TU 10:30AM-7:30PM  
W-F 8:00AM-5:00PM

**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: Y

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH  
8:00AM-7:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

**CHRISTIANSON, WARREN**

Provider Gender: Male  
License Number: 20A9664  
NPI: 1932359445

Provider English Spoken: Y  
Spanish

Cultural Competency: N

WARREN R CHRISTIANSON II

1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000  
Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH  
8:00AM-7:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

**CHRISTIANSON, WARREN**

Provider Gender: Male  
License Number: 20A9664  
NPI: 1932359445

Provider English Spoken: Y  
Spanish  
Cultural Competency: N  
WARREN R CHRISTIANSON II  
134 GRAPEVINE RD  
VISTA, CA 92083  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760) 631-5000  
Website: N/A

Accepting New Patients: Y  
Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
Hours: M-TH  
8:00AM-7:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

**CHRISTIANSON, WARREN**

Provider Gender: Male  
License Number: 20A9664  
NPI: 1932359445

Provider English Spoken: Y  
Spanish  
Cultural Competency: N

WARREN R CHRISTIANSON II  
1000 VALE TERRACE DR  
VISTA, CA 92084  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760) 631-5000  
Website: N/A

Accepting New Patients: Y  
Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999  
American Sign Language (ASL): N  
Accessibility: CONTACT PROVIDER  
Hours: M-TH  
8:00AM-7:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

**CRUZ, VANESSA**

Provider Gender: Female  
License Number: LCS87166  
NPI: 1285170662  
Provider English Spoken: Y  
Cultural Competency: N  
VANESSA Y CRUZ

134 GRAPEVINE RD  
VISTA, CA 92083  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760) 631-5000  
Website: N/A

Accepting New Patients: Y  
Site English Spoken: Y  
TDD: U  
Min/Max Age: 0\999

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
Hours: M-TH  
9:00AM-7:00PM  
F 9:00AM-5:00PM  
SA 9:00AM-4:00PM

**CRUZ, VANESSA**

Provider Gender: Female  
License Number: LCS87166  
NPI: 1285170662  
Provider English Spoken: Y

Cultural Competency: N  
VANESSA Y CRUZ  
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: Y  
Site English Spoken: Y  
Site Language(s) Spoken: Vietnamese, Chinese, Estonian, Farsi, French, Hindi, Korean, Marathi, Spanish, Tagalog, Telugu  
TDD: U

Min/Max Age: 0\999  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
Hours: M-TU  
8:00AM-8:00PM  
W 9:00AM-7:00PM  
TH 8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

**CRUZ, VANESSA**

Provider Gender: Female  
License Number: LCS87166  
NPI: 1285170662  
Provider English Spoken: Y  
Cultural Competency: N  
VANESSA Y CRUZ

134 GRAPEVINE RD  
VISTA, CA 92083  
Phone: (760) 631-5000  
Fax: (760) 414-3892  
After Hours Phone: (760) 631-5000  
Website: N/A



Accepting New Patients: Y

Site English Spoken: Y  
TDD: U

Min/Max Age: 4\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH  
9:00AM-7:00PM  
F 9:00AM-5:00PM  
SA 9:00AM-4:00PM

**CRUZ, VANESSA**

Provider Gender: Female  
License Number: LCS87166  
NPI: 1285170662  
Provider English Spoken: Y  
Cultural Competency: N  
VANESSA Y CRUZ

1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000  
Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y  
Site Languages(s) Spoken:  
Vietnamese, Chinese,  
Estonian, Farsi, French,  
Hindi, Korean, Marathi,  
Spanish, Tagalog, Telugu

TDD: U

Min/Max Age: 4\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TU  
8:00AM-8:00PM

W 9:00AM-7:00PM  
TH 8:00AM-8:00PM  
F 8:00AM-5:00PM  
SA 9:00AM-4:00PM

**DOUGHERTY, CHRISTINE**

Provider Gender: Female  
License Number: LCS26686  
NPI: 1003194960  
Provider English Spoken: Y  
Cultural Competency: N  
CHRISTINE A DOUGHERTY

1000 VALE TERRACE DR  
VISTA, CA 92084

Phone: (760) 631-5000  
Fax: (760) 414-3891

After Hours Phone: (760)  
631-5000

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y  
Site Languages(s) Spoken:  
Chinese, Estonian, Farsi,  
French, Hindi, Korean,  
Marathi, Spanish, Telugu,  
Vietnamese, Tagalog

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Hours: M-TH  
9:00AM-8:00PM  
F 9:00AM-5:00PM  
SA 9:00AM-4:00PM

**DOUGHERTY, CHRISTINE**

Provider Gender: Female  
License Number: LCS26686  
NPI: 1003194960  
Provider English Spoken: Y

Cultural Competency: N

CHRISTINE A DOUGHERTY

134 GRAPEVINE RD  
VISTA, CA 92083

Phone: (760) 631-5000  
Fax: (760) 414-3892

After Hours Phone: (760)  
631-5000

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**GODINEZ, BRENDA**

Provider Gender: Female  
License Number: LCS88306  
NPI: 1568918647  
Provider English Spoken: Y  
Spanish  
Cultural Competency: N

BRENDA GODINEZ

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: Y

Site English Spoken: Y  
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

**GODINEZ, BRENDA**

Provider Gender: Female  
 License Number: LCS88306  
 NPI: 1568918647  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: N

**BRENDA GODINEZ**

1000 VALE TERRACE DR  
 VISTA, CA 92084  
 Phone: (562) 264-6000  
 Fax: (760) 414-3892  
 After Hours Phone: (562)  
 264-6000  
 Website: N/A

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
 Farsi, Spanish, Vietnamese,  
 Chinese, Estonian, Telugu,  
 Hindi, Korean, French,  
 Marathi, Tagalog

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
 PROVIDER

Hours: M-TH  
 9:00AM-8:00PM  
 F 9:00AM-5:00PM  
 SA 9:00AM-4:00PM

**GUTIERREZ, VERONICA**

Provider Gender: Female  
 License Number: PSY21413  
 NPI: 1467674176  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: N

**VERONICA GUTIERREZ**

134 GRAPEVINE RD

VISTA, CA 92083

Phone: (760) 631-5000  
 After Hours Phone: (760)  
 631-5000

Website: N/A

Accepting New Patients: Y

Site English Spoken: Y  
 TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

**GUTIERREZ, VERONICA**

Provider Gender: Female  
 License Number: PSY21413  
 NPI: 1467674176  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: N

**VERONICA GUTIERREZ**

1000 VALE TERRACE DR  
 VISTA, CA 92084  
 Phone: (760) 631-5000  
 Fax: (760) 414-3702  
 After Hours Phone: (760)  
 631-5000  
 Website: N/A

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
 Hindi, Korean, Chinese,  
 Farsi, Tagalog, Estonian,  
 French, Marathi, Spanish,  
 Telugu, Vietnamese

TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):

N

Accessibility: CONTACT  
 PROVIDER

Hours: M-TH  
 9:00AM-8:00PM  
 F 9:00AM-5:00PM  
 SA 9:00AM-4:00PM

**MENDEZ, ADRIANA**

Provider Gender: Female  
 License Number: LCS86435  
 NPI: 1356777361  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: N

**ADRIANA J MENDEZ**

1000 VALE TERRACE DR  
 VISTA, CA 92084  
 Phone: (760) 631-5000  
 After Hours Phone: (760)  
 631-5000  
 Website: N/A

Accepting New Patients: Y

Site English Spoken: Y  
 TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Hours: M-F  
 8:00AM-8:00PM  
 SA 9:00AM-4:00PM

**MENDEZ, ADRIANA**

Provider Gender: Female  
 License Number: LCS86435  
 NPI: 1356777361  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: N

**ADRIANA J MENDEZ**

134 GRAPEVINE RD  
 VISTA, CA 92083  
 Phone: (760) 631-5000




Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**MEYERHOF, GRETA**

Provider Gender: Female  
 License Number: MFC32299  
 NPI: 1487196333  
 Provider English Spoken: Y  
 Cultural Competency: N  
 GRETA R MEYERHOF  
 134 GRAPEVINE RD  
 VISTA, CA 92083  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER



**MEYERHOF, GRETA**

Provider Gender: Female  
 License Number: MFC32299  
 NPI: 1487196333  
 Provider English Spoken: Y

Cultural Competency: N  
 GRETA R MEYERHOF  
 1000 VALE TERRACE DR  
 VISTA, CA 92084  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Website: N/A  
 Accepting New Patients: Y  
 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: Y  
 Site English Spoken: Y  
 Site Language(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

**NEVILLE, MARGARET**



Provider Gender: Female  
 License Number: LCS82407  
 NPI: 1073682407  
 Provider English Spoken: Y  
 Cultural Competency: N  
 MARGARET R NEVILLE  
 1000 VALE TERRACE DR  
 VISTA, CA 92084  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760) 631-5000  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

**PATEL, MITESH**







Provider Gender: Male  
 License Number: A181164  
 NPI: 1568880292  
 Provider English Spoken: Y  
 Cultural Competency: N  
 MITESH K PATEL  
 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: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 18\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M 8:00AM-5:00PM  
 TU 10:00AM-7:00PM  
 W-F 8:00AM-5:00PM  
 SA 9:00AM-4:00PM






**PATEL, MITESH**


Provider Gender: Male  
 License Number: A181164  
 NPI: 1568880292  
 Provider English Spoken: Y  
 Cultural Competency: N  
**MITESH K PATEL**  
 1000 VALE TERRACE DR  
 VISTA, CA 92084  
 Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 After Hours Phone: (760)  
 631-5000  
 Website: N/A  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 18\999  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Hours: M 8:00AM-5:00PM  
 TU 10:00AM-7:00PM  
 W-F 8:00AM-5:00PM  
 SA 9:00AM-4:00PM

**SANCHEZ, ADRIANA**






Provider Gender: Female  
 License Number: LCS97093  
 NPI: 1609450451  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: N  
**ADRIANA SANCHEZ**  
 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: Y  
 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**  
 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: Y  
 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: Y  
 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: Y  
 🗣 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT PROVIDER

**SRIVASTAVA, RAJEEV**

Provider Gender: Male  
 License Number: C176037  
 NPI: 1437489770  
 Provider English Spoken: Y  
 Cultural Competency: N  
 RAJEEV SRIVASTAVA

📍 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: Y  
 🗣 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: Y  
 🗣 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT PROVIDER  
 ⌚ Hours: M-TH  
 8:00AM-8:00PM  
 F 8:00AM-5:00PM  
 SA 9:00AM-4:00PM

**WILSON, CARLENE**

Provider Gender: Female  
 License Number: LCS74685  
 NPI: 1508327081  
 Provider English Spoken: Y  
 Cultural Competency: N  
 CARLENE WILSON  
 📍 134 GRAPEVINE RD  
 VISTA, CA 92083  
 ☎ Phone: (760) 631-5000  
 Fax: (760) 414-3892  
 ☎ After Hours Phone: (760) 631-5000  
 🌐 Website: N/A  
 Accepting New Patients: Y  
 🗣 Site English Spoken: Y  
 TDD: U  
 Min/Max Age: 0\999  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT PROVIDER

**ALPINE**

**AOTO, KIM, OD**

Provider Gender: Female  
License Number: 14524  
NPI: 1780935650  
Provider English Spoken: Y  
Spanish, Vietnamese  
Cultural Competency: Y

**WEST COAST EYE CARE**

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

Phone: (619) 445-2687

Fax: (619) 445-0801

After Hours Phone: (619) 445-2687

Accepting New Patients: Y

Site English Spoken: Y  
American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M 9:00AM-5:00PM  
TU 10:00AM-6:00PM  
W 9:00AM-5:00PM  
TH 8:00AM-5:00PM  
F 9:00AM-4:00PM

**BINDER, NICHOLAS, MD**

Provider Gender: Male  
License Number: A124698  
NPI: 1306076716  
Provider English Spoken: Y  
Cultural Competency: Y

**WEST COAST EYE CARE**

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

Phone: (619) 445-2687

Fax: (619) 445-0801

After Hours Phone: (619)

445-2687

Accepting New Patients: Y

Site English Spoken: Y  
American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M 9:00AM-5:00PM  
TU 10:00AM-6:00PM  
W 9:00AM-5:00PM  
TH 8:00AM-5:00PM  
F 9:00AM-4:00PM

**DEAN, MOENA, OD**

Provider Gender: Female

License Number: 33955

NPI: 1265927578

Provider English Spoken: Y

Cultural Competency: Y

**WEST COAST EYE CARE**

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

Phone: (619) 445-2687

Fax: (619) 445-0801

After Hours Phone: (619) 445-2687

Accepting New Patients: Y

Site English Spoken: Y  
American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M 9:00AM-5:00PM  
TU 10:00AM-6:00PM  
W 9:00AM-5:00PM  
TH 8:00AM-5:00PM  
F 9:00AM-4:00PM

**DYER, SHARON, OD**

Provider Gender: Female

License Number: 33450

NPI: 1063866887

Provider English Spoken: Y

Cultural Competency: Y

**WEST COAST EYE CARE**

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

Phone: (619) 445-2687

Fax: (619) 445-0801

After Hours Phone: (619) 445-2687

Accepting New Patients: Y

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

**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: Y

☐ Site English Spoken: Y  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT  
 PROVIDER  
 Public transportation (within  
 1/2 mile from Site): 1U  
 ⌚ Hours: M 9:00AM-5:00PM  
 TU 10:00AM-6:00PM  
 W 9:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 F 9:00AM-4:00PM

**KATZMAN, BARRY, MD**

Provider Gender: Male  
 License Number: A34834  
 NPI: 1760473797  
 Provider English Spoken: Y  
 Spanish

Cultural Competency: Y  
 WEST COAST EYE CARE  
 📍 1620 ALPINE BLVD STE 117  
 ALPINE, CA 91901  
 📞 Phone: (619) 445-2687  
 Fax: (619) 445-0801  
 ☎ After Hours Phone: (619)  
 445-2687

Accepting New Patients: Y

☐ Site English Spoken: Y  
 American Sign Language (ASL):  
 N

♿ Accessibility: CONTACT  
 PROVIDER  
 Public transportation (within  
 1/2 mile from Site): 1U

⌚ Hours: M 9:00AM-5:00PM  
 TU 10:00AM-6:00PM  
 W 9:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 F 9:00AM-4:00PM

**KHALIL, VADY, OD**

Provider Gender: Male  
 License Number: 35137  
 NPI: 1275263584  
 Provider English Spoken: Y  
 Arabic  
 Cultural Competency: Y  
 WEST COAST EYE CARE

📍 1620 ALPINE BLVD STE 117  
 ALPINE, CA 91901  
 📞 Phone: (619) 445-2687  
 Fax: (619) 445-0801

☎ After Hours Phone: (619)  
 445-2687

Accepting New Patients: Y

☐ Site English Spoken: Y  
 American Sign Language (ASL):  
 N

♿ Accessibility: CONTACT  
 PROVIDER  
 Public transportation (within  
 1/2 mile from Site): 1U

⌚ Hours: M 9:00AM-5:00PM  
 TU 10:00AM-6:00PM  
 W 9:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 F 9:00AM-4:00PM

**MARR, RYAN, OD**

Provider Gender: Male  
 License Number: 35302  
 NPI: 1235857525  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 WEST COAST EYE CARE

📍 1620 ALPINE BLVD STE 117  
 ALPINE, CA 91901  
 📞 Phone: (619) 445-2687  
 Fax: (619) 445-0801

☎ After Hours Phone: (619)  
 445-2687

Accepting New Patients: Y

☐ 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: 1588624852

Provider English Spoken: Y  
 Cultural Competency: Y  
 WEST COAST EYE CARE

📍 1620 ALPINE BLVD STE 117  
 ALPINE, CA 91901  
 📞 Phone: (619) 445-2687  
 Fax: (619) 445-0801

☎ After Hours Phone: (619)  
 445-2687

Accepting New Patients: Y

☐ Site English Spoken: Y  
 American Sign Language (ASL):  
 N

♿ Accessibility: CONTACT  
 PROVIDER  
 Public transportation (within  
 1/2 mile from Site): 1U

⌚ Hours: M 9:00AM-5:00PM  
 TU 10:00AM-6:00PM  
 W 9:00AM-5:00PM  
 TH 8:00AM-5:00PM  
 F 9:00AM-4:00PM

**MORRISON REYES, JOSHUA,  
 MD**

Provider Gender: Male

License Number: A125435

NPI: 1235366782

Provider English Spoken: Y

Indonesian, Spanish

Cultural Competency: Y

WEST COAST EYE CARE

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

Phone: (619) 445-2687

Fax: (619) 445-0801

After Hours Phone: (619)  
445-2687

Accepting New Patients: Y

Site English Spoken: Y

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 9:00AM-5:00PM  
TU 10:00AM-6:00PM  
W 9:00AM-5:00PM  
TH 8:00AM-5:00PM  
F 9:00AM-4:00PM

### **PATEL, SARJAN, MD**

Provider Gender: Male

License Number: A114976

NPI: 1316199326

Provider English Spoken: Y

Gujarati, Hindi, Spanish

Cultural Competency: Y

WEST COAST EYE CARE

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

Phone: (619) 445-2687

Fax: (619) 445-0801

After Hours Phone: (619)  
445-2687

Accepting New Patients: Y

Site English Spoken: Y

American Sign Language (ASL): NPI: 1982872552

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 9:00AM-5:00PM  
TU 10:00AM-6:00PM  
W 9:00AM-5:00PM  
TH 8:00AM-5:00PM  
F 9:00AM-4:00PM

### **PATEL, GITANE, MD**

Provider Gender: Male

License Number: A108603

NPI: 1710171434

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

1620 ALPINE BLVD STE 117  
ALPINE, CA 91901

Phone: (619) 445-2687

Fax: (619) 445-0801

After Hours Phone: (619)  
445-2687

Accepting New Patients: Y

Site English Spoken: Y

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 9:00AM-5:00PM  
TU 10:00AM-6:00PM  
W 9:00AM-5:00PM  
TH 8:00AM-5:00PM  
F 9:00AM-4:00PM

### **PRABHU, SUJATA, MD**

Provider Gender: Female

License Number: A115965

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: Y

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

### **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: Y

Site English Spoken: Y

American Sign Language (ASL):

N




 **Accessibility:** CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U  
 **Hours:** M 9:00AM-5:00PM  
TU 10:00AM-6:00PM  
W 9:00AM-5:00PM  
TH 8:00AM-5:00PM  
F 9:00AM-4:00PM


**VIVIRITO, MARY, OD**

Provider Gender: Female  
License Number: 33798  
NPI: 1477968667  
Provider English Spoken: Y  
Spanish

Cultural Competency: Y  
WEST COAST EYE CARE  
 1620 ALPINE BLVD STE 117  
ALPINE, CA 91901  
 Phone: (619) 445-2687  
Fax: (619) 445-0801  
 After Hours Phone: (619) 445-2687

Accepting New Patients: Y  
 Site English Spoken: Y  
American Sign Language (ASL):  
N

 **Accessibility:** CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U



 **Hours:** M 9:00AM-5:00PM  
TU 10:00AM-6:00PM  
W 9:00AM-5:00PM  
TH 8:00AM-5:00PM  
F 9:00AM-4:00PM

**BONITA**


**CHA, DANIEL, OD**


Provider Gender: Male

License Number: 14779  
NPI: 1386078020  
Provider English Spoken: Y  
Spanish

Cultural Competency: Y  
EYECARE OF BONITA  
 4502 BONITA RD  
BONITA, CA 91902  
 Phone: (619) 479-7334  
Fax: (619) 475-3456

 After Hours Phone: (619) 479-7334  
Accepting New Patients: Y  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
American Sign Language (ASL):  
N



 **Accessibility:** CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T




 **Hours:** M 8:00AM-6:30PM  
W 8:00AM-6:00PM  
TH 12:30AM-6:00PM  
F 8:00AM-6:00PM  
SA 9:00AM-2:00PM



**CARLSBAD**

**HO, TRAM, OD**

Provider Gender: Female  
License Number: 13485  
NPI: 1245464460  
Provider English Spoken: Y  
Vietnamese

Cultural Competency: Y  
EYE STYLE OPTOMETRY  
 5814 VAN ALLEN WAY STE 146  
CARLSBAD, CA 92008  
 Phone: (760) 606-2020

 After Hours Phone: (760) 606-2020  
Accepting New Patients: Y  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish, Vietnamese  
American Sign Language (ASL):  
N

 **Accessibility:** CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U  
 **Hours:** TU 9:00AM-5:00PM  
W 10:00AM-6:00PM  
TH 9:00AM-5:00PM  
F 8:00AM-4:00PM  
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: Y  
 Site English Spoken: Y  
 Site Languages(s) Spoken: French, Spanish, Tagalog  
American Sign Language (ASL):  
N

 **Accessibility:** CONTACT

**PROVIDER**  
Public transportation (within 1/2 mile from Site): 1T  
⌚ Hours: M 8:00AM-5:00PM  
TU 7:00AM-5:00PM  
W-F 8:00AM-5:00PM

**CASTILLEJOS, DAVID, MD**

Provider Gender: Male  
License Number: A44482  
NPI: 1558446401  
Provider English Spoken: Y  
French, Portuguese, Spanish, Tagalog  
Cultural Competency: Y  
CASTILLEJOS EYE INSTITUTE  
MED GROUP

📍 342 F ST  
CHULA VISTA, CA 91910  
☎ Phone: (619) 422-1471  
Fax: (619) 271-7044

⌚ After Hours Phone: (619) 422-1471

Accepting New Patients: Y

Site English Spoken: Y  
 Site Languages(s) Spoken: French, Spanish, Tagalog

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

⌚ Hours: M 8:00AM-5:00PM  
TU 7:00AM-5:00PM  
W-F 8:00AM-5:00PM

**CHAN, KWOK FUNG, OD**

Provider Gender: Male  
License Number: 35087  
NPI: 1407508385  
Provider English Spoken: Y

Cultural Competency: Y  
VILLA OPTOMETRY INC  
📍 531 TELEGRAPH CANYON RD  
CHULA VISTA, CA 91910  
☎ Phone: (619) 482-2020  
Fax: (619) 482-2671

⌚ After Hours Phone: (619) 482-2020

Accepting New Patients: Y

Site English Spoken: Y  
 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

**HUANG, PETER, OD**

Provider Gender: Male  
License Number: 11659  
NPI: 1639100522  
Provider English Spoken: Y  
Spanish

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: Y

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: Y

Site English Spoken: Y  
 Site Languages(s) Spoken: Arabic, Hindi, Spanish

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

⌚ Hours: SU 10:00AM-4:00PM  
M-F 9:00AM-7:00PM  
SA 9:00AM-5:00PM

**KEDDINGTON, JOAN, OD**

Provider Gender: Female  
 License Number: 6263  
 NPI: 1992872691  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: Y  
 OTAY RANCH EYEWORKS  
 OPTOMETRY  
 1741 EASTLAKE PKWY STE 101  
 CHULA VISTA, CA 91915  
 Phone: (619) 421-6600  
 Fax: (619) 421-6006  
 After Hours Phone: (619) 421-6600

Accepting New Patients: Y  
 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: Y  
 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) 427-2020  
 Fax: (866) 254-5707  
 After Hours Phone: (619) 427-2020

Accepting New Patients: Y  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-TH

9:00AM-6:00PM  
 F 9:00AM-5:00PM

**MASCARENO, EFRAIN, OD**

Provider Gender: Male  
 License Number: 10906  
 NPI: 1457507279  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 EASTLAKE VISION CENTER DR  
 MASCARENO

2260 OTAY LAKES RD STE 111  
 CHULA VISTA, CA 91915  
 Phone: (619) 421-5550  
 Fax: (619) 421-6022

After Hours Phone: (619) 421-5550  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M-F 9:00AM-6:00PM  
 SA 9:00AM-3:00PM

**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: Y

Site English Spoken: Y  
Site Languages(s) Spoken: Spanish, Vietnamese

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-TH  
10:00AM-3:00PM

**NGUYEN, THERESA, OD**

Provider Gender: Female  
License Number: 35530TLG  
NPI: 1609555713

Provider English Spoken: Y  
Cultural Competency: Y

OTAY RANCH EYEWORKS  
OPTOMETRY

1741 EASTLAKE PKWY STE 101  
CHULA VISTA, CA 91915  
Phone: (619) 421-6600  
Fax: (619) 421-6006  
After Hours Phone: (619) 421-6600

Accepting New Patients: Y

Site English Spoken: Y  
Site Languages(s) Spoken: Arabic, Hindi, Spanish

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: SU 10:00AM-4:00PM  
M-F 9:00AM-7:00PM  
SA 9:00AM-5:00PM

**PLUCINIK, STANLEY, OD**

Provider Gender: Male  
License Number: 35255

NPI: 1124751417

Provider English Spoken: Y  
Cultural Competency: Y

CASTILLEJOS EYE INSTITUTE  
MED GROUP

342 F ST  
CHULA VISTA, CA 91910  
Phone: (619) 422-1471  
Fax: (619) 271-7044

After Hours Phone: (619) 422-1471

Accepting New Patients: Y

Site English Spoken: Y  
Site Languages(s) Spoken: French, Spanish, Tagalog

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M 8:00AM-5:00PM  
TU 7:00AM-5:00PM  
W-F 8:00AM-5:00PM

**SCOVILL, ALEXANDRA, OD**

Provider Gender: Female  
License Number: 33711

NPI: 1184146094

Provider English Spoken: Y  
Spanish

Cultural Competency: Y

CASTILLEJOS EYE INSTITUTE  
MED GROUP

342 F ST  
CHULA VISTA, CA 91910  
Phone: (619) 422-1471  
Fax: (619) 271-7044

After Hours Phone: (619) 422-1471

Accepting New Patients: Y

Site English Spoken: Y  
Site Languages(s) Spoken: French, Spanish, Tagalog

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M 8:00AM-5:00PM  
TU 7:00AM-5:00PM  
W-F 8:00AM-5:00PM

