



Blue Shield TotalDual Plan (HMO D-SNP)

2024 Directorio de Proveedores de

Condado: San Diego

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

Blue Shield TotalDual Plan | Directorio de Proveedores de 2024

Introducción

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

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

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



www.blueshieldca.com/medicare.

A. Avisos legales

- ❖ En este Directorio se incluyen los profesionales de atención de la salud (como médicos, profesionales de enfermería calificados para ejercer ciertas funciones del médico [*nurse practitioners*] y psicólogos) y centros (como hospitales o clínicas). También se incluyen proveedores de apoyo y servicios a largo plazo (LTSS, por sus siglas en inglés) (como proveedores de cuidado de día para adultos y de atención de la salud en el hogar) con los que puede atenderse como miembro de Blue Shield TotalDual Plan. También incluimos las farmacias que puede usar para obtener sus medicamentos recetados.
- ❖ En este Directorio, el término “proveedores de la red” hace referencia a ellos. Estos proveedores firmaron un contrato con nosotros para brindarle servicios. Esta es una lista de los proveedores de la red de Blue Shield TotalDual Plan para el condado de San Diego.
- ❖ Puede conseguir este documento gratis en otros formatos, como letra grande, braille o audio. Llame al 1 800 452 4413 (TTY: 711), de 8:00 a. m. a 8:00 p. m., los 7 días de la semana. La llamada es gratis.
- ❖ Tenemos servicios de intérpretes gratis para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o de medicamentos. Si necesita un intérprete, llámenos al 1-800-452-4413. Una persona que hable inglés, español, árabe, farsi, armenio, jemer, coreano, ruso, tagalo o vietnamita puede brindarle ayuda. El servicio es gratuito. Puede hacer un pedido permanente para conseguir este documento en un idioma que no sea inglés o en un formato alternativo ahora y en el futuro. Para hacer un pedido, comuníquese con Blue Shield TotalDual Plan. Atención al Cliente se asegurará de que sus preferencias de idioma y formato quede registradas para futuras comunicaciones. Para actualizar sus preferencias, comuníquese con Blue Shield TotalDual Plan.
- ❖ La lista está actualizada al 04/02/2024, pero debe tener en cuenta que:
 - Es posible que algunos proveedores de la red de Blue Shield TotalDual Plan se hayan agregado o quitado de nuestra red después de la publicación de este Directorio.
 - Es posible que algunos de los proveedores de Blue Shield TotalDual Plan que forman parte de nuestra red ya no acepten miembros nuevos. Si tiene problemas para encontrar un proveedor que acepte miembros nuevos, llame a Atención al Cliente al 1 800 452 4413 (TTY: 711) y le brindaremos ayuda.
 - Para obtener la información más actualizada sobre los proveedores de la red de Blue Shield TotalDual Plan en su área, visite www.blueshieldca.com/medicare o llame a Atención al Cliente al 1 800 452 4413 (TTY: 711), de 8:00 a. m. a 8:00 p. m., los 7 días de la semana. La llamada es gratis.

Los médicos y otros profesionales de atención de la salud de la red de Blue Shield TotalDual Plan aparecen en la página 13-2436.

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

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

B1. Términos claves

Esta sección explica los términos claves de nuestro Directorio.

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

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

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

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

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

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

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

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

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

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

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

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

Para elegir un PCP, vea la lista de médicos en la página 13-2436 y elija un médico:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Cantidad total de PCP: 2613

Cantidad total de especialistas: 2959

Cantidad total de hospitales: 19

Cantidad total de proveedores de acupuntura y quiroprácticos: No Data

Cantidad total de proveedores dentales: No Data

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

Cantidad total de proveedores de servicios de salud mental: 399

Cantidad total de proveedores de atención de la vista: 429

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

Cantidad total de centros de salud mental: No Data

Cantidad total de centros de enfermería especializada: 81

Cantidad total de proveedores de otros servicios: 1

C1. Lista de proveedores de la red

Hospitales afiliados

ALVARADO HOSPITAL LLC

Effective as of 01-AUG-12

📍 6655 ALVARADO RD
SAN DIEGO, CA 92120

ENCOMPASS HEALTH REHABILITATION HOSPITAL OF MURRIETA

Effective as of 01-AUG-20

📍 35470 WHITEWOOD RD
MURRIETA, CA 92563

HEMET GLOBAL MEDICAL CENTER [Ⓞ]

Effective as of 01-JAN-20

📍 1117 E DEVONSHIRE AVE
HEMET, CA 92543

Birthing Friendly: Y

HOAG HOSPITAL IRVINE [Ⓞ]

Effective as of 01-FEB-14

📍 16200 SAND CANYON AVE
IRVINE, CA 92618

HOAG ORTHOPEDIC INSTITUTE

Effective as of 01-JAN-12

📍 16250 SAND CANYON AVE
IRVINE, CA 92618

KINDRED HOSPITAL SAN DIEGO

Effective as of 01-JAN-12

📍 1940 EL CAJON BLVD
SAN DIEGO, CA 92104

MENIFEE GLOBAL MEDICAL CENTER [Ⓞ]

Effective as of 01-JAN-20

📍 28400 MCCALL BLVD
SUN CITY, CA 92585

MISSION HOSPITAL LAGUNA BEACH [Ⓞ]

Effective as of 01-JAN-10

📍 31872 COAST HWY
LAGUNA BEACH, CA 92651

PALOMAR HEALTH [Ⓞ]

Effective as of 01-JAN-12

📍 15615 POMERADO RD
POWAY, CA 92064

Birthing Friendly: Y

PALOMAR MEDICAL CENTER [Ⓞ]

Effective as of 01-JAN-12

📍 2185 CITRACADO PKWY
ESCONDIDO, CA 92029

PARADISE VALLEY HOSPITAL [Ⓞ]

Effective as of 01-AUG-12

📍 2400 E 4TH ST
NATIONAL CITY, CA 91950

PROVIDENCE MISSION HOSPITAL [Ⓞ]

Effective as of 01-JAN-10

📍 27700 MEDICAL CENTER
RD
MISSION VIEJO, CA 92691

Birthing Friendly: Y

SADDLEBACK MEMORIAL MED CTR [Ⓞ]

Effective as of 01-JAN-12

📍 24451 HEALTH CENTER DR
LAGUNA HILLS, CA 92653

Birthing Friendly: Y

SCRIPPS GREEN HOSPITAL [Ⓞ]

Effective as of 01-JAN-12

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

SCRIPPS MEMORIAL HOSPITAL [Ⓞ]

Effective as of 01-JAN-12

📍 9888 GENESEE AVE
LA JOLLA, CA 92037

Birthing Friendly: Y

SCRIPPS MEMORIAL HOSPITAL ENCINITAS [Ⓞ]

Effective as of 01-JAN-12

📍 354 SANTA FE DR
ENCINITAS, CA 92024

Birthing Friendly: Y

SCRIPPS MERCY HOSPITAL [Ⓞ]

Effective as of 01-JAN-12

📍 4077 5TH AVE
SAN DIEGO, CA 92103

Birthing Friendly: Y

SCRIPPS MERCY HOSPITAL CHULA VISTA [Ⓞ]

Effective as of 01-JAN-12

📍 435 H ST
CHULA VISTA, CA 91910

SELECT SPECIALTY HOSPITAL SAN DIEGO

Effective as of 01-JAN-12

📍 555 WASHINGTON ST
SAN DIEGO, CA 92103

TRI CITY MEDICAL CTR

Effective as of 01-JAN-12

📍 4002 VISTA WAY
OCEANSIDE, CA 92056

Birthing Friendly: Y

C1. Lista de proveedores de la red

Hospitales afiliados

UCSD LA JOLLA JOHN SALLY THORNTON [Ⓢ]

Effective as of 01-OCT-14

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

UCSD MEDICAL CTR [Ⓢ]

Effective as of 01-OCT-14

 200 W ARBOR DR
SAN DIEGO, CA 92103

Birthing Friendly: Y

C1. Lista de proveedores de la red

Centros de atención de urgencia

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

 (619) 420-1378
 M-F 8:00AM-5:30PM

CONCENTRA URGENT CARE

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

ACCELERATED URGENT CARE

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

CONCENTRA URGENT CARE

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

ACCELERATED URGENT CARE

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

CONCENTRA URGENT CARE

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

ACCELERATED URGENT CARE

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

CONCENTRA URGENT CARE

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

ACCELERATED URGENT CARE

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

CONCENTRA URGENT CARE

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

ANAHEIM URGENT CARE INC

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

CONCENTRA URGENT CARE

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

BAHIA FAMILY MEDICAL GROUP INC

 584 E ST
CHULA VISTA, CA 91910

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

 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

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

CONCENTRA URGENT CARE

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

CONCENTRA URGENT CARE

 7590 MIRAMAR RD STE C
SAN DIEGO, CA 92126

CI. Lista de proveedores de la red

Centros de atención de urgencia

 (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 130
SAN MARCOS, CA 92069

 (760) 432-9000

CONCENTRA URGENT CARE

 740 NORDAHL RD STE 131
SAN MARCOS, CA 92069

 (866) 944-6046

 SU 8:00AM-5:00PM

M-F 8:00AM-8:00PM

SA 8:00AM-5:00PM

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

CI. Lista de proveedores de la red

Centros de atención de urgencia

 (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

C1. Lista de proveedores de la red

Proveedores de atención primaria

FAMILY PRACTICE

OCONNOR, SHANNON, MD^F

Provider ID: 100027672005

 5 JOURNEY STE 130
ALISO VIEJO, CA 92656

 (949) 360-1069

Effective as of 01-JUL-12

OCONNOR, SHANNON, MD^F

Provider ID: 100027672003

 5 JOURNEY STE 130
ALISO VIEJO, CA 92656

 (949) 360-1069

Effective as of 01-JUL-12

OCONNOR, SHANNON, MD^F

Provider ID: 100027672006

 5 JOURNEY STE 130
ALISO VIEJO, CA 92656

 (949) 360-1069

Effective as of 01-OCT-07

GENERAL PRACTICE

THOMAS, SEAN, MD^{M†}

Provider ID: 100112751013

 15 MAREBLU STE 310
ALISO VIEJO, CA 92656

 (949) 831-1001

 French, Spanish

Effective as of 01-APR-19

INTERNAL MEDICINE

HERMAN, SAM, MD^M

Provider ID: 100414181004

 26671 ALISO CREEK RD STE
206

ALISO VIEJO, CA 92656

 (949) 791-3104

Effective as of 01-SEP-23

KAYE, SHAWN, MD^M

Provider ID: 100347353012

 26671 ALISO CREEK RD STE
206

ALISO VIEJO, CA 92656

 (949) 791-3104

Effective as of 01-JAN-21

FAMILY PRACTICE

DUBE, BIANCA, MD^{F†}

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^{M†}

Provider ID: 100067406005

 2801 JEFFERSON ST
CARLSBAD, CA 92008

 (760) 729-4952

 Farsi, Spanish

Effective as of 01-APR-16

KORFF, GARY, MD^{M†}

Provider ID: 100021811011

 2910 JEFFERSON ST STE
100

CARLSBAD, CA 92008

 (760) 729-7186

 Spanish

Effective as of 01-JAN-23

PEREZ, RONALD, MD^{M†}

Provider ID: 100323488011

 1207 CARLSBAD VILLAGE
DR STE A

CARLSBAD, CA 92008

 (760) 896-3030

 Spanish, Tagalog

Effective as of 01-JAN-20

VOURLITIS, MELISSA, DO^{F*}

Provider ID: 100090572021

 2855 CARLSBAD BLVD
CARLSBAD, CA 92008

 (858) 832-2500

Teleservice

Effective as of 01-NOV-23

FQHC

TRUECARE,

Provider ID: PG0092587007

 1295 CARLSBAD VILLAGE
DR STE 100

CARLSBAD, CA 92008

 (760) 736-6767

Teleservice

Effective as of 01-JUL-22

GENERAL PRACTICE

KREMER, ARNOLD, DO^M

Provider ID: 100023664010

 5814 VAN ALLEN WAY STE
215

CARLSBAD, CA 92008

 (760) 444-5544

 French

Teleservice

Effective as of 01-APR-23

INTERNAL MEDICINE

CHONG, MARIBETH, MD^F

Provider ID: 100092861003

C1. Lista de proveedores de la red

Proveedores de atención primaria

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

CHONG, YOO JIN, MD^{M†}

Provider ID: 100055662004

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

CHONG, MARIBETH, MD^F

Provider ID: 100092861004

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

CHONG, YOO JIN, MD^{M†}

Provider ID: 100055662003

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

HALL, ANDREW, MD^{M†}

Provider ID: 100089811012

 2910 JEFFERSON ST STE
100
CARLSBAD, CA 92008
 (760) 729-7186
Effective as of 01-DEC-22

FAMILY PRACTICE

ALANIZ, MATEO, MD^{M†}

Provider ID: 100220769002

 678 3RD AVE
CHULA VISTA, CA 91910
 (619) 662-4100

 Spanish
Effective as of 01-NOV-14

ALANIZ, MATEO, MD^{M†}

Provider ID: 100220769006

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

ALB, OVIDIU, MD^{M†}

Provider ID: 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^{M†}

Provider ID: 100034030005

 480 4TH AVE STE 202
CHULA VISTA, CA 91910
 (619) 427-3361
 Romanian, Spanish,
Tagalog
Effective as of 01-OCT-12

ALB, OVIDIU, MD^{M†}

Provider ID: 100034030017

 480 4TH AVE STE 202
CHULA VISTA, CA 91910
 (619) 427-3361
 Romanian, Spanish,
Tagalog
Effective as of 01-NOV-20

ALB, OVIDIU, MD^{M†}

Provider ID: 100034030019

 480 4TH AVE STE 202
CHULA VISTA, CA 91910
 (619) 427-3361
 Romanian, Spanish,
Tagalog

Effective as of 01-APR-22

ALB, OVIDIU, MD^{M†}

Provider ID: 100034030016

 480 4TH AVE STE 202
CHULA VISTA, CA 91910
 (619) 427-3361
 Romanian, Spanish,
Tagalog
Effective as of 01-JAN-21

ALJAWADI, GEORGIA, DO^{F†}

Provider ID: 100133625021

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

ALJAWADI, GEORGIA, DO^{F†}

Provider ID: 100133625005

 480 4TH AVE STE 202
CHULA VISTA, CA 91910
 (619) 427-3361
 Filipino, Spanish, Tagalog
Effective as of 01-NOV-12

ALJAWADI, GEORGIA, DO^{F†}

Provider ID: 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^{F†}

Provider ID: 100133625018

 480 4TH AVE STE 202
CHULA VISTA, CA 91910
 (619) 427-3361
 Filipino, Spanish, Tagalog
Effective as of 01-JAN-21

ALJAWADI, GEORGIA, DO^{F†}

Provider ID: 100133625022

C1. Lista de proveedores de la red

Proveedores de atención primaria

 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^{Mt}

Provider ID: 100360099015

 1637 3RD AVE
CHULA VISTA, CA 91911
 (619) 662-4100
 Spanish

Effective as of 01-MAY-22

ARCE GOMEZ, LAURA, MD^F

Provider ID: 100300002011

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

FARRIS, REUBEN, MD^{Mt}

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^{Ft}

Provider ID: 100269760005

 678 3RD AVE
CHULA VISTA, CA 91910
 (619) 662-4100
 Spanish
Teleservice

Effective as of 01-APR-23

GARCIA, KARLA, MD^{Ft}

Provider ID: 100269760002

 678 3RD AVE
CHULA VISTA, CA 91910
 (619) 662-4100

 Spanish
Teleservice
Effective as of 01-MAR-16

HERNANDEZ, RALPH, MD^{Mt}

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^{Ft}

Provider ID: 100359300004

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

LOZANO, JUAN, MD^M

Provider ID: 100419136002

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

MARTINEZ, ELADIO, MD^M

Provider ID: 100415320002

 299 J ST
CHULA VISTA, CA 91910
 (858) 779-2366
 Spanish
Teleservice

Effective as of 01-OCT-23

MARTINEZ, ELADIO, MD^M

Provider ID: 100415320005

 299 J ST
CHULA VISTA, CA 91910
 (858) 779-2366
 Spanish
Teleservice

Effective as of 01-DEC-23

MATTHEWS, MERRITT, MD^{Mt}

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^{Mt}

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^{Ft}

Provider ID: 100214679020

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

MONDRAGON, GUSTAVO, MD^{Mt}

^{Mt}

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^{Mt}

^{Mt}

Provider ID: 100177550027

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

MONDRAGON, GUSTAVO, MD^M

^M

C1. Lista de proveedores de la red

Proveedores de atención primaria

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: 100413256011

752 MEDICAL CENTER CT
STE 210
CHULA VISTA, CA 91911

(619) 656-0206

Effective as of 01-DEC-23

PATEL, PAAVAN, DO

^M

Provider ID: 100413256007

752 MEDICAL CENTER CT
CHULA VISTA, CA 91911

(619) 527-7700

Effective as of 01-NOV-23

PIEROS, JANELLE, DO

^{F†}

Provider ID: 100220799004

678 3RD AVE
CHULA VISTA, CA 91910

(619) 662-4100

Spanish, Faroese

Effective as of 01-OCT-15

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

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

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: 100147691020

480 4TH AVE STE 202
CHULA VISTA, CA 91910

(619) 427-3361

Polish, Portuguese, Spanish

Effective as of 01-SEP-22

STILLWELL, CARLA, MD

^{F†}

Provider ID: 100147691005

480 4TH AVE STE 202
CHULA VISTA, CA 91910

(619) 427-3361

Polish, Portuguese, Spanish

Effective as of 01-OCT-12

C1. Lista de proveedores de la red

Proveedores de atención primaria

STILLWELL, CARLA, MD^{F†}

Provider ID: 100147691006

480 4TH AVE STE 202
CHULA VISTA, CA 91910

(619) 427-3361

Polish, Portuguese, Spanish

Effective as of 01-JAN-14

STILLWELL, CARLA, MD^{F†}

Provider ID: 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: 100147691017

480 4TH AVE STE 202
CHULA VISTA, CA 91910

(619) 427-3361

Polish, Portuguese, Spanish

Effective as of 01-JAN-21

TALAVERA, GREGORY, MD^M

Provider ID: 100334847006

678 3RD AVE
CHULA VISTA, CA 91910

(619) 662-4100

Spanish

Teleservice

Effective as of 01-APR-23

TREJO, RAUL, MD^M

Provider ID: 100088864004

678 3RD AVE
CHULA VISTA, CA 91910

(619) 662-4100

Spanish

Effective as of 01-JAN-14

VAZQUEZ-BOJORQUEZ, ALEJANDRA, MD^F

Provider ID: 100391945011

752 MEDICAL CENTER CT
STE 200

CHULA VISTA, CA 91911

(858) 554-1212

Spanish

Effective as of 01-DEC-22

VOURLITIS, MELISSA, DO^{F*}

Provider ID: 100090572020

3302 BONITA RD
CHULA VISTA, CA 91910

(858) 832-2500

Teleservice

Effective as of 01-NOV-23

WHITLEY, NICHOLAS, MD^{M†}

Provider ID: 100197848006

678 3RD AVE
CHULA VISTA, CA 91910

(619) 662-4100

Spanish

Effective as of 01-JAN-21

FQHC

CHULA VISTA FAMILY HLTH CTR,

Provider ID: PG0025044035

251 LANDIS AVE
CHULA VISTA, CA 91910

(619) 515-2500

Effective as of 01-JAN-21

CHULA VISTA PEDIATRICS,

Provider ID: PG0092670003

855 3RD AVE STE 2200
CHULA VISTA, CA 91911

(619) 662-4100

Teleservice

Effective as of 01-JAN-21

FAMILY HLTH CTR SAN DIEGO-RICE FAM HC,

Provider ID: PG0082946004

352 L ST

CHULA VISTA, CA 91911

(619) 515-2325

Effective as of 01-JAN-21

SAN YSIDRO HEALTH CHULA VISTA, †

Provider ID: PG0047560016

678 3RD AVE
CHULA VISTA, CA 91910

(619) 662-4100

Teleservice

Effective as of 01-JAN-21

SAN YSIDRO HEALTH SOUTH BAY LATINO RESEARCH CENTER,

Provider ID: PG0120846002

780 BAY BLVD STE 200
CHULA VISTA, CA 91910

(619) 662-4100

Effective as of 01-APR-23

GENERAL PRACTICE

FARRIS, REUBEN, MD^{M†}

Provider ID: 100105788005

340 4TH AVE STE 2
CHULA VISTA, CA 91910

(619) 422-8338

Spanish

Effective as of 01-JAN-14

GUEFEN, URI, MD^{M†}

Provider ID: 100072802029

299 J ST
CHULA VISTA, CA 91910

(858) 779-2366

Spanish

Teleservice

Effective as of 01-DEC-23

GUEFEN, URI, MD^{M†}

Provider ID: 100072802018

299 J ST

C1. Lista de proveedores de la red

Proveedores de atención primaria

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

GUEFEN, URI, MD^{M†}

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

TOLEDO-NADER, CAROLL, MD^{M†}

Provider ID: 100106153012
📄 678 3RD AVE
CHULA VISTA, CA 91910
☎ (619) 662-4100
📄 Spanish
Effective as of 01-SEP-19

INTERNAL MEDICINE

BALDERAS-MAGALLANES, RODOLFO, MD^M

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

BRACE, ELION, MD^{M†}

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^{M†}

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^F

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^M

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^M

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^M

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^M

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^M

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^{F†}

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

KAISEY, MUSHRIK, MD^{M††}

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

KAISEY, MUSHRIK, MD^{M†}

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^{M†}

Provider ID: 100024815019
📄 340 4TH AVE STE 9
CHULA VISTA, CA 91910
☎ (619) 426-9731
📄 Arabic, Spanish
Effective as of 01-JAN-21

C1. Lista de proveedores de la red

Proveedores de atención primaria

KAISEY, MUSHRIK, MD^{M†}

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

MAY, LOUIS, MD^{M†}

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^{F†}

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

OLIVER, DEANNA, MD^{F†}

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

OLIVER, DEANNA, MD^{F†}

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

OLIVER, DEANNA, MD^F

Provider ID: 100328564040
2436 FENTON ST STE

100-B
CHULA VISTA, CA 91914
(619) 264-1934
Spanish
Effective as of 01-NOV-23

PENA, JOSE, MD^{M†}

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

PENA, JOSE, MD^{M†}

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

PENA, JOSE, MD^{M†}

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

PENA, JOSE, MD^{M†}

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

UWEDJOJEVWE, LETICIA, MD

^{F†}
Provider ID: 100110303031
340 4TH AVE STE 10
CHULA VISTA, CA 91910
(619) 934-2215
Spanish

Effective as of 01-NOV-23

UWEDJOJEVWE, LETICIA, MD

^{F†}
Provider ID: 100110303030
340 4TH AVE STE 10
CHULA VISTA, CA 91910
(619) 934-2215
Spanish
Effective as of 01-JAN-21

UWEDJOJEVWE, LETICIA, MD

^{F†}
Provider ID: 100110303015
340 4TH AVE STE 10
CHULA VISTA, CA 91910
(619) 934-2215
Spanish
Effective as of 01-JAN-18