**SOLIS, KEVIN, OD**

Provider Gender: Male  
License Number: 10420  
NPI: 1538362116

Provider English Spoken: Y  
Cultural Competency: Y

OTAY RANCH EYEWORKS  
OPTOMETRY

1741 EASTLAKE PKWY STE 101  
CHULA VISTA, CA 91915  
Phone: (619) 421-6600  
Fax: (619) 421-6006

After Hours Phone: (619) 421-6600

Accepting New Patients: Y

Site English Spoken: Y  
Site Languages(s) Spoken: Arabic, Hindi, Spanish

American Sign Language (ASL):

N  
 ♿ Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 ⌚ Hours: SU 10:00AM-4:00PM  
 M-F 9:00AM-7:00PM  
 SA 9:00AM-5:00PM

**TOUBIA, ELIAS, OD**

Provider Gender: Male  
 License Number: 33758  
 NPI: 1740701481  
 Provider English Spoken: Y  
 Arabic  
 Cultural Competency: Y  
 OTAY RANCH EYEWORKS  
 OPTOMETRY

📍 1741 EASTLAKE PKWY STE 101  
 CHULA VISTA, CA 91915  
 📞 Phone: (619) 421-6600  
 Fax: (619) 421-6006  
 ⌚ After Hours Phone: (619) 421-6600

Accepting New Patients: Y

☐ Site English Spoken: Y  
 ☐ Site Languages(s) Spoken: Arabic, Hindi, Spanish  
 American Sign Language (ASL):

N  
 ♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

⌚ Hours: SU 10:00AM-4:00PM  
 M-F 9:00AM-7:00PM  
 SA 9:00AM-5:00PM

**VILLA, ANGELICA, OD**

Provider Gender: Female  
 License Number: 10561

NPI: 1962544965  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: Y  
 VILLA OPTOMETRY INC  
 📍 531 TELEGRAPH CANYON RD  
 CHULA VISTA, CA 91910  
 📞 Phone: (619) 482-2020  
 Fax: (619) 482-2671

⌚ After Hours Phone: (619) 482-2020

Accepting New Patients: Y

☐ Site English Spoken: Y  
 ☐ Site Languages(s) Spoken: Spanish  
 American Sign Language (ASL):

N  
 ♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

⌚ Hours: M-F 9:00AM-6:00PM

**CORONADO**

**KATZMAN, LEE, MD**

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: Y

☐ 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: Y

☐ 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: Y  
 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: Y  
 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: Y  
 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

**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: Y  
 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: Y  
 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: Y  
 Site English Spoken: Y  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F 9:00AM-5:00PM  
 SA 9:00AM-12:00AM

**CHAN, KWOK FUNG, OD**

Provider Gender: Male  
 License Number: 35087  
 NPI: 1407508385  
 Provider English Spoken: Y  
 Cultural Competency: Y

**WERNER OPTOMETRY**

2650 JAMACHA RD STE 155  
 EL CAJON, CA 92019  
 Phone: (619) 670-6296  
 Fax: (619) 670-8852  
 After Hours Phone: (619) 670-6296  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 Site Languages(s) Spoken:

Italian, Spanish

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M 9:00AM-5:00PM  
 TU 10:00AM-5:00PM  
 W-TH 9:00AM-5:00PM  
 F 8:00AM-2:00PM

**DEAN, MOENA, OD**

Provider Gender: Female  
 License Number: 33955  
 NPI: 1265927578  
 Provider English Spoken: Y  
 Cultural Competency: Y

RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP

300 S PIERCE ST STE 200  
 EL CAJON, CA 92020  
 Phone: (619) 440-5400  
 Fax: (619) 440-0239  
 After Hours Phone: (619) 440-5400

Accepting New Patients: Y

Site English Spoken: Y  
 American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-F 8:30AM-6:00PM

**DYER, SHARON, OD**

Provider Gender: Female  
 License Number: 33450  
 NPI: 1063866887  
 Provider English Spoken: Y

Cultural Competency: Y

RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP

300 S PIERCE ST STE 200  
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 Phone: (619) 440-5400  
 Fax: (619) 440-0239

After Hours Phone: (619) 440-5400

Accepting New Patients: Y

Site English Spoken: Y  
 American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-F 8:30AM-6:00PM

**HAMOUIE, JUDY, OD**

Provider Gender: Female  
 License Number: 34984  
 NPI: 1518638287  
 Provider English Spoken: Y  
 Cultural Competency: Y

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 Fax: (619) 440-0239

After Hours Phone: (619) 440-5400

Accepting New Patients: Y

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

**HAN, SULKI, OD**

Provider Gender: Female  
License Number: 34171  
NPI: 1750802195  
Provider English Spoken: Y  
Korean  
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: Y  
📄 Site English Spoken: Y  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F  
8:30AM-6:00PM

**HSU, CHRISTOPHER, MD**

Provider Gender: Male  
License Number: A65973  
NPI: 1336167618  
Provider English Spoken: Y  
Cultural Competency: Y  
RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP

📍 300 S PIERCE ST STE 200  
EL CAJON, CA 92020  
☎ Phone: (619) 440-5400  
Fax: (619) 440-0239

🕒 After Hours Phone: (619)  
440-5400

Accepting New Patients: Y  
📄 Site English Spoken: Y  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F  
8:30AM-6:00PM

**KATZMAN, BARRY, MD**

Provider Gender: Male  
License Number: A34834  
NPI: 1760473797  
Provider English Spoken: Y  
Spanish  
Cultural Competency: Y  
RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP

📍 300 S PIERCE ST STE 200  
EL CAJON, CA 92020  
☎ Phone: (619) 440-5400  
Fax: (619) 440-0239

🕒 After Hours Phone: (619)  
440-5400  
Accepting New Patients: Y

📄 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: Y

📄 Site English Spoken: Y  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F  
8:30AM-6:00PM

**KHIEU, TINA, OD**

Provider Gender: Female  
License Number: 34777  
NPI: 1962031617  
Provider English Spoken: Y  
Cultural Competency: Y  
RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP



📍 300 S PIERCE ST STE 200  
EL CAJON, CA 92020  
☎ Phone: (619) 440-5400  
Fax: (619) 440-0239

🕒 After Hours Phone: (619)  
440-5400




Accepting New Patients: Y

📄 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: Y*  
 *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







 *Phone: (619) 670-6296*  
*Fax: (619) 670-8852*  
 *After Hours Phone: (619) 670-6296*  
*Accepting New Patients: Y*  
 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Italian, Spanish*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M 9:00AM-5:00PM TU 10:00AM-5:00PM W-TH 9:00AM-5:00PM F 8:00AM-2:00PM*

**PANDYA, BHUMIKA, OD**

*Provider Gender: Female*  
*License Number: 35025*  
*NPI: 1063182822*  
*Provider English Spoken: Y*  
*Hindi*  
*Cultural Competency: Y*  
 RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP  
 300 S PIERCE ST STE 200 EL CAJON, CA 92020  
 *Phone: (619) 440-5400*  
*Fax: (619) 440-0239*  
 *After Hours Phone: (619) 440-5400*  
*Accepting New Patients: Y*  
 *Site English Spoken: Y*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*

 *Hours: M-F 8:30AM-6:00PM*

**PATEL, GITANE, MD**

*Provider Gender: Male*  
*License Number: A108603*  
*NPI: 1710171434*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*  
 RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP  
 300 S PIERCE ST STE 200 EL CAJON, CA 92020  
 *Phone: (619) 440-5400*  
*Fax: (619) 440-0239*  
 *After Hours Phone: (619) 440-5400*  
*Accepting New Patients: Y*  
 *Site English Spoken: Y*  
*American Sign Language (ASL): N*  
 *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 *Hours: M-F 8:30AM-6:00PM*

**PATEL, SARJAN, MD**

*Provider Gender: Male*  
*License Number: A114976*  
*NPI: 1316199326*  
*Provider English Spoken: Y*  
*Gujarati, Hindi, Spanish*  
*Cultural Competency: Y*  
 RETINA INSTITUTE OF CALIFORNIA MEDICAL GROUP  
 300 S PIERCE ST STE 200 EL CAJON, CA 92020  
 *Phone: (619) 440-5400*  
*Fax: (619) 440-0239*

☎ After Hours Phone: (619) 440-5400

Accepting New Patients: Y

☐ Site English Spoken: Y

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F  
8:30AM-6:00PM

**SCOTT, JEFFREY, OD**

Provider Gender: Male

License Number: 34978

NPI: 1568813434

Provider English Spoken: Y

Cultural Competency: Y

RETINA INSTITUTE OF

CALIFORNIA MEDICAL GROUP

📍 300 S PIERCE ST STE 200  
EL CAJON, CA 92020

☎ Phone: (619) 440-5400

Fax: (619) 440-0239

☎ After Hours Phone: (619) 440-5400

Accepting New Patients: Y

☐ Site English Spoken: Y

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F  
8:30AM-6:00PM

**TON-NU, MY LINH, OD**

Provider Gender: Female

License Number: 34990

NPI: 1245733476

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: Y

☐ Site English Spoken: Y

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F  
8:30AM-6:00PM

**TONNU, ANH, OD**

Provider Gender: Female

License Number: 11318

NPI: 1679521280

Provider English Spoken: Y

Vietnamese

Cultural Competency: Y

RETINA INSTITUTE OF

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📍 300 S PIERCE ST STE 200  
EL CAJON, CA 92020

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Fax: (619) 440-0239

☎ After Hours Phone: (619) 440-5400

Accepting New Patients: Y

☐ Site English Spoken: Y

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F  
8:30AM-6:00PM

**VINH, JOHN, OD**

Provider Gender: Male

License Number: 14177

NPI: 1003102724

Provider English Spoken: Y

Cultural Competency: Y

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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: Y

☐ Site English Spoken: Y

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F  
8:30AM-6:00PM

**WERNER, REX, OD**

Provider Gender: Male

License Number: 9378

NPI: 1891760716

Provider English Spoken: Y

Italian, Spanish

Cultural Competency: Y

WERNER OPTOMETRY

📍 2650 JAMACHA RD STE 155  
EL CAJON, CA 92019

☎ Phone: (619) 670-6296

Fax: (619) 670-8852

☎ After Hours Phone: (619) 670-6296

Accepting New Patients: Y

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken: Italian, Spanish

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M 9:00AM-5:00PM  
TU 10:00AM-5:00PM  
W-TH 9:00AM-5:00PM  
F 8:00AM-2:00PM

**WERNER, R AARON, OD**

Provider Gender: Male

License Number: 13478

NPI: 1821259458

Provider English Spoken: Y  
Spanish

Cultural Competency: Y

WERNER OPTOMETRY

📍 2650 JAMACHA RD STE 155  
EL CAJON, CA 92019

☎ Phone: (619) 670-6296

Fax: (619) 670-8852

☎ After Hours Phone: (619) 670-6296

Accepting New Patients: Y

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken: Italian, Spanish

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M 9:00AM-5:00PM  
TU 10:00AM-5:00PM  
W-TH 9:00AM-5:00PM  
F 8:00AM-2:00PM

**ZHAO, TAILUN, MD**

Provider Gender: Male

License Number: C186414

NPI: 1952659203

Provider English Spoken: Y

Cultural Competency: Y

RETINA INSTITUTE OF  
CALIFORNIA MEDICAL GROUP

📍 300 S PIERCE ST STE 200  
EL CAJON, CA 92020

☎ Phone: (619) 440-5400

Fax: (619) 440-0239

☎ After Hours Phone: (619) 440-5400

Accepting New Patients: Y

☐ Site English Spoken: Y

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F  
8:30AM-6:00PM

**ZVANUT, DONALD, OD**

Provider Gender: Male

License Number: 8642

NPI: 1336211804

Provider English Spoken: Y

Cultural Competency: Y

RETINA INSTITUTE OF  
CALIFORNIA MEDICAL GROUP

📍 300 S PIERCE ST STE 200  
EL CAJON, CA 92020

☎ Phone: (619) 440-5400

Fax: (619) 440-0239

☎ After Hours Phone: (619) 440-5400

Accepting New Patients: Y

☐ Site English Spoken: Y  
American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F  
8:30AM-6:00PM

**ENCINITAS**

**ADAMS, MONA, OD**

Provider Gender: Female

License Number: 14457

NPI: 1942564521

Provider English Spoken: Y

Cultural Competency: Y

RADY CHILDRENS HOSPITAL  
ENCINITAS

📍 477 N EL CAMINO REAL  
STE D302

ENCINITAS, CA 92024

☎ Phone: (858) 309-7702

Fax: (858) 966-7403

☎ After Hours Phone: (858) 309-7702

Accepting New Patients: Y

☐ Site English Spoken: Y

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F  
8:00AM-5:00PM

**AOTO, KIM, OD**

Provider Gender: Female  
 License Number: 14524  
 NPI: 1780935650  
 Provider English Spoken: Y  
 Spanish, Vietnamese  
 Cultural Competency: Y  
 ACUITY EYE GROUP  
 320 SANTA FE DR STE 104  
 ENCINITAS, CA 92024  
 Phone: (760) 943-7141  
 Fax: (760) 943-0371  
 After Hours Phone: (760) 943-7141  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F 8:00AM-5:00PM

**BANSAL, PREETI, MD**

Provider Gender: Female  
 License Number: A90890  
 NPI: 1871664631  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: Y  
 RADY CHILDRENS HOSPITAL  
 ENCINITAS  
 477 N EL CAMINO REAL  
 STE D302  
 ENCINITAS, CA 92024  
 Phone: (858) 309-7702  
 Fax: (858) 966-7403  
 After Hours Phone: (858) 309-7702

Accepting New Patients: Y  
 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

**BHATIA, SHAGUN, MD**

Provider Gender: Female  
 License Number: A154902  
 NPI: 1104237353  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 RADY CHILDRENS HOSPITAL  
 ENCINITAS  
 477 N EL CAMINO REAL  
 STE D302  
 ENCINITAS, CA 92024  
 Phone: (858) 309-7702  
 Fax: (858) 966-7403  
 After Hours Phone: (858) 309-7702

Accepting New Patients: Y  
 Site English Spoken: Y  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M-F 8:00AM-5:00PM



**CHANG, TOM, MD**

Provider Gender: Male  
 License Number: A69909  
 NPI: 1609848969

Provider English Spoken: Y  
 Cultural Competency: Y  
 ACUITY EYE GROUP  
 320 SANTA FE DR STE 104  
 ENCINITAS, CA 92024  
 Phone: (760) 943-7141  
 Fax: (760) 943-0371  
 After Hours Phone: (760) 943-7141  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F 8:00AM-5:00PM

**CHIU, STEPHAN, MD**


Provider Gender: Male  
 License Number: A172634  
 NPI: 1053846956  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: Y  
 ACUITY EYE GROUP  
 320 SANTA FE DR STE 104  
 ENCINITAS, CA 92024  
 Phone: (760) 943-7141  
 Fax: (760) 943-0371  
 After Hours Phone: (760) 943-7141  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 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: Y*

*Site English Spoken: Y*  
 *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: Y*

*Site English Spoken: Y*  
 *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*  
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 *After Hours Phone: (760) 943-7141*

*Accepting New Patients: Y*

*Site English Spoken: Y*  
 *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: Y*

*Site English Spoken: Y*  
 *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: Y*

Site English Spoken: Y  
 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  
 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: Y  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F  
 8:00AM-5:00PM

**LEE, JASON, OD**

Provider Gender: Male  
 License Number: 14881

NPI: 1679985584  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: Y  
 RADY CHILDRENS HOSPITAL  
 ENCINITAS  
 477 N EL CAMINO REAL  
 STE D302  
 ENCINITAS, CA 92024  
 Phone: (858) 309-7702  
 Fax: (858) 966-7403  
 After Hours Phone: (858) 309-7702  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M-F  
 8:00AM-5:00PM

**MARR, RYAN, OD**

Provider Gender: Male  
 License Number: 35302  
 NPI: 1235857525  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 ACUITY EYE GROUP  
 320 SANTA FE DR STE 104  
 ENCINITAS, CA 92024  
 Phone: (760) 943-7141  
 Fax: (760) 943-0371  
 After Hours Phone: (760) 943-7141  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F  
 8:00AM-5:00PM

**MCGRAW, JOSEPH, MD**

Provider Gender: Male  
 License Number: A155228  
 NPI: 1588624852  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 ACUITY EYE GROUP  
 320 SANTA FE DR STE 104  
 ENCINITAS, CA 92024  
 Phone: (760) 943-7141  
 Fax: (760) 943-0371  
 After Hours Phone: (760) 943-7141  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F  
 8:00AM-5:00PM

**MOLL, ANGELA, MD**

Provider Gender: Female  
 License Number: A105472  
 NPI: 1861648602  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 RADY CHILDRENS HOSPITAL

**ENCINITAS**

477 N EL CAMINO REAL  
STE D302  
ENCINITAS, CA 92024

Phone: (858) 309-7702  
Fax: (858) 966-7403

After Hours Phone: (858)  
309-7702

Accepting New Patients: Y

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

**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: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
8:00AM-5:00PM

**O HALLORAN, HENRY, MD**

Provider Gender: Male

License Number: A73282

NPI: 1235287947

Provider English Spoken: Y  
German, Spanish

Cultural Competency: Y

**RADY CHILDRENS HOSPITAL  
ENCINITAS**

477 N EL CAMINO REAL  
STE D302  
ENCINITAS, CA 92024

Phone: (858) 309-7702  
Fax: (858) 966-7403

After Hours Phone: (858)  
309-7702

Accepting New Patients: Y

Site English Spoken: Y

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F  
8:00AM-5:00PM

**SAMUEL, MICHAEL, MD**

Provider Gender: Male

License Number: A83237

NPI: 1730175670

Provider English Spoken: Y

Cultural Competency: Y

**ACUITY EYE GROUP**

320 SANTA FE DR STE 104  
ENCINITAS, CA 92024

Phone: (760) 943-7141

Fax: (760) 943-0371

After Hours Phone: (760)  
943-7141

Accepting New Patients: Y

Site English Spoken: Y

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

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Fax: (760) 943-0371

After Hours Phone: (760)  
943-7141

Accepting New Patients: Y

Site English Spoken: Y

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: Y  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish

American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): IT  
 Hours: M-F 8:00AM-5:00PM

**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: Y

Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): IT  
 Hours: M-F 8:00AM-5:00PM

**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  
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Accepting New Patients: Y  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish

American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): IT  
 Hours: M-F 8:00AM-5:00PM

**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: Y  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish

American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): IT  
 Hours: M-F 8:00AM-5:00PM

**ESCONDIDO**

**ADAMS, MONA, OD**

Provider Gender: Female  
 License Number: 14457  
 NPI: 1942564521  
 Provider English Spoken: Y  
 Cultural Competency: Y



RADY CHILDRENS SPECIALISTS  
 2125 CITRACADO PKWY STE 200  
 ESCONDIDO, CA 92029  
 Phone: (760) 755-7600  
 Fax: (760) 755-7699

After Hours Phone: (760) 755-7600

Accepting New Patients: Y  
 Site English Spoken: Y  
 American Sign Language (ASL):








N

 **Accessibility: CONTACT PROVIDER**  
Public transportation (within 1/2 mile from Site): 1T  
 **Hours: M-F 8:30AM-4:30PM**



**ASIS, STEPHANIE, OD**

Provider Gender: Female  
License Number: 34013  
NPI: 1902383540  
Provider English Spoken: Y  
Cultural Competency: Y

**ACUITY EYE GROUP**

 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: Y  
 **Site English Spoken: Y**  
 **Site Language(s) Spoken: Spanish**  
American Sign Language (ASL):





N

 **Accessibility: CONTACT PROVIDER**  
Public transportation (within 1/2 mile from Site): 1T  
 **Hours: M-F 8:00AM-5:00PM**



**BANSAL, PREETI, MD**

Provider Gender: Female  
License Number: A90890  
NPI: 1871664631  
Provider English Spoken: Y  
Spanish  
Cultural Competency: Y

**RADY CHILDRENS SPECIALISTS**

 2125 CITRACADO PKWY STE 200 ESCONDIDO, CA 92029  
 **Phone: (760) 755-7600**  
**Fax: (760) 755-7699**  
 **After Hours Phone: (760) 755-7600**  
Accepting New Patients: Y  
 **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**


**BERGMARK, JAMIE, OD**


Provider Gender: Female  
License Number: 33657  
NPI: 1669920757  
Provider English Spoken: Y  
Cultural Competency: Y

**RADY CHILDRENS SPECIALISTS**

 2125 CITRACADO PKWY STE 200 ESCONDIDO, CA 92029  
 **Phone: (760) 755-7600**  
**Fax: (760) 755-7699**  
 **After Hours Phone: (760) 755-7600**  
Accepting New Patients: Y  
 **Site English Spoken: Y**  
American Sign Language (ASL):

N

 **Accessibility: CONTACT PROVIDER**  
Public transportation (within

1/2 mile from Site): 1T  
 **Hours: M-F 8:30AM-4:30PM**

**BHATIA, SHAGUN, MD**

Provider Gender: Female  
License Number: A154902  
NPI: 1104237353  
Provider English Spoken: Y  
Cultural Competency: Y



**RADY CHILDRENS SPECIALISTS**

 2125 CITRACADO PKWY STE 200 ESCONDIDO, CA 92029  
 **Phone: (760) 755-7600**  
**Fax: (760) 755-7699**  
 **After Hours Phone: (760) 755-7600**  
Accepting New Patients: Y  
 **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**

**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: Y

☐ Site English Spoken: Y

☐ 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: Y

☐ Site English Spoken: Y

☐ 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: Y

☐ Site English Spoken: Y

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F 8:30AM-4:30PM

**GOLDSTONE, ADAM, OD**

Provider Gender: Male

License Number: 11051

NPI: 1316972995

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

📍 700 W EL NORTE PKWY STE 200

ESCONDIDO, CA 92026

☎ Phone: (760) 743-5872

Fax: (760) 743-5879

☎ After Hours Phone: (760) 743-5872

Accepting New Patients: Y

☐ Site English Spoken: Y

☐ 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: Y

☐ Site English Spoken: Y

☐ 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

**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: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F

8:00AM-5:00PM

### HUDSON, HENRY, MD

Provider Gender: Male

License Number: G76091

NPI: 1851349195

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

700 W EL NORTE PKWY  
STE 200

ESCONDIDO, CA 92026

Phone: (760) 743-5872

Fax: (760) 743-5879

After Hours Phone: (760)  
743-5872

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL): Cultural Competency: Y

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F

8:00AM-5:00PM

### 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

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After Hours Phone: (760)  
743-5872

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL): Cultural Competency: Y

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F

8:00AM-5:00PM

### KARAPETIAN, ELENA, OD

Provider Gender: Female

License Number: 34514

NPI: 1184250417

Provider English Spoken: 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: Y

Site English Spoken: Y

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

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After Hours Phone: (760)  
743-5872

Accepting New Patients: Y

Site English Spoken: Y

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

**KHIEU, TINA, OD**

Provider Gender: Female  
 License Number: 34777  
 NPI: 1962031617  
 Provider English Spoken: Y  
 Cultural Competency: Y

**ACUITY EYE GROUP**

📍 700 W EL NORTE PKWY STE 200  
 ESCONDIDO, CA 92026  
 📞 Phone: (760) 743-5872  
 Fax: (760) 743-5879  
 ⌚ After Hours Phone: (760) 743-5872  
 Accepting New Patients: Y

📄 Site English Spoken: Y  
 📄 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

**KIM, PHILIP, OD**

Provider Gender: Male  
 License Number: 33893  
 NPI: 1376929034  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 ACUITY EYE GROUP

📍 700 W EL NORTE PKWY STE 200  
 ESCONDIDO, CA 92026  
 📞 Phone: (760) 743-5872  
 Fax: (760) 743-5879

⌚ After Hours Phone: (760) 743-5872

Accepting New Patients: Y

📄 Site English Spoken: Y  
 📄 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

**KLAREN, AMANDA, OD**

Provider Gender: Female  
 License Number: 12617  
 NPI: 1396876611  
 Provider English Spoken: Y  
 Cultural Competency: Y

**RADY CHILDRENS SPECIALISTS**

📍 2125 CITRACADO PKWY STE 200  
 ESCONDIDO, CA 92029  
 📞 Phone: (760) 755-7600  
 Fax: (760) 755-7699

⌚ After Hours Phone: (760) 755-7600

Accepting New Patients: Y

📄 Site English Spoken: Y  
 American Sign Language (ASL):

N  
 ♿ Accessibility: CONTACT PROVIDER  
 Public transportation (within

1/2 mile from Site): 1T  
 ⌚ Hours: M-F  
 8:30AM-4:30PM

**LE, TAM, OD**

Provider Gender: Female  
 License Number: 12951  
 NPI: 1235268707  
 Provider English Spoken: Y  
 Spanish, Vietnamese

Cultural Competency: Y

**TAM T LE OD INC**

📍 1711 E VALLEY PKWY STE 109  
 ESCONDIDO, CA 92027  
 📞 Phone: (760) 737-6064  
 Fax: (760) 737-6064

⌚ After Hours Phone: (760) 737-6064

Accepting New Patients: Y

📄 Site English Spoken: Y  
 📄 Site Languages(s) Spoken: Spanish, Vietnamese

American Sign Language (ASL):

N  
 ♿ Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T

⌚ Hours: M-TH  
 9:00AM-5:30PM  
 F 9:00AM-1:00PM

**LEE, JASON, OD**

Provider Gender: Male  
 License Number: 14881  
 NPI: 1679985584  
 Provider English Spoken: Y  
 Spanish

Cultural Competency: Y

**RADY CHILDRENS**

**SPECIALISTS**

2125 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029

Phone: (760) 755-7600

Fax: (760) 755-7699

After Hours Phone: (760)  
755-7600

Accepting New Patients: Y

Site English Spoken: Y

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): IT

Hours: M-F  
8:30AM-4:30PM

**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

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743-5872

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within

1/2 mile from Site): IT

Hours: M-F  
8:00AM-5:00PM

**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

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743-5872

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): IT

Hours: M-F  
8:00AM-5:00PM

**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: Y

Site English Spoken: Y

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): IT

Hours: M-F  
8:30AM-4:30PM

**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: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): IT

Hours: M-F

8:00AM-5:00PM

**MOVAGHAR, MANSOOR, MD**

Provider Gender: Male  
License Number: A100897  
NPI: 1497792220  
Provider English Spoken: Y  
Cultural Competency: Y