UWEDJOJEVWE, LETICIA, MD

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

PEDIATRICS

GARCIA, CARLOS, MD^{M†}

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

INTERNAL MEDICINE

ZAKI, MICHELLE, DO^F

Provider ID: 100360975007
3955 BEDFORD CANYON

C1. Lista de proveedores de la red

Proveedores de atención primaria

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

FAMILY PRACTICE

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

INTERNAL MEDICINE

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

GENERAL PRACTICE

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

FAMILY PRACTICE

ALMANSOUR, MUMTAZ, MD^{Mt}
Provider ID: 100107873025
📍 330 S MAGNOLIA AVE STE

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

ALMANSOUR, MUMTAZ, MD^{Mt}

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

ALMANSOUR, MUMTAZ, MD^{Mt}

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

BEYENE, YEMISRACH, MD^{Ft}

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

GREEN, HANNAH, MD^F

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

JALISI, NEJAT, MD^{Ft}

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

JALISI, NEJAT, MD^{Ft}

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

KASAWA, JOHN, MD^{Mt}

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

KASAWA, JOHN, MD^{Mt}

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

KUNIN-RIDA, TERI, MD^{Ft}

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

MCHENRY, KATHRYN, DO^F

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

MOULD, KEVIN, MD^{Mt}

C1. Lista de proveedores de la red

Proveedores de atención primaria

Provider ID: 100112431013

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

Effective as of 01-JAN-24

MOULD, KEVIN, MD^{M†}

Provider ID: 100112431012

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

Effective as of 01-AUG-20

PUTRUS, RAMIZ, MD^M

Provider ID: 100348831004

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

Effective as of 01-AUG-22

RONQUILLO, KAREN AN, DO^F

Provider ID: 100421622002

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

Effective as of 01-FEB-24

ROUEL, LINDA, MD^{F†}

Provider ID: 100259719024

860 JAMACHA RD STE 107
EL CAJON, CA 92019
(619) 456-9920

Arabic, Mandarin, Syriac
Effective as of 01-AUG-21

ROUEL, LINDA, MD^{F†}

Provider ID: 100259719007

860 JAMACHA RD STE 107
EL CAJON, CA 92019
(619) 456-9920

Arabic, Mandarin, Syriac
Effective as of 01-FEB-18

ROUEL, LINDA, MD^{F†}

Provider ID: 100259719020

860 JAMACHA RD STE 107
EL CAJON, CA 92019

(619) 456-9920

Arabic, Mandarin, Syriac
Effective as of 01-JAN-21

ROUEL, LINDA, MD^{F†}

Provider ID: 100259719021

860 JAMACHA RD STE 107
EL CAJON, CA 92019

(619) 456-9920

Arabic, Mandarin, Syriac
Effective as of 01-JAN-21

ROUEL, LINDA, MD^{F†}

Provider ID: 100259719025

860 JAMACHA RD STE 107
EL CAJON, CA 92019

(619) 456-9920

Arabic, Mandarin, Syriac
Effective as of 01-SEP-22

SALEM, RAMSEY, MD^{M†}

Provider ID: 100360207006

875 EL CAJON BLVD
EL CAJON, CA 92020

(858) 939-5864

Effective as of 01-AUG-21

SAZEGAR, PAYAM, MD^{M†}

Provider ID: 100187888014

1032 BROADWAY
EL CAJON, CA 92021

(619) 795-5991

Teleservice

Effective as of 01-JUL-21

SAZEGAR, PAYAM, MD^{M†}

Provider ID: 100187888012

165 S 1ST ST
EL CAJON, CA 92019

(619) 312-0347

Teleservice

Effective as of 01-JUL-21

STONES, RACHEL, MD^F

Provider ID: 100387928010

165 S 1ST ST
EL CAJON, CA 92019

(619) 312-0347

Teleservice

Effective as of 01-MAY-22

STONES, RACHEL, MD^F

Provider ID: 100387928009

1032 BROADWAY
EL CAJON, CA 92021

(619) 795-5991

Teleservice

Effective as of 01-MAY-22

VOURLITIS, MELISSA, DO^{F*}

Provider ID: 100090572018

11588 VIA RANCHO SAN
DIEGO
EL CAJON, CA 92019

(858) 832-2500

Teleservice

Effective as of 01-NOV-23

FQHC

CENTRO MEDICO EL CAJON,

Provider ID: PG0010260015

133 W MAIN ST STE 100
EL CAJON, CA 92020

(619) 873-8940

Effective as of 01-JAN-21

CHASE AVENUE FAMILY 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,

C1. Lista de proveedores de la red

Proveedores de atención primaria

Provider ID: PG0084245003

📍 525 E MAIN ST
EL CAJON, CA 92020

☎ (619) 515-2498

Effective as of 01-JAN-21

LA MAESTRA CHC EL CAJON BROADWAY, †

Provider ID: PG0085229003

📍 1032 BROADWAY
EL CAJON, CA 92021

☎ (619) 795-5991

Effective as of 01-JAN-21

LA MAESTRA FAMILY CLINIC INC, †

Provider ID: PG0053396002

📍 165 S 1ST ST
EL CAJON, CA 92019

☎ (619) 312-0347

Teleservice

Effective as of 01-JAN-21

SAN YSIDRO HEALTH EL CAJON,

Provider ID: PG0111464002

📍 875 EL CAJON BLVD
EL CAJON, CA 92020

☎ (619) 662-4100

Teleservice

Effective as of 01-JAN-21

GENERAL PRACTICE

MOOSAVI, MOHAMMAD, MD^{M†}

Provider ID: 100339082002

📍 343 E MAIN ST STE 102
EL CAJON, CA 92020

☎ (619) 447-6001

📱 Farsi

Effective as of 01-JUL-19

INTERNAL MEDICINE

AL-TAMEEMI, AHMED, MD^{M†}

Provider ID: 100338426004

📍 133 W MAIN ST STE 100
EL CAJON, CA 92020

☎ (619) 401-0404

Effective as of 01-NOV-20

AWDISHO, ALAN, DO^{M†}

Provider ID: 100381973002

📍 875 EL CAJON BLVD
EL CAJON, CA 92020

☎ (619) 662-4100

Teleservice

Effective as of 01-JAN-22

BENSON, JIMI, MD^{M†}

Provider ID: 100149523029

📍 1351 BROADWAY
EL CAJON, CA 92021

☎ (619) 383-6703

📱 Spanish, Vietnamese

Effective as of 01-APR-21

BENSON, JIMI, MD^{M†}

Provider ID: 100149523023

📍 1351 BROADWAY
EL CAJON, CA 92021

☎ (619) 383-6703

📱 Spanish, Vietnamese

Effective as of 01-JAN-21

BENSON, JIMI, MD^{M†}

Provider ID: 100149523026

📍 1351 BROADWAY
EL CAJON, CA 92021

☎ (619) 383-6703

📱 Spanish, Vietnamese

Effective as of 01-JUN-21

BENSON, JIMI, MD^{M†}

Provider ID: 100149523028

📍 1351 BROADWAY
EL CAJON, CA 92021

☎ (619) 383-6703

📱 Spanish, Vietnamese

Effective as of 01-MAR-21

BENSON, JIMI, MD^{M†}

Provider ID: 100149523031

📍 1351 BROADWAY
EL CAJON, CA 92021

☎ (619) 383-6703

📱 Spanish, Vietnamese

Effective as of 01-OCT-23

EL GHONEIMY, AHMED, MD^{M†}

Provider ID: 100103500015

📍 165 S 1ST ST
EL CAJON, CA 92019

☎ (619) 312-0347

📱 Arabic

Teleservice

Effective as of 01-AUG-22

JAHANPANAHA, FERESHTEH, MD^{F†}

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

JAHANPANAHA, FERESHTEH, MD^{F†}

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

JAHANPANAHA, FERESHTEH, MD^{F†}

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

CI. Lista de proveedores de la red

Proveedores de atención primaria

MANSOUR, DAVID, DO^{M†}

Provider ID: 100390972007

855 E MADISON AVE
EL CAJON, CA 92020

(619) 440-2751

Arabic

Effective as of 01-NOV-22

MICHAEL, RAMI, MD^{M†}

Provider ID: 100341876009

875 EL CAJON BLVD
EL CAJON, CA 92020

(619) 662-4100

Arabic

Teleservice

Effective as of 01-DEC-22

NASSIR, BASSAM, MD^{M††}

Provider ID: 100159191015

875 EL CAJON BLVD
EL CAJON, CA 92020

(619) 662-4100

Arabic

Effective as of 01-MAY-21

NASSIR, BASSAM, MD^{M††}

Provider ID: 100159191011

436 S MAGNOLIA AVE STE
101

EL CAJON, CA 92020

(619) 662-4100

Arabic

Effective as of 01-MAR-16

ROUEL, WADI, MD^{M†}

Provider ID: 100246050008

860 JAMACHA RD STE 107
EL CAJON, CA 92019

(619) 456-9920

Arabic, Spanish, Syriac

Effective as of 01-JAN-21

ROUEL, WADI, MD^{M†}

Provider ID: 100246050009

860 JAMACHA RD STE 107

EL CAJON, CA 92019

(619) 456-9920

Arabic, Spanish, Syriac

Effective as of 01-JAN-21

ROUEL, WADI, MD^{M†}

Provider ID: 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^{M†}

Provider ID: 100246050015

860 JAMACHA RD STE 107
EL CAJON, CA 92019

(619) 456-9920

Arabic, Spanish, Syriac

Effective as of 01-SEP-22

SHEIKH-MOHAMED, HALA, MD^F

F

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^{M†}

M†

Provider ID: 100353414007

875 EL CAJON BLVD
EL CAJON, CA 92020

(619) 662-4100

Armenian, Hebrew

Effective as of 01-NOV-21

ZAYED, AHMAD, MD^M

Provider ID: 100373969005

133 W MAIN ST STE 100
EL CAJON, CA 92020

(619) 401-0404

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

FAMILY PRACTICE

CLOTFELTER, CHRISTINE, DO^{F†}

Provider ID: 100065251012

477 N EL CAMINO REAL
STE A306

ENCINITAS, CA 92024

(760) 942-0118

Spanish

Effective as of 01-SEP-21

DUCK, CRAIG, MD^M

Provider ID: 100086514008

477 N EL CAMINO REAL
STE A306

ENCINITAS, CA 92024

(760) 942-0118

Effective as of 01-SEP-21

FARSAD, RAMIN, MD^M

Provider ID: 100028293005

477 N EL CAMINO REAL
STE A100

ENCINITAS, CA 92024

(760) 943-9111

Farsi, Turkish, Fataleka

Effective as of 01-APR-02

KAKIMOTO, AMY, MD^{F†}

Provider ID: 100113530009

477 N EL CAMINO REAL
STE A306

ENCINITAS, CA 92024

(760) 942-0118

Effective as of 01-SEP-21

MERCER, SCOTT, MD^{M*}

Provider ID: 100030142008

320 SANTA FE DR STE 205
ENCINITAS, CA 92024

(760) 944-8484

Spanish

C1. Lista de proveedores de la red

Proveedores de atención primaria

Effective as of 01-SEP-21

PAYNE, RICHARD, MD^{M†}

Provider ID: 100069305009

📍 477 N EL CAMINO REAL
STE A306
ENCINITAS, CA 92024

☎ (760) 942-0118

🗨 Spanish

Effective as of 01-SEP-21

SEXTON, PERRY, MD^{M††}

Provider ID: 100099693003

📍 351 SANTA FE DR STE 101
ENCINITAS, CA 92024

☎ (760) 274-1385

🗨 Spanish

Effective as of 01-FEB-11

WILLIE, KADEN, DO^M

Provider ID: 100350661007

📍 1130 2ND ST
ENCINITAS, CA 92024

☎ (760) 736-6767

🗨 Portuguese

Effective as of 01-SEP-23

FQHC

TRUECARE,

Provider ID: PG0092584007

📍 1130 2ND ST
ENCINITAS, CA 92024

☎ (760) 753-7842

Teleservice

Effective as of 01-JUL-22

GENERAL PRACTICE

FARSAD, RAMIN, MD^M

Provider ID: 100028293009

📍 477 N EL CAMINO REAL
STE A100
ENCINITAS, CA 92024

☎ (760) 943-9111

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

INTERNAL MEDICINE

STEPHENSON, ROBERT, MD^{M††}

Provider ID: 100031646009

📍 320 SANTA FE DR STE 303
ENCINITAS, CA 92024

☎ (760) 943-6730

🗨 Spanish

Effective as of 01-SEP-21

TAGDIRI, KEVEN, MD^{M*}

Provider ID: 100064987002

📍 4401 MANCHESTER AVE
STE 103
ENCINITAS, CA 92024

☎ (858) 756-3021

🗨 Farsi, Spanish

Effective as of 01-MAR-03

FAMILY PRACTICE

AVILA, MICHAEL, MD^{M††}

Provider ID: 100369494002

📍 460 N ELM ST
ESCONDIDO, CA 92025

☎ (833) 867-4642

Effective as of 01-JUN-21

COX, VICTORIA, MD^{F†}

Provider ID: 100374049005

📍 704 E GRAND AVE
ESCONDIDO, CA 92025

☎ (619) 662-4100

Teleservice

Effective as of 01-AUG-22

DE ROTH, GEORGINE, MD^F

Provider ID: 100409222006

📍 362 W MISSION AVE STE
105

ESCONDIDO, CA 92025

☎ (760) 741-1224

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

DE ROTH, GEORGINE, MD^F

Provider ID: 100409222004

📍 362 W MISSION AVE STE
105

ESCONDIDO, CA 92025

☎ (760) 741-1224

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

DE ROTH, GEORGINE, MD^F

Provider ID: 100409222002

📍 362 W MISSION AVE STE
105

ESCONDIDO, CA 92025

☎ (760) 741-1224

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

ESPARZA, SOPHIA, MD^F

Provider ID: 100402893002

📍 488 E VALLEY PKWY STE
411

ESCONDIDO, CA 92025

☎ (760) 466-9800

🗨 Spanish

Effective as of 01-MAR-23

KAUR, JATINDER, MD^F

Provider ID: 100315025010

📍 460 N ELM ST
ESCONDIDO, CA 92025

☎ (760) 520-8100

🗨 Hindi, Urdu

Effective as of 01-AUG-21

MCHENRY, KATHRYN, DO^{F†}

Provider ID: 100320650005

📍 460 N ELM ST
ESCONDIDO, CA 92025

☎ (760) 520-8100

🗨 Spanish

Effective as of 01-APR-21

C1. Lista de proveedores de la red

Proveedores de atención primaria

MCHENRY, KATHRYN, DO^F

Provider ID: 100320650016

 728 E VALLEY PKWY
ESCONDIDO, CA 92025

 (760) 737-6900

 Spanish

Effective as of 01-FEB-24

MCHENRY, KATHRYN, DO^{Ft}

Provider ID: 100320650009

 460 N ELM ST
ESCONDIDO, CA 92025

 (760) 520-8100

 Spanish

Effective as of 01-JAN-24

PATEL, JITENBHAI, MD^M

Provider ID: 100339325007

 728 E VALLEY PKWY
ESCONDIDO, CA 92025

 (760) 737-6900

Effective as of 01-JAN-24

PATEL, JITENBHAI, MD^M

Provider ID: 100339325006

 460 N ELM ST
ESCONDIDO, CA 92025

 (760) 520-8100

Effective as of 01-JAN-24

RAO, USHA, MD^{Ft}

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^F

Provider ID: 100331220005

 460 N ELM ST
ESCONDIDO, CA 92025

 (760) 520-8100

 French

Effective as of 01-AUG-20

RASHCOVSKY SCHIFF, KARIN, MD^F

Provider ID: 100331220007

 460 N ELM ST
ESCONDIDO, CA 92025

 (760) 520-8100

 French

Effective as of 01-JAN-24

SCHULTZ, JAMES, MD^M

Provider ID: 100030577030

 728 E VALLEY PKWY
ESCONDIDO, CA 92025

 (760) 737-6900

 Farsi, Greek, Spanish

Effective as of 01-JAN-24

SCHULTZ, JAMES, MD^M

Provider ID: 100030577026

 728 E VALLEY PKWY
ESCONDIDO, CA 92025

 (760) 737-6900

 Farsi, Greek, Spanish

Effective as of 01-MAR-23

SCHULTZ, JAMES, MD^{Mt}

Provider ID: 100030577028

 460 N ELM ST
ESCONDIDO, CA 92025

 (760) 520-8100

 Farsi, Greek, Spanish

Effective as of 01-JAN-24

SCHULTZ, JAMES, MD^{Mt}

Provider ID: 100030577016

 460 N ELM ST
ESCONDIDO, CA 92025

 (760) 520-8100

 Farsi, Greek, Spanish

Effective as of 01-AUG-20

SIVA, TENAYA, MD^M

Provider ID: 100418703004

 704 E GRAND AVE
ESCONDIDO, CA 92025

 (619) 662-4100

Teleservice

Effective as of 01-NOV-23

SNYDER, CHRISTOPHER, DO^{Mt}

Provider ID: 100024789048

 704 E GRAND AVE
ESCONDIDO, CA 92025

 (619) 662-4100

 Spanish

Teleservice

Effective as of 01-FEB-22

VOURLITIS, MELISSA, DO^{Ft}

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

CI. Lista de proveedores de la red

Proveedores de atención primaria

 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^{Ft}
Provider ID: 100082249016
 1035 E GRAND AVE STE 101
ESCONDIDO, CA 92025
 (760) 480-4747
 Spanish
Effective as of 01-JAN-21

INTERNAL MEDICINE

CARRERA, JORGE, MD^{Mt}
Provider ID: 100075629010
 704 E GRAND AVE
ESCONDIDO, CA 92025
 (619) 662-4100
 Spanish
Teleservice
Effective as of 01-FEB-22

CHEN, MARGARET, MD^{Ft}
Provider ID: 100184661008
 460 N ELM ST
ESCONDIDO, CA 92025
 (760) 520-8100
 Greek, Spanish
Effective as of 01-AUG-20

PEDIATRICS

STRAZICICH, KARLA, MD^F
Provider ID: 100080501007
 426 N DATE ST
ESCONDIDO, CA 92025
 (760) 690-5900
Effective as of 01-JAN-24

FAMILY PRACTICE

CHRISTIE, PATRICIA, MD^F
Provider ID: 100407567004
 1328 S MISSION RD
FALLBROOK, CA 92028
 (760) 451-4720
Effective as of 01-AUG-23

DEEL, MARGARET, MD^{Ft}
Provider ID: 100027747012
 593 E ELDER ST STE B
FALLBROOK, CA 92028
 (760) 723-5900
 Spanish
Effective as of 01-AUG-20

DEEL, MARGARET, MD^{Ft}
Provider ID: 100027747004
 593 E ELDER ST STE B
FALLBROOK, CA 92028
 (760) 723-5900
 Spanish
Effective as of 01-OCT-14

DEEL, MARGARET, MD^{Ft}
Provider ID: 100027747014
 593 E ELDER ST STE B
FALLBROOK, CA 92028
 (760) 723-5900
 Spanish
Effective as of 01-NOV-20

DEEL, MARGARET, MD^{Ft}
Provider ID: 100027747015
 593 E ELDER ST STE B
FALLBROOK, CA 92028
 (760) 723-5900
 Spanish
Effective as of 01-SEP-22

MILLER, BRANDON, DO^{Mt}
Provider ID: 100148562018
 521 E ELDER ST STE 103

CI. Lista de proveedores de la red

Proveedores de atención primaria

FALLBROOK, CA 92028
☎ (760) 728-8344
Effective as of 01-NOV-20

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

FQHC

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

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

INTERNAL MEDICINE

CVIJANOVIC, GORAN, MD^{M†}
Provider ID: 100370457002
📍 1328 S MISSION RD
FALLBROOK, CA 92028
☎ (760) 451-4720
Effective as of 01-JUN-21

STRUTZ, PETER, MD^{M*}
Provider ID: 100092315007
📍 605 E ALVARADO ST STE
100
FALLBROOK, CA 92028
☎ (760) 728-8489

📄 Spanish
Effective as of 01-SEP-21

FAMILY PRACTICE

ARMANIOUS, NANCY, MD^{F†}
Provider ID: 100379442002
📍 26795 PORTOLA PKWY
FOOTHILL RANCH, CA
92610
☎ (949) 829-9403
Effective as of 01-NOV-21

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

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

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

INTERNAL MEDICINE

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

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

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

Effective as of 01-SEP-23

VALADEZ, JESUS, MD^{Mt}

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^{Mt}

Provider ID: 100079441012

1000 E LATHAM AVE STE G
 HEMET, CA 92543

(951) 391-0580

Spanish

Teleservice

Effective as of 01-AUG-22

ARIF, MUHAMMAD, MD^M

Provider ID: 100114105043

2390 E FLORIDA AVE STE 104
 HEMET, CA 92544

(951) 414-4011

Punjabi, Spanish, Urdu

Effective as of 01-OCT-23

ARIF, MUHAMMAD, MD^M

Provider ID: 100114105042

2390 E FLORIDA AVE STE 104
 HEMET, CA 92544

(951) 414-4011

Punjabi, Spanish, Urdu

Effective as of 01-OCT-23

ASHRAF, HADIA, MD^{Ft}

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^{Ft}

Provider ID: 100094934008

903 E DEVONSHIRE AVE STE F
 HEMET, CA 92543

(951) 929-1611

Farsi, Hindi, Persian

Effective as of 01-OCT-20

CARSON, MIA, MD^F

Provider ID: 100384377002

949 CALHOUN PL STE G
 HEMET, CA 92543

(951) 765-5594

Effective as of 01-MAR-22

CASSADAY, DONALD, MD^{Mt}

Provider ID: 100048311004

2390 E FLORIDA AVE STE 101
 HEMET, CA 92544

(951) 925-1449

Effective as of 01-NOV-17

CHAMBI-HERNANDEZ, RUTH, MD^F

Provider ID: 100113399019

1035 SAINT JOHN PL
 HEMET, CA 92543

(951) 223-4833

Spanish

Effective as of 01-SEP-23

COMBS, MATTHEW, MD^{Mt}

Provider ID: 100337168008

3853 W STETSON AVE STE 200
 HEMET, CA 92545

(951) 225-6802

Effective as of 01-NOV-20

GANTA, SANYASI, MD^{Mt}

Provider ID: 100113069011

225 LAURSEN ST
 HEMET, CA 92543

(951) 925-6657

Hindi, Spanish, Telugu

Effective as of 01-APR-21

GANTA, SANYASI, MD^{Mt}

Provider ID: 100113069005

225 LAURSEN ST
 HEMET, CA 92543

(951) 925-6657

Hindi, Spanish, Telugu

Effective as of 01-JAN-17

GOHIL, RAJIT, MD^{Mt}

Provider ID: 100391418004

2390 E FLORIDA AVE STE 104
 HEMET, CA 92544

(951) 414-4011

Effective as of 01-OCT-22

GOHIL, RAJIT, MD^{Mt}

Provider ID: 100391418005

2390 E FLORIDA AVE STE 104
 HEMET, CA 92544

(951) 414-4011

Effective as of 01-OCT-22

HARRISON, AMY, MD^{Ft}

Provider ID: 100047360075

2390 E FLORIDA AVE STE 104
 HEMET, CA 92544

(951) 414-4011

Effective as of 01-OCT-22

HARRISON, AMY, MD^{Ft}

Provider ID: 100047360074

2390 E FLORIDA AVE STE 104
 HEMET, CA 92544

CI. Lista de proveedores de la red

Proveedores de atención primaria

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

HARRISON, AMY, MD^F
Provider ID: 100410706005

 2390 E FLORIDA AVE STE
104
HEMET, CA 92544

 (951) 414-4011
 Spanish
Effective as of 01-AUG-23

HARRISON, AMY, MD^F
Provider ID: 100410706006

 2390 E FLORIDA AVE STE
104
HEMET, CA 92544

 (951) 414-4011
 Spanish
Effective as of 01-AUG-23

HEIN, PETER, MD^{M†}
Provider ID: 100169562038

 603 E LATHAM AVE
HEMET, CA 92543
 (951) 502-3500
 German, Russian, Spanish
Effective as of 01-NOV-22

HOWARD, NATHAN, MD^M
Provider ID: 100053015004

 850 E LATHAM AVE
HEMET, CA 92543

 (951) 658-7205
Effective as of 10-SEP-10

HOWARD, NATHAN, MD^M
Provider ID: 100053015006

 850 E LATHAM AVE STE E
HEMET, CA 92543

 (951) 658-7205
Effective as of 01-JUL-23

HUGHES, LARRY, MD^{M†}
Provider ID: 100049939002

 4020 W FLORIDA AVE STE
H
HEMET, CA 92545

 (951) 925-9565
Effective as of 01-SEP-09

HUGHES, HEATHER, MD^{F*}
Provider ID: 100050011003

 4020 W FLORIDA AVE
HEMET, CA 92545

 (951) 925-9565
Effective as of 01-NOV-13

HUNT, TYRELLE, MD^F
Provider ID: 100417653002

 1701 E FLORIDA AVE
HEMET, CA 92544

 (951) 658-4486
 Spanish
Effective as of 01-NOV-23

MEHARDA, SANJIWANI, MD^F
Provider ID: 100327486019

 255 N GILBERT ST STE C2
HEMET, CA 92543

 (951) 694-8549
 Hindi, Punjabi, Urdu
Effective as of 01-DEC-23

OBRIEN, KATHARINE, DO^{F†}
Provider ID: 100319273003

 1600 E FLORIDA AVE STE
103

 (951) 929-8121
HEMET, CA 92544
Effective as of 01-DEC-17

YUN, JONATHAN, DO^{M†}
Provider ID: 100025475025

 255 N GILBERT ST STE C2
HEMET, CA 92543

 (951) 599-8532
 Korean, Spanish
Effective as of 01-NOV-20

YUN, JONATHAN, DO^{M†}
Provider ID: 100025475023

 255 N GILBERT ST STE C2
HEMET, CA 92543

 (951) 599-8532
 Korean, Spanish
Effective as of 01-AUG-20

GENERAL PRACTICE

EL-HENAWI, IGLAL, MD^F
Provider ID: 100107885007

 4020 W FLORIDA AVE
HEMET, CA 92545

 (951) 765-5000
Effective as of 01-AUG-20

EL-HENAWI, IGLAL, MD^F
Provider ID: 100107885003

 4020 W FLORIDA AVE
HEMET, CA 92545

 (951) 765-5000
Effective as of 01-JAN-14

EL-HENAWI, IGLAL, MD^F
Provider ID: 100107885005

 4020 W FLORIDA AVE
HEMET, CA 92545

 (951) 765-5000
Effective as of 01-SEP-15

INTERNAL MEDICINE

BARVE, PRANAV, MD^{M†}
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^{M†}
Provider ID: 100318437029

 2390 E FLORIDA AVE STE

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

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

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

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

CHING, TSUNG, MD^{Mt}
 Provider ID: 100380049002
 📄 1278 E LATHAM AVE
 HEMET, CA 92543
 ☎ (951) 925-6625
 📄 Mandarin
 Effective as of 01-DEC-21

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

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

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

KONDAPALLY, YAMUNA, MD^{Ft}
 Provider ID: 100364194002
 📄 1701 E FLORIDA AVE
 HEMET, CA 92544
 ☎ (951) 658-4486
 Effective as of 01-DEC-20

KONDAPALLY, YAMUNA, MD^{Ft}
 Provider ID: 100364194003
 📄 1701 E FLORIDA AVE
 HEMET, CA 92544
 ☎ (951) 658-4486
 Effective as of 01-DEC-20

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

MATHIAS, HERMAN, MD^{Mt}
 Provider ID: 100037216007
 📄 391 N SAN JACINTO ST
 HEMET, CA 92543
 ☎ (951) 929-6003
 Effective as of 01-AUG-95

PATEL, REENABEN, MD^F
 Provider ID: 100380064003
 📄 2390 E FLORIDA AVE STE
 101
 HEMET, CA 92544

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

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

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

SHALABY, MOHSEN, MD^{Mt}
 Provider ID: 100306246002
 📄 1023 E FLORIDA AVE
 HEMET, CA 92543
 ☎ (951) 599-8403
 📄 Arabic
 Effective as of 01-MAR-17

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

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

**TAECHARVONGPHAIROJ,
VEERAVAT, MD^{M†}**

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

**TAECHARVONGPHAIROJ,
VEERAVAT, MD^{M†}**

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

**TAECHARVONGPHAIROJ,
VEERAVAT, MD^{M†}**

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

**TAECHARVONGPHAIROJ,
VEERAVAT, MD^{M†}**

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

FQHC

**IMPERIAL BEACH HEALTH
CENTER,**

Provider ID: PG0005455007
 949 PALM AVE

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

FAMILY PRACTICE

CHANG, ALBERT, MD^M

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

CHANG, ALBERT, MD^{M†}

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

CHANG, ALBERT, MD^{M†}

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

CHANG, ALBERT, MD^{M†}

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

HUANG, JANET, DO^F

Provider ID: 100007711005

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

MACAULEY, TODD, DO^{M†}

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

NILI, ALAN, DO^M

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

NILI, ALAN, DO^M

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

SAAM, SHIDA, DO^{F†}

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

SAAM, SHIDA, DO^{F†}

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

C1. Lista de proveedores de la red

Proveedores de atención primaria

 Farsi
Effective as of 01-JUN-19

SAAM, SHIDA, DO^{F†}

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

 Farsi
Effective as of 01-JUN-19

SAAM, SHIDA, DO^{F†}

Provider ID: 100093095026
 16300 SAND CANYON AVE
STE 602
IRVINE, CA 92618
 (949) 783-1911