RADY CHILDRENS  
SPECIALISTS

2125 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029  
Phone: (760) 755-7600  
Fax: (760) 755-7699

After Hours Phone: (760)  
755-7600

Accepting New Patients: Y

Site English Spoken: Y  
American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): IT

Hours: M-F  
8:30AM-4:30PM

**O HALLORAN, HENRY, MD**

Provider Gender: Male  
License Number: A73282  
NPI: 1235287947  
Provider English Spoken: Y  
German, Spanish  
Cultural Competency: Y

RADY CHILDRENS  
SPECIALISTS

2125 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029  
Phone: (760) 755-7600

Fax: (760) 755-7699

After Hours Phone: (760)  
755-7600

Accepting New Patients: Y

Site English Spoken: Y  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): IT

Hours: M-F  
8:30AM-4:30PM

**PANSARA, MEGHA, MD**

Provider Gender: Female  
License Number: A143429  
NPI: 1184983728

Provider English Spoken: Y  
Gujarati

Cultural Competency: Y

RADY CHILDRENS  
SPECIALISTS

2125 CITRACADO PKWY  
STE 200  
ESCONDIDO, CA 92029  
Phone: (760) 755-7600  
Fax: (760) 755-7699

After Hours Phone: (760)  
755-7600

Accepting New Patients: Y

Site English Spoken: Y  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): IT

Hours: M-F  
8:30AM-4:30PM

**PATEL, SARJAN, MD**

Provider Gender: Male

License Number: A114976

NPI: 1316199326

Provider English Spoken: Y  
Gujarati, Hindi, Spanish  
Cultural Competency: Y

ACUITY EYE GROUP

700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026

Phone: (760) 743-5872  
Fax: (760) 743-5879

After Hours Phone: (760)  
743-5872

Accepting New Patients: Y

Site English Spoken: Y  
Site Language(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): IT

Hours: M-F  
8:00AM-5:00PM

**PATEL, GITANE, MD**

Provider Gender: Male  
License Number: A108603  
NPI: 1710171434

Provider English Spoken: Y  
Cultural Competency: Y

ACUITY EYE GROUP

700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026

Phone: (760) 743-5872  
Fax: (760) 743-5879

After Hours Phone: (760)  
743-5872

Accepting New Patients: Y

Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F 8:00AM-5:00PM

**PRABHU, SUJATA, MD**

Provider Gender: Female  
 License Number: A115965  
 NPI: 1982872552  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: Y  
 ACUITY EYE GROUP  
 700 W EL NORTE PKWY STE 200 ESCONDIDO, CA 92026  
 Phone: (760) 743-5872  
 Fax: (760) 743-5879  
 After Hours Phone: (760) 743-5872

Accepting New Patients: Y  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F 8:00AM-5:00PM

**SAMUEL, MICHAEL, MD**

Provider Gender: Male

License Number: A83237  
 NPI: 1730175670  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 ACUITY EYE GROUP  
 700 W EL NORTE PKWY STE 200 ESCONDIDO, CA 92026  
 Phone: (760) 743-5872  
 Fax: (760) 743-5879  
 After Hours Phone: (760) 743-5872

Accepting New Patients: Y  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F 8:00AM-5:00PM

**THACH, TERILYN, OD**

Provider Gender: Female  
 License Number: 11456  
 NPI: 1710030861  
 Provider English Spoken: Y  
 Vietnamese  
 Cultural Competency: Y  
 INSIGHT VISION OPTOMETRY  
 2419 E VALLEY PKWY ESCONDIDO, CA 92027  
 Phone: (760) 738-9931  
 Fax: (760) 738-9933  
 After Hours Phone: (760) 738-9931

Accepting New Patients: Y  
 Site English Spoken: Y  
 Site Languages(s) Spoken:

Spanish, Vietnamese  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-TU 9:30AM-5:00PM TH 10:00AM-5:30PM F 9:30AM-5:00PM

**TON-NU, MY LINH, OD**

Provider Gender: Female  
 License Number: 34990  
 NPI: 1245733476  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 ACUITY EYE GROUP  
 700 W EL NORTE PKWY STE 200 ESCONDIDO, CA 92026  
 Phone: (760) 743-5872  
 Fax: (760) 743-5879  
 After Hours Phone: (760) 743-5872

Accepting New Patients: Y  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F 8:00AM-5:00PM

**TRAN, ALEXANDER, OD**

Provider Gender: Male  
 License Number: 14136

NPI: 1902414790

Provider English Spoken: Y

Cultural Competency: Y

RADY CHILDRENS

SPECIALISTS

2125 CITRACADO PKWY  
STE 200

ESCONDIDO, CA 92029

Phone: (760) 755-7600

Fax: (760) 755-7699

After Hours Phone: (760)  
755-7600

Accepting New Patients: Y

Site English Spoken: Y

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
8:30AM-4:30PM

### VERRET, ERIC, OD

Provider Gender: Male

License Number: 11401

NPI: 1194891853

Provider English Spoken: Y  
French, Spanish

Cultural Competency: Y

ESCONDIDO EYECARE

613 E GRAND AVE  
ESCONDIDO, CA 92025

Phone: (760) 747-7979

Fax: (760) 747-7799

After Hours Phone: (760)  
747-7979

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Arabic, French, Spanish

American Sign Language (ASL): Provider English Spoken: Y

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-TU  
9:00AM-6:00PM  
W-TH 9:00AM-8:00PM

### VIVIRITO, MARY, OD

Provider Gender: Female

License Number: 33798

NPI: 1477968667

Provider English Spoken: Y  
Spanish

Cultural Competency: Y

ACUITY EYE GROUP

700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026

Phone: (760) 743-5872

Fax: (760) 743-5879

After Hours Phone: (760)  
743-5872

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
8:00AM-5:00PM

### ZAIDI, NOORINA, OD

Provider Gender: Female

License Number: 35615

NPI: 1023477262

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026

Phone: (760) 743-5872

Fax: (760) 743-5879

After Hours Phone: (760)  
743-5872

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
8:00AM-5:00PM

### ZHAO, TAILUN, MD

Provider Gender: Male

License Number: C186414

NPI: 1952659203

Provider English Spoken: Y  
Cultural Competency: Y

ACUITY EYE GROUP

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: Y



Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):




N



 **Accessibility:** CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
 **Hours:** M-F  
8:00AM-5:00PM



**ZVANUT, DONALD, OD**

Provider Gender: Male  
License Number: 8642  
NPI: 1336211804  
Provider English Spoken: Y  
Cultural Competency: Y  
ACUITY EYE GROUP

 700 W EL NORTE PKWY  
STE 200  
ESCONDIDO, CA 92026  
 **Phone:** (760) 743-5872  
**Fax:** (760) 743-5879  
 **After Hours Phone:** (760) 743-5872

Accepting New Patients: Y  
 Site English Spoken: Y  
 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: Y  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish

American Sign Language (ASL): N

 **Accessibility:** CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U  
 **Hours:** M-F  
8:00AM-5:00PM


**COLEMAN, BROOKE, OD**


Provider Gender: Female  
License Number: 13551  
NPI: 1700040748  
Provider English Spoken: Y  
Cultural Competency: Y

INLAND EYE SPECIALISTS  
 521 E ELDER ST STE 102  
FALLBROOK, CA 92028  
 **Phone:** (760) 728-5728  
**Fax:** (760) 728-5934  
 **After Hours Phone:** (760) 728-5728

Accepting New Patients: Y  
 Site 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: Y  
 Site 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

**COOPER, MICHAEL, OD**

Provider Gender: Male  
License Number: 10476  
NPI: 1164586244  
Provider English Spoken: Y  
Cultural Competency: Y

INLAND EYE SPECIALISTS  
 521 E ELDER ST STE 102  
FALLBROOK, CA 92028  
 **Phone:** (760) 728-5728  
**Fax:** (760) 728-5934

After Hours Phone: (760) 728-5728

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M-F 8:00AM-5:00PM

**DUONG, CHERYL, OD**

Provider Gender: Female

License Number: 34070

NPI: 1366935678

Provider English Spoken: Y

Cultural Competency: Y

INLAND EYE SPECIALISTS

521 E ELDER ST STE 102 FALLBROOK, CA 92028

Phone: (760) 728-5728

Fax: (760) 728-5934

After Hours Phone: (760) 728-5728

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M-F 8:00AM-5:00PM

**GEORGE, BRUCE, OD**

Provider Gender: Male

License Number: 7696

NPI: 1356414551

Provider English Spoken: Y

Korean, Spanish

Cultural Competency: Y

BRUCE D GEORGE OD

1102 S MAIN AVE FALLBROOK, CA 92028

Phone: (760) 723-8417

Fax: (760) 758-2063

After Hours Phone: (760) 723-8417

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M 1:00PM-5:00PM TU 9:00AM-6:00PM

W-TH 9:00AM-5:00PM

F 9:00AM-1:00PM

SA 9:00AM-1:00PM

**GEORGE, KENDALL, OD**

Provider Gender: Male

License Number: 34270

NPI: 1619529948

Provider English Spoken: Y

Spanish

Cultural Competency: Y

BRUCE D GEORGE OD

1102 S MAIN AVE FALLBROOK, CA 92028

Phone: (760) 723-8417

Fax: (760) 758-2063

After Hours Phone: (760)

723-8417

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M 1:00PM-5:00PM

TU 9:00AM-6:00PM

W-TH 9:00AM-5:00PM

F 9:00AM-1:00PM

SA 9:00AM-1:00PM

**KHINDA, SUNEHA, OD**

Provider Gender: Female

License Number: 35494

NPI: 1750066726

Provider English Spoken: Y

Cultural Competency: Y

INLAND EYE SPECIALISTS

521 E ELDER ST STE 102 FALLBROOK, CA 92028

Phone: (760) 728-5728

Fax: (760) 728-5934

After Hours Phone: (760) 728-5728

Accepting New Patients: Y

Site 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: Y

Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M-F  
 8:00AM-5:00PM

**IMPERIAL BEACH**

**HANONO, HELFON, OD**

Provider Gender: Male  
 License Number: 6681  
 NPI: 1619942034  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: Y

**IMPERIAL BEACH**

**OPTOMETRY INC APC**

894 PALM AVE STE B  
 IMPERIAL BEACH, CA 91932

Phone: (619) 424-9333  
 Fax: (619) 424-3356

After Hours Phone: (619) 424-9333

Accepting New Patients: Y

Site 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: Y

Site 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**

**CHIU, STEPHAN, MD**

Provider Gender: Male  
 License Number: A172634  
 NPI: 1053846956  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: Y

**ACUITY EYE GROUP**

9850 GENESEE AVE STE 310  
 LA JOLLA, CA 92037

Phone: (858) 457-3010  
 Fax: (858) 457-0028

After Hours Phone: (858) 457-3010

Accepting New Patients: Y

Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish, Tagalog

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M-F  
 8:00AM-4:30PM

**CODEN, DANIEL, MD**

Provider Gender: Male  
 License Number: G57587  
 NPI: 1942317508

Provider English Spoken: Y

Cultural Competency: Y

**ACUITY EYE GROUP**

9850 GENESEE AVE STE 310

LA JOLLA, CA 92037  
 Phone: (858) 457-3010  
 Fax: (858) 457-0028  
 After Hours Phone: (858) 457-3010  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish, Tagalog  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M-F  
 8:00AM-4:30PM

**DEAN, MOENA, OD**

Provider Gender: Female  
 License Number: 33955  
 NPI: 1265927578  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 ACUITY EYE GROUP  
 9850 GENESEE AVE STE 310  
 LA JOLLA, CA 92037  
 Phone: (858) 457-3010  
 Fax: (858) 457-0028  
 After Hours Phone: (858) 457-3010  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish, Tagalog  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U

Hours: M-F  
 8:00AM-4:30PM

**DYER, SHARON, OD**

Provider Gender: Female  
 License Number: 33450  
 NPI: 1063866887  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 ACUITY EYE GROUP  
 9850 GENESEE AVE STE 310  
 LA JOLLA, CA 92037  
 Phone: (858) 457-3010  
 Fax: (858) 457-0028  
 After Hours Phone: (858) 457-3010  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish, Tagalog  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M-F  
 8:00AM-4:30PM

HO, AMIEE, OD  
 Provider Gender: Female  
 License Number: 14527  
 NPI: 1396009478  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 UCSD SHILEY EYE CENTER  
 9415 CAMPUS POINT DR  
 LA JOLLA, CA 92093  
 Phone: (858) 534-6290  
 Fax: (858) 732-0921  
 After Hours Phone: (858) 534-6290  
 Accepting New Patients: Y  
 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

HO, AMIEE, OD  
 Provider Gender: Female  
 License Number: 14527  
 NPI: 1396009478  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 PERLMAN  
 OPHTHALMOLOGY-UCSD  
 9350 CAMPUS POINT DR STE 1B  
 LA JOLLA, CA 92037  
 Phone: (858) 534-6290

Fax: (858) 732-0921  
 After Hours Phone: (858) 534-6290  
 Accepting New Patients: Y  
 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, AMIEE, OD**

Provider Gender: Female  
 License Number: 14527  
 NPI: 1396009478  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 UCSD SHILEY EYE CENTER  
 9415 CAMPUS POINT DR  
 LA JOLLA, CA 92093  
 Phone: (858) 534-6290  
 Fax: (858) 732-0921  
 After Hours Phone: (858) 534-6290  
 Accepting New Patients: Y  
 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

**HOO, PAMELA, OD**

Provider Gender: Female  
 License Number: 11033

NPI: 1275566010

Provider English Spoken: Y  
Spanish

Cultural Competency: Y

UCSD SHILEY EYE CENTER

9415 CAMPUS POINT DR  
LA JOLLA, CA 92093

Phone: (858) 534-6290

Fax: (858) 732-0921

After Hours Phone: (858)  
534-6290

Accepting New Patients: Y

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

### HOO, PAMELA, OD

Provider Gender: Female

License Number: 11033

NPI: 1275566010

Provider English Spoken: Y  
Spanish

Cultural Competency: Y

PERLMAN

OPHTHALMOLOGY-UCSD

9350 CAMPUS POINT DR  
STE 1B

LA JOLLA, CA 92037

Phone: (858) 534-6290

Fax: (858) 732-0921

After Hours Phone: (858)  
534-6290

Accepting New Patients: Y

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

### 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: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Tagalog

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F  
8:00AM-4:30PM

### HUSTANA, LARA, OD

Provider Gender: Female

License Number: 11472

NPI: 1235161597

Provider English Spoken: Y  
French

Cultural Competency: Y

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: Y

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: Y

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

**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: Y

☐ 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: Y

☐ Site English Spoken: Y  
☐ Site Languages(s) Spoken: Spanish, Tagalog

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F  
8:00AM-4:30PM

**KHIEU, TINA, OD**

Provider Gender: Female  
License Number: 34777  
NPI: 1962031617

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

📍 9850 GENESEE AVE STE 310

LA JOLLA, CA 92037  
☎ Phone: (858) 457-3010

Fax: (858) 457-0028

🕒 After Hours Phone: (858) 457-3010

Accepting New Patients: Y

☐ 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

**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: Y

☐ Site English Spoken: Y  
American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F  
8:00AM-4:30PM  
SA 8:00AM-2:00PM

**KIM, PHILIP, OD**

Provider Gender: Male  
License Number: 33893  
NPI: 1376929034

Provider English Spoken: Y

Cultural Competency: Y

PERLMAN

OPHTHALMOLOGY-UCSD

📍 9350 CAMPUS POINT DR  
STE 1B

LA JOLLA, CA 92037

☎ Phone: (858) 534-6290  
Fax: (858) 732-0921

🕒 After Hours Phone: (858)

534-6290  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F 8:00AM-4:30PM

**KULISCHAK, JOHN, OD**

Provider Gender: Male  
 License Number: 9279  
 NPI: 1740205236  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 UCSD SHILEY EYE CENTER  
 9415 CAMPUS POINT DR  
 LA JOLLA, CA 92093  
 Phone: (858) 534-6290  
 Fax: (858) 732-0921  
 After Hours Phone: (858) 534-6290  
 Accepting New Patients: Y  
 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: Y  
 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: Y  
 Site English Spoken: Y  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F 8:00AM-4:30PM

**LAM, ANNE, OD**

Provider Gender: Female  
 License Number: 12810  
 NPI: 1174550768  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 UCSD SHILEY EYE CENTER  
 9415 CAMPUS POINT DR  
 LA JOLLA, CA 92093  
 Phone: (858) 534-6290  
 Fax: (858) 732-0921  
 After Hours Phone: (858) 534-6290  
 Accepting New Patients: Y  
 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

**LUSBY, FRANKLIN, MD**

Provider Gender: Male  
 License Number: G41830  
 NPI: 1265526180  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 LUSBY VISION INSTITUTE  
 9850 GENESEE AVE STE 220  
 LA JOLLA, CA 92037  
 Phone: (858) 459-6200  
 Fax: (858) 459-2025

☎ After Hours Phone: (858) 459-6200

Accepting New Patients: Y

☐ Site English Spoken: Y

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F

9:00AM-5:00PM

### MARR, RYAN, OD

Provider Gender: Male

License Number: 35302

NPI: 1235857525

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

📍 9850 GENESEE AVE STE 310

LA JOLLA, CA 92037

☎ Phone: (858) 457-3010

Fax: (858) 457-0028

☎ After Hours Phone: (858) 457-3010

Accepting New Patients: Y

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken: Spanish, Tagalog

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F

8:00AM-4:30PM

### MCCLEAN, ESMERALDA, OD

Provider Gender: Female

License Number: 15001

NPI: 1962817981

Provider English Spoken: Y

Spanish

Cultural Competency: Y

PERLMAN

OPHTHALMOLOGY-UCSD

📍 9350 CAMPUS POINT DR STE 1B

LA JOLLA, CA 92037

☎ Phone: (858) 534-6290

Fax: (858) 732-0921

☎ After Hours Phone: (858) 534-6290

Accepting New Patients: Y

☐ 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: Y

☐ Site English Spoken: Y

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F

8:00AM-4:30PM

### MIZOGUCHI, LIANNE, OD

Provider Gender: Female

License Number: 10104

NPI: 1619900313

Provider English Spoken: Y

Cultural Competency: Y

UCSD SHILEY EYE CENTER

📍 9415 CAMPUS POINT DR LA JOLLA, CA 92093

☎ Phone: (858) 534-6290

Fax: (858) 732-0921

☎ After Hours Phone: (858) 534-6290

Accepting New Patients: Y

☐ Site English Spoken: Y

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F

8:00AM-4:30PM

SA 8:00AM-2:00PM

### MOOR, TRACY, OD

Provider Gender: Female

License Number: 35085

NPI: 1184283277

Provider English Spoken: Y

Cultural Competency: Y

UCSD SHILEY EYE CENTER



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: Y

Site English Spoken: Y

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F  
8:00AM-4:30PM  
SA 8:00AM-2:00PM

#### MOOR, TRACY, OD

Provider Gender: Female

License Number: 35085

NPI: 1184283277

Provider English Spoken: Y

Cultural Competency: Y

PERLMAN

OPHTHALMOLOGY-UCSD

9350 CAMPUS POINT DR  
STE 1B

LA JOLLA, CA 92037  
Phone: (858) 534-6290

Fax: (858) 732-0921

After Hours Phone: (858)  
534-6290

Accepting New Patients: Y

Site English Spoken: Y

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F

8:00AM-4:30PM

#### MORRISON REYES, JOSHUA, MD

Provider Gender: Male

License Number: A125435

NPI: 1235366782

Provider English Spoken: Y

Indonesian, Spanish

Cultural Competency: Y

ACUITY EYE GROUP

9850 GENESEE AVE STE  
310

LA JOLLA, CA 92037  
Phone: (858) 457-3010

Fax: (858) 457-0028

After Hours Phone: (858)  
457-3010

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Tagalog

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F  
8:00AM-4:30PM

#### PERRY, ARTHUR, MD

Provider Gender: Male

License Number: C37934

NPI: 1194832725

Provider English Spoken: Y

Spanish

Cultural Competency: Y

ACUITY EYE GROUP

9850 GENESEE AVE STE  
310

LA JOLLA, CA 92037

Phone: (858) 457-3010

Fax: (858) 457-0028

After Hours Phone: (858)  
457-3010

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Tagalog

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F  
8:00AM-4:30PM

#### PRATT, STEVEN, MD

Provider Gender: Male

License Number: G32379

NPI: 1407963044

Provider English Spoken: Y

Spanish

Cultural Competency: Y

ACUITY EYE GROUP

9850 GENESEE AVE STE  
310

LA JOLLA, CA 92037  
Phone: (858) 457-3010

Fax: (858) 457-0028

After Hours Phone: (858)  
457-3010

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Tagalog

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within

1/2 mile from Site): 1U

🕒 Hours: M-F  
8:00AM-4:30PM

**TON-NU, MY LINH, OD**

Provider Gender: Female  
License Number: 34990  
NPI: 1245733476  
Provider English Spoken: Y  
Cultural Competency: Y  
ACUITY EYE GROUP

📍 9850 GENESEE AVE STE 310  
LA JOLLA, CA 92037  
📞 Phone: (858) 457-3010  
Fax: (858) 457-0028

🕒 After Hours Phone: (858) 457-3010

Accepting New Patients: Y

📄 Site English Spoken: Y  
📄 Site Languages(s) Spoken: Spanish, Tagalog

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F  
8:00AM-4:30PM

**TONNU, ANH, OD**

Provider Gender: Female  
License Number: 11318  
NPI: 1679521280  
Provider English Spoken: Y  
Vietnamese  
Cultural Competency: Y  
ACUITY EYE GROUP

📍 9850 GENESEE AVE STE 310  
LA JOLLA, CA 92037

📞 Phone: (858) 457-3010  
Fax: (858) 457-0028

🕒 After Hours Phone: (858) 457-3010

Accepting New Patients: Y

📄 Site English Spoken: Y  
📄 Site Languages(s) Spoken: Spanish, Tagalog

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F  
8:00AM-4:30PM

**VINH, JOHN, OD**

Provider Gender: Male  
License Number: 14177  
NPI: 1003102724  
Provider English Spoken: Y  
Cultural Competency: Y  
ACUITY EYE GROUP

📍 9850 GENESEE AVE STE 310  
LA JOLLA, CA 92037

📞 Phone: (858) 457-3010  
Fax: (858) 457-0028

🕒 After Hours Phone: (858) 457-3010

Accepting New Patients: Y

📄 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

**VIVIRITO, MARY, OD**

Provider Gender: Female  
License Number: 33798  
NPI: 1477968667  
Provider English Spoken: Y  
Spanish  
Cultural Competency: Y

**ACUITY EYE GROUP**

📍 9850 GENESEE AVE STE 310  
LA JOLLA, CA 92037

📞 Phone: (858) 457-3010  
Fax: (858) 457-0028

🕒 After Hours Phone: (858) 457-3010

Accepting New Patients: Y

📄 Site English Spoken: Y  
📄 Site Languages(s) Spoken: Spanish, Tagalog

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F  
8:00AM-4:30PM

**VO, ANDREW MINH, OD**

Provider Gender: Male  
License Number: 33869  
NPI: 1790291565  
Provider English Spoken: Y  
Vietnamese  
Cultural Competency: Y

**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: Y  
 🗒 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

**VO, ANDREW MINH, OD**  
 Provider Gender: Male  
 License Number: 33869  
 NPI: 1790291565  
 Provider English Spoken: Y  
 Vietnamese  
 Cultural Competency: Y  
 UCSD SHILEY EYE CENTER  
 📍 9415 CAMPUS POINT DR  
 LA JOLLA, CA 92093  
 ☎ Phone: (858) 534-6290  
 Fax: (858) 732-0921  
 🕒 After Hours Phone: (858) 534-6290  
 Accepting New Patients: Y  
 🗒 Site English Spoken: Y  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 🕒 Hours: M-F 8:00AM-4:30PM  
 SA 8:00AM-2:00PM

**YU, CAROL, OD**  
 Provider Gender: Female  
 License Number: 34047  
 NPI: 1639697451  
 Provider English Spoken: Y  
 Spanish, Chinese  
 Cultural Competency: Y  
 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: Y  
 🗒 Site English Spoken: Y  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 🕒 Hours: M-F 8:00AM-4:30PM  
 SA 8:00AM-2:00PM

**YU, CAROL, OD**  
 Provider Gender: Female  
 License Number: 34047  
 NPI: 1639697451  
 Provider English Spoken: Y  
 Spanish, Chinese  
 Cultural Competency: Y  
 PERLMAN  
 OPHTHALMOLOGY-UCSD  
 📍 9350 CAMPUS POINT DR  
 STE 1B  
 LA JOLLA, CA 92037  
 ☎ Phone: (858) 534-6290  
 Fax: (858) 732-0921  
 🕒 After Hours Phone: (858) 534-6290

534-6290  
 Accepting New Patients: Y  
 🗒 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: Y  
 🗒 Site English Spoken: Y  
 🗒 Site Language(s) Spoken: Spanish, Tagalog  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 🕒 Hours: M-F 8:00AM-4:30PM