 Farsi
Effective as of 01-JUN-19

SAAM, SHIDA, DO^{F†}

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

 Farsi
Effective as of 01-JUN-19

SHEIDAYI, PERRY, DO^{M†}

Provider ID: 100090804015
 18 ENDEAVOR STE 201
IRVINE, CA 92618
 (949) 650-5771

 Farsi, Persian, Spanish
Effective as of 01-JUL-19

SHEIDAYI, PERRY, DO^{M†}

Provider ID: 100090804007
 18 ENDEAVOR STE 201
IRVINE, CA 92618
 (949) 650-5771

 Farsi, Persian, Spanish
Effective as of 01-MAR-15

SHEIDAYI, PERRY, DO^{M†}

Provider ID: 100090804009
 18 ENDEAVOR STE 201
IRVINE, CA 92618
 (949) 650-5771

 Farsi, Persian, Spanish
Effective as of 01-JAN-17

SHEIDAYI, PERRY, DO^{M†}

Provider ID: 100090804011
 18 ENDEAVOR STE 201
IRVINE, CA 92618
 (949) 650-5771

 Farsi, Persian, Spanish
Effective as of 01-JAN-18

SHEIDAYI, PERRY, DO^{M†}

Provider ID: 100090804017
 18 ENDEAVOR STE 201
IRVINE, CA 92618
 (949) 650-5771

 Farsi, Persian, Spanish
Effective as of 01-APR-22

SHEIDAYI, PERRY, DO^{M†}

Provider ID: 100090804016
 18 ENDEAVOR STE 201
IRVINE, CA 92618
 (949) 650-5771

 Farsi, Persian, Spanish
Effective as of 01-SEP-20

TONG, ELAIN, DO^{F*}

Provider ID: 100328017002
 18 ENDEAVOR STE 304
IRVINE, CA 92618
 (714) 556-8664

 Chinese, Mandarin
Effective as of 01-MAY-18

YACOOB, MARLENE, MD^F

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

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

YACOOB, MARLENE, MD^F

Provider ID: 100010305018
 22 ODYSSEY STE 115
IRVINE, CA 92618
 (949) 988-7550

 French, Spanish
Teleservice
Effective as of 01-JUN-19

GENERAL PRACTICE

ZAHEDI, MARCO, MD^M

Provider ID: 100308797011
 16520 BAKE PKWY STE 115
IRVINE, CA 92618
 (949) 857-4444

 Farsi, Spanish
Effective as of 01-MAR-23

ZAHEDI, MARCO, MD^M

Provider ID: 100308797010
 16520 BAKE PKWY STE 115
IRVINE, CA 92618
 (949) 857-4444

 Farsi, Spanish
Effective as of 01-MAR-23

INTERNAL MEDICINE

COUNCELBAUM, NANCY, MD

^{F*†}
Provider ID: 100061502007
 16300 SAND CANYON AVE
STE 311
IRVINE, CA 92618

 (949) 791-3101
Effective as of 01-JAN-21

HUANG, CHARLIE, DO^M

Provider ID: 100325520007
 16300 SAND CANYON AVE

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

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

KAMADA, SATOSHI, MD^M
 Provider ID: 100048942006
 15775 LAGUNA CANYON
 RD STE 280
 IRVINE, CA 92618
 (949) 453-1201
 Japanese
 Effective as of 01-JUL-12

KAMADA, SATOSHI, MD^M
 Provider ID: 100048942004
 15775 LAGUNA CANYON
 RD STE 280
 IRVINE, CA 92618
 (949) 453-1201
 Japanese
 Effective as of 01-JUL-12

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

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

MIKHAIL, EMAD, MD^M
 Provider ID: 100072526014
 22 ODYSSEY STE 140
 IRVINE, CA 92618
 (949) 653-5810

 Arabic, Farsi
 Effective as of 01-JUL-16

MIKHAIL, EMAD, MD^M
 Provider ID: 100072526012
 22 ODYSSEY STE 140
 IRVINE, CA 92618
 (949) 653-5810
 Arabic, Farsi
 Effective as of 01-JUL-16

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

POURBABAK, SAM, MD^{M*}
 Provider ID: 100114265021
 22 ODYSSEY STE 115
 IRVINE, CA 92618
 (949) 988-7550
 Farsi, French, Spanish
 Teleservice
 Effective as of 01-APR-24

POURBABAK, SAM, MD^{M*}
 Provider ID: 100114265020
 22 ODYSSEY STE 115
 IRVINE, CA 92618
 (949) 988-7550
 Farsi, French, Spanish
 Teleservice
 Effective as of 01-APR-24

RASHID, AHSAN, MD^{M†}
 Provider ID: 100036910003
 113 WATERWORKS WAY
 STE 250
 IRVINE, CA 92618
 (949) 753-1522
 Spanish, Urdu
 Effective as of 01-JAN-18

SAISHO, ALBERT, MD^{M*}
 Provider ID: 100077651006
 15785 LAGUNA CANYON
 RD STE 340
 IRVINE, CA 92618
 (949) 262-0080
 Japanese
 Effective as of 01-OCT-22

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

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

SHUNE, HONG, MD^{F†}
 Provider ID: 100196968014
 16300 SAND CANYON AVE
 STE 311
 IRVINE, CA 92618
 (949) 791-3101
 Chinese, Mandarin
 Effective as of 01-JAN-21

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

WANG, WEI, MD^M

C1. Lista de proveedores de la red

Proveedores de atención primaria

Provider ID: 100345175004

📍 16300 SAND CANYON AVE
STE 311

IRVINE, CA 92618

☎ (949) 791-3101

Effective as of 01-JAN-21

PEDIATRICS

BILLECI, BARTON, MD^{M†}

Provider ID: 100022620004

📍 16300 SAND CANYON AVE
STE 614

IRVINE, CA 92618

☎ (949) 653-1173

Effective as of 01-OCT-15

BILLECI, BARTON, MD^{M†}

Provider ID: 100022620005

📍 16300 SAND CANYON AVE
STE 614

IRVINE, CA 92618

☎ (949) 653-1173

Effective as of 01-JAN-18

FAMILY PRACTICE

AHMED, HEBA, DO^{F*}

Provider ID: 100405870005

📍 9850 GENESEE AVE STE
320

LA JOLLA, CA 92037

☎ (858) 554-1212

📱 Hindi, Urdu

Teleservice

Effective as of 01-NOV-23

AHMED, HEBA, DO^F

Provider ID: 100405870002

📍 9850 GENESEE AVE STE
320

LA JOLLA, CA 92037

☎ (858) 554-1212

📱 Hindi, Urdu

Teleservice

Effective as of 01-MAY-23

AHMED, HEBA, DO^F

Provider ID: 100405870003

📍 9850 GENESEE AVE STE
320

LA JOLLA, CA 92037

☎ (858) 554-1212

📱 Hindi, Urdu

Teleservice

Effective as of 01-JUN-23

AHMED, HEBA, DO^F

Provider ID: 100405870007

📍 9850 GENESEE AVE STE
320

LA JOLLA, CA 92037

☎ (858) 554-1212

📱 Hindi, Urdu

Teleservice

Effective as of 01-DEC-23

**DEMBO-SMEATON, ELENA,
MD^F**

Provider ID: 100112789010

📍 8950 VILLA LA JOLLA DR
STE C129

LA JOLLA, CA 92037

☎ (858) 450-5900

📱 Russian

Teleservice

Effective as of 01-MAY-21

**DEMBO-SMEATON, ELENA,
MD^F**

Provider ID: 100112789012

📍 8950 VILLA LA JOLLA DR
STE C129

LA JOLLA, CA 92037

☎ (858) 450-5900

📱 Russian

Teleservice

Effective as of 01-JUL-21

**DEMBO-SMEATON, ELENA,
MD^F**

Provider ID: 100112789011

📍 8950 VILLA LA JOLLA DR
STE C129

LA JOLLA, CA 92037

☎ (858) 450-5900

📱 Russian

Teleservice

Effective as of 01-JUL-21

RIVERA, MIDORI, MD^F

Provider ID: 100111732028

📍 9850 GENESEE AVE STE
320

LA JOLLA, CA 92037

☎ (858) 554-1212

📱 Japanese, Spanish

Effective as of 01-DEC-23

**VAZQUEZ-BOJORQUEZ,
ALEJANDRA, MD^F**

Provider ID: 100391945014

📍 9850 GENESEE AVE STE
320

LA JOLLA, CA 92037

☎ (858) 554-1212

📱 Spanish

Effective as of 01-APR-23

WU, ARMANDO, MD^M

Provider ID: 100381137002

📍 9850 GENESEE AVE STE
320

LA JOLLA, CA 92037

☎ (858) 864-9800

📱 French, Italian, Spanish

Teleservice

Effective as of 01-DEC-21

WU, ARMANDO, MD^M

Provider ID: 100381137007

📍 9850 GENESEE AVE STE
320

C1. Lista de proveedores de la red

Proveedores de atención primaria

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

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

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

GENERAL PRACTICE

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

INTERNAL MEDICINE

AL-SALEH, YADANI, MD^{Ft}
Provider ID: 100358544010
📄 9850 GENESEE AVE STE
320
LA JOLLA, CA 92037

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

BADALYAN, SEDA, MD^{Ft}
Provider ID: 100032508021
📄 9850 GENESEE AVE STE
740
LA JOLLA, CA 92037
☎ (858) 457-5555
📄 Armenian, Russian
Effective as of 01-DEC-21

BADALYAN, SEDA, MD^{Ft}
Provider ID: 100032508023
📄 9850 GENESEE AVE STE
740
LA JOLLA, CA 92037
☎ (858) 457-5555
📄 Armenian, Russian
Effective as of 01-SEP-22

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

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

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

RANA, SHAUNAK, MD^{Mt}
Provider ID: 100194770013
📄 7855 IVANHOE AVE STE 110
LA JOLLA, CA 92037
☎ (858) 799-0933
Effective as of 01-JAN-21

FAMILY PRACTICE

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

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

FQHC

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

INTERNAL MEDICINE

ALAMAR, ALI, MD^{Mt}
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

CI. Lista de proveedores de la red

Proveedores de atención primaria

NGUYEN, DAT, MD^M

Provider ID: 100047564021

5565 GROSSMONT
CENTER DR STE 229
LA MESA, CA 91942

(858) 349-3760

Spanish, Vietnamese

Effective as of 01-MAR-24

FAMILY PRACTICE

WAINWRIGHT, MITCHELL, MD

^M

Provider ID: 100096772018

800 CORPORATE DR STE
100
LADERA RANCH, CA 92694

(949) 364-9112

Spanish

Effective as of 01-SEP-18

INTERNAL MEDICINE

ELSANADI, RAEF, MD^{M†}

Provider ID: 100040631004

333 CORPORATE DR STE
210
LADERA RANCH, CA 92694

(949) 364-3582

Arabic

Effective as of 01-SEP-19

FAMILY PRACTICE

PANITCH, JILL, MD^{F†}

Provider ID: 100059699012

370 OCEAN AVE
LAGUNA BEACH, CA 92651

(949) 557-0610

Effective as of 01-JAN-21

SZYMANSKI, JARED, DO^M

Provider ID: 100369042016

370 OCEAN AVE
LAGUNA BEACH, CA 92651

(949) 557-0610

Effective as of 01-AUG-21

INTERNAL MEDICINE

DEWING, JANNE, MD^F

Provider ID: 100105400007

31862 COAST HWY STE 200
LAGUNA BEACH, CA 92651

(949) 340-5454

Effective as of 01-AUG-18

FAMILY PRACTICE

CHANG, MICHAEL, DO^{M†}

Provider ID: 100294076006

26538 MOULTON PKWY
STE 38E
LAGUNA HILLS, CA 92653

(949) 448-0656

Effective as of 01-AUG-18

CHANG, MICHAEL, DO^{M†}

Provider ID: 100294076007

26538 MOULTON PKWY
STE 38E
LAGUNA HILLS, CA 92653

(949) 448-0656

Effective as of 01-AUG-18

FOSTER, MARK, MD^M

Provider ID: 100108418005

24411 HEALTH CENTER DR
STE 460
LAGUNA HILLS, CA 92653

(949) 373-7799

Effective as of 01-JAN-18

GEE, KELLY, DO^{F†}

Provider ID: 100358387006

23521 PASEO DE VALENCIA
STE 311
LAGUNA HILLS, CA 92653

(949) 305-2660

Effective as of 01-FEB-22

HICKS, TOMMY, MD^{M††}

Provider ID: 100093348004

23521 PASEO DE VALENCIA
STE 108
LAGUNA HILLS, CA 92653

(949) 588-7262

Effective as of 01-JAN-18

HUYNH, JUDY, DO^{F†}

Provider ID: 100065290005

25401 CABOT RD STE 101
LAGUNA HILLS, CA 92653

(949) 768-4850

Effective as of 01-JAN-18

HUYNH, JUDY, DO^{F†}

Provider ID: 100065290003

25401 CABOT RD STE 101
LAGUNA HILLS, CA 92653

(949) 768-4850

Effective as of 01-APR-12

IERARDI, STEPHEN, MD^M

Provider ID: 100017573010

23141 MOULTON PKWY STE
102
LAGUNA HILLS, CA 92653

(949) 916-9100

Effective as of 01-APR-22

IERARDI, STEPHEN, MD^M

Provider ID: 100017573009

23141 MOULTON PKWY STE
102
LAGUNA HILLS, CA 92653

(949) 916-9100

Effective as of 01-APR-22

KHOSHREZA, HALEH, MD^{F†}

Provider ID: 100383918002

26538 MOULTON PKWY
STE 38E
LAGUNA HILLS, CA 92653

(949) 448-0656

Farsi, German

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

Effective as of 01-MAR-22

LEISH, BRIAN, MD^M

Provider ID: 100103119055

24411 HEALTH CENTER DR
STE 460

LAGUNA HILLS, CA 92653

(949) 373-7799

Effective as of 01-JAN-18

MANDEL, RONALD, DO^{M†}

Provider ID: 100034539004

25411 CABOT RD STE 115

LAGUNA HILLS, CA 92653

(949) 362-2121

Spanish

Effective as of 01-JAN-18

MOHINDRA, SUCHITRA, MD^{F†}

Provider ID: 100025171005

26538 MOULTON PKWY
STE 38E

LAGUNA HILLS, CA 92653

(949) 448-0656

Hindi, Hindustani, Punjabi

Effective as of 01-AUG-18

MUNIB, SABEEN, MD^{F†}

Provider ID: 100168805025

23181 LA CADENA DR STE
101

LAGUNA HILLS, CA 92653

(949) 647-5234

Effective as of 01-FEB-20

MUNIB, SABEEN, MD^{F†}

Provider ID: 100168805028

23181 LA CADENA DR STE
101

LAGUNA HILLS, CA 92653

(949) 647-5234

Effective as of 01-OCT-20

MUNIB, SABEEN, MD^{F†}

Provider ID: 100168805030

23181 LA CADENA DR STE
101

LAGUNA HILLS, CA 92653

(949) 647-5234

Effective as of 01-MAR-21

RIVERO, JORGE, MD^M

Provider ID: 100059240008

23521 PASEO VALENCIA
108

LAGUNA HILLS, CA 92653

(949) 588-7262

Spanish

Effective as of 01-JAN-18

SY, JOAN, DO^F

Provider ID: 100090936014

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

(949) 460-9200

Effective as of 01-JAN-18

SY, JOAN, DO^F

Provider ID: 100090936012

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

(949) 460-9200

Effective as of 01-JAN-17

YACOOB, MARLENE, MD^F

Provider ID: 100010305019

23141 MOULTON PKWY STE
102

LAGUNA HILLS, CA 92653

(949) 916-9100

French, Spanish

Teleservice

Effective as of 01-JUL-19

YACOOB, MARLENE, MD^F

Provider ID: 100010305008

23141 MOULTON PKWY STE
102

LAGUNA HILLS, CA 92653

(949) 916-9100

French, Spanish

Teleservice

Effective as of 01-APR-18

GENERAL PRACTICE

COOKE, LAWRENCE, MD^{M*}

Provider ID: 100030436004

23521 PASEO DE VALENCIA
LAGUNA HILLS, CA 92653

(949) 215-1511

Spanish

Effective as of 01-NOV-19

HARMS, MONICA, MD^F

Provider ID: 100088859020

23141 MOULTON PKWY STE
102

LAGUNA HILLS, CA 92653

(949) 916-9100

Spanish

Effective as of 01-SEP-20

HARMS, MONICA, MD^F

Provider ID: 100088859016

23141 MOULTON PKWY STE
102

LAGUNA HILLS, CA 92653

(949) 916-9100

Spanish

Effective as of 01-JUN-19

NAPOLI, LYNN, MD^F

Provider ID: 100069369008

23141 MOULTON PKWY STE
102

LAGUNA HILLS, CA 92653

(949) 916-9100

Teleservice

Effective as of 01-JUL-18

NAPOLI, LYNN, MD^F

Provider ID: 100069369009

CI. Lista de proveedores de la red

Proveedores de atención primaria

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

INTERNAL MEDICINE

AFSHAR, YAMA, DO^M

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

ARTHUR, KRISTINE, MD^{Ft}

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

ASHTARI, MOZHGAN, MD^{Ft}

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^{Mt}

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^{Mt}

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^{Mt}

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^{Mt}

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^{Mt}

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^{Mt}

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^{Mt}

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

Spanish
Effective as of 01-JAN-14

CHANG, KU JUEY, MD^M

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

CHANG, KU JUEY, MD^M

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

CLARK, LORI, MD^{Ft}

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^{Ft}

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

COVARRUBIAS, GRACIA, MD^{Ft}

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

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

DABESTANI, ALI, MD^{M†}

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

DAIGNEAULT, ARTHUR, MD^M

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

EDRIS, MARWAN, MD^M

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

EDRIS, SAMI, MD^M

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

FELDMAN, ROBERT, MD^{M*}

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

FERNANDEZ, RAYMOND, MD^M

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

Effective as of 01-JAN-18

HENRY, BRIAN, MD^M

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

HUSEBY, DAVID, MD^M

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

JAVAHERI, MANIJEH, MD^{F††}

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

KAURA, MAYA, MD^F

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

LEW, HOMER, DO^{M†}

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

LIN, CHI WHEI, MD^{M*}

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

LO, ALAN, MD^{M*}

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

MANASSON, KATHERINE, MD

^{F†}
 Provider ID: 100113316013
 📍 24422 AVENIDA DE LA
 CARLOTA STE 272
 LAGUNA HILLS, CA 92653
 📞 (949) 446-6783
 📱 Russian
 Effective as of 01-NOV-22

MANASSON, KATHERINE, MD

^{F†}
 Provider ID: 100113316016
 📍 24422 AVENIDA DE LA
 CARLOTA STE 272
 LAGUNA HILLS, CA 92653
 📞 (949) 446-6783
 📱 Russian
 Effective as of 01-NOV-22

MANASSON, KATHERINE, MD

^{F†}
 Provider ID: 100113316014
 📍 24422 AVENIDA DE LA
 CARLOTA STE 272
 LAGUNA HILLS, CA 92653
 📞 (949) 446-6783
 📱 Russian

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

Effective as of 01-NOV-22

MEHTA, SHILPA, MD^{F†}

Provider ID: 100332508008

23141 MOULTON PKWY STE 102

LAGUNA HILLS, CA 92653

(949) 916-9100

Teleservice

Effective as of 01-JUN-19

MEHTA, SHILPA, MD^{F†}

Provider ID: 100332508007

23141 MOULTON PKWY STE 102

LAGUNA HILLS, CA 92653

(949) 916-9100

Teleservice

Effective as of 01-JUN-19

PACE, SARAH, MD^{F†}

Provider ID: 100322536002

24321 AVENIDA DE LA CARLOTA

LAGUNA HILLS, CA 92653

(949) 204-3006

Spanish

Effective as of 01-AUG-22

POURBABAK, SAM, MD^M

Provider ID: 100114265008

23141 MOULTON PKWY STE 102

LAGUNA HILLS, CA 92653

(949) 855-2279

Farsi, French, Spanish

Teleservice

Effective as of 01-APR-18

POURBABAK, SAM, MD^M

Provider ID: 100114265015

23141 MOULTON PKWY STE 102

LAGUNA HILLS, CA 92653

(949) 855-2279

Farsi, French, Spanish
Teleservice

Effective as of 01-JUN-19

SADEGHI TARI, MAHYAR, MD^{F†}

Provider ID: 100107614005

24411 HEALTH CENTER DR STE 460

LAGUNA HILLS, CA 92653

(949) 334-8200

Farsi, Spanish, Swedish

Effective as of 01-JAN-18

SIU, CURTIS, MD^{M*}

Provider ID: 100082780005

24221 CALLE DE LA LOUISA STE 200

LAGUNA HILLS, CA 92653

(949) 420-5988

Chinese

Effective as of 01-JAN-18

STALLWORTH, ROXANNE, MD^{F††}

F††

Provider ID: 100185861010

24321 AVENIDA DE LA CARLOTA

LAGUNA HILLS, CA 92653

(949) 204-3006

Farsi, Spanish

Effective as of 01-AUG-22

STERNS, DANIEL, MD^M

Provider ID: 100081005004

24411 HEALTH CENTER DR STE 460

LAGUNA HILLS, CA 92653

(949) 373-7799

Spanish

Effective as of 01-JAN-18

STRODTBECK, PAUL, MD^M

Provider ID: 100033007005

24411 HEALTH CENTER DR STE 460

LAGUNA HILLS, CA 92653

(949) 373-7799

Effective as of 01-JAN-18

TRAN, CECILIA, MD^{F*}

Provider ID: 100105245004

24221 CALLE DE LA LOUISA STE 200

LAGUNA HILLS, CA 92653

(949) 420-5980

Vietnamese

Effective as of 01-JAN-18

ZAMANI, MAZIAR, MD^{M*}

Provider ID: 100086365005

24221 CALLE DE LA LOUISA STE 400

LAGUNA HILLS, CA 92653

(949) 770-2085

Effective as of 01-JAN-18

ZAREMBA, MARK, MD^{M†}

Provider ID: 100021573002

25401 CABOT RD STE 107

LAGUNA HILLS, CA 92653

(949) 273-8085

Effective as of 01-JAN-13

ZAREMBA, MARK, MD^{M†}

Provider ID: 100021573005

25401 CABOT RD STE 107

LAGUNA HILLS, CA 92653

(949) 273-8085

Effective as of 01-APR-18

FAMILY PRACTICE

BEDRAN, ASAD, DO^{M†}

Provider ID: 100347139005

27231 LA PAZ RD STE A

LAGUNA NIGUEL, CA 92677

(949) 643-9111

Effective as of 01-SEP-20

BELLO, JUSTINE, MD^{F†}

C1. Lista de proveedores de la red

Proveedores de atención primaria

Provider ID: 100281688002

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

Effective as of 01-SEP-16

BREWER, SARAH, MD^{F†}

Provider ID: 100281677007

32341 GOLDEN LANTERN
STE D
LAGUNA NIGUEL, CA 92677
(949) 363-9595

Effective as of 01-FEB-21

FU, KAREN, MD^{F†}

Provider ID: 100095684012

32341 GOLDEN LANTERN
STE D
LAGUNA NIGUEL, CA 92677
(949) 363-9595

Mandarin, Spanish

Effective as of 01-JUN-22

HAGHIGHI MOTLAGH,

BEHNAZ, MD^F

Provider ID: 100197006023

27781 LA PAZ RD
LAGUNA NIGUEL, CA 92677
(949) 831-0300

Dutch, Farsi

Effective as of 01-SEP-19

HAGHIGHI MOTLAGH,

BEHNAZ, MD^F

Provider ID: 100197006028

27781 LA PAZ RD
LAGUNA NIGUEL, CA 92677
(949) 831-0300

Dutch, Farsi

Effective as of 01-SEP-19

HAGHIGHI MOTLAGH,

BEHNAZ, MD^F

Provider ID: 100197006032

27781 LA PAZ RD
LAGUNA NIGUEL, CA 92677
(949) 831-0300

Dutch, Farsi

Effective as of 01-OCT-22

HAGHIGHI MOTLAGH,

BEHNAZ, MD^F

Provider ID: 100197006031

27781 LA PAZ RD
LAGUNA NIGUEL, CA 92677
(949) 831-0300

Dutch, Farsi

Effective as of 01-OCT-19

HAGHIGHI MOTLAGH,

BEHNAZ, MD^F

Provider ID: 100197006024

27781 LA PAZ RD
LAGUNA NIGUEL, CA 92677
(949) 831-0300

Dutch, Farsi

Effective as of 01-OCT-19

HAGHIGHI MOTLAGH,

BEHNAZ, MD^F

Provider ID: 100197006019

27781 LA PAZ RD
LAGUNA NIGUEL, CA 92677
(949) 831-0300

Dutch, Farsi

Effective as of 01-JUN-19

LEE, SUSAN, MD^{F†}

Provider ID: 100068409006

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

Effective as of 01-JUL-14

SALL, JEEVAN, MD^{M†}

Provider ID: 100353204063

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

Effective as of 01-JUN-22

INTERNAL MEDICINE

KELLOGG, CHERYL, MD^F

Provider ID: 100082360006

30131 TOWN CENTER DR
STE 204
LAGUNA NIGUEL, CA 92677
(949) 342-1780

Effective as of 01-JAN-18

KRAFCIK, SONJA, MD^{F*}

Provider ID: 100056351004

25500 RANCHO NIGUEL
RD STE 150
LAGUNA NIGUEL, CA 92677
(949) 831-3686

Effective as of 01-OCT-22

KRAFCIK, SONJA, MD^{F*}

Provider ID: 100056351002

25500 RANCHO NIGUEL
RD STE 150
LAGUNA NIGUEL, CA 92677
(949) 831-3686

Effective as of 01-MAR-13

PARISE, ERIN, MD^{F†}

Provider ID: 100034192011

30281 GOLDEN LANTERN
LAGUNA NIGUEL, CA 92677
(949) 495-7144

Spanish

Effective as of 01-JAN-18

PEDIATRICS

PATEL, JYOTINKUMAR, MD^{M†}

Provider ID: 100035402010

30281 GOLDEN LANTERN
LAGUNA NIGUEL, CA 92677
(949) 495-7144

Gujarati, Hindi

Effective as of 01-SEP-22

C1. Lista de proveedores de la red

Proveedores de atención primaria

FAMILY PRACTICE

RIOS, DAVID, MD^{M†}

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^M

Provider ID: 100074767005

📍 24331 EL TORO RD STE 330
LAGUNA WOODS, CA
92637

☎ (949) 837-7521

Effective as of 01-JAN-18

INTERNAL MEDICINE

ROKSHADFAR, SAGHI, MD^{F†}

Provider ID: 100113408009

📍 24268 EL TORO RD
LAGUNA WOODS, CA
92637

☎ (657) 241-8455

🗣 Farsi

Effective as of 01-JAN-21

ROKSHADFAR, SAGHI, MD^{F†}

Provider ID: 100113408008

📍 24268 EL TORO RD
LAGUNA WOODS, CA
92637

☎ (657) 241-8455

🗣 Farsi

Effective as of 01-JAN-21

SIEGFRIED, TRACY, MD^F

Provider ID: 100047456004

📍 24331 EL TORO RD STE 330
LAGUNA WOODS, CA
92637

☎ (949) 716-0833

Effective as of 01-JAN-18

FAMILY PRACTICE

JACKSON, ANITA, MD^{F†}

Provider ID: 100060861006

📍 31736 MISSION TRL STE G
LAKE ELSINORE, CA 92530

☎ (951) 674-1505

🗣 Tagalog

Effective as of 01-NOV-11

TORRES, REBECCA, MD^{F†}

Provider ID: 100187138016

📍 31946 MISSION TRL STE A
LAKE ELSINORE, CA 92530

☎ (951) 471-1800

🗣 Korean, Mandarin, Spanish

Effective as of 01-DEC-14

TORRES, REBECCA, MD^{F†}

Provider ID: 100187138015

📍 31946 MISSION TRL STE A
LAKE ELSINORE, CA 92530

☎ (951) 471-1800

🗣 Korean, Mandarin, Spanish

Effective as of 01-DEC-14

GENERAL PRACTICE

ASPREC, JOSEPH, MD^M

Provider ID: 100070994004

📍 31571 CANYON ESTATES DR
STE 132
LAKE ELSINORE, CA 92532

☎ (951) 674-7811

🗣 Spanish, Tagalog

Effective as of 01-JUL-22

OLIVEIRA, THOMAS, DO^{M†}

Provider ID: 100088827007

📍 506 W GRAHAM AVE STE
107
LAKE ELSINORE, CA 92530

☎ (951) 471-5116

🗣 Italian, Spanish

Effective as of 01-APR-21

INTERNAL MEDICINE

BAJWA, SAIF, MD^{M†}

Provider ID: 100113080002

📍 16800 LAKESHORE DR STE
2
LAKE ELSINORE, CA 92530

☎ (951) 674-2155

🗣 Spanish, Urdu

Effective as of 01-APR-17

SAADAT, FARID, MD^{M†}

Provider ID: 100013848002

📍 425 DIAMOND DR STE 102
LAKE ELSINORE, CA 92530

☎ (951) 471-5711

🗣 Farsi, Persian

Effective as of 01-JUN-14

FAMILY PRACTICE

AHSAN, NUSRAT, MD^{F†}

Provider ID: 100113788007

📍 22621 LAKE FOREST DR STE
D1
LAKE FOREST, CA 92630

☎ (949) 242-6902

🗣 Hindi

Effective as of 01-MAY-17

ALI, MOHAMMED, MD^{M†}

Provider ID: 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^{M†}

Provider ID: 100114282027

📍 23672 BIRTCHER DR STE A
LAKE FOREST, CA 92630

C1. Lista de proveedores de la red

Proveedores de atención primaria

 (949) 770-7301
 Hindi, Telugu, Urdu
Effective as of 01-DEC-16

ALI, MOHAMMED, MD^{M†}
Provider ID: 100114282064

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

ALI, MOHAMMED, MD^{M†}
Provider ID: 100114282032

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

ALI, MOHAMMED, MD^{M†}
Provider ID: 100114282030

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

ALI, MOHAMMED, MD^{M†}
Provider ID: 100114282029

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

ALI, MOHAMMED, MD^{M†}
Provider ID: 100114282026

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

KOUMAS, MARY, DO^{F*}

Provider ID: 100089870008

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

KOUMAS, JOHN, DO^{M††}

Provider ID: 100064961008
 24401 MUIRLANDS BLVD
STE A
LAKE FOREST, CA 92630
 (949) 770-1950
 Spanish
Effective as of 01-MAR-22

INTERNAL MEDICINE

GOVASHIRI, REZA, MD^{M†}

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

MUY, MADINETH, MD^{F††}

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

FAMILY PRACTICE

MCHENRY, KATHRYN, DO^F

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

PHAM, CHRISTINE, DO^F

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

ZAMPELLO, LISA, MD^{F†}

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^M

Provider ID: 100216268007
 10039 VINE ST
LAKESIDE, CA 92040
 (858) 218-3000
 Italian, Spanish
Effective as of 01-JAN-24

MCFARLAND, NATHAN, MD^M

Provider ID: 100216268004
 10039 VINE ST
LAKESIDE, CA 92040
 (858) 218-3000
 Italian, Spanish
Effective as of 01-AUG-20

FQHC

CI. Lista de proveedores de la red

Proveedores de atención primaria

LEMON GROVE FAMILY HEALTH CENTER,

Provider ID: PG0085568003

7592 BROADWAY
LEMON GROVE, CA 91945

(619) 515-2550

Effective as of 01-JAN-21

FAMILY PRACTICE

ARIF, MUHAMMAD, MD^M

Provider ID: 100114105044

29826 HAUN RD STE 200
MENIFEE, CA 92586

(951) 414-4020

Punjabi, Spanish, Urdu

Effective as of 01-OCT-23

ARIF, MUHAMMAD, MD^M

Provider ID: 100114105045

29826 HAUN RD STE 200
MENIFEE, CA 92586

(951) 414-4020

Punjabi, Spanish, Urdu

Effective as of 01-OCT-23

CAMARILLO, DANIEL, MD^{Mt}

Provider ID: 100110735009

30420 HAUN RD
MENIFEE, CA 92584

(951) 676-4193

Spanish

Effective as of 01-OCT-15

CAMARILLO, DANIEL, MD^{Mt}

Provider ID: 100110735017

30420 HAUN RD
MENIFEE, CA 92584

(951) 676-4193

Spanish

Effective as of 01-NOV-20

GOHIL, RAJIT, MD^M

Provider ID: 100391418014

29826 HAUN RD STE 200

MENIFEE, CA 92586

(951) 414-4020

Effective as of 01-JUL-23

GOHIL, RAJIT, MD^M

Provider ID: 100391418013

29826 HAUN RD STE 200
MENIFEE, CA 92586

(951) 414-4020

Effective as of 01-JUL-23

HARRISON, AMY, MD^F

Provider ID: 100410706003

29826 HAUN RD STE 200
MENIFEE, CA 92586

(951) 414-4020

Spanish

Effective as of 01-AUG-23

HARRISON, AMY, MD^F

Provider ID: 100410706004

29826 HAUN RD STE 200
MENIFEE, CA 92586

(951) 414-4020

Spanish

Effective as of 01-AUG-23

HARRISON, AMY, MD^{Ft}

Provider ID: 100047360076

28400 MCCALL BLVD STE
B10

MENIFEE, CA 92585

(951) 414-4020

Effective as of 01-OCT-22

HARRISON, AMY, MD^{Ft}

Provider ID: 100047360077

28400 MCCALL BLVD STE
B10

MENIFEE, CA 92585

(951) 414-4020

Effective as of 01-OCT-22

MADRID, RICHARD, MD^{Mt}

Provider ID: 100077741007

30420 HAUN RD

MENIFEE, CA 92584

(951) 676-4193

Teleservice

Effective as of 01-JAN-16

ZURITA, DANIELA, MD^{Ft}

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^{Ft}

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^{Mt}

Provider ID: 100036305006

29826 HAUN RD STE 201
MENIFEE, CA 92586

(951) 301-1100

Spanish, Tagalog

Effective as of 01-OCT-22

BARVE, PRANAV, MD^M

Provider ID: 100318437033

29826 HAUN RD STE 200
MENIFEE, CA 92586

(951) 414-4020

Hindi, Marathi

Effective as of 01-JUL-23

BARVE, PRANAV, MD^M

Provider ID: 100318437034

29826 HAUN RD STE 200

C1. Lista de proveedores de la red

Proveedores de atención primaria

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

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

BASAK, RYAN, MD^M
Provider ID: 100378970015
 29826 HAUN RD STE 200
MENIFEE, CA 92586
 (951) 414-4020
Effective as of 01-JUL-23

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

GONZALES, PATRICK, MD^{M†}
Provider ID: 100109580005
 29798 HAUN RD STE 106
MENIFEE, CA 92586
 (951) 301-3588
Effective as of 01-SEP-10

GONZALES, EDIVINA, MD^F
Provider ID: 100039220005
 29798 HAUN RD STE 106
MENIFEE, CA 92586
 (951) 301-3588
 Spanish, Tagalog
Effective as of 01-OCT-10

GONZALES, PATRICK, MD^{M†}
Provider ID: 100109580006
 29798 HAUN RD STE 106

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

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

MARTINEZ, JORGE, MD^{M†}
Provider ID: 100096235012
 29826 HAUN RD STE 201
MENIFEE, CA 92586
 (951) 301-1100
 Spanish
Effective as of 01-JUN-22

FAMILY PRACTICE

BALL-ZONDERVAN, MONICA, MD^{F†}
Provider ID: 100294482047
 26732 CROWN VALLEY
PKWY STE 170
MISSION VIEJO, CA 92691
 (949) 364-7246
Effective as of 01-SEP-19

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

BARE, IAN, MD^{M††}
Provider ID: 100110113017
 30492 GATEWAY PL STE
110
MISSION VIEJO, CA 92694
 (949) 542-7700

 Spanish
Effective as of 01-JUN-21

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

BASICH, CANDACE, MD^{F††}
Provider ID: 100073084008
 30707 GATEWAY PL STE A2
MISSION VIEJO, CA 92694
 (657) 241-8435
 Spanish
Effective as of 01-SEP-18

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

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

CUENCA, ARNOLD, DO^{M††}
Provider ID: 100103510027
 23512 MADERO
MISSION VIEJO, CA 92691
 (949) 583-1600
Effective as of 01-JAN-23

CUENCA, ARNOLD, DO^{M†}
Provider ID: 100103510019
 23512 MADERO
MISSION VIEJO, CA 92691

C1. Lista de proveedores de la red

Proveedores de atención primaria

 (949) 583-1600
Effective as of 01-JUL-18

DELNITZ, DANUTA, MD^F
Provider ID: 100109319011

 26691 PLAZA STE 140
MISSION VIEJO, CA 92691

 (949) 240-8555
 Polish, Spanish
Effective as of 01-APR-19

DELNITZ, DANUTA, MD^F
Provider ID: 100109319012

 26691 PLAZA STE 140
MISSION VIEJO, CA 92691

 (949) 240-8555
 Polish, Spanish
Effective as of 01-APR-19

FIGHTLIN, STEFANIE, DO^{F†}
Provider ID: 100086847010

 26991 CROWN VALLEY
PKWY
MISSION VIEJO, CA 92691

 (949) 582-5430
 Spanish
Effective as of 01-JAN-18

FLORES, TERESA, MD^{F†}
Provider ID: 100207722054

 27725 SANTA MARGARITA
PKWY STE 101
MISSION VIEJO, CA 92691

 (949) 270-2100
 Spanish
Effective as of 01-DEC-19

FLORES, TERESA, MD^{F†}
Provider ID: 100207722053

 27725 SANTA MARGARITA
PKWY STE 101
MISSION VIEJO, CA 92691

 (949) 270-2100
 Spanish
Effective as of 01-DEC-19

GEBHARD, KARL, MD^M
Provider ID: 100071312010

 26922 OSO PKWY STE 380
MISSION VIEJO, CA 92691

 (949) 305-0110
Effective as of 01-JAN-18

GEBHARD, KARL, MD^M
Provider ID: 100071312004

 26922 OSO PKWY STE 380
MISSION VIEJO, CA 92691

 (949) 305-0110
Effective as of 01-MAR-16

GEBHARD, KARL, MD^M
Provider ID: 100071312013

 26922 OSO PKWY STE 380
MISSION VIEJO, CA 92691

 (949) 305-0110
Effective as of 01-JUN-19

GEBHARD, KARL, MD^M
Provider ID: 100071312012

 26922 OSO PKWY STE 380
MISSION VIEJO, CA 92691

 (949) 305-0110
Effective as of 01-JUN-19

GLOBUS, JEFFREY, MD^M
Provider ID: 100008104009

 26902 OSO PKWY STE 140
MISSION VIEJO, CA 92691

 (949) 916-8870
 Spanish
Effective as of 01-JAN-17

GLOBUS, JEFFREY, MD^M
Provider ID: 100008104004

 26902 OSO PKWY STE 140
MISSION VIEJO, CA 92691

 (949) 916-8870
 Spanish
Effective as of 01-DEC-14

GLOBUS, JEFFREY, MD^M

Provider ID: 100008104012

 26902 OSO PKWY STE 140
MISSION VIEJO, CA 92691

 (949) 916-8870
 Spanish
Effective as of 01-OCT-22

GONZALEZ, DAVID, MD^{M†}
Provider ID: 100096155006

 26732 CROWN VALLEY
PKWY STE 170

MISSION VIEJO, CA 92691
 (949) 364-7246
Effective as of 01-OCT-18

KUMAR, NISHCHAL, MD^{M†}
Provider ID: 100224908011

 23512 MADERO
MISSION VIEJO, CA 92691

 (949) 583-1600
 Hindi, Punjabi, Spanish
Effective as of 01-NOV-19

KUMAR, NISHCHAL, MD^{M†}
Provider ID: 100224908013

 23512 MADERO
MISSION VIEJO, CA 92691

 (949) 583-1600
 Hindi, Punjabi, Spanish
Effective as of 01-SEP-21

LY, PHUONG, MD^{M†}
Provider ID: 100354280025

 26800 CROWN VALLEY
PKWY STE 150

MISSION VIEJO, CA 92691
 (949) 276-2111
 Vietnamese

Effective as of 01-AUG-22

PEDARSANI, MARJAN, DO^{F††}
Provider ID: 100113548012

 23512 MADERO
MISSION VIEJO, CA 92691

 (949) 583-1600

C1. Lista de proveedores de la red

Proveedores de atención primaria

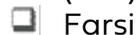


Effective as of 01-SEP-21

PEDARSANI, MARJAN, DO^{F†}

Provider ID: 100113548005

23512 MADERO
MISSION VIEJO, CA 92691
 (949) 583-1600



Effective as of 01-MAY-12

RUTTEN, SONIA, MD^F

Provider ID: 100414034002

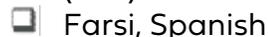
30492 GATEWAY PL
STE 110
MISSION VIEJO, CA 92694
 (949) 542-7700

Effective as of 01-OCT-23

SAMOORI, RAMA, DO^{F†}

Provider ID: 100112028003

26732 CROWN VALLEY
PKWY STE 170
MISSION VIEJO, CA 92691
 (949) 364-7246

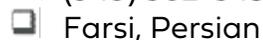


Effective as of 01-SEP-15

SHOAPOUR, CAMELLIA, MD^F

Provider ID: 100396167003

26991 CROWN VALLEY
PKWY STE 100
MISSION VIEJO, CA 92691
 (949) 582-5430



Effective as of 01-MAR-23

THOMAS, CHERYL, MD^F

Provider ID: 100043536017

27725 SANTA MARGARITA
PKWY STE 101
MISSION VIEJO, CA 92691
 (949) 270-2100

Effective as of 01-AUG-21

THOMAS, CHERYL, MD^F

Provider ID: 100043536021

27725 SANTA MARGARITA
PKWY STE 101
MISSION VIEJO, CA 92691
 (949) 270-2100

Effective as of 01-AUG-21

THOMAS, CHERYL, MD^F

Provider ID: 100043536022

27725 SANTA MARGARITA
PKWY STE 101
MISSION VIEJO, CA 92691
 (949) 270-2100

Effective as of 01-AUG-21

THOMAS, CHERYL, MD^F

Provider ID: 100043536012

27725 SANTA MARGARITA
PKWY STE 101
MISSION VIEJO, CA 92691
 (949) 270-2100

Effective as of 01-JUL-21

THOMAS, CHERYL, MD^F

Provider ID: 100043536011

27725 SANTA MARGARITA
PKWY STE 101
MISSION VIEJO, CA 92691
 (949) 270-2100

Effective as of 01-JUL-21

THOMAS, CHERYL, MD^F

Provider ID: 100043536023

27725 SANTA MARGARITA
PKWY STE 101
MISSION VIEJO, CA 92691
 (949) 270-2100

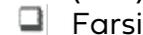
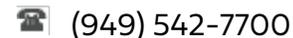
Effective as of 01-AUG-21

YAZDANSHENAS, MARYAM, MD^{F†}

Provider ID: 100224906005

30492 GATEWAY PL STE
110

MISSION VIEJO, CA 92694



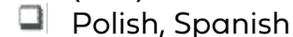
Effective as of 01-AUG-20

GENERAL PRACTICE

JANISZEWSKI, EVA, MD^F

Provider ID: 100079209004

24896 CHRISANTA DR STE
130
MISSION VIEJO, CA 92691
 (949) 458-2992



Effective as of 01-JAN-18

INTERNAL MEDICINE

ALLAMEHZADEH, REZA, MD^{M††}

Provider ID: 100114378012

25982 PALA STE 170
MISSION VIEJO, CA 92691
 (949) 581-2002

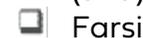


Effective as of 01-JAN-18

BADIE, MEHRNAZ, MD^{F††}

Provider ID: 100113854005

26800 CROWN VALLEY
PKWY STE 325
MISSION VIEJO, CA 92691
 (949) 364-6000



Effective as of 01-NOV-12

BENNER, ERIC, MD^{M†}

Provider ID: 100074899004

26800 CROWN VALLEY
PKWY STE 315
MISSION VIEJO, CA 92691
 (949) 364-6000



Effective as of 01-NOV-12

CHANG, HELEN, MD^{F††}

CI. Lista de proveedores de la red

Proveedores de atención primaria

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

COVARRUBIAS, GRACIA, MD^{F††}

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

COVARRUBIAS, GRACIA, MD^{F††}

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

LU, LESLIE, MD^{M†}

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

MAYET, KHADIJA, MD^{F†}

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

NGUYEN, VY, MD^{F††}

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

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

NIETO, ELIZABETH, MD^{F†}

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

NIETO, ELIZABETH, MD^{F†}

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^{M††}

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

PRATT, DONALD, MD^{M††}

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

ROKSHADFAR, SAGHI, MD^{F†}

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

ROKSHADFAR, SAGHI, MD^{F†}

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

SELIGSOHN, BRUCE, MD^{M*}

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

SERGEYEVA, YELENA, MD^F

Provider ID: 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^F

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

SERGEYEVA, YELENA, MD^F

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

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

SERGEYEVA, YELENA, MD^F

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

STALLWORTH, ROXANNE, MD^{F†}

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

STAUNTON, MICHELE, MD^{F†}

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

STAUNTON, MICHELE, MD^{F††}

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

SWADENER, NINA, MD^{F†}

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

TRUONG, ANDREW, MD^{M†}

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

TSAI, MON TA, MD^{M††}

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

WADELL, CHAD, MD^{M†}

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

YAZDI, JANET, MD^{F††}

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

FAMILY PRACTICE

BREWER, ANH, DO^{F†}

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

BREWER, ANH, DO^{F†}

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

BRIGGS, BRIDGET, MD^F

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

MCKERAHAN, KELLY, DO^{M†}

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

MEHARDA, SANJIWANI, MD^F

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

NGUYEN, BACH, MD^{M†}

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

NGUYEN, BACH, MD^{M†}

Provider ID: 100107585005

CI. Lista de proveedores de la red

Proveedores de atención primaria

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

PHILLIPS, LILY, MD^{F†}

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

PHILLIPS, LILY, MD^{F†}

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

SOTIS, JAMES, MD^{M†}

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

WALTER, ROME, DO^M

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

YUN, JONATHAN, DO^{M†}

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

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

YUN, JONATHAN, DO^{M†}

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

GENERAL PRACTICE

LULIC, DZENAN, MD^{M†}

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^{M†}

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

GONZALES, EDIVINA, MD^F

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

GONZALES, PATRICK, MD^{M†}

Provider ID: 100109580008
39755 DATE ST STE 103

MURRIETA, CA 92563
(951) 304-3221
Effective as of 01-APR-19

GONZALES, EDIVINA, MD^F

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

GONZALES, PATRICK, MD^{M†}

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

MARTINEZ, JORGE, MD^{M†}

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

MARTINEZ, JORGE, MD^{M†}

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

REYNOLDS, RICHARD, MD^{M†}

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

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

PEDIATRICS

NGUYEN, TUAN, MD^{M†}

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^{F†}

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

ALVAREZ-ESTRADA, MIGUEL, MD^M

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

CAMPBELL, BRIANNA, MD^{F†}

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

CARLSON, ROBERT, MD^{M†}

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^{M††}

Provider ID: 100079582009
 1136 D AVE

NATIONAL CITY, CA 91950
 (619) 662-4100
 Spanish
 Effective as of 01-APR-23

CEVALLOS, JAMES, MD^{M†}

Provider ID: 100079582004
 1136 D AVE
 NATIONAL CITY, CA 91950
 (619) 662-4100
 Spanish
 Effective as of 01-MAR-16

DILLON, MAYRA, MD^{F††}

Provider ID: 100163378003
 1136 D AVE
 NATIONAL CITY, CA 91950
 (619) 662-4100
 Spanish
 Effective as of 01-JAN-14

KAKAIYA, ROSHNI, DO^F

Provider ID: 100395889005
 2835 HIGHLAND AVE
 NATIONAL CITY, CA 91950
 (844) 200-2426
 Spanish
 Effective as of 01-FEB-24

KUNIN-RIDA, TERI, MD^{F†}

Provider ID: 100064070023
 217 HIGHLAND AVE
 NATIONAL CITY, CA 91950
 (619) 434-7308
 Armenian, Arabic, Spanish
 Teleservice
 Effective as of 01-NOV-21

MATTHEWS, MERRITT, MD^{M†}

Provider ID: 100021162012
 610 EUCLID AVE STE 302
 NATIONAL CITY, CA 91950
 (619) 527-7700
 Spanish, Tagalog
 Effective as of 01-NOV-20

MEDINA, ALEXANDER, MD^M

Provider ID: 100325216020
 334 E 8TH ST
 NATIONAL CITY, CA 91950
 (619) 662-4100
 Spanish
 Effective as of 01-APR-23

MEDINA, ALEXANDER, MD^M

Provider ID: 100325216021
 335 E 8TH ST
 NATIONAL CITY, CA 91950
 (619) 662-4100
 Spanish
 Effective as of 01-APR-23

MEDINA, ALEXANDER, MD^M

Provider ID: 100325216022
 336 E 8TH ST
 NATIONAL CITY, CA 91950
 (619) 662-4100
 Spanish
 Effective as of 01-APR-23

MEDINA, ALEXANDER, MD^M

Provider ID: 100325216023
 337 E 8TH ST
 NATIONAL CITY, CA 91950
 (619) 662-4100
 Spanish
 Effective as of 01-APR-23

MEDINA, ALEXANDER, MD^M

Provider ID: 100325216024
 338 E 8TH ST
 NATIONAL CITY, CA 91950
 (619) 662-4100
 Spanish
 Effective as of 01-APR-23

MEDINA, ALEXANDER, MD^M

Provider ID: 100325216025
 339 E 8TH ST
 NATIONAL CITY, CA 91950

C1. Lista de proveedores de la red

Proveedores de atención primaria

 (619) 662-4100

 Spanish

Effective as of 01-APR-23

MEDINA, ALEXANDER, MD^M

Provider ID: 100325216017

 331 E 8TH ST

NATIONAL CITY, CA 91950

 (619) 662-4100

 Spanish

Effective as of 01-APR-23

MEDINA, ALEXANDER, MD^M

Provider ID: 100325216018

 332 E 8TH ST

NATIONAL CITY, CA 91950

 (619) 662-4100

 Spanish

Effective as of 01-APR-23

MEDINA, ALEXANDER, MD^M

Provider ID: 100325216026

 340 E 8TH ST STE 330

NATIONAL CITY, CA 91950

 (619) 662-4100

 Spanish

Effective as of 01-MAY-23

MEDINA, ALEXANDER, MD^{M†}

Provider ID: 100325216016

 330 E 8TH ST

NATIONAL CITY, CA 91950

 (619) 662-4100

 Spanish

Effective as of 01-APR-23

MEDINA, ALEXANDER, MD^M

Provider ID: 100325216019

 333 E 8TH ST

NATIONAL CITY, CA 91950

 (619) 662-4100

 Spanish

Effective as of 01-APR-23

MEDINA, ALEXANDER, MD^{M†}

Provider ID: 100325216002

 330 E 8TH ST

NATIONAL CITY, CA 91950

 (619) 662-4100

 Spanish

Effective as of 01-FEB-18

NAVARRO, VANESSA, MD^{F†}

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^{M†}

Provider ID: 100244053019

 610 EUCLID AVE STE 302

NATIONAL CITY, CA 91950

 (619) 527-7700

 Spanish

Effective as of 01-APR-23

NOVENCIDO, JOSEPH, DO^{M†}

Provider ID: 100244053014

 610 EUCLID AVE STE 302

NATIONAL CITY, CA 91950

 (619) 527-7700

 Spanish

Effective as of 01-SEP-20

OCEGUEDA, JOSHUA, MD^{M†}

Provider ID: 100377020002

 1136 D AVE

NATIONAL CITY, CA 91950

 (619) 662-4100

Effective as of 01-SEP-21

ORTIZ ILIZALITURRI, ANA, MD^{F*}

^{F*}

Provider ID: 100394347012

 217 HIGHLAND AVE

NATIONAL CITY, CA 91950

 (619) 434-7308

 Spanish

Teleservice

Effective as of 01-OCT-23

PATEL, PAAVAN, DO^M

Provider ID: 100413256006

 610 EUCLID AVE STE 302

NATIONAL CITY, CA 91950

 (619) 527-7700

Effective as of 01-NOV-23

PATEL, PAAVAN, DO^M

Provider ID: 100413256010

 610 EUCLID AVE STE 302

NATIONAL CITY, CA 91950

 (619) 527-7700

Effective as of 01-DEC-23

ROBERTS, POMAI, MD^{F†}

Provider ID: 100323487002

 1136 D AVE

NATIONAL CITY, CA 91950

 (619) 662-4100

 Spanish

Effective as of 01-SEP-17

SAZEGAR, PAYAM, MD^{M†}

Provider ID: 100187888015

 217 HIGHLAND AVE

NATIONAL CITY, CA 91950

 (619) 434-7308

Teleservice

Effective as of 01-JUL-21

SNOOK, BRIAN, DO^{M††}

Provider ID: 100211994002

 2400 E 8TH ST

NATIONAL CITY, CA 91950

 (619) 662-4100

 Spanish

Effective as of 01-JUN-14

SNOOK, BRIAN, DO^{M††}

Provider ID: 100211994006

 2400 E 8TH ST

NATIONAL CITY, CA 91950

C1. Lista de proveedores de la red

Proveedores de atención primaria

 (619) 662-4100
 Spanish
Effective as of 01-JAN-21

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

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

VELASQUEZ, SHARON, MD^{F†}
Provider ID: 100189428010
 2400 E 8TH ST
NATIONAL CITY, CA 91950
 (619) 662-4100
 Spanish
Effective as of 01-NOV-23

FQHC

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

**LA MAESTRA FAMILY CLINIC
INC, †**
Provider ID: PG0053396004
 217 HIGHLAND AVE
NATIONAL CITY, CA 91950
 (619) 434-7308
Effective as of 01-JAN-21

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

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

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

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

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

GENERAL PRACTICE

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

MEDINA, NATALIE, MD^F
Provider ID: 100254911004
 502 EUCLID AVE STE 306
NATIONAL CITY, CA 91950
 (619) 267-1168
 Spanish
Effective as of 01-MAR-18