**ZVANUT, DONALD, OD**  
 Provider Gender: Male  
 License Number: 8642

NPI: 1336211804

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

9850 GENESEE AVE STE 310

LA JOLLA, CA 92037

Phone: (858) 457-3010

Fax: (858) 457-0028

After Hours Phone: (858) 457-3010

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken: Spanish, Tagalog

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M-F

8:00AM-4:30PM

## LA MESA

### AOTO, KIM, OD

Provider Gender: Female

License Number: 14524

NPI: 1780935650

Provider English Spoken: Y

Spanish, Vietnamese

Cultural Competency: Y

ACUITY EYE GROUP

7339 EL CAJON BLVD STE J LA MESA, CA 91942

Phone: (619) 722-8460

Fax: (619) 722-8465

After Hours Phone: (619) 722-8460

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-F

8:00AM-5:00PM

### ASIS, STEPHANIE, OD

Provider Gender: Female

License Number: 34013

NPI: 1902383540

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

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: Y

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-F

8:00AM-5:00PM

### AVALLONE, THOMAS, MD

Provider Gender: Male

License Number: A147199

NPI: 1679865950

Provider English Spoken: Y

Cultural Competency: Y

EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP

5565 GROSSMONT CENTER DR # 551 LA MESA, CA 91942

Phone: (619) 465-2020

Fax: (619) 698-1189

After Hours Phone: (619) 465-2020

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M-F

8:00AM-5:00PM

### BAGHOUMIAN, MARINEH, OD

Provider Gender: Female

License Number: 14842

NPI: 1972929438

Provider English Spoken: Y

Armenian

Cultural Competency: Y

ACUITY EYE GROUP

7339 EL CAJON BLVD STE J LA MESA, CA 91942

Phone: (619) 722-8460

Fax: (619) 722-8465

After Hours Phone: (619) 722-8460

Accepting New Patients: Y

Site English Spoken: Y

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

**BINDER, NICHOLAS, MD**

*Provider Gender: Male*  
*License Number: A124698*  
*NPI: 1306076716*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*

ACUITY EYE GROUP  
 📍 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942  
 📞 *Phone: (619) 722-8460*  
*Fax: (619) 722-8465*  
 ⌚ *After Hours Phone: (619) 722-8460*

*Accepting New Patients: Y*  
 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Spanish*

*American Sign Language (ASL):*

**N**  
 ♿ *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 ⌚ *Hours: M-F*  
 8:00AM-5:00PM

**CAUCHI, CAROLINE**

**GUERRERO, OD**

*Provider Gender: Female*  
*License Number: 6882*  
*NPI: 1831268903*  
*Provider English Spoken: Y*  
*Spanish*

*Cultural Competency: Y*  
 VISION SOLUTIONS  
 OPTOMETRY  
 📍 8235 UNIVERSITY AVE  
 LA MESA, CA 91942  
 📞 *Phone: (619) 461-4913*  
*Fax: (888) 509-6483*  
 ⌚ *After Hours Phone: (619) 461-4913*

*Accepting New Patients: Y*  
 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Spanish*

*American Sign Language (ASL):*

**N**  
 ♿ *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1T*  
 ⌚ *Hours: M-TU*  
 9:00AM-5:30PM  
 W 8:00AM-5:00PM  
 TH 9:00AM-6:00PM  
 F 8:00AM-1:00PM

**CHANG, TOM, MD**

*Provider Gender: Male*  
*License Number: A69909*  
*NPI: 1609848969*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*  
 EYE ASSOCIATES OF SAN  
 DIEGO/ACUITY EYE GROUP

📍 5565 GROSSMONT  
 CENTER DR # 551  
 LA MESA, CA 91942  
 📞 *Phone: (619) 465-2020*  
*Fax: (619) 698-1189*  
 ⌚ *After Hours Phone: (619) 465-2020*

*Accepting New Patients: Y*  
 *Site English Spoken: Y*

*Site Languages(s) Spoken: Spanish*  
*American Sign Language (ASL):*

**N**  
 ♿ *Accessibility: CONTACT PROVIDER*  
*Public transportation (within 1/2 mile from Site): 1U*  
 ⌚ *Hours: M-F*  
 8:00AM-5:00PM

**CHEW, WESLEY, OD**

*Provider Gender: Male*  
*License Number: 14901*  
*NPI: 1952714446*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*

ACUITY EYE GROUP  
 📍 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942  
 📞 *Phone: (619) 722-8460*  
*Fax: (619) 722-8465*  
 ⌚ *After Hours Phone: (619) 722-8460*

*Accepting New Patients: Y*  
 *Site English Spoken: Y*  
 *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

📍 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: Y*

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

*American Sign Language (ASL):*

N

♿ *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1U*

🕒 *Hours: M-F  
8:00AM-5:00PM*

**CONRAD, RANDALL, OD**

*Provider Gender: Male*

*License Number: 6423*

*NPI: 1962617464*

*Provider English Spoken: Y*

*Spanish*

*Cultural Competency: Y*

ALVARADO EYE ASSOCIATES  
MED CLINIC INC

📍 7877 PARKWAY DR STE 100  
LA MESA, CA 91942

☎ Phone: (619) 460-3711

Fax: (619) 460-2184

🕒 After Hours Phone: (619)  
460-3711

*Accepting New Patients: Y*

Site English Spoken: Y

*American Sign Language (ASL):*

N

♿ *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1U*

🕒 *Hours: M-F  
8:30AM-4:30PM*

**DEAN, MOENA, OD**

*Provider Gender: Female*

*License Number: 33955*

*NPI: 1265927578*

*Provider English Spoken: Y*

*Cultural Competency: Y*

ACUITY EYE GROUP

📍 7339 EL CAJON BLVD STE J  
LA MESA, CA 91942

☎ Phone: (619) 722-8460

Fax: (619) 722-8465

🕒 After Hours Phone: (619)  
722-8460

*Accepting New Patients: Y*

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

*American Sign Language (ASL):*

N

♿ *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1T*

🕒 *Hours: M-F  
8:00AM-5:00PM*

**DEAN, MOENA, OD**

*Provider Gender: Female*

*License Number: 33955*

*NPI: 1265927578*

*Provider English Spoken: Y*

*Cultural Competency: Y*

EYE ASSOCIATES OF SAN

DIEGO/ACUITY EYE GROUP

📍 5565 GROSSMONT  
CENTER DR # 551  
LA MESA, CA 91942

☎ Phone: (619) 465-2020

Fax: (619) 698-1189

🕒 After Hours Phone: (619)  
465-2020

*Accepting New Patients: Y*

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

*American Sign Language (ASL):*

N

♿ *Accessibility: CONTACT  
PROVIDER*

*Public transportation (within  
1/2 mile from Site): 1U*

🕒 *Hours: M-F  
8:00AM-5:00PM*

**DYER, SHARON, OD**

*Provider Gender: Female*

*License Number: 33450*

*NPI: 1063866887*

*Provider English Spoken: Y*

*Cultural Competency: Y*

EYE ASSOCIATES OF SAN

DIEGO/ACUITY EYE GROUP

📍 5565 GROSSMONT  
CENTER DR # 551  
LA MESA, CA 91942

☎ Phone: (619) 465-2020

Fax: (619) 698-1189

🕒 After Hours Phone: (619)  
465-2020



*Accepting New Patients: Y*

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

*American Sign Language (ASL):*


N



 *Accessibility: CONTACT PROVIDER*  
 Public transportation (within 1/2 mile from Site): 1U  
 *Hours: M-F 8:00AM-5:00PM*

**DYER, SHARON, OD**



*Provider Gender: Female*  
*License Number: 33450*  
*NPI: 1063866887*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*  
 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: Y*

 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Spanish*


*American Sign Language (ASL): N*

 *Accessibility: CONTACT PROVIDER*  
 Public transportation (within 1/2 mile from Site): 1T  
 *Hours: M-F 8:00AM-5:00PM*

**GILES, GREGORY, OD**

*Provider Gender: Male*  
*License Number: 11362*  
*NPI: 1114931250*  
*Provider English Spoken: Y*  
*Cultural Competency: Y*  
 LA MESA VISION CARE


 8007 LA MESA BLVD  
 LA MESA, CA 91942

 *Phone: (619) 466-5665*  
*Fax: (619) 466-5688*

 *After Hours Phone: (619) 466-5665*

*Accepting New Patients: Y*

 *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: Y*

 *Site English Spoken: Y*  
 *Site Languages(s) Spoken: Spanish*

*American Sign Language (ASL): N*

 *Accessibility: CONTACT*

*PROVIDER*  
 Public transportation (within 1/2 mile from Site): 1U


 *Hours: M-F 8:00AM-5:00PM*

**GOLLOGLY, HEIDRUN, MD**

*Provider Gender: Female*  
*License Number: A134761*  
*NPI: 1477879823*



*Provider English Spoken: Y*  
*German, French, Spanish*  
*Cultural Competency: Y*  
 ACUITY EYE GROUP

 7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942


 *Phone: (619) 722-8460*  
*Fax: (619) 722-8465*

 *After Hours Phone: (619) 722-8460*


*Accepting New Patients: Y*

 *Site English Spoken: Y*  
 *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: Y  
 Site English Spoken: Y  
 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: Y  
 Site 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

**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: Y

Site English Spoken: Y  
 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: Y  
 Site English Spoken: Y  
 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: Y  
 Site English Spoken: Y  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M 8:00AM-4:00PM  
 TU 9:00AM-6:00PM  
 W 8:00AM-4:00PM  
 TH 9:00AM-6:00PM  
 F 9:00AM-5:00PM  
 SA 8:00AM-1:00PM



**HSU, CHRISTOPHER, MD**

Provider Gender: Male  
License Number: A65973  
NPI: 1336167618  
Provider English Spoken: Y  
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: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
8:00AM-5:00PM

**HUDSON, HENRY, MD**

Provider Gender: Male  
License Number: G76091  
NPI: 1851349195  
Provider English Spoken: Y  
Cultural Competency: Y  
ACUITY EYE GROUP

7339 EL CAJON BLVD STE J  
LA MESA, CA 91942

Phone: (619) 722-8460  
Fax: (619) 722-8465

After Hours Phone: (619)  
722-8460

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
8:00AM-5:00PM

**HUDSON, HENRY, MD**

Provider Gender: Male  
License Number: G76091  
NPI: 1851349195

Provider English Spoken: Y  
Cultural Competency: Y

EYE ASSOCIATES OF SAN  
DIEGO/ACUITY EYE GROUP

5565 GROSSMONT  
CENTER DR # 551  
LA MESA, CA 91942

Phone: (619) 465-2020  
Fax: (619) 698-1189

After Hours Phone: (619)  
465-2020

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F  
8:00AM-5:00PM

**HUNG, JANICE, OD**

Provider Gender: Female  
License Number: 34296

NPI: 1750917936

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

7339 EL CAJON BLVD STE J  
LA MESA, CA 91942

Phone: (619) 722-8460  
Fax: (619) 722-8465

After Hours Phone: (619)  
722-8460

Accepting New Patients: Y

Site English Spoken: Y

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

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: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):

N  
 ♿ Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 ⌚ Hours: M-F  
 8:00AM-5:00PM

**KALBAKJI, NATALY, OD**  
 Provider Gender: Female  
 License Number: 34943  
 NPI: 1700556438  
 Provider English Spoken: Y  
 Arabic  
 Cultural Competency: Y  
 EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP

📍 5565 GROSSMONT CENTER DR # 551  
 LA MESA, CA 91942  
 📞 Phone: (619) 465-2020  
 Fax: (619) 698-1189  
 ⌚ After Hours Phone: (619) 465-2020  
 Accepting New Patients: Y  
 Site 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

**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: Y  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T  
 ⌚ Hours: M-F  
 8:00AM-5:00PM

**KATZMAN, LEE, MD**  
 Provider Gender: Male  
 License Number: A135673  
 NPI: 1912297284  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 ALVARADO EYE ASSOCIATES MED CLINIC INC

📍 7877 PARKWAY DR STE 100  
 LA MESA, CA 91942  
 📞 Phone: (619) 460-3711  
 Fax: (619) 460-2184  
 ⌚ After Hours Phone: (619) 460-3711

Accepting New Patients: Y  
 Site English Spoken: Y  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U  
 ⌚ Hours: M-F  
 8:30AM-4:30PM

**KHALIL, VADY, OD**  
 Provider Gender: Male  
 License Number: 35137  
 NPI: 1275263584  
 Provider English Spoken: Y  
 Arabic  
 Cultural Competency: Y

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: Y  
 Site English Spoken: Y  
 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  
 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: Y

Site 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

**LEE, SALLY, DO**

Provider Gender: Female  
License Number: 20A8088  
NPI: 1457468514  
Provider English Spoken: Y  
Spanish, Chinese  
Cultural Competency: Y  
SAN DIEGO EYE PROFESSIONALS

5500 GROSSMONT CENTER DR # 326  
LA MESA, CA 91942  
Phone: (619) 583-4295  
Fax: (619) 825-7300  
After Hours Phone: (619) 583-4295

Accepting New Patients: Y

Site English Spoken: Y  
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-5:00PM  
SA 10:00AM-7:00PM

**LEE, JENNIFER, OD**

Provider Gender: Female  
License Number: 33443  
NPI: 1891147351  
Provider English Spoken: Y  
Cultural Competency: Y  
ACUITY EYE GROUP

7339 EL CAJON BLVD STE J  
LA MESA, CA 91942  
Phone: (619) 722-8460  
Fax: (619) 722-8465

After Hours Phone: (619) 722-8460

Accepting New Patients: Y

Site English Spoken: Y  
Site Languages(s) Spoken: Spanish

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-F  
8:00AM-5:00PM

**LEVY, PHILLIP, OD**

Provider Gender: Male  
License Number: 4884  
NPI: 1528189115  
Provider English Spoken: Y  
Cultural Competency: Y

PHILLIP A LEVY OD  
5020 BALTIMORE DR STE B

LA MESA, CA 91942  
Phone: (619) 464-8303  
Fax: (619) 464-4971  
After Hours Phone: (619) 464-8303  
Accepting New Patients: Y  
Site English Spoken: Y  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U  
Hours: M 10:00AM-5:00PM  
TU-TH 9:00AM-6:00PM  
F 10:00AM-5:00PM

**MARR, RYAN, OD**

Provider Gender: Male  
License Number: 35302  
NPI: 1235857525

Provider English Spoken: Y  
Cultural Competency: Y  
EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP

5565 GROSSMONT CENTER DR # 551  
LA MESA, CA 91942  
Phone: (619) 465-2020  
Fax: (619) 698-1189

After Hours Phone: (619) 465-2020

Accepting New Patients: Y

Site English Spoken: Y  
Site Languages(s) Spoken: Spanish

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F  
8:00AM-5:00PM

**MARR, RYAN, OD**

Provider Gender: Male  
License Number: 35302  
NPI: 1235857525  
Provider English Spoken: Y  
Cultural Competency: Y  
ACUITY EYE GROUP

📍 7339 EL CAJON BLVD STE J  
LA MESA, CA 91942

☎ Phone: (619) 722-8460  
Fax: (619) 722-8465

📞 After Hours Phone: (619)  
722-8460

Accepting New Patients: Y

Site English Spoken: Y

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: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M-F  
8:00AM-5:00PM

**MCGRAW, JOSEPH, MD**

Provider Gender: Male  
License Number: A155228  
NPI: 1588624852

Provider English Spoken: Y

Cultural Competency: Y

EYE ASSOCIATES OF SAN  
DIEGO/ACUITY EYE GROUP

📍 5565 GROSSMONT  
CENTER DR # 551  
LA MESA, CA 91942

☎ Phone: (619) 465-2020  
Fax: (619) 698-1189

📞 After Hours Phone: (619)  
465-2020

Accepting New Patients: Y

Site 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

**MERALI, MURTAZA, OD**

Provider Gender: Female

License Number: 14558

NPI: 1972944189

Provider English Spoken: Y  
Spanish

Cultural Competency: Y

ACUITY EYE GROUP

📍 7339 EL CAJON BLVD STE J  
LA MESA, CA 91942

☎ Phone: (619) 722-8460  
Fax: (619) 722-8465

📞 After Hours Phone: (619)  
722-8460

Accepting New Patients: Y

Site English Spoken: Y

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: Y

Site English Spoken: Y  
 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  
 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: Y  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M-F 8:00AM-5:00PM

**NEWMAN, DAVID, OD**  
 Provider Gender: Male  
 License Number: 7296  
 NPI: 1508856378  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 DAVID M NEWMAN OD  
 5642 LAKE MURRAY BLVD LA MESA, CA 91942  
 Phone: (619) 589-6263  
 Fax: (619) 589-6264  
 After Hours Phone: (619) 589-6263  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M 10:00AM-4:00PM W 10:00AM-4:00PM F 10:00AM-4:00PM

**NGUYEN, THY, OD**  
 Provider Gender: Female  
 License Number: 12746  
 NPI: 1750490413  
 Provider English Spoken: Y  
 Spanish, Vietnamese  
 Cultural Competency: Y  
 ACUITY EYE GROUP  
 7339 EL CAJON BLVD STE J LA MESA, CA 91942  
 Phone: (619) 722-8460  
 Fax: (619) 722-8465  
 After Hours Phone: (619) 722-8460  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 Site Languages(s) Spoken:

Spanish  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F 8:00AM-5:00PM

**OU, JOCELYN, OD**

Provider Gender: Female  
 License Number: 34063  
 NPI: 1225518996  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 ALVARADO EYE ASSOCIATES MED CLINIC INC  
 7877 PARKWAY DR STE 100 LA MESA, CA 91942  
 Phone: (619) 460-3711  
 Fax: (619) 460-2184  
 After Hours Phone: (619) 460-3711  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M-F 8:30AM-4:30PM

**PANDYA, BHUMIKA, OD**  
 Provider Gender: Female  
 License Number: 35025  
 NPI: 1063182822  
 Provider English Spoken: Y  
 Hindi

Cultural Competency: Y

ACUITY EYE GROUP

7339 EL CAJON BLVD STE J  
LA MESA, CA 91942

Phone: (619) 722-8460

Fax: (619) 722-8465

After Hours Phone: (619)  
722-8460

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
8:00AM-5:00PM

**PATEL, GITANE, MD**

Provider Gender: Male

License Number: A108603

NPI: 1710171434

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

7339 EL CAJON BLVD STE J  
LA MESA, CA 91942

Phone: (619) 722-8460

Fax: (619) 722-8465

After Hours Phone: (619)  
722-8460

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
8:00AM-5:00PM

**PATEL, SARJAN, MD**

Provider Gender: Male

License Number: A114976

NPI: 1316199326

Provider English Spoken: Y

Gujarati, Hindi, Spanish

Cultural Competency: Y

ACUITY EYE GROUP

7339 EL CAJON BLVD STE J  
LA MESA, CA 91942

Phone: (619) 722-8460

Fax: (619) 722-8465

After Hours Phone: (619)  
722-8460

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
8:00AM-5:00PM

**PETERS, JAMIE, OD**

Provider Gender: Female

License Number: 10724

NPI: 1073691077

Provider English Spoken: Y

Spanish

Cultural Competency: Y

VISION SOLUTIONS  
OPTOMETRY

8235 UNIVERSITY AVE  
LA MESA, CA 91942

Phone: (619) 461-4913

Fax: (888) 509-6483

After Hours Phone: (619)  
461-4913

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-TU  
9:00AM-5:30PM  
W 8:00AM-5:00PM  
TH 9:00AM-6:00PM  
F 8:00AM-1:00PM

**PRABHU, SUJATA, MD**

Provider Gender: Female

License Number: A115965

NPI: 1982872552

Provider English Spoken: Y

Spanish

Cultural Competency: Y

EYE ASSOCIATES OF SAN  
DIEGO/ACUITY EYE GROUP

5565 GROSSMONT  
CENTER DR # 551  
LA MESA, CA 91942

Phone: (619) 465-2020

Fax: (619) 698-1189

After Hours Phone: (619)  
465-2020

Accepting New Patients: Y

Site 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

**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: Y  
 Site English Spoken: Y  
 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: Y

Site English Spoken: Y  
 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: Y

Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 ⌚ Hours: M-F  
 8:00AM-5:00PM

**SCOTT, JEFFREY, OD**

Provider Gender: Male  
 License Number: 34978  
 NPI: 1568813434

Provider English Spoken: Y  
 Cultural Competency: Y

ACUITY EYE GROUP

📍 7339 EL CAJON BLVD STE J LA MESA, CA 91942  
 📞 Phone: (619) 722-8460  
 📠 Fax: (619) 722-8465  
 ⌚ After Hours Phone: (619) 722-8460

Accepting New Patients: Y

Site English Spoken: Y  
 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)  
722-8460

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
8:00AM-5:00PM

**TON-NU, MY LINH, OD**

Provider Gender: Female

License Number: 34990

NPI: 1245733476

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

7339 EL CAJON BLVD STE J  
LA MESA, CA 91942

Phone: (619) 722-8460

Fax: (619) 722-8465

After Hours Phone: (619)  
722-8460

Accepting New Patients: Y

Site English Spoken: Y

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: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F  
8:00AM-5:00PM

**TONNU, ANH, OD**

Provider Gender: Female

License Number: 11318

NPI: 1679521280

Provider English Spoken: Y

Vietnamese

Cultural Competency: Y

ACUITY EYE GROUP

7339 EL CAJON BLVD STE J  
LA MESA, CA 91942

Phone: (619) 722-8460

Fax: (619) 722-8465

After Hours Phone: (619)  
722-8460

Accepting New Patients: Y

Site English Spoken: Y

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: Y

Site English Spoken: Y

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  
 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: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
 Spanish

American Sign Language (ASL):  
 N

Accessibility: CONTACT  
 PROVIDER

Public transportation (within  
 1/2 mile from Site): 1T

Hours: M-F  
 8:00AM-5:00PM

**TU, BEVERLY, OD**

Provider Gender: Female  
 License Number: 34108  
 NPI: 1053892794  
 Provider English Spoken: Y  
 Spanish, Vietnamese  
 Cultural Competency: Y  
 ACUITY EYE GROUP

7339 EL CAJON BLVD STE J  
 LA MESA, CA 91942

Phone: (619) 722-8460  
 Fax: (619) 722-8465

After Hours Phone: (619)  
 722-8460

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken: NPI: 1477968667  
 Spanish

American Sign Language (ASL):  
 Spanish

N

Accessibility: CONTACT  
 PROVIDER

Public transportation (within  
 1/2 mile from Site): 1T

Hours: M-F  
 8:00AM-5:00PM

**VINH, JOHN, OD**

Provider Gender: Male  
 License Number: 14177  
 NPI: 1003102724

Provider English Spoken: Y  
 Cultural Competency: Y

EYE ASSOCIATES OF SAN  
 DIEGO/ACUITY EYE GROUP

5565 GROSSMONT  
 CENTER DR # 551  
 LA MESA, CA 91942

Phone: (619) 465-2020  
 Fax: (619) 698-1189

After Hours Phone: (619)  
 465-2020

Accepting New Patients: Y

Site 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

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: Y

Site 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: Y

Site English Spoken: Y

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

**WONG, SHARON, OD**

Provider Gender: Female  
 License Number: 15137  
 NPI: 1497159552  
 Provider English Spoken: Y  
 Spanish  
 Cultural Competency: Y  
 ACUITY EYE GROUP

7339 EL CAJON BLVD STE J LA MESA, CA 91942  
 Phone: (619) 722-8460  
 Fax: (619) 722-8465  
 After Hours Phone: (619) 722-8460

Accepting New Patients: Y  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F 8:00AM-5:00PM

**YOUNG, ALLA, OD**

Provider Gender: Female  
 License Number: 34191  
 NPI: 1285085142

Provider English Spoken: Y  
 Russian  
 Cultural Competency: Y  
 ALVARADO EYE ASSOCIATES  
 MED CLINIC INC  
 7877 PARKWAY DR STE 100 LA MESA, CA 91942  
 Phone: (619) 460-3711  
 Fax: (619) 460-2184  
 After Hours Phone: (619) 460-3711

Accepting New Patients: Y  
 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: Y  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 American Sign Language (ASL): N  
 Accessibility: CONTACT

PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F 8:00AM-5:00PM

**ZVANUT, DONALD, OD**

Provider Gender: Male  
 License Number: 8642  
 NPI: 1336211804  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 EYE ASSOCIATES OF SAN DIEGO/ACUITY EYE GROUP

5565 GROSSMONT CENTER DR # 551 LA MESA, CA 91942  
 Phone: (619) 465-2020  
 Fax: (619) 698-1189  
 After Hours Phone: (619) 465-2020

Accepting New Patients: Y  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M-F 8:00AM-5:00PM

**LAKESIDE**

**FLEMING, JOHN, OD**

Provider Gender: Male  
 License Number: 8461  
 NPI: 1033192133  
 Provider English Spoken: Y  
 Cultural Competency: Y

**JOHN C FLEMING OD**

9710 WINTER GARDENS  
BLVD STE A  
LAKESIDE, CA 92040

Phone: (619) 443-1075  
Fax: (619) 443-9382

After Hours Phone: (619)  
443-1075

Accepting New Patients: Y

Site English Spoken: Y  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-TH  
9:00AM-5:00PM  
F 9:00AM-4:00PM

**HOANG, KENNY, OD**

Provider Gender: Male  
License Number: 35207  
NPI: 1740868603

Provider English Spoken: Y  
Cultural Competency: Y

**JOHN C FLEMING OD**

9710 WINTER GARDENS  
BLVD STE A  
LAKESIDE, CA 92040

Phone: (619) 443-1075  
Fax: (619) 443-9382

After Hours Phone: (619)  
443-1075

Accepting New Patients: Y

Site English Spoken: Y  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-TH  
9:00AM-5:00PM  
F 9:00AM-4:00PM

**JOHNSON, CHRISTOPHER, OD**

Provider Gender: Male  
License Number: 15100  
NPI: 1568861425

Provider English Spoken: Y  
Cultural Competency: Y

**JOHN C FLEMING OD**

9710 WINTER GARDENS  
BLVD STE A  
LAKESIDE, CA 92040

Phone: (619) 443-1075  
Fax: (619) 443-9382

After Hours Phone: (619)  
443-1075

Accepting New Patients: Y

Site English Spoken: Y  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-TH  
9:00AM-5:00PM  
F 9:00AM-4:00PM

**NATIONAL CITY**

**AOTO, KIM, OD**

Provider Gender: Female  
License Number: 14524  
NPI: 1780935650

Provider English Spoken: Y  
Spanish, Vietnamese

Cultural Competency: Y

**WEST COAST EYE CARE**

2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950

Phone: (619) 470-2700  
Fax: (619) 267-8221

After Hours Phone: (619)  
470-2700

Accepting New Patients: Y

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

**BINDER, NICHOLAS, MD**

Provider Gender: Male  
License Number: A124698  
NPI: 1306076716

Provider English Spoken: Y  
Cultural Competency: Y

**WEST COAST EYE CARE**

2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950

Phone: (619) 470-2700  
Fax: (619) 267-8221

After Hours Phone: (619)  
470-2700

Accepting New Patients: Y

Site English Spoken: Y  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F  
8:00AM-4:30PM

**DEAN, MOENA, OD**

Provider Gender: Female  
License Number: 33955

NPI: 1265927578

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

Phone: (619) 472-1010

Fax: (619) 479-5233

After Hours Phone: (619)  
472-1010

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-TU  
8:00AM-6:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-5:00PM

**DEAN, MOENA, OD**

Provider Gender: Female

License Number: 33955

NPI: 1265927578

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950

Phone: (619) 470-2700

Fax: (619) 267-8221

After Hours Phone: (619)  
470-2700

Accepting New Patients: Y

Site English Spoken: Y

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F  
8:00AM-4:30PM

**DYER, SHARON, OD**

Provider Gender: Female

License Number: 33450

NPI: 1063866887

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950

Phone: (619) 470-2700

Fax: (619) 267-8221

After Hours Phone: (619)  
470-2700

Accepting New Patients: Y

Site English Spoken: Y

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F  
8:00AM-4:30PM

**DYER, SHARON, OD**

Provider Gender: Female

License Number: 33450

NPI: 1063866887

Provider English Spoken: Y

Cultural Competency: Y

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: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-TU  
8:00AM-6:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-5:00PM

**GOLLOGLY, HEIDRUN, MD**

Provider Gender: Female

License Number: A134761

NPI: 1477879823

Provider English Spoken: Y

German, French, Spanish

Cultural Competency: Y

ACUITY EYE GROUP

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

Phone: (619) 472-1010

Fax: (619) 479-5233

After Hours Phone: (619)  
472-1010

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-TU  
8:00AM-6:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-5:00PM

**HAIGHT, BRUCE, MD**

Provider Gender: Male

License Number: G41117

NPI: 1427029628

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

📍 655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

☎ Phone: (619) 472-1010

Fax: (619) 479-5233

🕒 After Hours Phone: (619) 472-1010

Accepting New Patients: Y

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken: Spanish

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-TU  
8:00AM-6:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-5:00PM

**HUDSON, HENRY, MD**

Provider Gender: Male

License Number: G76091

NPI: 1851349195

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

📍 655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

☎ Phone: (619) 472-1010

Fax: (619) 479-5233

🕒 After Hours Phone: (619) 472-1010

Accepting New Patients: Y

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken: Spanish

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-TU  
8:00AM-6:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-5:00PM

**HUNG, JANICE, OD**

Provider Gender: Female

License Number: 34296

NPI: 1750917936

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

📍 2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950

☎ Phone: (619) 470-2700

Fax: (619) 267-8221

🕒 After Hours Phone: (619) 470-2700

Accepting New Patients: Y

☐ Site English Spoken: Y

American Sign Language (ASL):

N

♿ Accessibility: CONTACT

PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F  
8:00AM-4:30PM

**KALBAKJI, NATALY, OD**

Provider Gender: Female

License Number: 34943

NPI: 1700556438

Provider English Spoken: Y

Arabic

Cultural Competency: Y

ACUITY EYE GROUP

📍 655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

☎ Phone: (619) 472-1010

Fax: (619) 479-5233

🕒 After Hours Phone: (619) 472-1010

Accepting New Patients: Y

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken: Spanish

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-TU  
8:00AM-6:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-5:00PM

**KALBAKJI, NATALY, OD**

Provider Gender: Female

License Number: 34943

NPI: 1700556438

Provider English Spoken: Y

Arabic

Cultural Competency: Y  
WEST COAST EYE CARE

2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950  
Phone: (619) 470-2700  
Fax: (619) 267-8221

After Hours Phone: (619)  
470-2700

Accepting New Patients: Y

Site English Spoken: Y  
American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F  
8:00AM-4:30PM

**KALRA, ANKUR, OD**

Provider Gender: Male

License Number: 11898

NPI: 1124195789

Provider English Spoken: Y

Hindi

Cultural Competency: Y

LUSTRO EYEWORKS

OPTOMETRY

1481 E PLAZA BLVD  
NATIONAL CITY, CA 91950

Phone: (619) 477-2159

Fax: (619) 477-2128

After Hours Phone: (619)  
477-2159

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Arabic, Hindi, Spanish

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: SU 10:00AM-4:00PM  
M-F 9:00AM-6:00PM  
SA 9:00AM-5:00PM

**KATZMAN, BARRY, MD**

Provider Gender: Male

License Number: A34834

NPI: 1760473797

Provider English Spoken: Y  
Spanish

Cultural Competency: Y

WEST COAST EYE CARE

2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950

Phone: (619) 470-2700

Fax: (619) 267-8221

After Hours Phone: (619)  
470-2700

Accepting New Patients: Y

Site English Spoken: Y  
American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F  
8:00AM-4:30PM

**KEDDINGTON, JOAN, OD**

Provider Gender: Female

License Number: 6263

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: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Arabic, Hindi, Spanish

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: SU 10:00AM-4:00PM  
M-F 9:00AM-6:00PM  
SA 9:00AM-5:00PM

**KHALIL, VADY, OD**

Provider Gender: Male

License Number: 35137

NPI: 1275263584

Provider English Spoken: Y  
Arabic

Cultural Competency: Y

WEST COAST EYE CARE

2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950

Phone: (619) 470-2700

Fax: (619) 267-8221

After Hours Phone: (619)  
470-2700

Accepting New Patients: Y

Site English Spoken: Y

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F

8:00AM-4:30PM

**KHALIL, VADY, OD**

Provider Gender: Male  
License Number: 35137  
NPI: 1275263584  
Provider English Spoken: Y  
Arabic  
Cultural Competency: Y  
ACUITY EYE GROUP

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950  
Phone: (619) 472-1010  
Fax: (619) 479-5233

After Hours Phone: (619) 472-1010

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken: Spanish

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: M-TU  
8:00AM-6:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-5:00PM

**KHIEU, TINA, OD**

Provider Gender: Female  
License Number: 34777  
NPI: 1962031617  
Provider English Spoken: Y  
Cultural Competency: Y  
WEST COAST EYE CARE

2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950  
Phone: (619) 470-2700

Fax: (619) 267-8221

After Hours Phone: (619) 470-2700

Accepting New Patients: Y

Site English Spoken: Y  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

Hours: M-F  
8:00AM-4:30PM

**KING, MARY, OD**

Provider Gender: Female  
License Number: 13711  
NPI: 1578792107  
Provider English Spoken: Y  
Spanish

Cultural Competency: Y

LUSTRO EYEWORKS  
OPTOMETRY

1481 E PLAZA BLVD  
NATIONAL CITY, CA 91950  
Phone: (619) 477-2159  
Fax: (619) 477-2128

After Hours Phone: (619) 477-2159

Accepting New Patients: Y

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

**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: Y

Site English Spoken: Y

Site Languages(s) Spoken: Spanish, Tagalog

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

Hours: TU 10:00AM-5:00PM  
W-F 9:30AM-5:00PM

**MARLAY, GREG, OD**

Provider Gender: Male  
License Number: 6998  
NPI: 1306903083  
Provider English Spoken: Y  
Cultural Competency: Y

MARLAY ENTERPRISES

1132 E PLAZA BLVD STE 201  
NATIONAL CITY, CA 91950

Phone: (619) 477-4166

After Hours Phone: (619) 477-4166

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:

*Spanish*  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M 10:00AM-6:00PM  
 W 10:00AM-6:00PM  
 F 10:00AM-6:00PM  
 SA 10:00AM-2:00PM

**MARR, RYAN, OD**

Provider Gender: Male  
 License Number: 35302  
 NPI: 1235857525  
 Provider English Spoken: Y  
 Cultural Competency: Y

WEST COAST EYE CARE  
 2240 E PLAZA BLVD STE FG  
 NATIONAL CITY, CA 91950  
 Phone: (619) 470-2700  
 Fax: (619) 267-8221  
 After Hours Phone: (619) 470-2700

Accepting New Patients: Y  
 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: Y  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T

Hours: M-TU  
 8:00AM-6:00PM  
 W 8:30AM-5:00PM  
 TH 8:00AM-6:00PM  
 F 8:00AM-5:00PM

**MCGRAW, JOSEPH, MD**

Provider Gender: Male  
 License Number: A155228  
 NPI: 1588624852  
 Provider English Spoken: Y  
 Cultural Competency: Y

WEST COAST EYE CARE  
 2240 E PLAZA BLVD STE FG  
 NATIONAL CITY, CA 91950  
 Phone: (619) 470-2700  
 Fax: (619) 267-8221

After Hours Phone: (619) 470-2700  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U  
 Hours: M-F  
 8:00AM-4:30PM

**MCGRAW, JOSEPH, MD**

Provider Gender: Male  
 License Number: A155228  
 NPI: 1588624852  
 Provider English Spoken: Y  
 Cultural Competency: Y

ACUITY EYE GROUP  
 655 EUCLID AVE STE 302  
 NATIONAL CITY, CA 91950  
 Phone: (619) 472-1010  
 Fax: (619) 479-5233

After Hours Phone: (619) 472-1010  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish

American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-TU  
 8:00AM-6:00PM  
 W 8:30AM-5:00PM  
 TH 8:00AM-6:00PM  
 F 8:00AM-5:00PM

**MENDOZA, RAYMUNDO, OD**

Provider Gender: Male  
 License Number: 8150  
 NPI: 1306837760  
 Provider English Spoken: Y  
 Spanish

Cultural Competency: Y  
 NATIONAL CITY EYECARE



2403 E PLAZA BLVD  
NATIONAL CITY, CA 91950

Phone: (619) 475-2184  
Fax: (619) 475-3917

After Hours Phone: (619)  
475-2184

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Tagalog

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-TU  
10:00AM-5:00PM  
TH-F 10:00AM-5:00PM

**MORRISON REYES, JOSHUA,  
MD**

Provider Gender: Male

License Number: A125435

NPI: 1235366782

Provider English Spoken: Y

Indonesian, Spanish

Cultural Competency: Y

ACUITY EYE GROUP

655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

Phone: (619) 472-1010  
Fax: (619) 479-5233

After Hours Phone: (619)  
472-1010

Accepting New Patients: Y

Site English Spoken: Y

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

**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: Y

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

**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: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Arabic, Hindi, Spanish

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: SU 10:00AM-4:00PM  
M-F 9:00AM-6:00PM  
SA 9:00AM-5:00PM

**PATEL, SARJAN, MD**

Provider Gender: Male

License Number: A114976

NPI: 1316199326

Provider English Spoken: Y

Gujarati, Hindi, Spanish

Cultural Competency: Y

WEST COAST EYE CARE

2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950

Phone: (619) 470-2700  
Fax: (619) 267-8221

After Hours Phone: (619)  
470-2700

Accepting New Patients: Y

Site English Spoken: Y

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F  
8:00AM-4:30PM

**PATEL, GITANE, MD**

Provider Gender: Male

License Number: A108603

NPI: 1710171434

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

📍 2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950

☎ Phone: (619) 470-2700

Fax: (619) 267-8221

🕒 After Hours Phone: (619)  
470-2700

Accepting New Patients: Y

📄 Site English Spoken: Y

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F  
8:00AM-4:30PM

**PRABHU, SUJATA, MD**

Provider Gender: Female

License Number: A115965

NPI: 1982872552

Provider English Spoken: Y

Spanish

Cultural Competency: Y

WEST COAST EYE CARE

📍 2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950

☎ Phone: (619) 470-2700

Fax: (619) 267-8221

🕒 After Hours Phone: (619)  
470-2700

Accepting New Patients: Y

📄 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

**SCOTT, JEFFREY, OD**

Provider Gender: Male

License Number: 34978

NPI: 1568813434

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

📍 2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950

☎ Phone: (619) 470-2700

Fax: (619) 267-8221

🕒 After Hours Phone: (619)  
470-2700

Accepting New Patients: Y

📄 Site English Spoken: Y

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F  
8:00AM-4:30PM

**TON-NU, MY LINH, OD**

Provider Gender: Female

License Number: 34990

NPI: 1245733476

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

📍 2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950

☎ Phone: (619) 470-2700

Fax: (619) 267-8221

🕒 After Hours Phone: (619)  
470-2700

Accepting New Patients: Y

📄 Site English Spoken: Y

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F  
8:00AM-4:30PM

**TON-NU, MY LINH, OD**

Provider Gender: Female

License Number: 34990

NPI: 1245733476

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

📍 655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

☎ Phone: (619) 472-1010

Fax: (619) 479-5233

🕒 After Hours Phone: (619)  
472-1010

Accepting New Patients: Y

📄 Site English Spoken: Y

📄 Site Languages(s) Spoken:

Spanish

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-TU  
8:00AM-6:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-5:00PM

**TOUBIA, ELIAS, OD**

Provider Gender: Male  
License Number: 33758  
NPI: 1740701481  
Provider English Spoken: Y  
Arabic

Cultural Competency: Y

LUSTRO EYEWORKS

OPTOMETRY

📍 1481 E PLAZA BLVD  
NATIONAL CITY, CA 91950

☎ Phone: (619) 477-2159

Fax: (619) 477-2128

🕒 After Hours Phone: (619)  
477-2159

Accepting New Patients: Y

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken:  
Arabic, Hindi, Spanish

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: SU 10:00AM-4:00PM  
M-F 9:00AM-6:00PM  
SA 9:00AM-5:00PM

**VINH, JOHN, OD**

Provider Gender: Male  
License Number: 14177  
NPI: 1003102724  
Provider English Spoken: Y  
Cultural Competency: Y  
WEST COAST EYE CARE

📍 2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950

☎ Phone: (619) 470-2700

Fax: (619) 267-8221

🕒 After Hours Phone: (619)  
470-2700

Accepting New Patients: Y

☐ Site English Spoken: Y

American Sign Language (ASL):

N  
♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M-F  
8:00AM-4:30PM

**VINH, JOHN, OD**

Provider Gender: Male

License Number: 14177

NPI: 1003102724

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

📍 655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

☎ Phone: (619) 472-1010

Fax: (619) 479-5233

🕒 After Hours Phone: (619)  
472-1010

Accepting New Patients: Y

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M-TU  
8:00AM-6:00PM

W 8:30AM-5:00PM

TH 8:00AM-6:00PM

F 8:00AM-5:00PM

**VIVIRITO, MARY, OD**

Provider Gender: Female

License Number: 33798

NPI: 1477968667

Provider English Spoken: Y  
Spanish

Cultural Competency: Y

ACUITY EYE GROUP

📍 655 EUCLID AVE STE 302  
NATIONAL CITY, CA 91950

☎ Phone: (619) 472-1010

Fax: (619) 479-5233

🕒 After Hours Phone: (619)  
472-1010

Accepting New Patients: Y

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M-TU  
8:00AM-6:00PM  
W 8:30AM-5:00PM

TH 8:00AM-6:00PM

F 8:00AM-5:00PM

**VIVIRITO, MARY, OD**

Provider Gender: Female

License Number: 33798

NPI: 1477968667

Provider English Spoken: Y  
Spanish

Cultural Competency: Y

WEST COAST EYE CARE

2240 E PLAZA BLVD STE FG  
NATIONAL CITY, CA 91950  
Phone: (619) 470-2700  
Fax: (619) 267-8221  
After Hours Phone: (619)  
470-2700  
Accepting New Patients: Y  
Site English Spoken: Y  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Public transportation (within  
1/2 mile from Site): 1U  
Hours: M-F  
8:00AM-4:30PM

**WU, EVA, OD**

Provider Gender: Female  
License Number: 14743  
NPI: 1073954442  
Provider English Spoken: Y  
Spanish, Chinese  
Cultural Competency: Y  
VIVE OPTOMETRY

1033 HIGHLAND AVE  
NATIONAL CITY, CA 91950  
Phone: (619) 477-2771  
Fax: (619) 477-1680  
After Hours Phone: (619)  
477-2771  
Accepting New Patients: Y  
Site English Spoken: Y  
Site Languages(s) Spoken:  
Spanish, Tagalog  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Public transportation (within  
1/2 mile from Site): 1T  
Hours: TU 10:00AM-5:00PM

W-F 9:30AM-5:00PM

**ZVANUT, DONALD, OD**

Provider Gender: Male  
License Number: 8642  
NPI: 1336211804  
Provider English Spoken: Y  
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: Y  
Site English Spoken: Y  
Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Public transportation (within  
1/2 mile from Site): 1T  
Hours: M-TU  
8:00AM-6:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-5:00PM

**OCEANSIDE**

**NISKANEN, RACHEL, OD**

Provider Gender: Female  
License Number: 34663  
NPI: 1467065797  
Provider English Spoken: Y  
Cultural Competency: Y  
NORTH COAST OPTOMETRY  
3915 MISSION AVE STE 2  
OCEANSIDE, CA 92058

Phone: (760) 757-8771  
After Hours Phone: (760)  
757-8771  
Accepting New Patients: Y  
Site English Spoken: Y  
Site Languages(s) Spoken:  
Spanish  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Public transportation (within  
1/2 mile from Site): 1T  
Hours: M-TU  
9:00AM-6:00PM  
W 10:00AM-7:00PM  
TH 9:00AM-6:00PM  
F 9:00AM-5:00PM

**RING, ROBERT, OD**

Provider Gender: Male  
License Number: 6781  
NPI: 1336228840  
Provider English Spoken: Y  
Cultural Competency: Y  
ROBERT A RING OD  
3998 VISTA WAY STE 204  
OCEANSIDE, CA 92056  
Phone: (760) 726-9383  
Fax: (760) 726-9897  
After Hours Phone: (760)  
726-9383  
Accepting New Patients: Y  
Site English Spoken: Y  
American Sign Language (ASL):  
N  
Accessibility: CONTACT  
PROVIDER  
Public transportation (within  
1/2 mile from Site): 1T  
Hours: M 10:00AM-6:00PM  
TU 9:00AM-4:00PM

W 9:00AM-5:00PM  
F 9:00AM-12:00AM

**ROSA, ADAM, OD**

Provider Gender: Male  
License Number: 34093  
NPI: 1295250264  
Provider English Spoken: Y  
Spanish

Cultural Competency: Y  
NORTH COAST OPTOMETRY

3915 MISSION AVE STE 2  
OCEANSIDE, CA 92058  
Phone: (760) 757-8771  
After Hours Phone: (760) 757-8771

Accepting New Patients: Y  
Site English Spoken: Y  
Site Languages(s) Spoken: Spanish

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T

Hours: M-TU  
9:00AM-6:00PM  
W 10:00AM-7:00PM  
TH 9:00AM-6:00PM  
F 9:00AM-5:00PM

**RAMONA**

**HOMESLEY, SUSAN, OD**

Provider Gender: Female  
License Number: 6693  
NPI: 1720068984  
Provider English Spoken: Y  
Spanish

Cultural Competency: Y  
SUSAN D HOMESLEY OD

1516 MAIN ST STE 102  
RAMONA, CA 92065  
Phone: (760) 789-0950  
Fax: (760) 789-6057  
After Hours Phone: (760) 789-0950

Accepting New Patients: Y  
Site English Spoken: Y  
American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U

Hours: M-F  
8:00AM-5:00PM  
SA 8:00AM-11:00AM

**SAN DIEGO**

**ACKROYD, ARCHIE, OD**

Provider Gender: Male  
License Number: 4774  
NPI: 1629107172  
Provider English Spoken: Y  
Cultural Competency: Y  
VAN HOOSE OPTOMETRIC CORPORATION

7246 CLAIREMONT MESA BLVD  
SAN DIEGO, CA 92111  
Phone: (858) 292-7193  
Fax: (858) 292-8247

After Hours Phone: (858) 292-7193  
Accepting New Patients: Y

Site English Spoken: Y  
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

**ADAMS, MONA, OD**

Provider Gender: Female  
License Number: 14457  
NPI: 1942564521

Provider English Spoken: Y  
Cultural Competency: Y  
RADY CHILDRENS SPECIALISTS

7910 FROST ST STE 200  
SAN DIEGO, CA 92123  
Phone: (858) 309-7702  
Fax: (858) 966-8901

After Hours Phone: (858) 309-7702

Accepting New Patients: Y  
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: Y  
 Site English Spoken: Y  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M 10:00AM-6:00PM  
 TU 8:30AM-5:00PM  
 W 7:30AM-4:00PM  
 TH 9:30AM-5:00PM  
 F 8:00AM-4:00PM

**AOTO, KIM, OD**

Provider Gender: Female  
 License Number: 14524  
 NPI: 1780935650  
 Provider English Spoken: Y  
 Spanish, Vietnamese  
 Cultural Competency: Y  
 WEST COAST EYE CARE  
 6945 EL CAJON BLVD  
 SAN DIEGO, CA 92115  
 Phone: (619) 697-4600  
 Fax: (619) 697-2410  
 After Hours Phone: (619) 697-4600  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M 7:30AM-4:30PM

TU 8:00AM-5:00PM  
 W 8:30AM-5:00PM  
 TH 8:00AM-6:00PM  
 F 8:00AM-4:00PM

**ARCHIBALD, JOHN, OD**

Provider Gender: Male  
 License Number: 11813  
 NPI: 1902893357  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 EYELUX OPTOMETRY  
 16615 DOVE CANYON RD  
 STE 105  
 SAN DIEGO, CA 92127  
 Phone: (858) 487-7900  
 Fax: (858) 487-1896  
 After Hours Phone: (858) 487-7900

Accepting New Patients: Y  
 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: Y  
 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  
 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: Y  
 Site English Spoken: Y  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M-F  
 7:00AM-5:00PM

**BHATIA, SHAGUN, MD**

Provider Gender: Female

License Number: A154902

NPI: 1104237353

Provider English Spoken: Y

Cultural Competency: Y

RADY CHILDRENS

SPECIALISTS

7910 FROST ST STE 200  
SAN DIEGO, CA 92123

Phone: (858) 309-7702

Fax: (858) 966-8901

After Hours Phone: (858)  
309-7702

Accepting New Patients: Y

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: Y

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: Y

Site English Spoken: Y

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 7:30AM-4:30PM  
TU 8:00AM-5:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-4:00PM

### **BOECK, CARL, OD**

Provider Gender: Male

License Number: 6620

NPI: 1588656151

Provider English Spoken: Y

German, Spanish

Cultural Competency: Y

VAN HOOSE OPTOMETRIC  
CORPORATION

7246 CLAIREMONT MESA  
BLVD

SAN DIEGO, CA 92111

Phone: (858) 292-7193

Fax: (858) 292-8247

After Hours Phone: (858)  
292-7193

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M 8:00AM-5:00PM  
TU-TH 9:00AM-6:00PM  
F 8:00AM-5:00PM

### **CAO, STEPHANIE, OD**

Provider Gender: Female

License Number: 35158

NPI: 1215660436

Provider English Spoken: Y

Cultural Competency: Y

OPTOM-EYES VISION CARE  
OPTOMETRY

5638 MISSION CENTER RD  
STE 103

SAN DIEGO, CA 92108

Phone: (619) 295-2900

Fax: (888) 210-5799

After Hours Phone: (619)  
295-2900

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL): Provider English Spoken: Y  
 N  
 ♿ Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 ⌚ Hours: M-F  
 9:00AM-5:30PM  
 SA 9:00AM-3:00PM

**CAO, STEPHANIE, OD**

Provider Gender: Female  
 License Number: 35158  
 NPI: 1215660436  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 FASHION VALLEY EYE CARE  
 OPTOMETR  
 📍 7007 FRIARS RD STE 351  
 SAN DIEGO, CA 92108  
 📞 Phone: (619) 291-2020  
 Fax: (888) 210-5799  
 ⌚ After Hours Phone: (619)  
 291-2020

Accepting New Patients: Y  
 📄 Site English Spoken: Y  
 📄 Site Languages(s) Spoken: Spanish  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 ⌚ Hours: M-F  
 10:00AM-7:00PM  
 SA 10:00AM-7:00PM

**CAO, STEPHANIE, OD**

Provider Gender: Female  
 License Number: 35158  
 NPI: 1215660436

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: Y  
 📄 Site English Spoken: Y  
 American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 ⌚ Hours: M-F  
 9:30AM-6:00PM  
 SA 9:00AM-3:00PM

**CHAIN, PEI CHI, OD**

Provider Gender: Female  
 License Number: 34439  
 NPI: 1730676727  
 Provider English Spoken: Y  
 Spanish, Chinese  
 Cultural Competency: Y

SPOTLIGHT OPTOMETRY  
 📍 7835 HIGHLANDS VLG PL D  
 106  
 SAN DIEGO, CA 92129  
 📞 Phone: (858) 250-0052  
 Fax: (858) 788-0287  
 ⌚ After Hours Phone: (858)  
 250-0052

Accepting New Patients: Y  
 📄 Site English Spoken: Y  
 📄 Site Languages(s) Spoken: Spanish  
 American Sign Language (ASL):

N  
 ♿ Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 ⌚ Hours: M-TU  
 9:00AM-5:00PM  
 W 10:00AM-6:00PM  
 F 9:00AM-5:00PM  
 SA 9:00AM-1:00PM

**CHEN, LESLIE, OD**

Provider Gender: Female  
 License Number: 12792  
 NPI: 1508953332

Provider English Spoken: Y  
 Chinese  
 Cultural Competency: Y  
 EYE STUDIO OPTOMETRY  
 📍 4475 UNIVERSITY AVE  
 SAN DIEGO, CA 92105  
 📞 Phone: (619) 521-2020  
 Fax: (619) 521-2025

⌚ After Hours Phone: (619)  
 521-2020

Accepting New Patients: Y  
 📄 Site English Spoken: Y  
 📄 Site Languages(s) Spoken: Spanish

American Sign Language (ASL):  
 N  
 ♿ Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 ⌚ Hours: M-W  
 9:00AM-5:00PM  
 TH 9:00AM-1:30PM  
 F 9:00AM-5:00PM  
 SA 9:00AM-1:00PM

**COLEMAN, BROOKE, OD**



Provider Gender: Female  
 License Number: 13551  
 NPI: 1700040748  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 EYELUX OPTOMETRY  
 16615 DOVE CANYON RD  
 STE 105  
 SAN DIEGO, CA 92127  
 Phone: (858) 487-7900  
 Fax: (858) 487-1896  
 After Hours Phone: (858) 487-7900  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M-F  
 8:00AM-5:00PM  
 SA 8:30AM-2:00PM