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

INTERNAL MEDICINE

BRAVERMAN, IRA, MD^{M†}
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^{M†}
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^{M†}

C1. Lista de proveedores de la red

Proveedores de atención primaria

Provider ID: 100012010020
610 EUCLID AVE STE 201
NATIONAL CITY, CA 91950
(619) 267-8181
Spanish, Tagalog
Effective as of 01-NOV-20

CANTU-REYNA, GUILLERMO, MD^{Mt}

Provider ID: 100214575010
217 HIGHLAND AVE
NATIONAL CITY, CA 91950
(619) 434-7308
Teleservice
Effective as of 01-JUL-21

COMUNALE, RODERICK, MD^{Mt}

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

DELA PAZ, LENNIE, MD^{Mt}

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

EL GHONEIMY, AHMED, MD^{Mt}

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

HEKMAT, RAZI, MD^{Mt}

Provider ID: 100081732021

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

HEKMAT, RAZI, MD^{Mt}

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

HEKMAT, RAZI, MD^{Mt}

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

KURUVADI, NISHA, DO^{Ft}

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

MEDINA, NATALIE, MD^F

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

PRATHIPATI, LAKSHMI, MD^{Ft}

Provider ID: 100041945033
502 EUCLID AVE STE 2013
NATIONAL CITY, CA 91950
(619) 267-0553
Spanish, Telugu, Tagalog
Effective as of 01-AUG-22

PRATHIPATI, LAKSHMI, MD^{Ft}

Provider ID: 100041945034
502 EUCLID AVE STE 2013

NATIONAL CITY, CA 91950
(619) 267-0553
Spanish, Telugu, Tagalog
Effective as of 01-SEP-22

TIANGCO, IRINEO, MD^{Mt}

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^{Mt}

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^{Mt}

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

TIANGCO, IRINEO, MD^{Mt}

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^{Mt}

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

C1. Lista de proveedores de la red

Proveedores de atención primaria

FAMILY PRACTICE

GREENBERG, CATOU, MD^{F*}

Provider ID: 100072487003

📍 1441 AVOCADO AVE STE
503
NEWPORT BEACH, CA
92660

☎ (949) 718-9020

Effective as of 01-JUL-12

GREENBERG, CATOU, MD^{F*}

Provider ID: 100072487007

📍 1441 AVOCADO AVE STE
503
NEWPORT BEACH, CA
92660

☎ (949) 718-9020

Effective as of 01-SEP-22

GREENBERG, CATOU, MD^{F*}

Provider ID: 100072487006

📍 1441 AVOCADO AVE STE
503
NEWPORT BEACH, CA
92660

☎ (949) 718-9020

Effective as of 01-JAN-14

KIM, KAREN, DO^F

Provider ID: 100070645006

📍 1441 AVOCADO AVE STE
503
NEWPORT BEACH, CA
92660

☎ (949) 718-9020

📄 Korean

Effective as of 01-JAN-14

KIM, KAREN, DO^{F*}

Provider ID: 100070645003

📍 1441 AVOCADO AVE STE
503
NEWPORT BEACH, CA
92660

☎ (949) 718-9020

📄 Korean

Effective as of 01-JUL-12

KIM, KAREN, DO^F

Provider ID: 100070645007

📍 1441 AVOCADO AVE STE
503
NEWPORT BEACH, CA
92660

☎ (949) 718-9020

📄 Korean

Effective as of 01-SEP-22

MANGOBA, LUTHER, MD^{M†}

Provider ID: 100107397012

📍 400 NEWPORT CENTER
DR STE 303
NEWPORT BEACH, CA
92660

☎ (949) 644-1300

📄 Spanish

Effective as of 01-APR-22

MANGOBA, LUTHER, MD^{M†}

Provider ID: 100107397011

📍 400 NEWPORT CENTER
DR STE 303
NEWPORT BEACH, CA
92660

☎ (949) 644-1300

📄 Spanish

Effective as of 01-APR-22

INTERNAL MEDICINE

SPRINGSTUBB, ADITI, MD^{F†}

Provider ID: 100201144014

📍 360 SAN MIGUEL DR STE
300
NEWPORT BEACH, CA
92660

☎ (949) 557-0830

📄 Hindi, Spanish

Effective as of 01-OCT-21

SYED, SAMEENA, DO^F

Provider ID: 100380768002

📍 360 SAN MIGUEL DR STE
300
NEWPORT BEACH, CA
92660

☎ (949) 557-0830

Effective as of 01-DEC-21

FAMILY PRACTICE

BANIADAM, BEHZAD, MD^M

Provider ID: 100069979008

📍 3231 WARING CT STE L
OCEANSIDE, CA 92056

☎ (760) 630-6300

📄 Spanish

Effective as of 01-MAR-21

DONNELL, MARTI, MD^{F*}

Provider ID: 100049875027

📍 517 N HORNE ST
OCEANSIDE, CA 92054

☎ (844) 308-5003

📄 Spanish

Effective as of 01-JAN-24

DONNELL, MARTI, MD^{F*}

Provider ID: 100049875026

📍 4700 N RIVER RD
OCEANSIDE, CA 92057

☎ (844) 308-5003

📄 Spanish

Effective as of 01-JAN-24

DONNELL, MARTI, MD^{F*}

Provider ID: 100049875025

📍 818 PIER VIEW WAY
OCEANSIDE, CA 92054

☎ (844) 308-5003

📄 Spanish

Effective as of 01-JAN-24

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

C1. Lista de proveedores de la red

Proveedores de atención primaria

Provider ID: 100358800016

 4700 N RIVER RD
OCEANSIDE, CA 92057

 (760) 631-5000

 Spanish

Effective as of 01-JAN-24

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

Provider ID: 100358800018

 818 PIER VIEW WAY
OCEANSIDE, CA 92054

 (760) 631-5000

 Spanish

Effective as of 01-JAN-24

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

Provider ID: 100358800017

 517 N HORNE ST
OCEANSIDE, CA 92054

 (760) 631-5000

 Spanish

Effective as of 01-JAN-24

GONZALES, MICHELLE, MD^F

Provider ID: 100063095006

 3601 VISTA WAY
OCEANSIDE, CA 92056

 (760) 639-1204

 Spanish

Effective as of 01-SEP-21

KURUKULASURIYA, DAYANTHITHI, DO^F

Provider ID: 100326148005

 605 CROUCH ST
OCEANSIDE, CA 92054

 (760) 736-6767

Effective as of 01-FEB-23

MARTINEZ, LESLY, MD^{F*}

Provider ID: 100397984038

 818 PIER VIEW WAY

OCEANSIDE, CA 92054

 (760) 631-5000

 Spanish

Effective as of 01-JAN-24

MARTINEZ, LESLY, MD^{F*}

Provider ID: 100397984036

 517 N HORNE ST
OCEANSIDE, CA 92054

 (766) 315-0000

 Spanish

Effective as of 01-JAN-24

MARTINEZ, LESLY, MD^{F*}

Provider ID: 100397984037

 4700 N RIVER RD
OCEANSIDE, CA 92057

 (760) 631-5000

 Spanish

Effective as of 01-JAN-24

PANICKER, CIBU, MD^M

Provider ID: 100322969007

 4700 N RIVER RD
OCEANSIDE, CA 92057

 (760) 631-5000

Effective as of 01-JAN-24

SAFI, ROOZCHEHR, MD^{F†}

Provider ID: 100201387012

 605 CROUCH ST
OCEANSIDE, CA 92054

 (760) 736-6767

 Farsi

Effective as of 01-APR-14

VIDAL, MONICA, DO^{F†}

Provider ID: 100327876043

 517 N HORNE ST
OCEANSIDE, CA 92054

 (760) 631-5000

 Spanish

Effective as of 01-JAN-24

VIDAL, MONICA, DO^{F†}

Provider ID: 100327876044

 4700 N RIVER RD
OCEANSIDE, CA 92057

 (760) 631-5000

 Spanish

Effective as of 01-JAN-24

VIDAL, MONICA, DO^{F†}

Provider ID: 100327876042

 818 PIER VIEW WAY
OCEANSIDE, CA 92054

 (844) 308-5003

 Spanish

Effective as of 01-JAN-24

ZAMPELLO, LISA, MD^F

Provider ID: 100340931015

 818 PIER VIEW WAY
OCEANSIDE, CA 92054

 (760) 631-5000

Effective as of 01-JAN-24

ZAMPELLO, LISA, MD^F

Provider ID: 100340931014

 818 PIER VIEW WAY
OCEANSIDE, CA 92054

 (760) 631-5000

Effective as of 01-DEC-23

ZAMPELLO, LISA, MD^F

Provider ID: 100340931008

 818 PIER VIEW WAY
OCEANSIDE, CA 92054

 (760) 631-5000

Effective as of 01-JAN-23

ZAMPELLO, LISA, MD^F

Provider ID: 100340931012

 818 PIER VIEW WAY
OCEANSIDE, CA 92054

 (760) 631-5000

Effective as of 01-JUN-23

FQHC

C1. Lista de proveedores de la red

Proveedores de atención primaria

VISTA COMMUNITY CLINIC, †

Provider ID: PG0072409007

4700 N RIVER RD
OCEANSIDE, CA 92057
(760) 631-5000

Teleservice

Effective as of 01-JUL-22

VISTA COMMUNITY CLINIC HORNE STREET,

Provider ID: PG0084639007

517 N HORNE ST
OCEANSIDE, CA 92054
(760) 631-5000

Teleservice

Effective as of 01-JUL-22

VISTA COMMUNITY CLINIC PIER VIEW WAY,

Provider ID: PG0084683007

818 PIER VIEW WAY
OCEANSIDE, CA 92054
(760) 631-5000

Teleservice

Effective as of 01-JUL-22

INTERNAL MEDICINE

CHONG, ILSONG, MD^M

Provider ID: 100334344006

605 CROUCH ST
OCEANSIDE, CA 92054
(760) 736-6767

Korean

Effective as of 01-FEB-23

CURRAN, PERRIN, MD^M

Provider ID: 100083095002

3601 VISTA WAY STE 201
OCEANSIDE, CA 92056
(760) 945-1894

Effective as of 01-FEB-05

HEIFETZ, SUSAN, MD^F

Provider ID: 100024397011

3601 VISTA WAY STE 201
OCEANSIDE, CA 92056
(760) 529-9514

Effective as of 01-SEP-21

LAWSON, CATHERINE, MD^F

Provider ID: 100080716004

3230 WARING CT STE J
OCEANSIDE, CA 92056
(760) 941-4498

Effective as of 01-DEC-10

LIZOTTE, PAUL, DO^{M†}

Provider ID: 100212648008

115 N EL CAMINO REAL STE
A
OCEANSIDE, CA 92058
(760) 330-5055

Spanish

Effective as of 01-MAR-21

MACMURRAY, MICHAEL, MD^M

Provider ID: 100067535012

818 PIER VIEW WAY
OCEANSIDE, CA 92054
(760) 631-5000

Spanish

Effective as of 01-JAN-24

MACMURRAY, MICHAEL, MD^M

Provider ID: 100067535007

818 PIER VIEW WAY
OCEANSIDE, CA 92054
(760) 631-5000

Spanish

Effective as of 01-MAR-20

MACMURRAY, MICHAEL, MD^M

Provider ID: 100067535003

818 PIER VIEW WAY
OCEANSIDE, CA 92054
(760) 631-5000

Spanish

Effective as of 01-OCT-05

ZIMMERMANN, ANDRES, MD^M

Provider ID: 100015622004

3601 VISTA WAY STE 201
OCEANSIDE, CA 92056
(760) 639-1714

Spanish

Effective as of 01-SEP-21

FAMILY PRACTICE

MCHENRY, KATHRYN, DO^F

Provider ID: 100320650015

16650 HIGHWAY 76
PAUMA VALLEY, CA 92061
(760) 742-9919

Spanish

Effective as of 01-FEB-24

FQHC

NEIGHBORHOOD

HEALTHCARE PAUMA VALLEY,

Provider ID: PG0024990047

16650 HIGHWAY 76
PAUMA VALLEY, CA 92061
(760) 742-9919

Teleservice

Effective as of 01-JUL-22

GENERAL PRACTICE

LAFONTANT, JEAN, MD^{M†}

Provider ID: 100218405011

524 W 4TH ST STE B
PERRIS, CA 92570
(951) 355-0030

French, Spanish

Effective as of 01-APR-21

INTERNAL MEDICINE

SANUCCI, SHAUN, DO^F

Provider ID: 100352649064

CI. Lista de proveedores de la red

Proveedores de atención primaria

📍 524 W 4TH ST STE B
PERRIS, CA 92570
☎ (951) 355-0030
Effective as of 01-FEB-24

SANUCCI, SHAUN, DO^F
Provider ID: 100352649063

📍 524 W 4TH ST STE B
PERRIS, CA 92570
☎ (951) 355-0030
Effective as of 01-NOV-23

FAMILY PRACTICE

KAUR, JATINDER, MD^F
Provider ID: 100315025013

📍 13010 POWAY RD
POWAY, CA 92064
☎ (858) 218-3000
📱 Hindi, Urdu
Effective as of 01-MAY-23

KAUR, JATINDER, MD^F
Provider ID: 100315025014

📍 13010 POWAY RD
POWAY, CA 92064
☎ (858) 218-3000
📱 Hindi, Urdu
Effective as of 01-JAN-24

TANKSLEY, SIMON, MD^M
Provider ID: 100353447004

📍 15611 POMERADO RD FL 3
POWAY, CA 92064
☎ (858) 675-3210
📱 Spanish
Effective as of 01-JAN-24

FQHC

**NEIGHBORHOOD
HEALTHCARE GOLD FAMILY
HEALTH CENTER,**
Provider ID: PG0092632004
📍 13010 POWAY RD

POWAY, CA 92064
☎ (858) 218-3000
Effective as of 01-JUL-22

INTERNAL MEDICINE

CAPARSO, AMANDA, DO^{F†}

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

RIVERA, MARCELO, MD^M

Provider ID: 100036662020
📍 15644 POMERADO RD STE
100
POWAY, CA 92064
☎ (858) 485-5111
📱 Spanish, Tagalog
Effective as of 01-SEP-23

RIVERA, MARCELO, MD^M

Provider ID: 100036662021
📍 15644 POMERADO RD STE
100
POWAY, CA 92064
☎ (858) 485-5111
📱 Spanish, Tagalog
Effective as of 01-SEP-23

RIVERA, MARCELO, MD^{M†}

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

RIVERA, MARCELO, MD^{M†}

Provider ID: 100036662019
📍 13525 MIDLAND RD STE F
POWAY, CA 92064
☎ (858) 486-9100
📱 Spanish, Tagalog

Effective as of 01-SEP-23

RIVERA, MARCELO, MD^M

Provider ID: 100036662022
📍 15644 POMERADO RD STE
100
POWAY, CA 92064
☎ (858) 485-5111
📱 Spanish, Tagalog
Effective as of 01-DEC-23

WINE, DAVID, MD^M

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

PEDIATRICS

YUNG, DORIS, MD^{F†}

Provider ID: 100036513005
📍 220 ROTANZI ST
RAMONA, CA 92065
☎ (760) 736-6767
📱 Chinese, Mandarin, Spanish
Effective as of 01-DEC-18

FAMILY PRACTICE

BILAN, NATALIA, MD^F

Provider ID: 100112756005
📍 29809 SANTA MARGARITA
PKWY STE 300
RANCHO SANTA
MARGARITA, CA 92688
☎ (949) 709-5100
📱 Russian
Effective as of 01-JAN-18

CIANCIOLA, MARK, MD^{M†}

Provider ID: 100057057005
📍 29472 AVENIDA DE LAS
BANDERA

C1. Lista de proveedores de la red

Proveedores de atención primaria

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

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

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

GENERAL PRACTICE

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

INTERNAL MEDICINE

GORE, GWENDOLYN, MD^{F†}
Provider ID: 100020754005
 29472 AVENIDA DE LAS
BANDERA
RANCHO SANTA
MARGARITA, CA 92688
 (949) 459-9968

Effective as of 01-MAY-12
KAMAREI, SHAPARAK, MD^{F†}
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^{F†}
Provider ID: 100105534008
 29472 AVENIDA DE LAS
BANDERA
RANCHO SANTA
MARGARITA, CA 92688
 (949) 459-9968
 Vietnamese
Effective as of 01-MAR-15

FAMILY PRACTICE

DESILVA, PETER, MD^M
Provider ID: 100046594003
 29809 SANTA MARGARITA
PKWY STE 300
RCHO STA MARG, CA
92688
 (949) 709-5100
Effective as of 01-JAN-18

ALI, MOHAMMED, MD^{M†}
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

ALI, MOHAMMED, MD^{M†}
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^{M†}
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^{M†}
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^{M†}
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

DAVALOS, RICARDO, MD^M
Provider ID: 100077642004
 150 AVENIDA CABRILLO
STE A
SAN CLEMENTE, CA 92672
 (949) 369-6993
 Spanish
Effective as of 01-JAN-18

RAMSEY, KAYLA, DO^F
Provider ID: 100365540002
 1031 AVENIDA PICO STE

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

203
 SAN CLEMENTE, CA 92673
 ☎ (949) 557-0820
 Effective as of 01-JAN-21

ROBERSON, ANDREA, DO^{F†}
 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^{F†}
 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^{F†}
 Provider ID: 100111432006
 📍 665 CAMINO DE LOS MARES STE 207
 SAN CLEMENTE, CA 92673
 ☎ (949) 661-4411
 📱 Farsi, Persian
 Effective as of 01-JAN-18

YU, CHRISTINE, DO^F
 Provider ID: 100420091002
 📍 638 CAMINO DE LOS MARES STE D4
 SAN CLEMENTE, CA 92673
 ☎ (949) 542-8865
 📱 Chinese, Mandarin
 Effective as of 01-DEC-23

INTERNAL MEDICINE

CHANG, LAWRENCE, MD^M
 Provider ID: 100045275002
 📍 665 CAMINO LOS MARES 301

SAN CLEMENTE, CA 92673
 ☎ (949) 240-9664
 📱 Chinese, Mandarin, Spanish
 Effective as of 01-JAN-18

GARNER, KAREN, MD^{F†}
 Provider ID: 100100519023
 📍 831 VIA SUERTE STE 102
 SAN CLEMENTE, CA 92673
 ☎ (949) 364-5600
 Effective as of 01-NOV-17

MITREVSKI, PREDRAG, MD^{M†}
 Provider ID: 100071204007
 📍 675 CAMINO DE LOS MARES STE 200
 SAN CLEMENTE, CA 92673
 ☎ (949) 542-8865
 Effective as of 01-JAN-15

REXINGER, KENNETH, MD^{M†}
 Provider ID: 100058286009
 📍 831 VIA SUERTE STE 102
 SAN CLEMENTE, CA 92673
 ☎ (949) 364-5600
 Effective as of 01-JAN-15

UNDERWOOD JOLLY, AMY, MD^{F†}
 Provider ID: 100086849011
 📍 831 VIA SUERTE STE 102
 SAN CLEMENTE, CA 92673
 ☎ (949) 364-5600
 Effective as of 01-JAN-22

WOOD, YELENA, MD^{F†}
 Provider ID: 100018427006
 📍 724 S EL CAMINO REAL
 SAN CLEMENTE, CA 92672
 ☎ (949) 493-6113
 Effective as of 01-JAN-18

FAMILY PRACTICE

ALVAREZ-ESTRADA, MIGUEL,

MD^{M†}
 Provider ID: 100360099012
 📍 3177 OCEAN VIEW BLVD
 SAN DIEGO, CA 92113
 ☎ (619) 662-4100
 📱 Spanish
 Effective as of 01-JAN-21

ALVAREZ-ESTRADA, MIGUEL, MD^{M†}
 Provider ID: 100360099016
 📍 3177 OCEAN VIEW BLVD
 SAN DIEGO, CA 92113
 ☎ (619) 662-4100
 📱 Spanish
 Effective as of 01-MAY-22

BOYD, JAMES, MD^M
 Provider ID: 100053030010
 📍 9333 GENESEE AVE STE 250
 SAN DIEGO, CA 92121
 ☎ (619) 810-7027
 📱 Spanish
 Teleservice
 Effective as of 01-DEC-23

CUTLER, MICHAEL, MD^M
 Provider ID: 100225708017
 📍 8996 MIRAMAR RD STE 308
 SAN DIEGO, CA 92126
 ☎ (858) 335-2670
 📱 Russian, Spanish
 Effective as of 01-OCT-23

CUTLER, MICHAEL, MD^M
 Provider ID: 100225708019
 📍 3802 NATIONAL AVE
 SAN DIEGO, CA 92113
 ☎ (619) 264-2591
 📱 Russian, Spanish
 Effective as of 01-DEC-23

CUTLER, MICHAEL, MD^M

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

Provider ID: 100225708021

3802 NATIONAL AVE
 SAN DIEGO, CA 92113

(619) 264-2591

Russian, Spanish

Effective as of 01-JAN-24

DABO, TARAM, MD^{M†}

Provider ID: 100075261003

1919 GRAND AVE STE 1E
 SAN DIEGO, CA 92109

(858) 270-5454

Chinese, French, Mandarin

Effective as of 01-MAR-11

DABO, TARAM, MD^{M††}

Provider ID: 100075261004

1919 GRAND AVE STE 1E
 SAN DIEGO, CA 92109

(858) 270-5454

Chinese, French, Mandarin

Effective as of 01-JAN-14

DAVIS, DEIRDRE, MD^{F†}

Provider ID: 100375869002

950 S EUCLID AVE
 SAN DIEGO, CA 92114

(619) 662-4100

Spanish

Teleservice

Effective as of 01-AUG-21

DE ROTH, GEORGINE, MD^F

Provider ID: 100409222005

3750 CONVOY ST STE 118
 SAN DIEGO, CA 92111

(760) 741-1224

French, Hungarian, Spanish

Effective as of 01-AUG-23

DENYSIAK, JACQUELINE, MD^{F†}

Provider ID: 100363725002

3969 4TH AVE STE 203
 SAN DIEGO, CA 92103

(619) 294-6500

Teleservice

Effective as of 01-DEC-20

DENYSIAK, JACQUELINE, MD^{F†}

Provider ID: 100363725005

3969 4TH AVE STE 203
 SAN DIEGO, CA 92103

(619) 294-6500

Teleservice

Effective as of 01-JAN-21

DENYSIAK, JACQUELINE, MD^{F†}

Provider ID: 100363725007

3969 4TH AVE STE 203
 SAN DIEGO, CA 92103

(619) 294-6500

Teleservice

Effective as of 01-NOV-21

DIEP, BRIAN, MD^{M†}

Provider ID: 100324529011

7345 LINDA VISTA RD STE A
 SAN DIEGO, CA 92111

(858) 277-5463

Vietnamese

Teleservice

Effective as of 01-JUN-22

DIEP, BRIAN, MD^{M†}

Provider ID: 100324529013

4551 EL CAJON BLVD
 SAN DIEGO, CA 92115

(619) 280-7185

Vietnamese

Teleservice

Effective as of 01-OCT-22

DRZYMALSKI, MONIKA, DO^F

Provider ID: 100390753010

3180 UNIVERSITY AVE STE
 120
 SAN DIEGO, CA 92104

(858) 529-7229

Teleservice

Effective as of 01-SEP-23

DRZYMALSKI, MONIKA, DO^F

Provider ID: 100390753005

3180 UNIVERSITY AVE STE
 120

SAN DIEGO, CA 92104

(858) 529-7229

Teleservice

Effective as of 01-NOV-23

DRZYMALSKI, MONIKA, DO^F

Provider ID: 100390753004

3180 UNIVERSITY AVE STE
 120

SAN DIEGO, CA 92104

(858) 529-7229

Teleservice

Effective as of 01-OCT-22

DRZYMALSKI, MONIKA, DO^F

Provider ID: 100390753009

3180 UNIVERSITY AVE STE
 120

SAN DIEGO, CA 92104

(858) 529-7229

Teleservice

Effective as of 01-MAR-23

DRZYMALSKI, MONIKA, DO^F

Provider ID: 100390753002

3180 UNIVERSITY AVE STE
 120

SAN DIEGO, CA 92104

(858) 529-7229

Teleservice

Effective as of 01-AUG-22

DUDAREWICZ, TERESA, MD^{F†}

Provider ID: 100068264013

9909 MIRA MESA BLVD
 STE 110

SAN DIEGO, CA 92131

(858) 788-7208

C1. Lista de proveedores de la red

Proveedores de atención primaria

 French, Polish, Russian
Teleservice
Effective as of 01-NOV-23

DUDAREWICZ, TERESA, MD^{Ft}

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^{Ft}

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^{Ft}

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

GIL, GABRIEL, MD^{M†}

Provider ID: 100094547026
 903 CARDIFF ST
SAN DIEGO, CA 92114
 (619) 465-3121
 Spanish
Effective as of 01-NOV-20

GIL, GABRIEL, MD^{M†}

Provider ID: 100094547025
 909 CARDIFF ST
SAN DIEGO, CA 92114
 (619) 465-3121

 Spanish
Effective as of 01-JAN-21

GIL, GABRIEL, MD^{M†}

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

GIL, GABRIEL, MD^{M†}

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

GUTIERREZ, LORAIN, MD^{Ft}

Provider ID: 100334279007
 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
 (619) 255-9155
Teleservice
Effective as of 01-AUG-21

HAMIDI, MAHSHID, MD^{Ft}

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^{Ft}

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^{Ft}

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^{Ft}

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^{Ft}

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^M

Provider ID: 100395560005
 9333 GENESEE AVE
SAN DIEGO, CA 92121
 (800) 926-8273
Effective as of 01-JUL-23

HENRY, REBECCA, MD^F

Provider ID: 100418054002
 6386 ALVARADO CT STE
101
SAN DIEGO, CA 92120
 (858) 554-1212
Effective as of 01-NOV-23

HOUGHTON, ROBERT, MD^{M†}

Provider ID: 100034977002
 1855 1ST AVE STE 200B
SAN DIEGO, CA 92101
 (619) 233-4044
 German, Spanish
Effective as of 01-FEB-07