**COOPER, MICHAEL, OD**  
 Provider Gender: Male  
 License Number: 10476  
 NPI: 1164586244  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 EYELUX OPTOMETRY  
 16615 DOVE CANYON RD  
 STE 105  
 SAN DIEGO, CA 92127  
 Phone: (858) 487-7900  
 Fax: (858) 487-1896  
 After Hours Phone: (858) 487-7900  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 American Sign Language (ASL):

N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M-F  
 8:00AM-5:00PM  
 SA 8:30AM-2:00PM

**DAVIS, JADE, OD**  
 Provider Gender: Female  
 License Number: 11765  
 NPI: 1457303398  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 FASHION VALLEY EYE CARE OPTOMETR  
 7007 FRIARS RD STE 351  
 SAN DIEGO, CA 92108  
 Phone: (619) 291-2020  
 Fax: (888) 210-5799  
 After Hours Phone: (619) 291-2020  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F  
 10:00AM-7:00PM  
 SA 10:00AM-7:00PM

**DAVIS, JADE, OD**  
 Provider Gender: Female  
 License Number: 11765  
 NPI: 1457303398  
 Provider English Spoken: Y

Cultural Competency: Y  
 OPTOM-EYES VISION CARE OPTOMETRY  
 5638 MISSION CENTER RD  
 STE 103  
 SAN DIEGO, CA 92108  
 Phone: (619) 295-2900  
 Fax: (888) 210-5799  
 After Hours Phone: (619) 295-2900  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M-F  
 9:00AM-5:30PM  
 SA 9:00AM-3:00PM

**DEAN, MOENA, OD**  
 Provider Gender: Female  
 License Number: 33955  
 NPI: 1265927578  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 WEST COAST EYE CARE  
 4344 CONVOY ST STE C2  
 SAN DIEGO, CA 92111  
 Phone: (858) 565-8822  
 Fax: (858) 565-2449  
 After Hours Phone: (858) 565-8822  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT

**PROVIDER**  
 Public transportation (within 1/2 mile from Site): 1U  
 ⌚ Hours: M 10:00AM-6:00PM  
 TU 8:30AM-5:00PM  
 W 7:30AM-4:00PM  
 TH 9:30AM-5:00PM  
 F 8:00AM-4:00PM

**DUONG, KIM, OD**  
 Provider Gender: Female  
 License Number: 34222  
 NPI: 1114448651  
 Provider English Spoken: Y  
 Vietnamese  
 Cultural Competency: Y  
**RADY CHILDRENS**  
**SPECIALISTS**

📍 7910 FROST ST STE 200  
 SAN DIEGO, CA 92123  
 📞 Phone: (858) 309-7702  
 Fax: (858) 966-8901  
 ⌚ After Hours Phone: (858) 309-7702  
 Accepting New Patients: Y  
 📄 Site English Spoken: Y  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 ⌚ Hours: M-F  
 7:00AM-5:00PM

**DUONG, CHERYL, OD**  
 Provider Gender: Female  
 License Number: 34070  
 NPI: 1366935678  
 Provider English Spoken: Y  
 Cultural Competency: Y

**EYELUX OPTOMETRY**  
 📍 16615 DOVE CANYON RD  
 STE 105  
 SAN DIEGO, CA 92127  
 📞 Phone: (858) 487-7900  
 Fax: (858) 487-1896  
 ⌚ After Hours Phone: (858) 487-7900  
 Accepting New Patients: Y  
 📄 Site English Spoken: Y  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 ⌚ Hours: M-F  
 8:00AM-5:00PM  
 SA 8:30AM-2:00PM

**DYER, SHARON, OD**  
 Provider Gender: Female  
 License Number: 33450  
 NPI: 1063866887  
 Provider English Spoken: Y  
 Cultural Competency: Y  
**WEST COAST EYE CARE**  
 📍 4344 CONVOY ST STE C2  
 SAN DIEGO, CA 92111  
 📞 Phone: (858) 565-8822  
 Fax: (858) 565-2449  
 ⌚ After Hours Phone: (858) 565-8822  
 Accepting New Patients: Y  
 📄 Site English Spoken: Y  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 ⌚ Hours: M 10:00AM-6:00PM

TU 8:30AM-5:00PM  
 W 7:30AM-4:00PM  
 TH 9:30AM-5:00PM  
 F 8:00AM-4:00PM

**DYER, SHARON, OD**  
 Provider Gender: Female  
 License Number: 33450  
 NPI: 1063866887  
 Provider English Spoken: Y  
 Cultural Competency: Y  
**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: Y  
 📄 Site English Spoken: Y  
 American Sign Language (ASL): N  
 ♿ Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 ⌚ Hours: M 7:30AM-4:30PM  
 TU 8:00AM-5:00PM  
 W 8:30AM-5:00PM  
 TH 8:00AM-6:00PM  
 F 8:00AM-4:00PM

**GIANG, STEVEN, OD**  
 Provider Gender: Male  
 License Number: 34489  
 NPI: 1730710104  
 Provider English Spoken: Y  
 Cultural Competency: Y  
**JASMINE P NGUYEN OD INC**  
 📍 4029 43RD ST STE 300  
 SAN DIEGO, CA 92105  
 📞 Phone: (619) 284-3937

Fax: (619) 284-3938

☎ After Hours Phone: (619) 284-3937

Accepting New Patients: Y

☐ Site English Spoken: Y

☐ Site Language(s) Spoken: Spanish, Vietnamese

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F  
9:00AM-5:00PM  
SA 9:00AM-1:00PM

### 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: Y

☐ Site English Spoken: Y

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F  
8:00AM-4:00PM

### HO, HOANG, OD

Provider Gender: Male

License Number: 12582

NPI: 1275684847

Provider English Spoken: Y

Cultural Competency: Y

HEALTHY I CARE OPTOMETRY

📍 10737 CAMINO RUIZ STE  
220

SAN DIEGO, CA 92126

☎ Phone: (619) 590-1994

Fax: (519) 590-9312

☎ After Hours Phone: (619) 590-1994

Accepting New Patients: Y

☐ 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: Y

☐ Site English Spoken: Y

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F  
8:00AM-5:00PM

### HOANG, KEVIN, OD

Provider Gender: Male

License Number: 34401

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: Y

☐ Site English Spoken: Y

☐ Site Language(s) Spoken: Spanish, Vietnamese

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F  
9:00AM-5:00PM  
SA 9:00AM-1:00PM

### HOFFMAN, STEVEN, OD

Provider Gender: Male

License Number: 34561

NPI: 1033736079

Provider English Spoken: Y

Cultural Competency: Y

JASMINE P NGUYEN OD INC

4029 43RD ST STE 300  
SAN DIEGO, CA 92105

Phone: (619) 284-3937  
Fax: (619) 284-3938

After Hours Phone: (619)  
284-3937

Accepting New Patients: Y

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: Y

Site English Spoken: Y

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-TH  
9:00AM-5:00PM  
F 9:00AM-4:00PM

**HOO, PAMELA, OD**

Provider Gender: Female

License Number: 11033

NPI: 1275566010

Provider English Spoken: Y

Spanish

Cultural Competency: Y

HILLCREST EYE

CENTER-UCSD

4060 4TH AVE STE 610  
SAN DIEGO, CA 92103

Phone: (619) 543-6244

Fax: (619) 295-5034

After Hours Phone: (619)  
543-6244

Accepting New Patients: Y

Site English Spoken: Y

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
8:00AM-4:00PM

**HUDSON, HENRY, MD**

Provider Gender: Male

License Number: G76091

NPI: 1851349195

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

6945 EL CAJON BLVD  
SAN DIEGO, CA 92115

Phone: (619) 697-4600

Fax: (619) 697-2410

After Hours Phone: (619)  
697-4600

Accepting New Patients: Y

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: Y

Site English Spoken: Y

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
8:00AM-4:00PM

**HUYNH, PAUL, MD**

Provider Gender: Male  
License Number: A79141  
NPI: 1871577056  
Provider English Spoken: Y  
Vietnamese

Cultural Competency: Y  
ADVANCED EYE AND LASER  
CTR OF CA INC

4844 UNIVERSITY AVE STE  
A

SAN DIEGO, CA 92105

Phone: (619) 283-1303

Fax: (619) 283-1666

After Hours Phone: (619)  
283-1303

Accepting New Patients: Y

Site English Spoken: Y

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
8:00AM-5:00PM

**HUYNH, PAUL, MD**

Provider Gender: Male  
License Number: A79141  
NPI: 1871577056  
Provider English Spoken: Y  
Vietnamese

Cultural Competency: Y  
ADVANCED EYE AND LASER  
CTR OF CA INC

10737 CAMINO RUIZ STE  
100

SAN DIEGO, CA 92126

Phone: (858) 549-3200

Fax: (858) 549-3207

After Hours Phone: (858)  
549-3200

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Tagalog,  
Vietnamese

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
8:00AM-5:00PM

**HUYNH, CHI, OD**

Provider Gender: Female

License Number: 12901

NPI: 1922187426

Provider English Spoken: Y  
Vietnamese

Cultural Competency: Y

CRYSTAL EYESITE

OPTOMETRY

9225 MIRA MESA BLVD STE  
108

SAN DIEGO, CA 92126

Phone: (858) 547-3988

Fax: (844) 367-5161

After Hours Phone: (858)  
547-3988

Accepting New Patients: Y

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  
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: Y

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: Y

🗨 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

**KALBAKJI, NATALY, OD**

Provider Gender: Female

License Number: 34943

NPI: 1700556438

Provider English Spoken: Y  
Arabic

Cultural Competency: Y

WEST COAST EYE CARE

📍 6945 EL CAJON BLVD  
SAN DIEGO, CA 92115

☎ Phone: (619) 697-4600  
Fax: (619) 697-2410

🕒 After Hours Phone: (619)  
697-4600

Accepting New Patients: Y

🗨 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: Y

🗨 Site English Spoken: Y  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M 7:30AM-4:30PM  
TU 8:00AM-5:00PM

W 8:30AM-5:00PM  
TH 8:00AM-6:00PM

F 8:00AM-4:00PM

**KATZMAN, BARRY, MD**

Provider Gender: Male

License Number: A34834

NPI: 1760473797

Provider English Spoken: Y  
Spanish

Cultural Competency: Y

WEST COAST EYE CARE

📍 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

☎ Phone: (858) 565-8822  
Fax: (858) 565-2449

🕒 After Hours Phone: (858)  
565-8822

Accepting New Patients: Y

🗨 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

**KHALIGHI, PAYMAN, OD**

Provider Gender: Male

License Number: 13014

NPI: 1396897880

Provider English Spoken: Y  
Spanish

Cultural Competency: Y

JASMINE P NGUYEN OD INC

📍 4029 43RD ST STE 300  
SAN DIEGO, CA 92105

☎ Phone: (619) 284-3937  
Fax: (619) 284-3938

🕒 After Hours Phone: (619)  
284-3937

Accepting New Patients: Y

🗨 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

**KHALIL, VADY, OD**

Provider Gender: Male  
License Number: 35137  
NPI: 1275263584  
Provider English Spoken: Y  
Arabic

Cultural Competency: Y  
WEST COAST EYE CARE

📍 6945 EL CAJON BLVD  
SAN DIEGO, CA 92115  
📞 Phone: (619) 697-4600  
Fax: (619) 697-2410  
🕒 After Hours Phone: (619) 697-4600

Accepting New Patients: Y  
📄 Site English Spoken: Y  
American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M 7:30AM-4:30PM  
TU 8:00AM-5:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-4:00PM

**KHALIL, VADY, OD**

Provider Gender: Male  
License Number: 35137  
NPI: 1275263584  
Provider English Spoken: Y  
Arabic  
Cultural Competency: Y

WEST COAST EYE CARE  
📍 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111  
📞 Phone: (858) 565-8822  
Fax: (858) 565-2449  
🕒 After Hours Phone: (858) 565-8822

Accepting New Patients: Y  
📄 Site English Spoken: Y  
American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M 10:00AM-6:00PM  
TU 8:30AM-5:00PM  
W 7:30AM-4:00PM  
TH 9:30AM-5:00PM  
F 8:00AM-4:00PM

**KHAN, FAHAD, MD**

Provider Gender: Male  
License Number: A163142  
NPI: 1548605843  
Provider English Spoken: Y  
Hindi

Cultural Competency: Y  
VISION SPECIALISTS OF CALIFORNIA

📍 233 LEWIS ST  
SAN DIEGO, CA 92103  
📞 Phone: (619) 501-9050  
Fax: (619) 501-9054

🕒 After Hours Phone: (619) 501-9050  
Accepting New Patients: Y

📄 Site English Spoken: Y  
📄 Site Language(s) Spoken: Bengali, Hindi, Spanish  
American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
🕒 Hours: M-TH  
8:00AM-5:00PM  
F 8:00AM-4:00PM

**KHIEU, TINA, OD**

Provider Gender: Female  
License Number: 34777  
NPI: 1962031617  
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: Y  
📄 Site English Spoken: Y  
American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M 10:00AM-6:00PM  
TU 8:30AM-5:00PM  
W 7:30AM-4:00PM  
TH 9:30AM-5:00PM  
F 8:00AM-4:00PM

**KHINDA, SUNEHA, OD**

Provider Gender: Female  
License Number: 35494  
NPI: 1750066726  
Provider English Spoken: Y  
Cultural Competency: Y  
EYELUX OPTOMETRY

16615 DOVE CANYON RD  
STE 105

SAN DIEGO, CA 92127

Phone: (858) 487-7900

Fax: (858) 487-1896

After Hours Phone: (858)  
487-7900

Accepting New Patients: Y

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: Y

Site English Spoken: Y

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F

8:00AM-4:00PM

**KLAREN, AMANDA, OD**

Provider Gender: Female

License Number: 12617

NPI: 1396876611

Provider English Spoken: Y

Cultural Competency: Y

RADY CHILDRENS

SPECIALISTS

7910 FROST ST STE 200  
SAN DIEGO, CA 92123

Phone: (858) 309-7702

Fax: (858) 966-8901

After Hours Phone: (858)  
309-7702

Accepting New Patients: Y

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: Y

Site English Spoken: Y  
American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
8:00AM-4:00PM

**LAM, ANNE, OD**

Provider Gender: Female

License Number: 12810

NPI: 1174550768

Provider English Spoken: Y

Cultural Competency: Y

HILLCREST EYE

CENTER-UCSD

4060 4TH AVE STE 610  
SAN DIEGO, CA 92103

Phone: (619) 543-6244

Fax: (619) 295-5034

After Hours Phone: (619)  
543-6244

Accepting New Patients: Y

Site English Spoken: Y  
American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
8:00AM-4:00PM

**LARSEN, STEVEN, OD**

Provider Gender: Male

License Number: 7687

NPI: 1629194782

Provider English Spoken: Y



Spanish

Cultural Competency: Y

UPTOWN OPTOMETRY

4096 PARK BLVD  
SAN DIEGO, CA 92103

Phone: (619) 291-5505

Fax: (619) 291-4404

After Hours Phone: (619)  
291-5505

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: TU-F  
9:00AM-3:00PM  
SA 10:00AM-2:00PM

**LAU, KUEN CHINE, OD**

Provider Gender: Male

License Number: 11166

NPI: 1821001645

Provider English Spoken: Y

Cultural Competency: Y

FASHION VALLEY EYE CARE  
OPTOMETR

7007 FRIARS RD STE 351  
SAN DIEGO, CA 92108

Phone: (619) 291-2020

Fax: (888) 210-5799

After Hours Phone: (619)  
291-2020

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
10:00AM-7:00PM  
SA 10:00AM-7:00PM

**LAU, KUEN CHINE, OD**

Provider Gender: Male

License Number: 11166

NPI: 1821001645

Provider English Spoken: Y

Cultural Competency: Y

OPTOM-EYES VISION CARE  
OPTOMETRY

5638 MISSION CENTER RD  
STE 103

SAN DIEGO, CA 92108

Phone: (619) 295-2900

Fax: (888) 210-5799

After Hours Phone: (619)  
295-2900

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-F  
9:00AM-5:30PM  
SA 9:00AM-3:00PM

**LAU, JANICE, OD**

Provider Gender: Female

License Number: 13037

NPI: 1952453300

Provider English Spoken: Y

Cultural Competency: Y

SABRE SPRINGS OPTOMETRY

12650 SABRE SPGS PKWY  
STE 203

SAN DIEGO, CA 92128

Phone: (858) 748-1265

Fax: (844) 269-9527

After Hours Phone: (858)  
748-1265

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Vietnamese

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-TU  
9:00AM-5:00PM  
W 10:00AM-6:00PM  
TH 9:00AM-5:00PM  
F 10:00AM-6:00PM

**LAU, KUEN CHINE, OD**

Provider Gender: Male

License Number: 11166

NPI: 1821001645

Provider English Spoken: Y

Cultural Competency: Y

OPTOM-EYES VISION CARE  
OPTOMETRY

1555 PALM AVE STE A2  
SAN DIEGO, CA 92154

Phone: (619) 297-2020

Fax: (888) 210-5799


After Hours Phone: (619)  
297-2020

Accepting New Patients: Y


Site English Spoken: Y

American Sign Language (ASL): NPI: 1679985584

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F  
9:30AM-6:00PM  
SA 9:00AM-3:00PM

**LE, JACQUELIN, OD**

Provider Gender: Female

License Number: 10962

NPI: 1487610432


Provider English Spoken: Y


Spanish, Vietnamese

Cultural Competency: Y

SAN DIEGO VISION CARE

OPTOMETRY

 3807 FAIRMOUNT AVE STE 200  
SAN DIEGO, CA 92105


 Phone: (619) 508-5678

Fax: (619) 501-0686

 After Hours Phone: (619) 508-5678


Accepting New Patients: Y

 Site English Spoken: Y


 Site Languages(s) Spoken: Spanish, Vietnamese

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F  
9:00AM-5:00PM

**LEE, JASON, OD**

Provider Gender: Male

License Number: 14881

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: Y


 Site English Spoken: Y

American Sign Language (ASL): NPI: 1861405664

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F  
7:00AM-5:00PM

**LIN, HENRY, OD**

Provider Gender: Male

License Number: 11368

NPI: 1861405664


Provider English Spoken: Y


Spanish, Chinese

Cultural Competency: Y

OPTOM-EYES VISION CARE

OPTOMETRY

 5638 MISSION CENTER RD STE 103  
SAN DIEGO, CA 92108

 Phone: (619) 295-2900

Fax: (888) 210-5799

 After Hours Phone: (619) 295-2900

Accepting New Patients: Y

 Site English Spoken: Y

 Site Languages(s) Spoken:


Spanish

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M-F  
9:00AM-5:30PM  
SA 9:00AM-3:00PM

**LIN, HENRY, OD**

Provider Gender: Male

License Number: 11368

NPI: 1861405664

Provider English Spoken: Y


Spanish, Chinese

Cultural Competency: Y

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: Y

 Site English Spoken: Y


 Site Languages(s) Spoken: Spanish

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

 Hours: M-F  
10:00AM-7:00PM  
SA 10:00AM-7:00PM

**LIN, HENRY, OD**

Provider Gender: Male

License Number: 11368  
 NPI: 1861405664  
 Provider English Spoken: Y  
 Spanish, Chinese  
 Cultural Competency: Y  
 OPTOM-EYES VISION CARE  
 OPTOMETRY

📍 1555 PALM AVE STE A2  
 SAN DIEGO, CA 92154  
 📞 Phone: (619) 297-2020  
 Fax: (888) 210-5799  
 🕒 After Hours Phone: (619)  
 297-2020

Accepting New Patients: Y

🗳️ Site English Spoken: Y  
 American Sign Language (ASL):  
 N

♿ Accessibility: CONTACT  
 PROVIDER  
 Public transportation (within  
 1/2 mile from Site): 1T

🕒 Hours: M-F  
 9:30AM-6:00PM  
 SA 9:00AM-3:00PM

**LLANES, BENJAMIN, OD**

Provider Gender: Male  
 License Number: 8782  
 NPI: 1053309005  
 Provider English Spoken: Y  
 Spanish, Tagalog  
 Cultural Competency: Y  
 SEE KLEER EYECARE CENTER

📍 9580 BLACK MOUNTAIN  
 RD STE J  
 SAN DIEGO, CA 92126  
 📞 Phone: (858) 536-8952  
 Fax: (858) 536-8951

🕒 After Hours Phone: (858)  
 536-8952

Accepting New Patients: Y

🗳️ Site English Spoken: Y

🗳️ Site Languages(s) Spoken:  
 Spanish, Tagalog

American Sign Language (ASL):  
 N

♿ Accessibility: CONTACT  
 PROVIDER

Public transportation (within  
 1/2 mile from Site): 1T

🕒 Hours: M-TH  
 11:00AM-6:00PM  
 F 1:00PM-5:00PM  
 SA 9:00AM-1:00PM

**MARR, RYAN, OD**

Provider Gender: Male  
 License Number: 35302  
 NPI: 1235857525

Provider English Spoken: Y  
 Cultural Competency: Y

WEST COAST EYE CARE  
 📍 4344 CONVOY ST STE C2  
 SAN DIEGO, CA 92111  
 📞 Phone: (858) 565-8822  
 Fax: (858) 565-2449

🕒 After Hours Phone: (858)  
 565-8822

Accepting New Patients: Y

🗳️ Site English Spoken: Y  
 American Sign Language (ASL):  
 N

♿ Accessibility: CONTACT  
 PROVIDER

Public transportation (within  
 1/2 mile from Site): 1U

🕒 Hours: M 10:00AM-6:00PM  
 TU 8:30AM-5:00PM  
 W 7:30AM-4:00PM  
 TH 9:30AM-5:00PM  
 F 8:00AM-4:00PM

**MARR, RYAN, OD**

Provider Gender: Male

License Number: 35302  
 NPI: 1235857525

Provider English Spoken: Y  
 Cultural Competency: Y  
 WEST COAST EYE CARE

📍 6945 EL CAJON BLVD  
 SAN DIEGO, CA 92115  
 📞 Phone: (619) 697-4600  
 Fax: (619) 697-2410

🕒 After Hours Phone: (619)  
 697-4600

Accepting New Patients: Y

🗳️ 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: Y

🗳️ Site English Spoken: Y

American Sign Language (ASL): WEST COAST EYE CARE  
N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M-F  
 8:00AM-4:00PM

**MCGRAW, JOSEPH, MD**

Provider Gender: Male  
 License Number: A155228  
 NPI: 1588624852  
 Provider English Spoken: Y  
 Cultural Competency: Y

WEST COAST EYE CARE  
 6945 EL CAJON BLVD  
 SAN DIEGO, CA 92115  
 Phone: (619) 697-4600  
 Fax: (619) 697-2410  
 After Hours Phone: (619) 697-4600  
 Accepting New Patients: Y  
 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

 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: Y  
 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: Y  
 Site English Spoken: Y  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within




1/2 mile from Site): 1T  
 Hours: M-F  
 8:00AM-4:00PM

**MOLL, ANGELA, MD**

Provider Gender: Female  
 License Number: A105472  
 NPI: 1861648602  
 Provider English Spoken: Y  
 Cultural Competency: Y



**RADY CHILDRENS  
 SPECIALISTS**

 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: Y  
 Site English Spoken: Y  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M-F  
 7:00AM-5:00PM

**MOOR, TRACY, OD**

Provider Gender: Female  
 License Number: 35085  
 NPI: 1184283277  
 Provider English Spoken: Y  
 Cultural Competency: Y

UC SAN DIEGO HEALTH  
 16950 VIA TAZON  
 SAN DIEGO, CA 92127  
 Phone: (858) 534-6290  
 Fax: (858) 732-0921  
 After Hours Phone: (858)

534-6290  
 Accepting New Patients: Y  
 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: Y  
 Site English Spoken: Y  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Public transportation (within  
 1/2 mile from Site): 1T  
 Hours: M-F  
 8:00AM-4:00PM

**MORRISON REYES, JOSHUA,  
 MD**

Provider Gender: Male  
 License Number: A125435

NPI: 1235366782  
 Provider English Spoken: Y  
 Indonesian, Spanish  
 Cultural Competency: Y  
 WEST COAST EYE CARE  
 6945 EL CAJON BLVD  
 SAN DIEGO, CA 92115  
 Phone: (619) 697-4600  
 Fax: (619) 697-2410  
 After Hours Phone: (619)  
 697-4600

Accepting New Patients: Y  
 Site English Spoken: Y  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Public transportation (within  
 1/2 mile from Site): 1U  
 Hours: M 7:30AM-4:30PM  
 TU 8:00AM-5:00PM  
 W 8:30AM-5:00PM  
 TH 8:00AM-6:00PM  
 F 8:00AM-4:00PM

**MORRISON REYES, JOSHUA,  
 MD**

Provider Gender: Male  
 License Number: A125435  
 NPI: 1235366782  
 Provider English Spoken: Y  
 Indonesian, Spanish  
 Cultural Competency: Y  
 WEST COAST EYE CARE  
 4344 CONVOY ST STE C2  
 SAN DIEGO, CA 92111  
 Phone: (858) 565-8822  
 Fax: (858) 565-2449  
 After Hours Phone: (858)  
 565-8822  
 Accepting New Patients: Y  
 Site English Spoken: Y

American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Public transportation (within  
 1/2 mile from Site): 1U  
 Hours: M 10:00AM-6:00PM  
 TU 8:30AM-5:00PM  
 W 7:30AM-4:00PM  
 TH 9:30AM-5:00PM  
 F 8:00AM-4:00PM

**NGUYEN, BRUCE, OD**

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: Y  
 Site English Spoken: Y  
 Site Language(s) Spoken:  
 Spanish, Vietnamese  
 American Sign Language (ASL):  
 N  
 Accessibility: CONTACT  
 PROVIDER  
 Public transportation (within  
 1/2 mile from Site): 1T  
 Hours: M-W  
 9:00AM-6:00PM  
 TH-F 9:00AM-5:00PM  
 SA 8:00AM-3:00PM

**NGUYEN, THANH, OD**

Provider Gender: Female  
License Number: 13126  
NPI: 1992813323  
Provider English Spoken: Y  
Vietnamese

Cultural Competency: Y

**SABRE SPRINGS OPTOMETRY**

12650 SABRE SPGS PKWY  
STE 203

SAN DIEGO, CA 92128

Phone: (858) 748-1265

Fax: (844) 269-9527

After Hours Phone: (858)  
748-1265

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Vietnamese

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M-TU  
9:00AM-5:00PM  
W 10:00AM-6:00PM  
TH 9:00AM-5:00PM  
F 10:00AM-6:00PM

**NGUYEN, HOA PHUONG, OD**

Provider Gender: Female  
License Number: 12630  
NPI: 1962439265  
Provider English Spoken: Y  
Vietnamese

Cultural Competency: Y

**COLLEGE GROVE**

**OPTOMETRY**

4560 COLLEGE AVE  
SAN DIEGO, CA 92115

Phone: (619) 583-5744

Fax: (619) 582-6112

After Hours Phone: (619)  
583-5744

Accepting New Patients: Y

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**

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: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Vietnamese

American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F

9:00AM-5:00PM

**NGUYEN, JASMINE, OD**

Provider Gender: Female

License Number: 11189

NPI: 1497896922

Provider English Spoken: Y  
Vietnamese

Cultural Competency: Y

**JASMINE P NGUYEN OD INC**

4029 43RD ST STE 300  
SAN DIEGO, CA 92105

Phone: (619) 284-3937

Fax: (619) 284-3938

After Hours Phone: (619)  
284-3937

Accepting New Patients: Y

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: Y

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken: Spanish, Vietnamese

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F 9:00AM-5:00PM SA 9:00AM-1:00PM

**O HALLORAN, HENRY, MD**

Provider Gender: Male

License Number: A73282

NPI: 1235287947

Provider English Spoken: Y

German, Spanish

Cultural Competency: Y

RADY CHILDRENS

SPECIALISTS

📍 7910 FROST ST STE 200 SAN DIEGO, CA 92123

☎ Phone: (858) 309-7702

Fax: (858) 966-8901

☎ After Hours Phone: (858) 309-7702

Accepting New Patients: Y

☐ 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: Y

☐ 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: Y

☐ Site English Spoken: Y American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M 10:00AM-6:00PM TU 8:30AM-5:00PM W 7:30AM-4:00PM TH 9:30AM-5:00PM F 8:00AM-4:00PM

**PATEL, GITANE, MD**

Provider Gender: Male

License Number: A108603

NPI: 1710171434

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

📍 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: Y

☐ Site English Spoken: Y American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M 7:30AM-4:30PM TU 8:00AM-5:00PM W 8:30AM-5:00PM TH 8:00AM-6:00PM F 8:00AM-4:00PM

**PATEL, 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: Y

Site English Spoken: Y

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 7:30AM-4:30PM

TU 8:00AM-5:00PM

W 8:30AM-5:00PM

TH 8:00AM-6:00PM

F 8:00AM-4:00PM

### PHAM, TONY, OD

Provider Gender: Male

License Number: 12348

NPI: 1841271434

Provider English Spoken: Y

Spanish, Vietnamese

Cultural Competency: Y

MIRA MESA EYECARE

6755 MIRA MESA BLVD STE  
141

SAN DIEGO, CA 92121

Phone: (858) 535-8282

Fax: (858) 535-0537

After Hours Phone: (858)  
535-8282

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish, Vietnamese

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-TU  
9:30AM-6:00PM

TH-F 9:30AM-6:00PM

### PHUNG, RICHARD N V, OD

Provider Gender: Male

License Number: 9547

NPI: 1689661571

Provider English Spoken: Y

Vietnamese, Chinese

Cultural Competency: Y

SCRIPPS RANCH OPTOMETRI  
CTR

9880 HIBERT ST STE E1  
SAN DIEGO, CA 92131

Phone: (858) 693-9044

Fax: (858) 693-0704

After Hours Phone: (858)  
693-9044

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Vietnamese

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

Hours: M 10:00AM-6:00PM  
TU 10:00AM-2:00PM

W-TH 10:00AM-6:00PM

F 9:00AM-2:00PM

SA 9:00AM-2:00PM

### POUSTI, SHEIVA, OD

Provider Gender: Female

License Number: 10403

NPI: 1730240052

Provider English Spoken: Y

Cultural Competency: Y

SAN DIEGO EYE CLINIC

OPTOMETRY

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: Y

Site English Spoken: Y

Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):

N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: SU-SA  
9:00AM-6:00PM

### PRABHU, SUJATA, MD

Provider Gender: Female

License Number: A115965

NPI: 1982872552

Provider English Spoken: Y  
Spanish

Cultural Competency: Y

WEST COAST EYE CARE

6945 EL CAJON BLVD  
SAN DIEGO, CA 92115

Phone: (619) 697-4600

Fax: (619) 697-2410



☎ After Hours Phone: (619) 697-4600

Accepting New Patients: Y

☐ Site English Spoken: Y  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M 7:30AM-4:30PM  
TU 8:00AM-5:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-4:00PM

**PRABHU, SUJATA, MD**

Provider Gender: Female

License Number: A115965

NPI: 1982872552

Provider English Spoken: Y  
Spanish

Cultural Competency: Y

WEST COAST EYE CARE

📍 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

☎ Phone: (858) 565-8822

Fax: (858) 565-2449

☎ After Hours Phone: (858) 565-8822

Accepting New Patients: Y

☐ Site English Spoken: Y  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M 10:00AM-6:00PM  
TU 8:30AM-5:00PM  
W 7:30AM-4:00PM  
TH 9:30AM-5:00PM

F 8:00AM-4:00PM

**SANDOC, EMILY, OD**

Provider Gender: Female

License Number: 13535

NPI: 1992969794

Provider English Spoken: Y

Cultural Competency: Y

OPTOM-EYES VISION CARE  
OPTOMETRY

📍 5638 MISSION CENTER RD  
STE 103

SAN DIEGO, CA 92108

☎ Phone: (619) 295-2900

Fax: (888) 210-5799

☎ After Hours Phone: (619) 295-2900

Accepting New Patients: Y

☐ Site English Spoken: Y  
☐ Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F  
9:00AM-5:30PM  
SA 9:00AM-3:00PM

**SHULKIN, MITCHELL, OD**

Provider Gender: Male

License Number: 8153

NPI: 1770531865

Provider English Spoken: Y

Cultural Competency: Y

NORTH COUNTY OPTOMETRY

📍 11835 CARMEL MTN RD STE  
1313

SAN DIEGO, CA 92128

☎ Phone: (858) 674-1276

Fax: (858) 674-5863

☎ After Hours Phone: (858) 674-1276

Accepting New Patients: Y

☐ 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

**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: Y

☐ Site English Spoken: Y  
☐ Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F  
9:00AM-5:30PM  
SA 9:00AM-3:00PM

**SOLIS, KEVIN, OD**

Provider Gender: Male  
License Number: 10420  
NPI: 1538362116

Provider English Spoken: Y  
Cultural Competency: Y

FASHION VALLEY EYE CARE  
OPTOMETR

📍 7007 FRIARS RD STE 351  
SAN DIEGO, CA 92108  
☎ Phone: (619) 291-2020  
Fax: (888) 210-5799

🕒 After Hours Phone: (619) 291-2020

Accepting New Patients: Y

📄 Site English Spoken: Y  
📄 Site Languages(s) Spoken: Spanish

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F  
10:00AM-7:00PM  
SA 10:00AM-7:00PM

**SOLIS, KEVIN, OD**

Provider Gender: Male  
License Number: 10420  
NPI: 1538362116

Provider English Spoken: Y  
Cultural Competency: Y

OPTOM-EYES VISION CARE

OPTOMETRY

📍 1555 PALM AVE STE A2  
SAN DIEGO, CA 92154

☎ Phone: (619) 297-2020

Fax: (888) 210-5799

🕒 After Hours Phone: (619) 297-2020

Accepting New Patients: Y

📄 Site English Spoken: Y  
American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F  
9:30AM-6:00PM  
SA 9:00AM-3:00PM

**TA, TRANG, OD**

Provider Gender: Female  
License Number: 12100  
NPI: 1518381045

Provider English Spoken: Y  
Vietnamese

Cultural Competency: Y

JASMINE P NGUYEN OD INC

📍 4029 43RD ST STE 300  
SAN DIEGO, CA 92105

☎ Phone: (619) 284-3937

Fax: (619) 284-3938

🕒 After Hours Phone: (619) 284-3937

Accepting New Patients: Y

📄 Site English Spoken: Y  
📄 Site Languages(s) Spoken: Spanish, Vietnamese

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within

1/2 mile from Site): 1T

🕒 Hours: M-F  
9:00AM-5:00PM  
SA 9:00AM-1:00PM

**TAM, MAY, OD**

Provider Gender: Female  
License Number: 11960

NPI: 1548255896

Provider English Spoken: Y  
Spanish

Cultural Competency: Y

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: Y

📄 Site English Spoken: Y  
📄 Site Languages(s) Spoken: Spanish

American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1T

🕒 Hours: M-F  
10:00AM-7:00PM  
SA 10:00AM-7:00PM

**TAM, MAY, OD**

Provider Gender: Female  
License Number: 11960  
NPI: 1548255896

Provider English Spoken: Y  
Spanish

Cultural Competency: Y

OPTOM-EYES VISION CARE  
OPTOMETRY

5638 MISSION CENTER RD  
STE 103  
SAN DIEGO, CA 92108  
Phone: (619) 295-2900  
Fax: (888) 210-5799  
After Hours Phone: (619)  
295-2900

Accepting New Patients: Y

Site 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: Y

Site English Spoken: Y  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

Hours: M-F  
9:30AM-6:00PM  
SA 9:00AM-3:00PM

**TILLMAN, SYLVIA, OD**

Provider Gender: Female

License Number: 9726

NPI: 1174730824

Provider English Spoken: Y  
Spanish

Cultural Competency: Y

**JASMINE P NGUYEN OD INC**

4029 43RD ST STE 300  
SAN DIEGO, CA 92105

Phone: (619) 284-3937  
Fax: (619) 284-3938

After Hours Phone: (619)  
284-3937

Accepting New Patients: Y

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: Y

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

**TON-NU, MY LINH, OD**

Provider Gender: Female

License Number: 34990

NPI: 1245733476

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

Phone: (858) 565-8822  
Fax: (858) 565-2449

After Hours Phone: (858)  
565-8822

Accepting New Patients: Y

Site English Spoken: Y  
American Sign Language (ASL):  
N

Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M 10:00AM-6:00PM  
TU 8:30AM-5:00PM  
W 7:30AM-4:00PM  
TH 9:30AM-5:00PM  
F 8:00AM-4:00PM

**TONNU, ANH, OD**

Provider Gender: Female  
License Number: 11318  
NPI: 1679521280  
Provider English Spoken: Y  
Vietnamese

Cultural Competency: Y  
WEST COAST EYE CARE

📍 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

☎ Phone: (858) 565-8822  
Fax: (858) 565-2449

📞 After Hours Phone: (858)  
565-8822

Accepting New Patients: Y

🗨 Site English Spoken: Y  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M 10:00AM-6:00PM  
TU 8:30AM-5:00PM  
W 7:30AM-4:00PM  
TH 9:30AM-5:00PM  
F 8:00AM-4:00PM

**TONNU, ANH, OD**

Provider Gender: Female  
License Number: 11318  
NPI: 1679521280  
Provider English Spoken: Y  
Vietnamese

Cultural Competency: Y  
WEST COAST EYE CARE

📍 6945 EL CAJON BLVD  
SAN DIEGO, CA 92115

☎ Phone: (619) 697-4600  
Fax: (619) 697-2410

📞 After Hours Phone: (619)  
697-4600

Accepting New Patients: Y

🗨 Site English Spoken: Y  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M 7:30AM-4:30PM  
TU 8:00AM-5:00PM  
W 8:30AM-5:00PM  
TH 8:00AM-6:00PM  
F 8:00AM-4:00PM

**TRAN, ALEXANDER, OD**

Provider Gender: Male

License Number: 14136

NPI: 1902414790

Provider English Spoken: Y

Cultural Competency: Y

RADY CHILDRENS  
SPECIALISTS

📍 7910 FROST ST STE 200  
SAN DIEGO, CA 92123

☎ Phone: (858) 309-7702  
Fax: (858) 966-8901

📞 After Hours Phone: (858)  
309-7702

Accepting New Patients: Y

🗨 Site English Spoken: Y  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M-F  
7:00AM-5:00PM

**TRANG, CHAU, OD**

Provider Gender: Female

License Number: 9556

NPI: 1073671087

Provider English Spoken: Y  
French, Spanish, Vietnamese,  
Chinese

Cultural Competency: Y

CHAU H TRANG OD

📍 6947 LINDA VISTA RD STE  
A

SAN DIEGO, CA 92111

☎ Phone: (858) 495-0592  
Fax: (858) 495-0560

📞 After Hours Phone: (858)  
495-0592

Accepting New Patients: Y

🗨 Site English Spoken: Y

🗨 Site Language(s) Spoken:  
French, Spanish,  
Vietnamese

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M 10:00AM-3:00PM  
W 10:00AM-3:00PM  
F 10:00AM-5:00PM  
SA 9:00AM-1:00PM

**TU, CHARLES, OD**

Provider Gender: Male

License Number: 34618

NPI: 1073137691

Provider English Spoken: Y

Cultural Competency: Y

OPTOM-EYES VISION CARE

**OPTOMETRY**

📍 1555 PALM AVE STE A2  
SAN DIEGO, CA 92154

☎ Phone: (619) 297-2020

Fax: (888) 210-5799

📞 After Hours Phone: (619)  
297-2020

Accepting New Patients: Y

🗨 Site English Spoken: Y  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M-F  
9:30AM-6:00PM  
SA 9:00AM-3:00PM

**VAN HOOSE, MARC, OD**

Provider Gender: Male

License Number: 12667

NPI: 1932280054

Provider English Spoken: Y  
Spanish

Cultural Competency: Y

**VAN HOOSE OPTOMETRIC  
CORPORATION**

📍 7246 CLAIREMONT MESA  
BLVD

SAN DIEGO, CA 92111

☎ Phone: (858) 292-7193

Fax: (858) 292-8247

📞 After Hours Phone: (858)  
292-7193

Accepting New Patients: Y

🗨 Site English Spoken: Y  
Site Languages(s) Spoken:  
Spanish

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT

**PROVIDER**

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M 8:00AM-5:00PM  
TU-TH 9:00AM-6:00PM  
F 8:00AM-5:00PM

**VIVIRITO, MARY, OD**

Provider Gender: Female

License Number: 33798

NPI: 1477968667

Provider English Spoken: Y  
Spanish

Cultural Competency: Y

**WEST COAST EYE CARE**

📍 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

☎ Phone: (858) 565-8822

Fax: (858) 565-2449

📞 After Hours Phone: (858)  
565-8822

Accepting New Patients: Y

🗨 Site English Spoken: Y  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M 10:00AM-6:00PM  
TU 8:30AM-5:00PM  
W 7:30AM-4:00PM  
TH 9:30AM-5:00PM  
F 8:00AM-4:00PM

**VO, ANDREW MINH, OD**

Provider Gender: Male

License Number: 33869

NPI: 1790291565

Provider English Spoken: Y  
Vietnamese

Cultural Competency: Y

**HILLCREST EYE**

**CENTER-UCSD**

📍 4060 4TH AVE STE 610  
SAN DIEGO, CA 92103

☎ Phone: (619) 543-6244

Fax: (619) 295-5034

📞 After Hours Phone: (619)  
543-6244

Accepting New Patients: Y

🗨 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: Y

🗨 Site English Spoken: Y  
American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M-F  
8:00AM-4:00PM

**ZHAO, TAILUN, MD**

Provider Gender: Male  
License Number: C186414  
NPI: 1952659203  
Provider English Spoken: Y  
Cultural Competency: Y  
WEST COAST EYE CARE

📍 4344 CONVOY ST STE C2  
SAN DIEGO, CA 92111

☎ Phone: (858) 565-8822  
Fax: (858) 565-2449

📞 After Hours Phone: (858)  
565-8822

Accepting New Patients: Y

🗒 Site English Spoken: Y  
American Sign Language (ASL):

N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1U

🕒 Hours: M 10:00AM-6:00PM  
TU 8:30AM-5:00PM  
W 7:30AM-4:00PM  
TH 9:30AM-5:00PM  
F 8:00AM-4:00PM

**SAN MARCOS**

**GARFF, KEVIN, MD**

Provider Gender: Male  
License Number: A160988  
NPI: 1609258920  
Provider English Spoken: Y  
Spanish

Cultural Competency: Y  
RSF OPHTHALMOLOGY

📍 100 N RANCHO SNTA FE  
RD STE 12

SAN MARCOS, CA 92069

☎ Phone: (760) 598-0400  
Fax: (760) 249-7394

📞 After Hours Phone: (760)  
598-0400

Accepting New Patients: Y

🗒 Site English Spoken: Y

🗒 Site Languages(s) Spoken:  
Spanish, Thai

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M-F  
8:00AM-5:00PM

**GUAN, HOWARD, MD**

Provider Gender: Male

License Number: A119766

NPI: 1134427636

Provider English Spoken: Y

Spanish, Chinese

Cultural Competency: Y

RSF OPHTHALMOLOGY

📍 100 N RANCHO SNTA FE  
RD STE 12

SAN MARCOS, CA 92069

☎ Phone: (760) 598-0400  
Fax: (760) 249-7394

📞 After Hours Phone: (760)  
598-0400

Accepting New Patients: Y

🗒 Site English Spoken: Y

🗒 Site Languages(s) Spoken:  
Spanish, Thai

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within

1/2 mile from Site): 1T

🕒 Hours: M-F  
8:00AM-5:00PM

**PRESTERA, TORY, MD**

Provider Gender: Male

License Number: A62321

NPI: 1346224557

Provider English Spoken: Y  
Spanish

Cultural Competency: Y

RSF OPHTHALMOLOGY

📍 100 N RANCHO SNTA FE  
RD STE 12

SAN MARCOS, CA 92069

☎ Phone: (760) 598-0400  
Fax: (760) 249-7394

📞 After Hours Phone: (760)  
598-0400

Accepting New Patients: Y

🗒 Site English Spoken: Y

🗒 Site Languages(s) Spoken:  
Spanish, Thai

American Sign Language (ASL):  
N

♿ Accessibility: CONTACT  
PROVIDER

Public transportation (within  
1/2 mile from Site): 1T

🕒 Hours: M-F  
8:00AM-5:00PM

**SKAY, RICHARD, OD**

Provider Gender: Male

License Number: 7649

NPI: 1639251945

Provider English Spoken: Y  
Cultural Competency: Y






RICHARD M SKAY OD

📍 1903 W SAN MARCOS  
BLVD STE 130

SAN MARCOS, CA 92078

 Phone: (760) 727-2211  
 Fax: (760) 727-2533  
 After Hours Phone: (760) 727-2211  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M-F 9:00AM-3:00PM

**TA, MINI, OD**

Provider Gender: Female  
 License Number: 15170  
 NPI: 1578955605  
 Provider English Spoken: Y  
 Cultural Competency: Y  
 NEW OPTIX OPTOMETRY  
 640 GRAND AVE STE 101 SAN MARCOS, CA 92078  
 Phone: (760) 736-0020  
 Fax: (760) 736-0019  
 After Hours Phone: (760) 736-0020  
 Accepting New Patients: Y  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish, Vietnamese  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1T  
 Hours: M 9:00AM-5:00PM  
 TU 9:00AM-6:00PM  
 W 9:00AM-5:00PM  
 TH 9:00AM-6:00PM

F 9:00AM-5:00PM

**TRAN, MICHAEL, OD**


Provider Gender: Male  
 License Number: 14530  
 NPI: 1649524216  
 Provider English Spoken: Y  
 Vietnamese  
 Cultural Competency: Y  
 NEW OPTIX OPTOMETRY

 640 GRAND AVE STE 101 SAN MARCOS, CA 92078  
 Phone: (760) 736-0020  
 Fax: (760) 736-0019  
 After Hours Phone: (760) 736-0020





Accepting New Patients: Y  
 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: Y  
 Site English Spoken: Y  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M 9:00AM-5:00PM  
 TU 9:00AM-5:30PM  
 W-TH 9:00AM-5:00PM  
 F 9:00AM-4:00PM

**HOANG, KENNY, OD**

Provider Gender: Male  
 License Number: 35207  
 NPI: 1740868603  
 Provider English Spoken: Y  
 Cultural Competency: Y

**JOHN C FLEMING OD**

 9628 CAMPO RD STE C SPRING VALLEY, CA 91977  
 Phone: (619) 463-9318  
 Fax: (619) 463-9640  
 After Hours Phone: (619) 463-9318

Accepting New Patients: Y  
 Site English Spoken: Y  
 American Sign Language (ASL): N  
 Accessibility: CONTACT PROVIDER  
 Public transportation (within 1/2 mile from Site): 1U  
 Hours: M 9:00AM-5:00PM  
 TU 9:00AM-5:30PM  
 W-TH 9:00AM-5:00PM

F 9:00AM-4:00PM	☎ After Hours Phone: (619) 466-9444	9:00AM-6:00PM SA 9:00AM-5:00PM
<b>JOHNSON, CHRISTOPHER, OD</b>	Accepting New Patients: Y	<b>KING, MARY, OD</b>
Provider Gender: Male	☐ Site English Spoken: Y	Provider Gender: Female
License Number: 15100	☐ Site Languages(s) Spoken: Arabic, Spanish	License Number: 13711
NPI: 1568861425	American Sign Language (ASL):	NPI: 1578792107
Provider English Spoken: Y	N	Provider English Spoken: Y
Cultural Competency: Y	♿ Accessibility: CONTACT PROVIDER	Spanish
JOHN C FLEMING OD	Public transportation (within 1/2 mile from Site): 1U	Cultural Competency: Y
☎ 9628 CAMPO RD STE C SPRING VALLEY, CA 91977	🕒 Hours: M-F	EYE CARE OPTOMETRY
☎ Phone: (619) 463-9318	9:00AM-6:00PM	ASSOCIATES
Fax: (619) 463-9640	SA 9:00AM-5:00PM	☎ 687 SWEETWATER RD SPRING VALLEY, CA 91977
☎ After Hours Phone: (619) 463-9318		☎ Phone: (619) 466-9444
Accepting New Patients: Y	<b>KEDDINGTON, JOAN, OD</b>	Fax: (619) 466-9314
☐ Site English Spoken: Y	Provider Gender: Female	☎ After Hours Phone: (619)
American Sign Language (ASL):	License Number: 6263	466-9444
N	NPI: 1992872691	Accepting New Patients: Y
♿ Accessibility: CONTACT PROVIDER	Provider English Spoken: Y	☐ Site English Spoken: Y
Public transportation (within 1/2 mile from Site): 1U	Spanish	☐ Site Languages(s) Spoken:
🕒 Hours: M 9:00AM-5:00PM	Cultural Competency: Y	Arabic, Spanish
TU 9:00AM-5:30PM	EYE CARE OPTOMETRY	American Sign Language (ASL):
W-TH 9:00AM-5:00PM	ASSOCIATES	N
F 9:00AM-4:00PM	☎ 687 SWEETWATER RD SPRING VALLEY, CA 91977	♿ Accessibility: CONTACT PROVIDER
	☎ Phone: (619) 466-9444	Public transportation (within
	Fax: (619) 466-9314	1/2 mile from Site): 1U
	☎ After Hours Phone: (619)	🕒 Hours: M-F
	466-9444	9:00AM-6:00PM
	Accepting New Patients: Y	SA 9:00AM-5:00PM
	☐ Site English Spoken: Y	<b>NGUYEN, THERESA, OD</b>
	☐ Site Languages(s) Spoken:	Provider Gender: Female
	Arabic, Spanish	License Number: 35530TLG
	American Sign Language (ASL):	NPI: 1609555713
	N	Provider English Spoken: Y
	♿ Accessibility: CONTACT PROVIDER	Cultural Competency: Y
	Public transportation (within 1/2 mile from Site): 1U	EYE CARE OPTOMETRY
	🕒 Hours: M-F	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: Y

☐ Site English Spoken: Y  
 ☐ Site Languages(s) Spoken: Arabic, Spanish

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F 9:00AM-6:00PM  
 SA 9:00AM-5:00PM

**SOLIS, KEVIN, OD**

Provider Gender: Male

License Number: 10420

NPI: 1538362116

Provider English Spoken: Y

Cultural Competency: Y

EYE CARE OPTOMETRY ASSOCIATES

687 SWEETWATER RD

SPRING VALLEY, CA 91977

☎ Phone: (619) 466-9444

Fax: (619) 466-9314

📞 After Hours Phone: (619) 466-9444

Accepting New Patients: Y

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken: Arabic, Spanish

American Sign Language (ASL):

N

♿ Accessibility: CONTACT PROVIDER

Public transportation (within

1/2 mile from Site): 1U

🕒 Hours: M-F 9:00AM-6:00PM  
 SA 9:00AM-5:00PM

**TOUBIA, ELIAS, OD**

Provider Gender: Male

License Number: 33758

NPI: 1740701481

Provider English Spoken: Y

Arabic

Cultural Competency: Y

EYE CARE OPTOMETRY ASSOCIATES

687 SWEETWATER RD

SPRING VALLEY, CA 91977

☎ Phone: (619) 466-9444

Fax: (619) 466-9314

📞 After Hours Phone: (619) 466-9444

Accepting New Patients: Y

☐ 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

**VALLEY CENTER**

**GRASSO, GINA, OD**

Provider Gender: Female

License Number: 11139TLG

NPI: 1700899952

Provider English Spoken: Y

Cultural Competency: Y

VALLEY CENTER OPTOMETRY

29115 VALLEY CENTER RD STE E

VALLEY CENTER, CA 92082

☎ Phone: (760) 751-8771

Fax: (760) 751-8772

📞 After Hours Phone: (760) 751-8771

Accepting New Patients: Y

☐ Site 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: Y

☐ Site English Spoken: Y

☐ Site Languages(s) Spoken: Spanish

American Sign Language (ASL):