C1. Lista de proveedores de la red

Proveedores de atención primaria

JENKIN, FREDERICK, DO^{M†}

Provider ID: 100038612009

3562 GOVERNOR DR STE 1
SAN DIEGO, CA 92122

(858) 774-5157

Effective as of 01-MAY-21

JOHN, TANNER, MD^M

Provider ID: 100415495003

3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113

(619) 662-4100

Teleservice

Effective as of 01-OCT-23

KAUFHOLD, ANNE, MD^{F†}

Provider ID: 100086435019

3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113

(619) 662-4100

Arabic, Spanish

Effective as of 01-JAN-21

KIDDER, BRENDAN, MD^{M†}

Provider ID: 100334556005

3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113

(619) 662-4100

Spanish

Effective as of 01-MAY-22

KUNIN-RIDA, TERI, MD^{F†}

Provider ID: 100064070025

1032 BROADWAY
SAN DIEGO, CA 92101

(619) 795-5991

Armenian, Arabic, Spanish
Teleservice

Effective as of 01-NOV-21

KUNIN-RIDA, TERI, MD^{F†}

Provider ID: 100064070020

4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105

(619) 255-9155

Armenian, Arabic, Spanish
Teleservice

Effective as of 01-NOV-21

KUNIN-RIDA, TERI, MD^{F†}

Provider ID: 100064070026

4171 FAIRMOUNT AVE
SAN DIEGO, CA 92105

(619) 269-1269

Armenian, Arabic, Spanish
Teleservice

Effective as of 01-NOV-21

LEBANO, RICHARD, MD^M

Provider ID: 100340129005

10737 CAMINO RUIZ STE
235

SAN DIEGO, CA 92126

(844) 200-2426

Spanish

Effective as of 01-OCT-23

LIU, CHIA-LIN, DO^M

Provider ID: 100102354004

2185 GARNET AVE
SAN DIEGO, CA 92109

(858) 270-9270

Chinese, Mandarin, Spanish

Effective as of 01-APR-23

LIU, CHIA-LIN, DO^M

Provider ID: 100102354002

2185 GARNET AVE
SAN DIEGO, CA 92109

(858) 270-9270

Chinese, Mandarin, Spanish

Effective as of 01-DEC-03

LUAN, GORDON, MD^{M†}

Provider ID: 100012685016

4320 GENESEE AVE STE
103

SAN DIEGO, CA 92117

(858) 598-6789

Chinese, Mandarin

Effective as of 01-JUN-22

LUAN, GORDON, MD^{M†}

Provider ID: 100012685018

4320 GENESEE AVE STE
103

SAN DIEGO, CA 92117

(858) 598-6789

Chinese, Mandarin

Effective as of 01-NOV-23

MARQUEZ, LUIS, MD^{M†}

Provider ID: 100078829006

4060 4TH AVE STE 540
SAN DIEGO, CA 92103

(619) 236-8796

Italian, Spanish

Effective as of 01-NOV-21

MATSON, GARY, DO^{M†}

Provider ID: 100051901002

4501 MISSION BAY DR STE
3E

SAN DIEGO, CA 92109

(858) 270-4343

French, Spanish

Effective as of 01-FEB-07

MORALES, ALEJANDRA, MD^{F†}

Provider ID: 100363732006

3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113

(619) 662-4100

Effective as of 01-MAY-22

MORALES, ALEJANDRA, MD^{F†}

Provider ID: 100363732003

3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113

(619) 662-4100

Effective as of 01-JAN-21

NGUYEN, LINHKIEU, MD^{F†}

Provider ID: 100073181014

C1. Lista de proveedores de la red

Proveedores de atención primaria

 6905 LINDA VISTA RD
SAN DIEGO, CA 92111
 (619) 284-1400
 Chinese, Spanish, Tagalog
Effective as of 01-FEB-22

NGUYEN, HUONG, MD^{F†}

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^{F†}

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

NGUYEN, LINHKIEU, MD^{F†}

Provider ID: 100073181012

 3575 EUCLID AVE STE 100
SAN DIEGO, CA 92105
 (619) 284-1400
 Chinese, Spanish, Tagalog
Effective as of 01-JAN-21

ORTIZ, KENNETH, MD^{M†}

Provider ID: 100335275027

 316 25TH ST
SAN DIEGO, CA 92102
 (619) 662-4100
Teleservice
Effective as of 01-OCT-22

ORTIZ ILIZALITURRI, ANA, MD^{F*}

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^{M†}

Provider ID: 100332302002

 950 S EUCLID AVE
SAN DIEGO, CA 92114
 (619) 662-4100
Effective as of 01-AUG-18

RODRIGUEZ, SEAN, MD^M

Provider ID: 100197884009

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

SALEH, ANDREW, MD^{M†}

Provider ID: 100293587004

 1370 ROSECRANS ST STE A
SAN DIEGO, CA 92106
 (619) 223-2668
 Arabic, Spanish
Effective as of 01-DEC-23

SAZEGAR, PAYAM, MD^{M†}

Provider ID: 100187888011

 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
 (619) 255-9155
Teleservice
Effective as of 01-JUL-21

SAZEGAR, PAYAM, MD^{M†}

Provider ID: 100187888013

 4171 FAIRMOUNT AVE
SAN DIEGO, CA 92105
 (619) 269-1269
Teleservice
Effective as of 01-JUL-21

SCOTT, LAGINA, MD^F

Provider ID: 100363586003

 292 EUCLID AVE STE 210
SAN DIEGO, CA 92114
 (619) 662-4100
Teleservice

Effective as of 01-MAR-21

SHAMANI, AZAM, MD^{F†}

Provider ID: 100132296021

 5555 RESERVOIR DR STE
312
SAN DIEGO, CA 92120
 (619) 639-7285
 Farsi, Spanish, Faroese
Effective as of 01-JAN-21

SHAMANI, AZAM, MD^{F†}

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^{F†}

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^{F†}

Provider ID: 100132296022

 5555 RESERVOIR DR STE
312
SAN DIEGO, CA 92120
 (619) 639-7285
 Farsi, Spanish, Faroese
Effective as of 01-SEP-21

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

SINGER, JACOB, MD^M

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

SINGER, JACOB, MD^M

Provider ID: 100340992008
 4320 GENESEE AVE
 SAN DIEGO, CA 92117
 (858) 598-6789
 Effective as of 01-DEC-23

SIVA, TENAYA, MD^M

Provider ID: 100418703003
 3177 OCEAN VIEW BLVD
 SAN DIEGO, CA 92113
 (619) 662-4100
 Teleservice
 Effective as of 01-NOV-23

SNYDER, CHRISTOPHER, DO^{Mt}

Provider ID: 100024789053
 4690 EL CAJON BLVD
 SAN DIEGO, CA 92115
 (619) 662-4100
 Spanish
 Teleservice
 Effective as of 01-MAR-22

STONES, RACHEL, MD^F

Provider ID: 100387928007
 4060 FAIRMOUNT AVE
 SAN DIEGO, CA 92105
 (619) 255-9155
 Teleservice
 Effective as of 01-MAY-22

STONES, RACHEL, MD^F

Provider ID: 100387928008
 4171 FAIRMOUNT AVE
 SAN DIEGO, CA 92105
 (619) 269-1269

Teleservice

Effective as of 01-MAY-22

SZMIDT, MARIA, MD^F

Provider ID: 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^F

Provider ID: 100108398007
 12395 EL CAMINO REAL
 STE 100
 SAN DIEGO, CA 92130
 (858) 259-5655
 Polish, Russian, Spanish
 Effective as of 01-SEP-15

TEGUH, COLLIN, DO^{Mt}

Provider ID: 100089123007
 2045 ADAMS AVE
 SAN DIEGO, CA 92116
 (619) 281-8988
 German, Indonesian, Malayalam
 Teleservice
 Effective as of 01-AUG-20

VAZQUEZ-BOJORQUEZ, ALEJANDRA, MD^F

Provider ID: 100391945010
 3900 5TH AVE STE 110
 SAN DIEGO, CA 92103
 (858) 554-1212
 Spanish
 Effective as of 01-NOV-22

VO, PHU LUONG, DO^F

Provider ID: 100415527003
 4690 EL CAJON BLVD
 SAN DIEGO, CA 92115
 (619) 662-4100

 Spanish, Vietnamese
 Teleservice
 Effective as of 01-NOV-23

VOURLITIS, MELISSA, DO^{F*}

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

WONG, CALVIN, MD^{Mt}

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

YUEN, SELENE, MD^{Ft}

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

YUEN, SELENE, MD^{Ft}

Provider ID: 100246155015
 4320 GENESEE AVE STE
 103
 SAN DIEGO, CA 92117
 (858) 598-6789
 Chinese
 Teleservice
 Effective as of 01-JUN-22

ZINK, IRENE, MD^{Ft*}

Provider ID: 100324255006
 3177 OCEAN VIEW BLVD
 SAN DIEGO, CA 92113

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

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

ZINK, IRENE, MD F†
 Provider ID: 100324255002
 3177 OCEAN VIEW BLVD
 SAN DIEGO, CA 92113
 (619) 662-4100
 German
 Teleservice
 Effective as of 01-AUG-17

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

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

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

C1. Lista de proveedores de la red

Proveedores de atención primaria

 (619) 233-8500
Teleservice
Effective as of 01-JUL-22

GENERAL PRACTICE

BORRERO, MARCOS, MD^{Mt+}

Provider ID: 100104392019

 3490 PALM AVE
SAN DIEGO, CA 92154
 (619) 423-5616
 Spanish
Teleservice

Effective as of 01-JUN-23

BORRERO, MARCOS, MD^{Mt}

Provider ID: 100104392015

 3490 PALM AVE
SAN DIEGO, CA 92154
 (619) 423-5616
 Spanish
Teleservice

Effective as of 01-JAN-21

BORRERO, MARCOS, MD^{Mt}

Provider ID: 100104392016

 3490 PALM AVE
SAN DIEGO, CA 92154
 (619) 423-5616
 Spanish
Teleservice

Effective as of 01-NOV-20

BORRERO, MARCOS, MD^{Mt}

Provider ID: 100104392018

 3490 PALM AVE
SAN DIEGO, CA 92154
 (619) 423-5616
 Spanish
Teleservice

Effective as of 01-DEC-21

BORRERO, MARCOS, MD^{Mt}

Provider ID: 100104392005

 3490 PALM AVE
SAN DIEGO, CA 92154

 (619) 423-5616

 Spanish

Teleservice

Effective as of 01-MAY-18

DENYSIAK, JACQUELINE, MD^{Ft}

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^{Ft}

Provider ID: 100325246016

 3490 PALM AVE
SAN DIEGO, CA 92154

 (619) 423-5616

Teleservice

Effective as of 01-JUL-23

GUEFEN, URI, MD^M

Provider ID: 100072802030

 555 W C ST STE 102
SAN DIEGO, CA 92101

 (858) 554-1212

 Spanish

Effective as of 01-DEC-23

KIDOKORO, YASUKO, MD^{Ft}

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^{Ft}

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^{Ft}

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^{Mt}

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^{Mt}

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^{Mt}

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^{Ft+}

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

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

NGUYEN, HUONG, MD^{Ft}
 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^{Ft}
 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^{Ft}
 Provider ID: 100358544020
 3737 MORAGA AVE STE B103
 SAN DIEGO, CA 92117
 (858) 799-0855
 Spanish
 Effective as of 01-FEB-24

AL-SALEH, YADANI, MD^{Ft}
 Provider ID: 100358544012
 3737 MORAGA AVE STE B103
 SAN DIEGO, CA 92117
 (858) 799-0855
 Spanish
 Effective as of 01-DEC-22

BUTLER, LISA, MD^{Ft}
 Provider ID: 100068570008
 3260 3RD AVE
 SAN DIEGO, CA 92103
 (619) 297-3737
 Hindi, Italian, Spanish

Effective as of 01-JUN-20
CARAMBAS, CLARITA, MD^{Ft}
 Provider ID: 100070756004
 9190 MIRA MESA BLVD
 SAN DIEGO, CA 92126
 (858) 689-1814
 Tagalog
 Effective as of 01-SEP-22

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

DE CARVALHO, CARLOS, MD^{Mt}
 Provider ID: 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^{Mt}
 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^{Mt}
 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^{Mt}
 Provider ID: 100103500013
 4171 FAIRMOUNT AVE
 SAN DIEGO, CA 92105
 (619) 269-1269
 Arabic
 Teleservice
 Effective as of 01-AUG-22

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

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

FAKHRO, SAMEEH, MD^{Mt}
 Provider ID: 100379921002
 3490 PALM AVE
 SAN DIEGO, CA 92154
 (619) 423-5616
 Effective as of 01-NOV-21

FAKHRO, SAMEEH, MD^{Mt}
 Provider ID: 100379921011
 3490 PALM AVE
 SAN DIEGO, CA 92154
 (619) 423-5616
 Effective as of 01-JUN-23

FRANK, STEWART, MD^{Mt}
 Provider ID: 100018840004
 4060 4TH AVE STE 605
 SAN DIEGO, CA 92103

C1. Lista de proveedores de la red

Proveedores de atención primaria

 (619) 298-1318
 Spanish
Effective as of 01-FEB-07

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

GREEN, BILLIE, MD^{F††}
Provider ID: 100023101004
 1101 FELSPAR ST
SAN DIEGO, CA 92109
 (858) 483-1720
 French
Effective as of 01-AUG-05

GREEN, BILLIE, MD^{F††}
Provider ID: 100023101005
 1101 FELSPAR ST
SAN DIEGO, CA 92109
 (858) 483-1720
 French
Effective as of 01-SEP-09

GUHAROY, ASIM, MD^{M†}
Provider ID: 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^{M†}
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^{M†}
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^{M†}
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^{M†}
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^M
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^{M†}
Provider ID: 100055830004
 2525 CAMINO DEL RIO S
STE 165
SAN DIEGO, CA 92108
 (619) 543-9655
Effective as of 01-AUG-22

HENRY, ANEEL, MD^M
Provider ID: 100418814002

 6386 ALVARADO CT STE
101
SAN DIEGO, CA 92120
 (858) 554-1212
Effective as of 01-DEC-23

HUA, NATHAN, MD^M
Provider ID: 100408831002
 7345 LINDA VISTA RD STE A
SAN DIEGO, CA 92111
 (858) 277-5463
 Vietnamese
Effective as of 01-JUN-23

KHEHAR, BHUPINDER, MD^{M†}
Provider ID: 100110360008
 3260 3RD AVE
SAN DIEGO, CA 92103
 (619) 297-3737
 Hindi, Punjabi, Swahili
Effective as of 01-JAN-21

KINGSBURY, A GRANT, MD^{M†}
Provider ID: 100063083007
 4060 4TH AVE STE 102
SAN DIEGO, CA 92103
 (619) 298-2900
Effective as of 01-NOV-22

KURUVADI, NISHA, DO^{F*}
Provider ID: 100412012004
 4276 54TH PL STE B
SAN DIEGO, CA 92115
 (619) 267-0553
Effective as of 01-OCT-23

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

NAJAR, FAUZI, MD^{M*}
Provider ID: 100390568005

C1. Lista de proveedores de la red

Proveedores de atención primaria

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

NAJAR, FAUZI, MD^M

Provider ID: 100390568007

 3490 PALM AVE
SAN DIEGO, CA 92154
 (619) 423-5616
 Arabic
Effective as of 01-OCT-23

NAJAR, FAUZI, MD^M

Provider ID: 100390568003

 3490 PALM AVE
SAN DIEGO, CA 92154
 (619) 423-5616
 Arabic
Effective as of 01-DEC-22

NAJAR, FAUZI, MD^M

Provider ID: 100390568002

 3490 PALM AVE
SAN DIEGO, CA 92154
 (619) 423-5616
 Arabic
Effective as of 01-AUG-22

NGUYEN, NGOCBICH, MD^F

Provider ID: 100084488006

 3969 4TH AVE STE 207
SAN DIEGO, CA 92103
 (619) 543-0042
 Vietnamese
Effective as of 01-FEB-17

OLIVER, DEANNA, MD^{Ft}

Provider ID: 100328564035

 995 GATEWAY CENTER
WAY
SAN DIEGO, CA 92102
 (619) 264-1935
 Spanish

Effective as of 01-SEP-22

QUINONEZ, JOSE, MD^M

Provider ID: 100085905004

 250 MARKET ST
SAN DIEGO, CA 92101
 (619) 239-9675
 Spanish
Effective as of 01-FEB-07

RAMINENI, NEELAKANTAN, MD^{Mt}

Provider ID: 100051318005

 4537 COLLEGE AVE
SAN DIEGO, CA 92115
 (619) 265-0504
 Spanish, Telugu
Effective as of 01-NOV-18

RAMINENI, NEELAKANTAN, MD^{Mt}

Provider ID: 100051318002

 4537 COLLEGE AVE
SAN DIEGO, CA 92115
 (619) 265-0504
 Spanish, Telugu
Effective as of 01-FEB-07

RIADH, MAYSAM, MD^F

Provider ID: 100413125002

 3260 3RD AVE
SAN DIEGO, CA 92103
 (619) 297-3737
 Arabic
Effective as of 01-SEP-23

SHAJAN, JOSHAN, MD^M

Provider ID: 100422554002

 3863 CLAIREMONT DR
SAN DIEGO, CA 92117
 (858) 483-5570
 Spanish
Effective as of 01-FEB-24

SHI, RONG, MD^{Ft}

Provider ID: 100133432007

 3260 3RD AVE
SAN DIEGO, CA 92103
 (619) 297-3737
 Mandarin
Effective as of 01-AUG-15

SZMIDT, MARIA, MD^F

Provider ID: 100108398006

 12395 EL CAMINO REAL
STE 100
SAN DIEGO, CA 92130
 (858) 259-5655
 Polish, Russian, Spanish
Effective as of 01-JUL-04

TESSIER, ADLA, MD^F

Provider ID: 100077390010

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

WAGNER, PAUL, MD^M

Provider ID: 100088692006

 4060 4TH AVE STE 100
SAN DIEGO, CA 92103
 (619) 718-9444
 Spanish
Effective as of 01-JAN-08

WATTS, ELI, MD^{Mt}

Provider ID: 100384223003

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

WILLGING, STEFAN, MD^{Mt}

Provider ID: 100106507003

 4060 4TH AVE STE 505
SAN DIEGO, CA 92103
 (619) 298-1318
 German
Effective as of 01-FEB-07

CI. Lista de proveedores de la red

Proveedores de atención primaria

WILLIAMS, HOWARD, MD^{M†}

Provider ID: 100070298003

 4060 4TH AVE STE 505
SAN DIEGO, CA 92103

 (619) 298-1318

 Spanish

Effective as of 01-FEB-07

WOODALL, GARY, MD^{M†}

Provider ID: 100096806003

 2970 5TH AVE STE 140
SAN DIEGO, CA 92103

 (619) 260-3456

Effective as of 01-FEB-07

PEDIATRICS

NGUYEN, HUONG, MD^{F†}

Provider ID: 100104992017

 4444 EL CAJON BLVD STE
6

SAN DIEGO, CA 92115

 (619) 285-1522

 Cantonese, Cambodian,
Mandarin

Effective as of 01-APR-21

FAMILY PRACTICE

ASHIZAWA, JAMES, MD^{M†}

Provider ID: 100056553008

 31001 RANCHO VIEJO RD
STE 200
SAN JUAN CAPISTRANO,
CA 92675

 (949) 661-9600

 Japanese, Spanish

Effective as of 01-JUL-15

GONZALEZ, DAVID, MD^{M†}

Provider ID: 100200908009

 31001 RANCHO VIEJO RD
STE 200

SAN JUAN CAPISTRANO,

CA 92675

 (949) 661-9600

 Spanish

Effective as of 01-JUL-15

HONG, ANDREW, MD^{M†}

Provider ID: 100043550008

 31001 RANCHO VIEJO RD
STE 200
SAN JUAN CAPISTRANO,
CA 92675

 (949) 661-9600

Effective as of 01-OCT-15

NAFICY, K, MD^{M†}

Provider ID: 100104435018

 30448 RANCHO VIEJO RD
STE 150
SAN JUAN CAPISTRANO,
CA 92675

 (949) 489-0773

 Farsi, French, Spanish

Teleservice

Effective as of 01-JUL-21

NAFICY, K, MD^{M†}

Provider ID: 100104435017

 30448 RANCHO VIEJO RD
STE 150
SAN JUAN CAPISTRANO,
CA 92675

 (949) 489-0773

 Farsi, French, Spanish

Teleservice

Effective as of 01-MAY-21

NAFICY, K, MD^{M†}

Provider ID: 100104435016

 30448 RANCHO VIEJO RD
STE 150
SAN JUAN CAPISTRANO,
CA 92675

 (949) 489-0773

 Farsi, French, Spanish

Teleservice

Effective as of 01-MAY-21

PANDY, LIZANDER, DO^{M†}

Provider ID: 100113474013

 31001 RANCHO VIEJO RD
STE 200
SAN JUAN CAPISTRANO,
CA 92675

 (949) 661-9600

 Spanish

Effective as of 01-OCT-21

PANDY, LIZANDER, DO^{M†}

Provider ID: 100113474012

 31001 RANCHO VIEJO RD
STE 200
SAN JUAN CAPISTRANO,
CA 92675

 (949) 661-9600

 Spanish

Effective as of 01-OCT-21

SERNA, SANDY, MD^{F†}

Provider ID: 100393508002

 31001 RANCHO VIEJO RD
STE 200
SAN JUAN CAPISTRANO,
CA 92675

 (949) 661-9600

 Spanish

Effective as of 01-SEP-22

TRINH, MIMI, MD^{F†}

Provider ID: 100105591008

 31001 RANCHO VIEJO RD
STE 200
SAN JUAN CAPISTRANO,
CA 92675

 (949) 661-9600

 Vietnamese

Effective as of 01-JUL-15

ZHENG, VINCENT, DO^{M†}

Provider ID: 100393531003

 31001 RANCHO VIEJO RD

C1. Lista de proveedores de la red

Proveedores de atención primaria

STE 200
SAN JUAN CAPISTRANO,
CA 92675
☎ (949) 661-9600
Effective as of 01-SEP-22

ZHENG, VINCENT, DO^{M†}
Provider ID: 100393531002
☎ 31001 RANCHO VIEJO RD
STE 200
SAN JUAN CAPISTRANO,
CA 92675
☎ (949) 661-9600
Effective as of 01-SEP-22

INTERNAL MEDICINE

FORTMANN, DANIEL, MD^{M*}
Provider ID: 100017458004
☎ 32281 CAMINO CPSTRN
C102
SAN JUAN CAPISTRANO,
CA 92675
☎ (949) 493-7981
Effective as of 01-JAN-18

NGUYEN, THUYTRANG, MD^{F††}
Provider ID: 100198226006
☎ 30300 CAMINO
CAPISTRANO
SAN JUAN CAPISTRANO,
CA 92675
☎ (949) 240-2272
☑ Spanish, Vietnamese
Effective as of 01-JAN-18

FAMILY PRACTICE

HALIM, NEIL, MD^M
Provider ID: 100153551007
☎ 1030 LA BONITA DR STE
316
SAN MARCOS, CA 92078
☎ (760) 744-9626
☑ Arabic, Spanish

Effective as of 01-FEB-13
WILLIE, KADEN, DO^M
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^{M†}
Provider ID: 100099164012
☎ 150 VALPRED A RD
SAN MARCOS, CA 92069
☎ (760) 736-6767
☑ Spanish
Effective as of 01-OCT-14

WITCZAK, IZABELA, MD^{F††}
Provider ID: 100036527006
☎ 150 VALPRED A RD
SAN MARCOS, CA 92069
☎ (760) 736-6767
☑ Polish
Effective as of 01-FEB-19

FAMILY PRACTICE

ALGHAMDI, ASMA, MD^{F†}
Provider ID: 100359014012
☎ 1666 PRECISION PARK LN
SAN YSIDRO, CA 92173
☎ (619) 662-4100
Effective as of 01-AUG-22

ALGHAMDI, ASMA, MD^{F†}
Provider ID: 100359014004
☎ 3364 BEYER BLVD
SAN YSIDRO, CA 92173
☎ (619) 662-4100
Effective as of 01-JAN-21

ALVAREZ-ESTRADA, MIGUEL, MD^{M†}

Provider ID: 100360099010
☎ 4004 BEYER BLVD
SAN YSIDRO, CA 92173
☎ (619) 662-4100
☑ Spanish
Effective as of 01-JAN-21

ALVAREZ-ESTRADA, MIGUEL, MD^{M†}

Provider ID: 100360099011
☎ 4050 BEYER BLVD
SAN YSIDRO, CA 92173
☎ (619) 662-4100
☑ Spanish
Effective as of 01-JAN-21