N

 **Accessibility:** CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1U  
 **Hours:** M 9:00AM-6:00PM  
TU-F 9:00AM-5:00PM

**LE, TAM, OD**

Provider Gender: Female  
License Number: 12951  
NPI: 1235268707  
Provider English Spoken: Y  
Spanish, Vietnamese  
Cultural Competency: Y  
VALLEY CENTER OPTOMETRY  
 29115 VALLEY CENTER RD  
STE E  
VALLEY CENTER, CA 92082  
 Phone: (760) 751-8771  
Fax: (760) 751-8772  
 After Hours Phone: (760) 751-8771  
Accepting New Patients: Y

Site 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: Y  
 Site English Spoken: Y  
 Site Languages(s) Spoken: Spanish  
American Sign Language (ASL): N

 **Accessibility:** CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
 **Hours:** M-TU 9:00AM-6:00PM  
W 7:00AM-5:00PM  
TH 9:00AM-6:00PM



**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: Y




Site English Spoken: Y  
 Site Languages(s) Spoken:

Spanish  
American Sign Language (ASL): N



 **Accessibility:** CONTACT PROVIDER  
Public transportation (within 1/2 mile from Site): 1T  
 **Hours:** M 9:00AM-5:00PM  
TU-W 9:00AM-6:00PM  
TH-F 9:00AM-5:00PM

**GEORGE, KENDALL, OD**

Provider Gender: Male  
License Number: 34270  
NPI: 1619529948  
Provider English Spoken: Y  
Spanish  
Cultural Competency: Y

BRUCE D GEORGE OD  
 931 ANZA AVE STE B  
VISTA, CA 92084  
 Phone: (760) 758-2340  
Fax: (760) 867-2222  
 After Hours Phone: (760) 758-2340  
Accepting New Patients: Y

Site English Spoken: Y  
 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: Y

Site English Spoken: Y


American Sign Language (ASL):

N

 Accessibility: CONTACT  
PROVIDER

Public transportation (within

1/2 mile from Site): 1T

 Hours: M-TH  
10:00AM-5:00PM


**SAN MARCOS**


**AMERICARE ADULT DAY  
HEALTH CARE CENTER†**

*License Number: 060000832*


 340 RANCHEROS DR STE  
196


SAN MARCOS, CA 92069

 *Phone: (760) 682-2424*

 *After Hours Phone: (760)  
682-2424*

 *Site English Spoken: Y*

 *Accessibility: CONTACT  
PROVIDER*

 *Website: [www.americaread  
hc.com](http://www.americaread<br/>hc.com)*

*Cultural Competency: N*

*Accepting New Patients: N*

**CHULA VISTA**

**AFC URGENT CARE OF BONITA\***

NPI: 1316225147

760 OTAY LAKES RD  
CHULA VISTA, CA 91910

(619) 821-2300

(619) 821-2300

Site Languages(s) Spoken:  
Spanish

SU 8:00AM-5:00PM  
M-F 8:00AM-8:00PM  
SA 8:00AM-8:00PM

Accessibility: CONTACT PROVIDER

[www.afcurgentcare.com/chula-vista/](https://www.afcurgentcare.com/chula-vista/)

Accepting New Patients: N

(619) 736-4600

SU-SA 8:00AM-8:00PM

Accessibility: CONTACT PROVIDER

<https://www.afcurgentcare.com/san-diego/>

Accepting New Patients: N

(858) 900-3550

SU-SA 8:00AM-8:00PM

Accessibility: CONTACT PROVIDER

<https://www.afcurgentcare.com/san-diego/>

Accepting New Patients: N

**AFC URGENT CARE OF SAN DIEGO\***

NPI: 1952995466

1740 ROSECRANS ST  
SAN DIEGO, CA 92106

(619) 790-7800

(619) 790-7800

SU-SA 8:00AM-8:00PM

Accessibility: CONTACT PROVIDER

<https://www.afcurgentcare.com/san-diego/>

Accepting New Patients: N

**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: N

**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: N

**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: N

**AFC URGENT CARE OF SAN DIEGO\***

NPI: 1558788620

5671 BALBOA AVE  
SAN DIEGO, CA 92111

(858) 800-2880

(858) 800-2880

SU-SA 8:00AM-8:00PM

Accessibility: CONTACT PROVIDER

<https://www.afcurgentcare.com/san-diego/>

Accepting New Patients: N

**AFC URGENT CARE OF SAN DIEGO\***

NPI: 1952995466

8590 RIO SAN DIEGO DR  
STE 111  
SAN DIEGO, CA 92108

(619) 736-4600

**AFC URGENT CARE OF SAN DIEGO\***

NPI: 1952995466

8260 MIRA MESA BLVD  
STE A

SAN DIEGO, CA 92126



(858) 900-3550

**AFC URGENT CARE OF SAN DIEGO\***

NPI: 1952995466








5671 BALBOA AVE  
SAN DIEGO, CA 92111

(858) 800-2880

 (858) 800-2880  
 SU-SA 8:00AM-8:00PM  
 *Accessibility:* CONTACT PROVIDER  
 <https://www.afcurgentcare.com/san-diego/>  
 Accepting New Patients: N






**SANTEE**

**AFC URGENT CARE OF SANTEE\***






*NPI:* 1396058137  
 10538 MISSION GORGE RD STE 100  
 SANTEE, CA 92071  
 (619) 456-0033  
 (619) 456-0033  
 Site Languages(s) Spoken: Arabic, Spanish  
 SU-SA 8:00AM-8:00PM  
 *Accessibility:* CONTACT PROVIDER  
 [www.afcurgentcare.com/santee/](http://www.afcurgentcare.com/santee/)  
 Accepting New Patients: N

**CHULA VISTA**


**RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN\***

*NPI:* 1669617197  
 386 E H ST STE 202  
 CHULA VISTA, CA 91910  
 (858) 966-8133  
 (858) 966-8133  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
 Accepting New Patients: N






**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: N


**RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN\***

*NPI:* 1669617197  
 386 E H ST STE 202  
 CHULA VISTA, CA 91910  
 (858) 966-8133  
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 *Accessibility:* CONTACT PROVIDER  
 N/A  
 Accepting New Patients: N

**RADY CHILDRENS SPECIALISTS SAN DIEGO MED FNDTN\***





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 *Accessibility:* CONTACT PROVIDER  
 N/A  
 Accepting New Patients: N

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 N/A  
 Accepting New Patients: N





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 N/A  
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 Accepting New Patients: N

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 (858) 966-8133  
 (858) 966-8133  
 *Accessibility:* CONTACT

PROVIDER  
 N/A  
 Accepting New Patients: N






**RADY CHILDRENS  
 SPECIALISTS SAN DIEGO MED  
 FNDTN\***

*NPI:* 1669617197  
 386 E H ST STE 202  
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 *Accessibility:* CONTACT PROVIDER  
 N/A  
 Accepting New Patients: N






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 FNDTN\***

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 *Accessibility:* CONTACT PROVIDER  
 N/A  
 Accepting New Patients: N






**RADY CHILDRENS  
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 N/A  
 Accepting New Patients: N






**RADY CHILDRENS  
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 FNDTN\***

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 *Accessibility:* CONTACT PROVIDER  
 N/A  
 Accepting New Patients: N




**RADY CHILDRENS  
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 FNDTN\***

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 (858) 966-8133  
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 *Accessibility:* CONTACT PROVIDER  
 N/A  
 Accepting New Patients: N






**RADY CHILDRENS  
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 FNDTN\***

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 (858) 966-8133  
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 *Accessibility:* CONTACT PROVIDER  
 N/A  
 Accepting New Patients: N






**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: N


**RADY CHILDRENS  
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 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: N



**RADY CHILDRENS  
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 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: N

**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: N




**RADY CHILDRENS  
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 FNDTN\***  
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 386 E H ST STE 202  
 CHULA VISTA, CA 91910  
 (858) 966-8133  
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 *Accessibility:* CONTACT PROVIDER  
 N/A  
 Accepting New Patients: N




**RADY CHILDRENS  
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 FNDTN\***  
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 386 E H ST STE 202  
 CHULA VISTA, CA 91910  
 (858) 966-8133  
 (858) 966-8133  
 *Accessibility:* CONTACT PROVIDER  
 N/A  
 Accepting New Patients: N





**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: N

**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: N

**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: N

**RADY CHILDRENS  
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 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: N

**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: N

**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: N






**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: N

**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: N

**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: N

**ESCONDIDO**

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN\***



NPI: 1669617197

-  2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029
  -  (760) 755-7600
  -  (760) 755-7600
  -  M-F 8:00AM-5:00PM
  -  *Accessibility:* CONTACT PROVIDER
  -  N/A
- Accepting New Patients: N

**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED**







**FNDTN\***

NPI: 1669617197

-  2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029
  -  (760) 755-7600
  -  (760) 755-7600
  -  M-F 8:00AM-5:00PM
  -  *Accessibility:* CONTACT PROVIDER
  -  N/A
- Accepting New Patients: N






**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN\***

NPI: 1669617197

-  2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029
  -  (760) 755-7600
  -  (760) 755-7600
  -  M-F 8:00AM-5:00PM
  -  *Accessibility:* CONTACT PROVIDER
  -  N/A
- Accepting New Patients: N







**RADY CHILDRENS  
SPECIALISTS SAN DIEGO MED  
FNDTN\***

NPI: 1669617197

-  2125 CITRACADO PKWY  
STE 100  
ESCONDIDO, CA 92029
  -  (760) 755-7600
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



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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: N

**LA MESA**

**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

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(619) 713-5375

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 CENTER DR STE 2  
 LA MESA, CA 91942  
 (619) 713-5375  
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 *Accessibility:* CONTACT PROVIDER  
 N/A  
 Accepting New Patients: N

**RADY CHILDRENS  
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**SAN DIEGO**  
**RADY CHILDRENS**

**SPECIALISTS SAN DIEGO MED**

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NPI: 1669617197

4305 UNIVERSITY AVE STE 150

SAN DIEGO, CA 92105

(619) 280-2905

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Accessibility: CONTACT PROVIDER

N/A

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 *Accessibility:* CONTACT PROVIDER  
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 Accepting New Patients: N


**RADY CHILDRENS  
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*NPI:* 1669617197  
 4305 UNIVERSITY AVE STE  
 150  
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NPI: 1669617197

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**LA MESA**

**RCH EAST COUNTY URGENT  
CARE\***

NPI: 1710065933

5565 GROSSMONT  
CENTER DR STE 2  
LA MESA, CA 91942

(619) 713-5375

(619) 713-5375

SU 1:00PM-10:00PM

M-F 4:00PM-10:00PM

SA 1:00PM-10:00PM

Accessibility: CONTACT

PROVIDER

N/A

Accepting New Patients: N

**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: N

**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: N

**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: N

**SAN DIEGO**

**SOUTHBAY URGENT CARE  
INC\***

NPI: 1558746750

1628 PALM AVE  
SAN DIEGO, CA 92154

(619) 591-9999

(619) 591-9999

Site Languages(s) Spoken:  
Spanish, Vietnamese

SU 10:00AM-6:00PM

M-F 9:00AM-8:00PM

SA 10:00AM-6:00PM

Accessibility: CONTACT  
PROVIDER

[https://www.southbayurgen  
ntcare.com/](https://www.southbayurgen<br/>ntcare.com/)

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**Ukrainian** Ми надаємо безкоштовні послуги перекладача, щоб відповісти на будь-які запитання щодо нашого плану лікування чи надання лікарських засобів. Щоб скористатися послугами перекладача, просто зателефонуйте нам за номером 1-800-452-4413. Вам може допомогти хтось, хто розмовляє Українською. Це безкоштовна послуга.

**Navajo** D77 ats'77s baa lhly3 47 doodago azee' bee aa lhly3 b7na'7d7[kidgo 47 n1 ata' hodoonih77 h0l=. Ata' halne'4 biniiy4go, koj8' 1-800-452-4413 b44sh bee hod77lnih. Diné k'ehj7 y1[ti'i n7k1 adoolwo]. D77 t'11 j77k'eh bee an1'1wo.

**Punjabi** ਪੰਜਾਬੀ ਸਾਡੀ ਸਿਹਤ ਨਾਂ ਡਰੱਗ ਪਲਾਨ ਬਾਰੇ ਤੁਹਾਡੇ ਕਿਸੇ ਵੀ ਸਵਾਲ ਦਾ ਜਵਾਬ ਦੇਣ ਲਈ ਸਾਡੇ ਕੋਲ ਮੁਫਤ ਦੁਬਾਸੀਏ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਇੱਕ ਦੁਬਾਸੀਆ ਲੈਣ ਲਈ, ਸਾਨੂੰ 1-800-452-4413 'ਤੇ ਕਾਲ ਕਰੋ। ਪੰਜਾਬੀ ਬੋਲਣ ਵਾਲਾ ਕੋਈ ਵੀ ਵਿਅਕਤੀ ਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦਾ ਹੈ। ਇਹ ਇੱਕ ਮੁਫਤ ਸੇਵਾ ਹੈ।

**Khmer** យើងមានសេវាអ្នកបកប្រែផ្ទាល់មាត់ដោយឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរនានា ដែលអ្នកអាចមានអំពីសុខភាព ឬគម្រោងឱសថរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ម្នាក់ សូមទូរស័ព្ទទមកយើងខ្ញុំតាមលេខ 1-800-452-4413។ អ្នកណាម្នាក់ដែលនិយាយភាសាខ្មែរអាចជួយអ្នកបាន។ សេវានេះមិនគិតថ្លៃនោះទេ។

**Mien** Yie mbuo mbenc duqv maaih tengx wang-henh nzie faan waac mienh liouh dau waac bun muangx dongh nzunc baav meih maaih waac naaic taux yie mbuo gorngv taux yie nyei heng-wangc jauv-louc a'fai ndie-daan. Liouh lorx zipv longc faan waac nor, douc waac lorx taux yie mbuo yiem njiec naaiv 1-800-452-4413. Maaih mienh gorngv benx Mienh waac haih tengx nzie duqv meih. Naaiv se benx wang-henh nzie weih jauv-louc oc.

**Lao** ພວກເຮົາມີນາຍພາສາໂດຍບໍ່ເສຍຄ່າເພື່ອຕອບຄໍາຖາມຕ່າງໆທີ່ທ່ານອາດຈະມີກ່ຽວກັບສຸຂະພາບ ຫຼື ແຜນການຢາຂອງພວກເຮົາ. ເພື່ອໃຫ້ໄດ້ຮັບນາຍພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ເບີ 1-800-452-4413. ມີຜູ້ຮູ້ພາສາລາວ ສາມາດຊ່ວຍທ່ານ. ມີແມ່ນບໍລິການໂດຍບໍ່ເສຍຄ່າ.

**Armenian** Մեզ մոտ հասանելի են անվճար թարգմանչական ծառայություններ՝ մեր առողջապահական կազմակերպության հետ կապված Ձեր ցանկացած հարցին պատասխանելու համար: Թարգմանիչ լինելու համար պարզապես զանգահարեք մեզ 1-800-452-4413 հեռախոսահամարով: Ձեզ կօգնի հարցերն իմացող թարգմանիչը: Ծառայությունն անվճար է:

**Farsi** ما خدمات مترجم شفاهی رایگان ارائه می‌دهیم تا به هر گونه سوالی که در مورد طرح سلامت یا داروی ما دارید پاسخ دهیم. برای داشتن مترجم شفاهی، کافیت با ما به شماره 1-800-452-4413 تماس بگیرید. کسی که فارسی صحبت می‌کند می‌تواند به شما کمک کند. این یک خدمت رایگان است.

**Thai** ภาษาไทย เรามีบริการล่ามฟรีเพื่อตอบคำถามของคุณเกี่ยวกับสุขภาพหรือแผนด้านยาของคุณ หากต้องการบริการล่าม โปรดโทรหาเราที่ 1-800-452-4413 มีคนที่สามารถพูดภาษาไทยได้เพื่อช่วยเหลือคุณ บริการนี้เป็นบริการฟรี

**Multi-Language Insert**  
**Multi-Language Interpreter Services**

**English** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-776-4466. Someone who speaks English can help you. This is a free service.

**Spanish** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-776-4466. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-776-4466。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-776-4466。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-776-4466. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-776-4466. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-776-4466 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-776-4466. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

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**Khmer** យើងមានសេវាអ្នកបកប្រែផ្ទាល់មាត់ដោយឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរនានា ដែលអ្នកអាចមានអំពីសុខភាព ឬគម្រោងឱសថរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ម្នាក់ សូមទូរស័ព្ទមកយើងខ្ញុំតាមលេខ 1-800-776-4466។ អ្នកណាម្នាក់ដែលនិយាយភាសាខ្មែរអាចជួយអ្នកបាន។ សេវានេះមិនគិតថ្លៃនោះទេ។

**Mien** Yie mbuo mbenc duqv maaih tengx wang-henh nzie faan waac mienh liouh dau waac bun muangx dongh nzunc baav meih maaih waac naaic taux yie mbuo gorngv taux yie nyei heng-wangc jauv-louc a'fai ndie-daan. Liouh lorx zipv longc faan waac nor, douc waac lorx taux yie mbuo yiem njiec naaiv 1-800-776-4466. Maaih mienh gorngv benx Mienh waac haih tengx nzie duqv meih. Naaiv se benx wang-henh nzie weih jauv-louc oc.

**Lao** ພວກເຮົາມີນາຍພາສາໂດຍບໍ່ເສຍຄ່າເພື່ອຕອບຄໍາຖາມຕ່າງໆທີ່ທ່ານອາດຈະມີກ່ຽວກັບສຸຂະພາບ ຫຼື ແຜນການຢາຂອງພວກເຮົາ. ເພື່ອໃຫ້ໄດ້ຮັບນາຍພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ບີ 1-800-776-4466. ມີຜູ້ຮູ້ພາສາລາວ ສາມາດຊ່ວຍທ່ານ. ບໍ່ແມ່ນບໍລິການໂດຍບໍ່ເສຍຄ່າ.

**Armenian** Մեզ քոտ հասանելի են անվճար թարգմանչական ծառայություններ՝ մեր առողջապահական կազմակերպիչներին հետ կապված Ձեր ցանկացած հարցին պատասխանելու համար: Թարգմանիչ ունենալու համար պարզապես զանգահարեք մեզ 1-800-776-4466 հեռախոսահամարով: Ձեզ կօգնի հարցերին իմացող թարգմանիչը: Ծառայությունն անվճար է:

**Farsi** ما خدمات مترجم شفاهی رایگان ارائه می‌دهیم تا به هر گونه سوالی که در مورد طرح سلامت یا داروی ما دارید پاسخ دهیم. برای داشتن مترجم شفاهی، کافیت با ما به شماره 1-800-776-4466 تماس بگیرید. کسی که فارسی صحبت می‌کند می‌تواند به شما کمک کند. این یک خدمت رایگان است.

**Thai** ภาษาไทย เรามีบริการล่ามฟรีเพื่อตอบคำถามของคุณเกี่ยวกับสุขภาพหรือแผนด้านยาของคุณ หากต้องการบริการล่าม โปรดโทรหาเราที่ 1-800-776-4466 มีคนที่สามารถพูดภาษาไทยได้เพื่อช่วยเหลือคุณ บริการนี้เป็นบริการฟรี



## LANGUAGE ASSISTANCE NOTICE

**English ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call 1-800-452-4413 (TTY: 711), 8:00 a.m. to 8:00 p.m., seven days a week. The call is free.

**中文 Chinese** 请注意：如果您说中文，可以免费获得语言协助服务。请拨打 1-800-452-4413 (听障和语障专线：711)，每周七天办公，早上 8:00 至晚上 8:00。此电话为免付费专线。

**한국어 Korean** 주: 귀하가 한국어를 사용하시는 경우, 무료로 언어 지원 서비스를 이용하실 수 있습니다. 1-800-452-4413 (TTY: 711) 번으로 주 7 일, 오전 8 시부터 오후 8 시까지 전화하실 수 있습니다. 이 전화는 무료입니다.

**Русский Russian** ОБРАТИТЕ ВНИМАНИЕ! Если Вы говорите по-русски, мы можем предложить Вам бесплатные услуги языковой поддержки. Звоните по телефону 1-800-452-4413 (TTY: 711) с 8:00 до 20:00 без выходных. Звонок бесплатный.

### فارسی Farsi

توجه: اگر به زبان فارسی صحبت می کنید، خدمات امداد زبانی بدون اخذ هزینه در اختیار شما می باشد. با شماره 1-800-452-4413- 4413 (TTY: 711)، از ساعت 8:00 صبح تا 8:00 شب در هفت روز هفته تماس بگیرید. این تماس رایگان است.

**भाषा Hindi** ध्यान: यदि आप भाषा बोलते हैं, तो आपके लिए भाषा सहायता सेवाएं नि:शुल्क उपलब्ध हैं। फ़ोन करना 1-800-452-4413 (TTY: 711), सुबह 8:00 बजे से शाम 8:00 बजे तक, सप्ताह के सातों दिन। फ़ोन करना फ़्री है।

**Lus Hmoob Hmong** LUS CEEV: Yog koj hais Lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-800-452-4413 (TTY: 711), 8:00 teev sawv ntxov txog 8:00 teev tsaus ntuj, xya hnuv hauv ib lub as thiv. Qhov hu xov tooj no yog hu dawb xwb.

**Español Spanish** ATENCIÓN: Si usted habla español, hay a su disposición servicios de asistencia de idiomas sin costo. Llame al 1-800-452-4413 (TTY: 711), de 8:00 a.m. a 8:00 p.m., los siete días de la semana. La llamada es gratuita.

**Tiếng Việt Vietnamese** LƯU Ý: Nếu quý vị nói tiếng Việt, chúng tôi sẽ cung cấp miễn phí dịch vụ hỗ trợ ngôn ngữ cho quý vị. Gọi số 1-800-452-4413 (TTY: 711), 8 giờ sáng đến 8 giờ tối, bảy ngày trong tuần. Cuộc gọi này miễn phí.

**Tagalog** PAUNAWA: Kung nagsasalita kayo ng Tagalog, may mga available na lib्रेng serbisyo ng tulong sa wika para sa inyo. Tumawag sa 1-800-452-4413 (TTY: 711), 8:00 a.m. hanggang 8:00 p.m., pitong araw sa isang linggo. Libre ang tawag.

## العربية Arabic

تنبيه: إذا كنت تتحدث اللغة العربية، يتوفر لك خدمات المساعدة اللغوية المجانية. اتصل على الرقم 1-800-452-4413 (TTY: 711)، من الساعة 8:00 صباحًا إلى 8:00 مساءً طوال أيام الأسبوع. علمًا بأن هذه المكالمات مجانية.

**ພາສາລາວ Laotian** ສິ່ງສຳຄັນ: ຖ້າທ່ານເວົ້າພາສາລາວແມ່ນມີບໍລິການຊ່ວຍເຫຼືອທາງດ້ານພາສາບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ໂທຫາເບີ 1-800-452-4413 (TTY: 711), 8:00 ໂມງເຊົ້າ ຫາ 8:00 ໂມງແລງ, ເຈັດວັນຕໍ່ອາທິດ. ການໂທແມ່ນບໍ່ເສຍຄ່າ.

**日本語 Japanese** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-452-4413 (TTY: 711) まで、お電話にてご連絡ください。毎日午前 8 時から午後 8 時まで受け付けています。通話は無料です。

## ภาษาไทย Thai

เรียน หากคุณพูดภาษา ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาให้แก่คุณโดยไม่มีค่าใช้จ่าย โทร 1-800-452-4413 (TTY: 711) 8:00 น. ถึง 20:00 น. ได้ตลอดเจ็ดวันต่อสัปดาห์ โทรฟรี ไม่มีค่าใช้จ่าย

**ਪੰਜਾਬੀ Punjabi** ਸਾਵਧਾਨ : ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ, ਉਪਲਬਧ ਹਨ | ਕਾਲ ਕਰੋ 1-800-452-4413 (TTY: 711), ਸਵੇਰੇ 8:00 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 8:00 ਵਜੇ ਤੱਕ, ਹਫ਼ਤੇ ਦੇ ਸੱਤ ਦਿਨ ਹਫ਼ਤੇ ਦੇ ਸੱਤ ਦਿਨ. ਕਾਲ ਫ੍ਰੀ ਹੈ |

**ខ្មែរ Khmer** ចាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសា គឺមានសំរាប់អ្នក ដោយឥតគិតថ្លៃ។ ហៅ 1-800-452-4413 (TTY: 711) ម៉ោង 8:00 ព្រឹក ដល់ 8:00 យប់ ប្រាំពីរថ្ងៃមួយអាទិត្យ។ គឺឥតគិតថ្លៃទេ។

**Հայերեն Armenian** ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, Ձեզ տրամադրվել է նաև անվճար լեզվաբան օգնություն ծառայություններ: Ձանգահայեր 1-800-452-4413 (TTY՝ 711) համարով, 8:00-ից 20:00, շաբաթը յոթ օր: Հեռախոսազանգն անվճար է:

**Українська Ukrainian** ЗВЕРНІТЬ УВАГУ! Якщо Ви розмовляєте українською, ми можемо запропонувати Вам безкоштовні послуги мовної підтримки. Телефонуйте 1-800-452-4413 (TTY: 711) з 8:00 до 20:00 без вихідних. Дзвінок безкоштовний.

**Mienh Mien** TOV JANGX LONGX OC: Beiv taix meih gorngv Mienh waac nor, ninh mbuo gorn zangc duqv mbenc nzoih wang-henh nzie weih faan waac bun meih muangx maiv zuqc feix liuc cuotv zinh nyaanh. Douc waac lorx taux 1-800-452-4413 (TTY: 711), 8:00 diemv ziangh hoc lungnh ndorm mingh taux 8:00 ziangh hoc lungnh muonz, yietc norm liv baaiz se koi nzoih siec hnoi. Naaiv norm douc waac gorn se wang-henh longc maiv zuqc feix liuc cuotv zinh nyaanh.



# Notes



# Notes

# Notes





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