ARRIETA, NOEMI, DO^F

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

CARRIEDO CENICEROS, MARIA, MD^{F†}

CI. Lista de proveedores de la red

Proveedores de atención primaria

Provider ID: 100066452012

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

CUTLER, MICHAEL, MD^M

Provider ID: 100225708022

 4630 BORDER VILLAGE RD
STE H
SAN YSIDRO, CA 92173
 (619) 264-2591
 Russian, Spanish
Effective as of 01-JAN-24

DILLON, MAYRA, MD^{F+t}

Provider ID: 100163378008

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

HERNANDEZ, RALPH, MD^{Mt}

Provider ID: 100080408013

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

HERNANDEZ, RALPH, MD^{Mt}

Provider ID: 100080408021

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

LEE, JOSEPH, MD^{Mt}

Provider ID: 100368709004

 3364 BEYER BLVD
SAN YSIDRO, CA 92173
 (619) 662-4100

Teleservice

Effective as of 01-AUG-21

LEPEZ, DAVID, MD^{Mt}

Provider ID: 100255267002

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

LEPEZ, DAVID, MD^{Mt}

Provider ID: 100255267005

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

MOYA, MARY, MD^{F*}

Provider ID: 100099596010

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

NAVARRO, VANESSA, MD^{Ft}

Provider ID: 100173914012

 3364 BEYER BLVD STE 103
SAN YSIDRO, CA 92173
 (619) 662-4100
 Filipino, Spanish, Tagalog
Effective as of 01-JAN-21

NAVARRO, VANESSA, MD^{Ft}

Provider ID: 100173914015

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

ORTEGA, LUIS, MD^{Mt}

Provider ID: 100394387002

 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 (619) 662-4100

 Spanish

Teleservice

Effective as of 01-OCT-22

ORTIZ ILIZALITURRI, ANA, MD^{F+t}

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^{Ft}

Provider ID: 100300998007

 3364 BEYER BLVD
SAN YSIDRO, CA 92173
 (619) 662-4100

 Farsi

Effective as of 01-JAN-21

SNYDER, CHRISTOPHER, DO^{Mt}

Provider ID: 100024789042

 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 (619) 662-4100

 Spanish

Effective as of 01-JAN-21

STALEY, MICHAELA, MD^{Ft}

Provider ID: 100359422003

 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 (619) 662-4100

Effective as of 01-JAN-21

TALAVERA, GREGORY, MD^M

Provider ID: 100334847007

 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 (619) 662-4100

C1. Lista de proveedores de la red

Proveedores de atención primaria

 Spanish

Teleservice

Effective as of 01-APR-23

FQHC

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR, †

Provider ID: PG0047542012

 4050 BEYER BLVD
SAN YSIDRO, CA 92173

 (619) 662-4100

Teleservice

Effective as of 01-JAN-21

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER, †

Provider ID: PG0047448004

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 (619) 662-4100

Teleservice

Effective as of 01-JAN-21

SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS,

Provider ID: PG0047560015

 3364 BEYER BLVD
SAN YSIDRO, CA 92173

 (619) 662-4100

Teleservice

Effective as of 01-JAN-21

INTERNAL MEDICINE

CHEGINI, SEPIDEH, MD^F

Provider ID: 100042216003

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 (619) 662-4100

 German, Persian

Effective as of 01-FEB-24

PROMER, KATHERINE, MD^{F†}

Provider ID: 100357070007

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 (619) 662-4100

 Spanish

Effective as of 01-MAY-22

RAMIREZ SANCHEZ, CLAUDIA, MD^{F†}

Provider ID: 100392011002

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 (619) 662-4100

 Spanish

Effective as of 01-AUG-22

SALERNO, MARIANA, MD^{F†}

Provider ID: 100287873007

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 (619) 662-4100

Teleservice

Effective as of 01-MAR-21

SY, RAMON, MD^{M†}

Provider ID: 100062889014

 1666 PRECISION PARK LN
SAN YSIDRO, CA 92173

 (619) 662-4100

 Spanish, Tagalog

Effective as of 01-AUG-22

SY, RAMON, MD^{M†}

Provider ID: 100062889003

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 (619) 662-4100

 Spanish, Tagalog

Effective as of 01-AUG-22

FAMILY PRACTICE

ADEMA, DONALD, DO^M

Provider ID: 100086591006

 10201 MISSION GORGE RD
STE M

SANTEE, CA 92071

 (619) 596-5445

Effective as of 01-JAN-14

INTERNAL MEDICINE

CORBIN, DAVID, MD^{M†}

Provider ID: 100378968002

 120 TOWN CENTER PKWY
SANTEE, CA 92071

 (619) 662-4100

Teleservice

Effective as of 01-NOV-21

GUERRA, JACQUELINE, MD^{F†}

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^{F*}

Provider ID: 100090572017

 850 DEL MAR DOWNS RD
SOLANA BEACH, CA 92075

 (858) 832-2500

Teleservice

Effective as of 01-NOV-23

INTERNAL MEDICINE

WISNIEWSKI, MORRIS, MD^M

Provider ID: 100018082011

 380 STEVENS AVE STE 310
SOLANA BEACH, CA 92075

 (858) 554-1212

Effective as of 01-AUG-23

WISNIEWSKI, MORRIS, MD^M

Provider ID: 100018082007

CI. Lista de proveedores de la red

Proveedores de atención primaria

 380 STEVENS AVE STE 310
SOLANA BEACH, CA 92075
 (858) 554-1212
Effective as of 01-MAR-23

FAMILY PRACTICE

AFFLALO, SUZANNE, MD^F
Provider ID: 100402675004

 10225 AUSTIN DR STE 105
SPRING VALLEY, CA 91978
 (858) 648-0755
Teleservice
Effective as of 01-SEP-23

FQHC

**GROSSMONT SPRING VALLEY
FAMILY HLTH CTRS INC,**
Provider ID: PG0025044038

 8788 JAMACHA RD
SPRING VALLEY, CA 91977
 (619) 515-2555
Effective as of 01-JAN-21

FAMILY PRACTICE

BEHNAWA, SUSAN, MD^{F†}
Provider ID: 100343610004

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

BEHNAWA, SUSAN, MD^{F†}
Provider ID: 100343610010

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

GANTA, SANYASI, MD^{M†}
Provider ID: 100113069009

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

GANTA, SANYASI, MD^{M†}
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^{M†}
Provider ID: 100113069012

 26960 CHERRY HILLS
BLVD STE A
SUN CITY, CA 92586
 (951) 672-2856
 Hindi, Spanish, Telugu
Teleservice
Effective as of 01-APR-21

SCHOONMAKER, JOHN, DO^{M†}
Provider ID: 100064979020

 29826 HAUN RD STE 300
SUN CITY, CA 92586
 (951) 679-7022
 Spanish
Effective as of 01-SEP-22

INTERNAL MEDICINE

NGUYEN, DAVID, MD^M
Provider ID: 100105561002

 27830 BRADLEY RD
SUN CITY, CA 92586
 (951) 679-2358
 Vietnamese
Effective as of 01-NOV-12

NGUYEN, THANG, MD^{M†}
Provider ID: 100068936002

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

STANFORD, DAVID, MD^{M†}
Provider ID: 100030388002

 29798 HAUN RD STE 308
SUN CITY, CA 92586
 (951) 301-7611
Effective as of 01-SEP-09

FAMILY PRACTICE

AKLADEOS, NERMEEN, MD^F
Provider ID: 100399707003

 28780 SINGLE OAK DR STE
160
TEMECULA, CA 92590
 (951) 676-4193
 Arabic
Teleservice
Effective as of 01-AUG-23

**AYON MARTINEZ, CARLOS,
MD^M**

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

**AYON MARTINEZ, CARLOS,
MD^M**

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

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

BAILEY, CRISTINA, MD^{F†}
 Provider ID: 100060834010
 📍 28780 SINGLE OAK DR STE 160
 TEMECULA, CA 92590
 📞 (951) 676-4193
 🗣️ Spanish
 Effective as of 01-NOV-20

BAILEY, CRISTINA, MD^{F†}
 Provider ID: 100060834004
 📍 28780 SINGLE OAK DR STE 160
 TEMECULA, CA 92590
 📞 (951) 676-4193
 🗣️ Spanish
 Effective as of 01-JUN-04

BERNARDO, STACEY, DO^F
 Provider ID: 100377889003
 📍 28780 SINGLE OAK DR STE 160
 TEMECULA, CA 92590
 📞 (951) 676-4193
 Teleservice
 Effective as of 01-DEC-21

BLOSSER, JOSHUA, DO^M
 Provider ID: 100422006002
 📍 31720 TEMECULA PKWY STE 200
 TEMECULA, CA 92592
 📞 (833) 684-4642
 Effective as of 01-JAN-24

BRIGGS, BRIDGET, MD^F
 Provider ID: 100069323005
 📍 31170 TEMECULA PKWY STE 100
 TEMECULA, CA 92592
 📞 (951) 698-6090
 🗣️ Spanish
 Effective as of 01-JAN-16

CAMARILLO, DANIEL, MD^{M†}
 Provider ID: 100110735008
 📍 28780 SINGLE OAK DR STE 160
 TEMECULA, CA 92590
 📞 (951) 676-4193
 🗣️ Spanish
 Effective as of 01-MAR-12

CAMARILLO, DANIEL, MD^{M†}
 Provider ID: 100110735016
 📍 28780 SINGLE OAK DR STE 160
 TEMECULA, CA 92590
 📞 (951) 676-4193
 🗣️ Spanish
 Effective as of 01-NOV-20

COBIAN, VANESSA, MD^F
 Provider ID: 100350271003
 📍 41840 ENTERPRISE CIR N TEMECULA, CA 92590
 📞 (951) 225-6400
 Effective as of 01-MAR-22

COMBS, WALTER, MD^{M†}
 Provider ID: 100085605005
 📍 28780 SINGLE OAK DR STE 160
 TEMECULA, CA 92590
 📞 (951) 252-8650
 🗣️ Spanish
 Effective as of 01-JUN-04

COMBS, MATTHEW, MD^{M†}
 Provider ID: 100337168003
 📍 28780 SINGLE OAK DR STE 160
 TEMECULA, CA 92590
 📞 (951) 676-4193
 Effective as of 01-DEC-18

COMBS, WALTER, MD^{M†}
 Provider ID: 100085605012
 📍 28780 SINGLE OAK DR STE

160
 TEMECULA, CA 92590
 📞 (951) 252-8650
 🗣️ Spanish
 Effective as of 01-NOV-20

DORR, KASIE, DO^F
 Provider ID: 100422004002
 📍 41840 ENTERPRISE CIR N TEMECULA, CA 92590
 📞 (951) 225-6400
 Effective as of 01-JAN-24

ELKAYAM, ISAK, MD^M
 Provider ID: 100400487003
 📍 31720 TEMECULA PKWY STE 200
 TEMECULA, CA 92592
 📞 (760) 520-8100
 🗣️ Hebrew, Spanish
 Effective as of 01-NOV-23

HIZON, GERARDO, MD^{M†}
 Provider ID: 100098571012
 📍 27699 JEFFERSON AVE STE 101
 TEMECULA, CA 92590
 📞 (951) 790-0107
 Effective as of 01-JAN-23

HIZON, GERARDO, MD^{M†}
 Provider ID: 100098571011
 📍 27699 JEFFERSON AVE STE 101
 TEMECULA, CA 92590
 📞 (951) 790-0107
 Effective as of 01-JAN-23

IM, TAE WOONG, MD^{M†}
 Provider ID: 100039015004
 📍 28780 SINGLE OAK DR STE 160
 TEMECULA, CA 92590
 📞 (951) 676-4193
 🗣️ Korean

CI. Lista de proveedores de la red

Proveedores de atención primaria

Effective as of 01-JUN-04

JACKSON, ANITA, MD^{F†}

Provider ID: 100060861005

44274 GEORGE CUSHMAN
CT STE 212
TEMECULA, CA 92592

(951) 694-4688

Tagalog

Effective as of 01-NOV-11

KURAIISHI, AQDAS, MD^{M†}

Provider ID: 100089154013

31720 TEMECULA PKWY
STE 203
TEMECULA, CA 92592

(951) 302-4700

Effective as of 01-FEB-21

MADRID, RICHARD, MD^{M†}

Provider ID: 100077741005

28780 SINGLE OAK DR STE
160
TEMECULA, CA 92590

(951) 676-4193

Effective as of 01-OCT-05

MADRID, RICHARD, MD^{M†}

Provider ID: 100077741014

28780 SINGLE OAK DR STE
160
TEMECULA, CA 92590

(951) 676-4193

Effective as of 01-NOV-20

MAJEED, WASAN, MD^F

Provider ID: 100398263003

41840 ENTERPRISE CIR N
TEMECULA, CA 92590

(951) 225-6400

Arabic

Effective as of 01-MAR-23

MCDONALD, MARY, MD^F

Provider ID: 100051408003

31493 RANCHO PUEBLO
RD STE 107
TEMECULA, CA 92592

(951) 303-3337

Effective as of 01-OCT-09

MCDONALD, ROBERT, MD^{M†}

Provider ID: 100093825003

31493 RANCHO PUEBLO
RD STE 107
TEMECULA, CA 92592

(951) 303-3337

Effective as of 01-OCT-09

MILLER, BRANDON, DO^{M†}

Provider ID: 100148562008

31720 TEMECULA PKWY
TEMECULA, CA 92592

(951) 676-4193

Effective as of 01-OCT-11

MILLER, BRANDON, DO^{M†}

Provider ID: 100148562007

28780 SINGLE OAK DR STE
160
TEMECULA, CA 92590

(951) 676-4193

Effective as of 01-OCT-11

NWOSU, MICHAEL, MD^M

Provider ID: 100367685005

41840 ENTERPRISE CIR N
TEMECULA, CA 92590

(951) 225-6400

Effective as of 01-AUG-22

PHILLIPS, LILY, MD^{F†}

Provider ID: 100113116012

31565 RANCHO PUEBLO
RD STE 102B
TEMECULA, CA 92592

(951) 231-1385

Chinese, Mandarin, Spanish

Effective as of 01-SEP-18

POSTE, ALETHEA, MD^F

Provider ID: 100418802002

28780 SINGLE OAK DR STE
160
TEMECULA, CA 92590

(951) 676-4193

Teleservice

Effective as of 01-JAN-24

RAHMAN, MAISARA, MD^{F†}

Provider ID: 100083398023

31720 TEMECULA PKWY
TEMECULA, CA 92592

(951) 676-4193

Arabic

Effective as of 01-NOV-20

RAHMAN, MAISARA, MD^{F†}

Provider ID: 100083398012

31150 TEMECULA PKWY
STE 200
TEMECULA, CA 92592

(951) 676-4193

Arabic

Effective as of 01-AUG-16

SCHULTZ, JAMES, MD^{M†}

Provider ID: 100030577018

41840 ENTERPRISE CIR N
TEMECULA, CA 92590

(951) 225-6400

Farsi, Greek, Spanish

Effective as of 01-AUG-20

SIMMONS, PAMELA, MD^{F†}

Provider ID: 100057995006

28780 SINGLE OAK DR STE
160
TEMECULA, CA 92590

(951) 676-4193

Effective as of 01-JUL-17

VINCENT, WILLIAM, MD^{M†}

Provider ID: 100320230007

31720 TEMECULA PKWY

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

STE 100
 TEMECULA, CA 92592
 (951) 225-6838
 Effective as of 01-MAY-21

WISE, DOUGLAS, DO^{M†}
 Provider ID: 100023557005
 40285 WINCHESTER RD
 STE 103
 TEMECULA, CA 92591
 (951) 296-5844
 Effective as of 01-NOV-22

ZEBARJADI, Omid, DO^M
 Provider ID: 100379100008
 27699 JEFFERSON AVE STE
 305
 TEMECULA, CA 92590
 (951) 503-8730
 Farsi, Spanish
 Teleservice
 Effective as of 01-AUG-23

ZEBRACK, DAVID, DO^{M†}
 Provider ID: 100064903010
 40285 WINCHESTER RD
 STE 103
 TEMECULA, CA 92591
 (951) 296-5844
 Spanish
 Effective as of 01-NOV-22

ZEBRACK, DAVID, DO^{M†}
 Provider ID: 100064903006
 40285 WINCHESTER RD
 STE 103
 TEMECULA, CA 92591
 (951) 296-5844
 Spanish
 Effective as of 01-SEP-04

ZURITA, DANIELA, MD^{F†}
 Provider ID: 100396617008
 41840 ENTERPRISE CIR N
 TEMECULA, CA 92590

 (951) 216-2200
 Spanish
 Effective as of 01-DEC-22

INTERNAL MEDICINE

BASCH, MICHAEL, MD^{M†}
 Provider ID: 100011399007
 41593 WINCHESTER RD
 STE 101
 TEMECULA, CA 92590
 (951) 719-1111
 Arabic, Spanish
 Effective as of 01-SEP-09

BLOSSER, NICHELE, DO^F
 Provider ID: 100411369003
 28780 SINGLE OAK DR STE
 160
 TEMECULA, CA 92590
 (951) 676-4193
 Effective as of 01-NOV-23

GISI, SYLVIA, MD^F
 Provider ID: 100100126002
 31493 RANCHO PUEBLO
 RD STE 206
 TEMECULA, CA 92592
 (951) 303-6158
 Spanish
 Effective as of 01-AUG-19

GOMER, JEREMY, MD^{M†}
 Provider ID: 100379005002
 27403 YNEZ RD STE 108
 TEMECULA, CA 92591
 (951) 750-7888
 Effective as of 01-NOV-21

KIM, IRENE, DO^F
 Provider ID: 100380710003
 28780 SINGLE OAK DR STE
 160
 TEMECULA, CA 92590
 (951) 676-4193

Effective as of 01-JAN-22
MAPLETON, SHARINA, DO^F
 Provider ID: 100384944005
 41840 ENTERPRISE CIR N
 TEMECULA, CA 92590
 (951) 225-6400
 Effective as of 01-FEB-24

SALAS, ERNESTO, MD^{M†}
 Provider ID: 100093444002
 27699 JEFFERSON AVE STE
 311
 TEMECULA, CA 92590
 (951) 693-1159
 Spanish, Tagalog
 Effective as of 01-NOV-00

HERMAN, SAM, MD^M
 Provider ID: 100414181005
 31951 DOVE CANYON DR
 TRABUCO CANYON, CA
 92679
 (949) 557-0890
 Effective as of 01-SEP-23

FAMILY PRACTICE

SCHULTZ, JAMES, MD^M
 Provider ID: 100030577024
 28477 LIZARD ROCKS RD
 VALLEY CENTER, CA 92082
 (760) 742-9919
 Farsi, Greek, Spanish
 Effective as of 01-MAR-23

SCHULTZ, JAMES, MD^M
 Provider ID: 100030577029
 28477 LIZARD ROCKS RD
 VALLEY CENTER, CA 92082
 (760) 742-9919
 Farsi, Greek, Spanish
 Effective as of 01-JAN-24

FQHC

C1. Lista de proveedores de la red

Proveedores de atención primaria

NEIGHBORHOOD

HEALTHCARE,

Provider ID: PG0024990061

28477 LIZARD ROCKS RD
VALLEY CENTER, CA 92082
(760) 742-9919

Teleservice

Effective as of 01-FEB-24

FAMILY PRACTICE

CASTREJON, JOSEPH, MD^{M*}

Provider ID: 100097250007

2023 W VISTA WAY STE K
VISTA, CA 92083
(760) 806-1406

Spanish

Effective as of 01-SEP-21

CLARK, MA BELEN, MD^{F†}

Provider ID: 100015309003

1954 VIA CTR STE B
VISTA, CA 92081
(760) 529-9700

Tagalog

Effective as of 01-DEC-15

DONNELL, MARTI, MD^{F*}

Provider ID: 100049875024

134 GRAPEVINE RD
VISTA, CA 92083
(844) 308-5003

Spanish

Effective as of 01-JAN-24

DONNELL, MARTI, MD^{F*}

Provider ID: 100049875023

1000 VALE TERRACE DR
VISTA, CA 92084
(760) 631-5000

Spanish

Effective as of 01-JAN-24

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

Provider ID: 100358800014

1000 VALE TERRACE DR
VISTA, CA 92084
(760) 631-5000

Spanish

Effective as of 01-JAN-24

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

Provider ID: 100358800015

134 GRAPEVINE RD
VISTA, CA 92083
(760) 631-5000

Spanish

Effective as of 01-JAN-24

FERBER, JEFFREY, MD^{M††}

Provider ID: 100092669014

1926 VIA CTR
VISTA, CA 92081
(760) 940-7000

Effective as of 01-SEP-21

HIKES, RYAN, MD^M

Provider ID: 100391207008

1000 VALE TERRACE DR
VISTA, CA 92084
(760) 631-5000

Effective as of 01-JAN-24

HIKES, RYAN, MD^M

Provider ID: 100391207006

1000 VALE TERRACE DR
VISTA, CA 92084
(760) 631-5000

Effective as of 01-AUG-23

HIKES, RYAN, MD^M

Provider ID: 100391207004

1000 VALE TERRACE DR
VISTA, CA 92084
(760) 631-5000

Effective as of 01-NOV-22

HURD, MELISSA, MD^{F†}

Provider ID: 100054491003

161 THUNDER DR STE 103
VISTA, CA 92083
(760) 758-1988

Effective as of 01-JUL-13

LEONARD, LISA, MD^{F†}

Provider ID: 100278907004

1000 VALE TERRACE DR
VISTA, CA 92084
(760) 631-5000

French, Spanish

Effective as of 01-OCT-21

MARTINEZ, LESLY, MD^{F*}

Provider ID: 100397984035

134 GRAPEVINE RD
VISTA, CA 92083
(760) 631-5000

Spanish

Effective as of 01-JAN-24

MARTINEZ, LESLY, MD^{F*}

Provider ID: 100397984039

1000 VALE TERRACE DR
VISTA, CA 92084
(760) 631-5000

Spanish

Effective as of 01-JAN-24

NOVAK, LOREN, DO^{M†}

Provider ID: 100093766013

1926 VIA CENTRE DRIVE
SUITE A
VISTA, CA 92081

(760) 940-7000

Effective as of 01-SEP-21

ONG, DONALD, MD^{M†}

Provider ID: 100033027006

1000 VALE TERRACE DR
VISTA, CA 92084
(760) 631-5000

Filipino, Spanish, Tagalog

Effective as of 01-JAN-24

C1. Lista de proveedores de la red

Proveedores de atención primaria

PANICKER, CIBU, MD^M

Provider ID: 100322969008
1000 VALE TERRACE DR
VISTA, CA 92084
(760) 631-5000
Effective as of 01-NOV-20

POP, SIMONA, MD^{F†}

Provider ID: 100021772013
145 THUNDER DR
VISTA, CA 92083
(760) 941-9002
Romanian
Effective as of 01-NOV-23

RIVERA, MIDORI, MD^F

Provider ID: 100111732027
204 S SANTA FE AVE
VISTA, CA 92084
(858) 554-1212
Japanese, Spanish
Effective as of 01-DEC-23

RIVERA, MIDORI, MD^F

Provider ID: 100111732024
204 S SANTA FE AVE
VISTA, CA 92084
(858) 554-1212
Japanese, Spanish
Effective as of 01-OCT-23

TRAN, DAO, DO^M

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

TRAN, DAO, DO^M

Provider ID: 100325638009
1000 VALE TERRACE DR
VISTA, CA 92084
(760) 631-5000

Vietnamese
Effective as of 01-MAR-20

TRAN, DAO, DO^M

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

TRAN, DAO, DO^M

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

VIDAL, MONICA, DO^{F†}

Provider ID: 100327876041
134 GRAPEVINE RD
VISTA, CA 92083
(844) 308-5003
Spanish
Effective as of 01-JAN-24

VIDAL, MONICA, DO^{F†}

Provider ID: 100327876045
1000 VALE TERRACE DR
VISTA, CA 92084
(760) 631-5000
Spanish
Effective as of 01-JAN-24

FQHC

VCC DURIAN, †

Provider ID: PG0083886011
105 DURIAN ST STE A
VISTA, CA 92083
(844) 308-5003
Effective as of 01-JUL-22

VISTA COMMUNITY CLINIC

GRAPEVINE,

Provider ID: PG0085050004
134 GRAPEVINE RD
VISTA, CA 92083
(760) 631-5000
Teleservice
Effective as of 01-JUL-22

GENERAL PRACTICE

OLIVA, CARLOS, MD^{M†}

Provider ID: 100102198003
969 S SANTA FE AVE STE A
VISTA, CA 92083
(760) 941-7050
Spanish
Effective as of 01-DEC-17

OLIVA, CARLOS, MD^{M†}

Provider ID: 100102198008
969 S SANTA FE AVE STE A
VISTA, CA 92083
(760) 941-7050
Spanish
Effective as of 01-SEP-22

ONG, DONALD, MD^{M†}

Provider ID: 100033027003
1000 VALE TERRACE DR
VISTA, CA 92084
(760) 631-5000
Filipino, Spanish, Tagalog
Effective as of 01-DEC-10

ONG, DONALD, MD^{M†}

Provider ID: 100033027005
1000 VALE TERRACE DR
VISTA, CA 92084
(760) 631-5000
Filipino, Spanish, Tagalog
Effective as of 01-MAR-20

SMITH, GREGORY, MD^{M*}

Provider ID: 100062596003
161 THUNDER DR STE 207

C1. Lista de proveedores de la red

Proveedores de atención primaria

VISTA, CA 92083
☎ (760) 598-8410
Effective as of 01-DEC-06

INTERNAL MEDICINE

BOQUIN, ENRIQUE, MD^M
Provider ID: 100062570003
📍 1000 VALE TERRACE DR
VISTA, CA 92084
☎ (760) 631-5000
📄 Spanish
Effective as of 01-DEC-07

BOQUIN, ENRIQUE, MD^M
Provider ID: 100062570008
📍 1000 VALE TERRACE DR
VISTA, CA 92084
☎ (760) 631-5000
📄 Spanish
Effective as of 01-JAN-24

BOQUIN, ENRIQUE, MD^M
Provider ID: 100062570005
📍 1000 VALE TERRACE DR
VISTA, CA 92084
☎ (760) 631-5000
📄 Spanish
Effective as of 01-NOV-20

BRAR, KARANBIR, MD^{M†}
Provider ID: 100305037016
📍 1926 VIA CTR STE A
VISTA, CA 92081
☎ (760) 940-7000
Effective as of 01-SEP-21

CHEN, MAX, MD^M
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^M
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^{F†}
Provider ID: 100265397003
📍 2375 S MELROSE DR
VISTA, CA 92081
☎ (760) 305-1900
Effective as of 01-JUL-16

CLANCY, JOHN, DO^{M†}
Provider ID: 100215810013
📍 2375 S MELROSE DR
VISTA, CA 92081
☎ (760) 305-1900
Effective as of 01-SEP-21

DAO, MARC, MD^M
Provider ID: 100307890010
📍 1000 VALE TERRACE DR
VISTA, CA 92084
☎ (760) 631-5000
📄 French, Vietnamese
Effective as of 01-FEB-23

DAO, MARC, MD^M
Provider ID: 100307890016
📍 1000 VALE TERRACE DR
VISTA, CA 92084
☎ (760) 631-5000
📄 French, Vietnamese
Effective as of 01-JAN-24

DAO, MARC, MD^M
Provider ID: 100307890014
📍 1000 VALE TERRACE DR
VISTA, CA 92084
☎ (760) 631-5000
📄 French, Vietnamese

Effective as of 01-JUN-23

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

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

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

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

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

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

C1. Lista de proveedores de la red

Proveedores de atención primaria

RHIANNON, JULIA, MD^F

Provider ID: 100382647007

 105 DURIAN ST STE A
VISTA, CA 92083

 (760) 631-5000

Effective as of 01-SEP-22

RHIANNON, JULIA, MD^F

Provider ID: 100382647008

 105 DURIAN ST STE B
VISTA, CA 92083

 (760) 631-5000

Effective as of 01-SEP-22

RHIANNON, JULIA, MD^F

Provider ID: 100382647009

 1000 VALE TERRACE DR
VISTA, CA 92084

 (760) 631-5000

Effective as of 01-JAN-24

RHIANNON, JULIA, MD^F

Provider ID: 100382647006

 1000 VALE TERRACE DR
VISTA, CA 92084

 (760) 631-5000

Effective as of 01-SEP-22

RHIANNON, JULIA, MD^F

Provider ID: 100382647002

 1000 VALE TERRACE DR
VISTA, CA 92084

 (760) 631-5000

Effective as of 01-JAN-22

RUTMAN, MICHAEL, DO^{M†}

Provider ID: 100024612023

 2355 S MELROSE DR
VISTA, CA 92081

 (760) 598-0088

Effective as of 01-JAN-21

RUTMAN, MICHAEL, DO^{M†}

Provider ID: 100024612005

 2355 S MELROSE DR

VISTA, CA 92081

 (760) 598-0088

Effective as of 01-OCT-00

SHALI, REYZAN, MD^{F†}

Provider ID: 100113968008

 1926 VIA CTR STE A
VISTA, CA 92081

 (760) 940-7000

 Arabic, Hebrew

Effective as of 01-SEP-21

FAMILY PRACTICE

BONNICI, MARCELLA, MD^{F*}

Provider ID: 100072106002

 36320 INLAND VALLEY DR
STE 201

WILDOMAR, CA 92595

 (951) 816-3233

Effective as of 01-OCT-16

INTERNAL MEDICINE

PATEL, REENABEN, MD^F

Provider ID: 100380064004

 36243 INLAND VALLEY DR
STE 160

WILDOMAR, CA 92595

 (951) 698-8821

Effective as of 01-JAN-22

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

CERTIFIED NURSE PRACTITIONER

WONG, KRISTLE, NP

Provider ID: N/A

26671 ALISO CREEK RD STE 202
ALISO VIEJO, CA 92656
Effective as of 01-NOV-23

DERMATOLOGY

LANDER, JEFFREY, MD†

Provider ID: N/A

24541 PACIFIC PARK DR STE 103
ALISO VIEJO, CA 92656
Effective as of 01-DEC-22

LANDER, JEFFREY, MD†

Provider ID: N/A

24541 PACIFIC PARK DR STE 103
ALISO VIEJO, CA 92656
Effective as of 01-OCT-23

DEVELOPMENTAL

BEHAVIORAL PEDIATRICS

FELDMAN, GARY, MD†

Provider ID: N/A

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

ENDOCRINOLOGY

METABOLISM DIABETES

NADEAU, DANIEL, MD

Provider ID: N/A

26671 ALISO CREEK RD STE 205
ALISO VIEJO, CA 92656
Effective as of 01-JUN-23

NADEAU, DANIEL, MD

Provider ID: N/A

26671 ALISO CREEK RD STE 205
ALISO VIEJO, CA 92656
Effective as of 01-JUN-23

ROBERTSON, ASHA, MD

Provider ID: N/A

26671 ALISO CREEK RD STE 205
ALISO VIEJO, CA 92656
Effective as of 01-JUN-23

ROBERTSON, ASHA, MD

Provider ID: N/A

26671 ALISO CREEK RD STE 205
ALISO VIEJO, CA 92656
Effective as of 01-JUN-23

HEMATOLOGY / ONCOLOGY

IYER, LAXMI, MD†

Provider ID: N/A

2 JOURNEY STE 201
ALISO VIEJO, CA 92656
Effective as of 01-NOV-21

IYER, LAXMI, MD†

Provider ID: N/A

2 JOURNEY STE 201
ALISO VIEJO, CA 92656
Effective as of 01-NOV-21

IYER, LAXMI, MD†

Provider ID: N/A

2 JOURNEY STE 201
ALISO VIEJO, CA 92656
Effective as of 01-NOV-21

IYER, LAXMI, MD†

Provider ID: N/A

2 JOURNEY STE 201
ALISO VIEJO, CA 92656
Effective as of 01-NOV-21

IYER, LAXMI, MD†

Provider ID: N/A

2 JOURNEY STE 201
ALISO VIEJO, CA 92656
Effective as of 01-NOV-21

POW-ANPONGKUL, PETE, MD†

Provider ID: N/A

2 JOURNEY STE 201
ALISO VIEJO, CA 92656*
Effective as of 01-NOV-21

INFECTIOUS DISEASE

BAILEY, CHARLES, MD†

Provider ID: N/A

26671 ALISO CREEK RD STE 301
ALISO VIEJO, CA 92656
Effective as of 01-APR-23

BAILEY, CHARLES, MD†

Provider ID: N/A

26671 ALISO CREEK RD STE 301
ALISO VIEJO, CA 92656
Effective as of 01-APR-23

NEUROLOGY

BIXBY, MINDY, DO

Provider ID: N/A

26671 ALISO CREEK RD STE 203
ALISO VIEJO, CA 92656
Teleservice
Effective as of 01-JAN-23

BIXBY, MINDY, DO

Provider ID: N/A

26671 ALISO CREEK RD STE

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

203
ALISO VIEJO, CA 92656
Teleservice
Effective as of 01-JAN-23

BIXBY, MINDY, DO

Provider ID: N/A
☑ 26671 ALISO CREEK RD STE
203
ALISO VIEJO, CA 92656
Teleservice
Effective as of 01-FEB-23

BIXBY, MINDY, DO

Provider ID: N/A
☑ 26671 ALISO CREEK RD STE
203
ALISO VIEJO, CA 92656
Teleservice
Effective as of 01-FEB-23

BIXBY, MINDY, DO

Provider ID: N/A
☑ 26671 ALISO CREEK RD STE
203
ALISO VIEJO, CA 92656
Teleservice
Effective as of 01-FEB-23

BIXBY, MINDY, DO

Provider ID: N/A
☑ 26671 ALISO CREEK RD STE
203
ALISO VIEJO, CA 92656
Teleservice
Effective as of 01-FEB-23

BIXBY, MINDY, DO

Provider ID: N/A
☑ 26671 ALISO CREEK RD STE
203
ALISO VIEJO, CA 92656
Teleservice
Effective as of 01-FEB-23

LUDEMA, THOMAS, MD[†]
Provider ID: N/A
☑ 15 MAREBLU STE 250
ALISO VIEJO, CA 92656
Effective as of 01-OCT-18

LUDEMA, THOMAS, MD[†]
Provider ID: N/A
☑ 15 MAREBLU STE 250
ALISO VIEJO, CA 92656
Effective as of 01-OCT-18

MARTINEZ, KENNETH, MD
Provider ID: N/A
☑ 5 JOURNEY STE 210
ALISO VIEJO, CA 92656
Effective as of 01-APR-23

MARTINEZ, KENNETH, MD
Provider ID: N/A
☑ 5 JOURNEY STE 210
ALISO VIEJO, CA 92656
Effective as of 01-JAN-17

MARTINEZ, KENNETH, MD
Provider ID: N/A
☑ 5 JOURNEY STE 210
ALISO VIEJO, CA 92656
Effective as of 01-NOV-14

MARTINEZ, KENNETH, MD
Provider ID: N/A
☑ 5 JOURNEY STE 210
ALISO VIEJO, CA 92656
Effective as of 01-MAR-20

MARTINEZ, KENNETH, MD
Provider ID: N/A
☑ 5 JOURNEY STE 210
ALISO VIEJO, CA 92656
Effective as of 01-MAR-20

MARTINEZ, KENNETH, MD
Provider ID: N/A
☑ 5 JOURNEY STE 210

ALISO VIEJO, CA 92656
Effective as of 01-MAR-20

SALEHI, HAMID, MD[†]

Provider ID: N/A
☑ 26895 ALISO CREEK RD
STE B302
ALISO VIEJO, CA 92656
Effective as of 01-JAN-18

OPTOMETRIST

NGUYEN, LETHUY, OD[†]

Provider ID: N/A
☑ 27001 MOULTON PKWY
STE A100
ALISO VIEJO, CA 92656
Effective as of 01-JAN-18

PEDIATRICS

FELDMAN, GARY, MD[†]

Provider ID: N/A
☑ 11 MAREBLU STE 200
ALISO VIEJO, CA 92656
Effective as of 01-FEB-23

FELDMAN, GARY, MD[†]

Provider ID: N/A
☑ 11 MAREBLU STE 200
ALISO VIEJO, CA 92656
Effective as of 01-NOV-18

YANNI, ELIZABETH, MD[†]

Provider ID: N/A
☑ 26671 ALISO CREEK RD STE
200
ALISO VIEJO, CA 92656*
Effective as of 01-JAN-21

PHYSICIANS ASSISTANT

GREEN, TRAVIS, PA

Provider ID: N/A
☑ 26671 ALISO CREEK RD STE

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

101
ALISO VIEJO, CA 92656*
Effective as of 01-MAY-23

PODIATRIST

ENG, STEVE, DPM†

Provider ID: N/A
5 JOURNEY STE 210
ALISO VIEJO, CA 92656
Effective as of 01-JUL-21

ENG, STEVE, DPM†

Provider ID: N/A
5 JOURNEY STE 210
ALISO VIEJO, CA 92656
Effective as of 01-JUL-21

ENG, STEVE, DPM†

Provider ID: N/A
5 JOURNEY STE 210
ALISO VIEJO, CA 92656
Effective as of 01-JUL-21

ENG, STEVE, DPM†

Provider ID: N/A
5 JOURNEY STE 210
ALISO VIEJO, CA 92656
Effective as of 01-JUL-21

ENG, STEVE, DPM†

Provider ID: N/A
5 JOURNEY STE 210
ALISO VIEJO, CA 92656
Effective as of 01-APR-23

ENG, STEVE, DPM†

Provider ID: N/A
5 JOURNEY STE 210
ALISO VIEJO, CA 92656
Effective as of 01-APR-23

HEHE, KYLE, DPM

Provider ID: N/A
15 MAREBLU STE 240

ALISO VIEJO, CA 92656
Effective as of 01-AUG-23

HEHE, KYLE, DPM

Provider ID: N/A
15 MAREBLU STE 240
ALISO VIEJO, CA 92656
Effective as of 01-AUG-23

PSYCHIATRY

MARTINEZ, KENNETH, MD

Provider ID: N/A
5 JOURNEY STE 210
ALISO VIEJO, CA 92656
Effective as of 01-JAN-17

MARTINEZ, KENNETH, MD

Provider ID: N/A
5 JOURNEY STE 210
ALISO VIEJO, CA 92656
Effective as of 01-APR-23

MARTINEZ, KENNETH, MD

Provider ID: N/A
5 JOURNEY STE 210
ALISO VIEJO, CA 92656
Effective as of 01-MAR-20

MARTINEZ, KENNETH, MD

Provider ID: N/A
5 JOURNEY STE 210
ALISO VIEJO, CA 92656
Effective as of 01-MAR-20

MARTINEZ, KENNETH, MD

Provider ID: N/A
5 JOURNEY STE 210
ALISO VIEJO, CA 92656
Effective as of 01-MAR-20

MARTINEZ, KENNETH, MD

Provider ID: N/A
5 JOURNEY STE 210
ALISO VIEJO, CA 92656

Effective as of 01-NOV-14

MARTINEZ, KENNETH, MD

Provider ID: N/A
5 JOURNEY STE 210
ALISO VIEJO, CA 92656
Effective as of 01-JAN-17

MARTINEZ, KENNETH, MD

Provider ID: N/A
5 JOURNEY STE 210
ALISO VIEJO, CA 92656
Effective as of 01-APR-23

MARTINEZ, KENNETH, MD

Provider ID: N/A
5 JOURNEY STE 210
ALISO VIEJO, CA 92656
Effective as of 01-MAR-20

MARTINEZ, KENNETH, MD

Provider ID: N/A
5 JOURNEY STE 210
ALISO VIEJO, CA 92656
Effective as of 01-MAR-20

MARTINEZ, KENNETH, MD

Provider ID: N/A
5 JOURNEY STE 210
ALISO VIEJO, CA 92656
Effective as of 01-MAR-20

MARTINEZ, KENNETH, MD

Provider ID: N/A
5 JOURNEY STE 210
ALISO VIEJO, CA 92656
Effective as of 01-NOV-14

PULMONARY DISEASES

GALKO, BARBARA, MD

Provider ID: N/A
11 MAREBLU STE 200
ALISO VIEJO, CA 92656
Effective as of 01-NOV-23

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

SHAHINIAN, GEORGE, MD

Provider ID: N/A

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

Provider ID: N/A

11 MAREBLU STE 200
ALISO VIEJO, CA 92656
Effective as of 01-APR-21

RUSSO, MICHAEL, MD†

Provider ID: N/A

11 MAREBLU STE 200
ALISO VIEJO, CA 92656
Effective as of 01-MAY-21

RUSSO, MICHAEL, MD†

Provider ID: N/A

11 MAREBLU STE 200
ALISO VIEJO, CA 92656
Effective as of 01-MAY-21

SURGERY

NEUROLOGICAL

MEHTA, VIKRAM, MD

Provider ID: N/A

26671 ALISO CREEK RD STE

203

ALISO VIEJO, CA 92656

Effective as of 01-DEC-23

MEHTA, VIKRAM, MD

Provider ID: N/A

26671 ALISO CREEK RD STE
203
ALISO VIEJO, CA 92656
Effective as of 01-DEC-23

CERTIFIED NURSE PRACTITIONER

SANDERS, JESSICA, NP†

Provider ID: N/A

1620 ALPINE BLVD STE 110
ALPINE, CA 91901
Teleservice
Effective as of 01-NOV-22

CHIROPRACTOR

ABDULRAHIM, AHMED, DC†

Provider ID: N/A

1620 ALPINE BLVD STE 110
ALPINE, CA 91901
Teleservice
Effective as of 01-JUL-22

KELCHNER, MATTHEW, DC†

Provider ID: N/A

1620 ALPINE BLVD STE 110
ALPINE, CA 91901
Effective as of 01-JUL-22

KELCHNER, MATTHEW, DC†

Provider ID: N/A

1620 ALPINE BLVD STE 110
ALPINE, CA 91901
Effective as of 01-JAN-21

PHILLIPS, KATHERINE, DC

Provider ID: N/A

1620 ALPINE BLVD STE 110
ALPINE, CA 91901
Effective as of 01-FEB-24

FAMILY PRACTICE

VAN HOLLEBEKE, RACHEL, MD

Provider ID: N/A

1620 ALPINE BLVD
ALPINE, CA 91901
Effective as of 01-JUN-23

WYLIE, BLAKE, DO†

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†

Provider ID: N/A

1620 ALPINE BLVD STE 117
ALPINE, CA 91901
Effective as of 01-SEP-22

BINDER, NICHOLAS, MD†

Provider ID: N/A

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

CHANG, TOM, MD†

Provider ID: N/A

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

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-MAR-18

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

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

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

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

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

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-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

BUSCH, HEIDI, MD†

Provider ID: N/A

6010 HIDDEN VALLEY RD
STE 120
CARLSBAD, CA 92011
Teleservice
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-24

RILEY, JESSICA, DO†

Provider ID: N/A

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

RILEY, JESSICA, DO†

Provider ID: N/A

6010 HIDDEN VALLEY RD
STE 120
CARLSBAD, CA 92011
Effective as of 01-JAN-21

RILEY, JESSICA, DO†

Provider ID: N/A

6010 HIDDEN VALLEY RD
STE 120
CARLSBAD, CA 92011
Effective as of 01-JAN-21

ZUBAIR, RAHEEL, MD

Provider ID: N/A

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

ZUBAIR, RAHEEL, MD

Provider ID: N/A

6010 HIDDEN VALLEY RD
STE 120
CARLSBAD, CA 92011
Effective as of 01-JAN-24

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

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

***HEARING AID DEALER /
SUPPLIER***

DAVIS, KELLE, MA[†]

Provider ID: N/A
 1820 MARRON RD
 CARLSBAD, CA 92008
 Effective as of 01-JAN-21

DAVIS, KELLE, MA[†]

Provider ID: N/A
 1820 MARRON RD STE 102
 CARLSBAD, CA 92008
 Effective as of 01-SEP-22

NEPHROLOGY

SAVANI, AMAN, MD

Provider ID: N/A
 6010 HIDDEN VALLEY RD
 STE 200
 CARLSBAD, CA 92011
 Effective as of 01-AUG-23

NEUROLOGY

BAKER, DAVID, DO

Provider ID: N/A
 6010 HIDDEN VALLEY RD
 STE 200
 CARLSBAD, CA 92011
 Effective as of 01-JAN-24

BAKER, DAVID, DO

Provider ID: N/A
 6010 HIDDEN VALLEY RD
 STE 200
 CARLSBAD, CA 92011
 Effective as of 01-DEC-23

CHOUDRY, BILAL, MD[†]

Provider ID: N/A
 6010 HIDDEN VALLEY RD
 STE 200
 CARLSBAD, CA 92011

Effective as of 01-FEB-16

CHOUDRY, BILAL, MD[†]

Provider ID: N/A
 6010 HIDDEN VALLEY RD
 STE 200
 CARLSBAD, CA 92011
 Effective as of 01-FEB-16

CHOUDRY, BILAL, MD[†]

Provider ID: N/A
 6010 HIDDEN VALLEY RD
 STE 200
 CARLSBAD, CA 92011
 Effective as of 01-JAN-21

CHOUDRY, BILAL, MD[†]

Provider ID: N/A
 6010 HIDDEN VALLEY RD
 STE 200
 CARLSBAD, CA 92011
 Effective as of 01-JAN-21

DELANEY, MICHAEL, MD[†]

Provider ID: N/A
 6010 HIDDEN VALLEY RD
 STE 200
 CARLSBAD, CA 92011
 Teleservice
 Effective as of 01-JAN-21

DELANEY, MICHAEL, MD[†]

Provider ID: N/A
 6010 HIDDEN VALLEY RD
 STE 200
 CARLSBAD, CA 92011
 Teleservice
 Effective as of 01-NOV-22

DELANEY, MICHAEL, MD[†]

Provider ID: N/A
 6010 HIDDEN VALLEY RD
 STE 200
 CARLSBAD, CA 92011
 Teleservice

Effective as of 01-SEP-21

DROKER, BRIAN, MD

Provider ID: N/A
 6010 HIDDEN VALLEY RD
 STE 200
 CARLSBAD, CA 92011
 Effective as of 01-DEC-23

DROKER, BRIAN, MD

Provider ID: N/A
 6010 HIDDEN VALLEY RD
 STE 200
 CARLSBAD, CA 92011
 Effective as of 01-MAR-24

FARNSWORTH, WILLIAM, MD[†]

Provider ID: N/A
 6010 HIDDEN VALLEY RD
 STE 200
 CARLSBAD, CA 92011
 Effective as of 01-FEB-22

FARNSWORTH, WILLIAM, MD[†]

Provider ID: N/A
 6010 HIDDEN VALLEY RD
 STE 200
 CARLSBAD, CA 92011
 Effective as of 01-NOV-21

FARNSWORTH, WILLIAM, MD[†]

Provider ID: N/A
 6010 HIDDEN VALLEY RD
 STE 200
 CARLSBAD, CA 92011
 Effective as of 01-NOV-21

FRISHBERG, BENJAMIN, MD[†]

Provider ID: N/A
 6010 HIDDEN VALLEY RD
 STE 200
 CARLSBAD, CA 92011
 Effective as of 01-SEP-21

FRISHBERG, BENJAMIN, MD[†]

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

Provider ID: N/A

6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011
Effective as of 01-SEP-22

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

FRISHBERG, BENJAMIN, 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-21

HALL, JACOB, MD†

Provider ID: N/A

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

HALL, JACOB, MD†

Provider ID: N/A

6010 HIDDEN VALLEY RD
STE 200

CARLSBAD, CA 92011

Effective as of 01-JAN-24

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-DEC-23

LANE, RICHARD, 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-JAN-21

LOBATZ, MICHAEL, MD†

Provider ID: N/A

6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011
Effective as of 01-FEB-16

LOBATZ, MICHAEL, MD†

Provider ID: N/A

6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011
Effective as of 01-SEP-22

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-16

NIELSEN, AMY, DO†

Provider ID: N/A

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

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

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-MAR-21

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-FEB-16

OH, IRENE, MD†

Provider ID: N/A

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

OH, IRENE, MD†

Provider ID: N/A

6010 HIDDEN VALLEY RD

STE 200
CARLSBAD, CA 92011
Effective as of 01-JAN-21

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-FEB-16

SADOFF, MARK, MD†

Provider ID: N/A

6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011
Effective as of 01-FEB-16

SADOFF, MARK, MD†

Provider ID: N/A

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

SADOFF, MARK, MD†

Provider ID: N/A

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

SAVANI, AMAN, MD

Provider ID: N/A

6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011
Effective as of 01-NOV-23

SCHIM, JACK, MD†

Provider ID: N/A

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

SCHIM, JACK, MD†

Provider ID: N/A

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

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

WANG, CHUNYANG, MD†

Provider ID: N/A

6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011
Effective as of 01-FEB-16

WANG, CHUNYANG, MD†

Provider ID: N/A

6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011
Effective as of 01-FEB-16

WANG, ANCHI, MD†

Provider ID: N/A

6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011
Effective as of 01-FEB-16

WANG, ANCHI, MD†

Provider ID: N/A

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

WANG, ANCHI, MD†

Provider ID: N/A

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

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,

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

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, HANAHAH, 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-JAN-21

HERMANSON, KATHLEEN, PA†

Provider ID: N/A

6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011

Effective as of 01-SEP-22

HUANG, STEPHANIE, PA†

Provider ID: N/A

6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011

Effective as of 01-OCT-22

HUANG, STEPHANIE, PA†

Provider ID: N/A

6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011

Effective as of 01-JAN-21

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

INOCELDA, ANDREW, PA†

Provider ID: N/A

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

INOCELDA, ANDREW, PA†

Provider ID: N/A

6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011
Effective as of 01-SEP-22

MEGALI, NICOLE, PA

Provider ID: N/A

6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011
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

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

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

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

Teleservice

Effective as of 01-JUN-23

GARBER, MARC, PT

Provider ID: N/A

6121 PASEO DEL NORTE
CARLSBAD, CA 92011

Teleservice

Effective as of 01-OCT-21

MCGEE, JACQUELINE, PT

Provider ID: N/A

3070 MADISON ST
CARLSBAD, CA 92008

Effective as of 01-JAN-21

TAMAYO, SYDNIE, PT

Provider ID: N/A

6121 PASEO DEL NORTE
STE 200
CARLSBAD, CA 92011

Teleservice

Effective as of 01-OCT-23

SLEEP MEDICINE

MADHAV, KINJAL, MD†

Provider ID: N/A

6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011

Teleservice

Effective as of 01-JAN-21

MADHAV, KINJAL, MD†

Provider ID: N/A

6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011

Teleservice

Effective as of 01-OCT-19

SURGERY

NEUROLOGICAL

MURTHY, NIKHIL, MD

Provider ID: N/A

6010 HIDDEN VALLEY RD
STE 200
CARLSBAD, CA 92011

Effective as of 01-JUL-23

ADVANCED HEART FAILURE AND TRANSPLANT CARDIOLOGY

DURAN, ANTONIO, MD

Provider ID: N/A

890 EASTLAKE PKWY STE
205
CHULA VISTA, CA 91914

Teleservice

Effective as of 01-JUL-23

HOAGLAND, PETER, MD†

Provider ID: N/A

890 EASTLAKE PKWY STE
205
CHULA VISTA, CA 91914

Effective as of 01-JAN-21

JASKI, BRIAN, MD†

Provider ID: N/A

890 EASTLAKE PKWY STE
205
CHULA VISTA, CA 91914

Teleservice

Effective as of 01-JAN-21

ALLERGY IMMUNOLOGY

SHARMA, KUSUM, MD

Provider ID: N/A

765 MEDICAL CENTER CT
STE 216
CHULA VISTA, CA 91911

Effective as of 01-JUN-22

SHARMA, KUSUM, MD

Provider ID: N/A

765 MEDICAL CENTER CT
STE 216
CHULA VISTA, CA 91911

Effective as of 01-JAN-23

ANESTHESIOLOGY

GLASSER, MARGA, MD†

Provider ID: N/A

2452 FENTON ST STE C101
CHULA VISTA, CA 91914

Effective as of 01-SEP-21

GLASSER, MARGA, MD†

Provider ID: N/A

2452 FENTON ST STE C203
CHULA VISTA, CA 91914

Effective as of 01-SEP-21

GLASSER, MARGA, MD†

Provider ID: N/A

2452 FENTON ST STE C101
CHULA VISTA, CA 91914

Effective as of 01-OCT-21

MACCHIO, GREGORY, MD†

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

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

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-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

NAVARRO, ROSA, MD†

Provider ID: N/A

📍 2452 FENTON ST STE C101
CHULA VISTA, CA 91914

Effective as of 01-JUL-22

ROMERO, KENNETH, MD†

Provider ID: N/A

📍 752 MEDICAL CENTER CT
STE 103

CHULA VISTA, CA 91911

Effective as of 01-JUN-19

VERDOLIN, MICHAEL, MD

Provider ID: N/A

📍 2452 FENTON ST STE 205
CHULA VISTA, CA 91914

Effective as of 01-MAR-22

AUDIOLOGIST

HORNER, HEATHER, AuD†

Provider ID: N/A

📍 310 3RD AVE STE B21
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-JUN-22

JESPERSEN, RHONDA, AuD

Provider ID: N/A

📍 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

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

 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

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

SHAH, ABHISHEK, MD

Provider ID: N/A

 865 3RD AVE STE 133

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-SEP-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-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

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

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

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

CARLSON, STEVEN, MD†

Provider ID: N/A

 751 MEDICAL CENTER CT
STE 211
CHULA VISTA, CA 91911
Effective as of 01-JAN-21

CARLSON, STEVEN, MD†

Provider ID: N/A

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

CARLSON, STEVEN, MD†

Provider ID: N/A

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

DAWOOD, FARAH, MD†

Provider ID: N/A

 752 MEDICAL CENTER CT
STE 207
CHULA VISTA, CA 91911
Effective as of 01-AUG-21

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, RAGHAV, 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

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

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-FEB-24

MONDRAGON, GUSTAVO, MD

Provider ID: N/A

 855 THIRD AVE
STE 2230

CHULA VISTA, CA 91911
Effective as of 01-OCT-23

MONDRAGON, GUSTAVO, MD†

Provider ID: N/A

 480 4TH AVE STE 500
CHULA VISTA, CA 91910

Effective as of 01-NOV-20

NAGHI, JESSE, MD†

Provider ID: N/A

 752 MEDICAL CENTER CT
STE 207

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

NARAYANAN, MEENA, MD†

Provider ID: N/A

 765 MEDICAL CENTER CT
STE 211

CHULA VISTA, CA 91911
Effective as of 01-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

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

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, KULIN, MD†

Provider ID: N/A

765 MEDICAL CENTER CT
STE 211

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

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

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

SUDHAKAR, DEEPTHI, MD†

Provider ID: N/A

865 3RD AVE STE 133
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-JAN-23

WYSOCZANSKI, MARIUSZ, MD†

Provider ID: N/A

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

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

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

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

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

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-NOV-23

TOMPKINS, STACY, MD†

Provider ID: N/A
☑ 2300 BOSWELL RD STE 130
CHULA VISTA, CA 91914
Teleservice
Effective as of 01-DEC-22

TOMPKINS, STACY, MD†

Provider ID: N/A
☑ 2300 BOSWELL RD STE 130
CHULA VISTA, CA 91914
Teleservice
Effective as of 01-DEC-22

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

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

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

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

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-JAN-21

ROXAS, ROGER, 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-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

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

 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

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

Teleservice

Effective as of 01-OCT-22

DESTA, TADDESE, MD

Provider ID: N/A

📍 296 H ST STE 301
CHULA VISTA, CA 91910

Effective as of 01-JAN-23

DUQUE, JOHN, MD†

Provider ID: N/A

📍 480 4TH AVE STE 316
CHULA VISTA, CA 91910

Effective as of 01-JAN-21

DUQUE, JOHN, MD†

Provider ID: N/A

📍 480 4TH AVE STE 316
CHULA VISTA, CA 91910

Effective as of 01-SEP-22

DUQUE, JOHN, MD†

Provider ID: N/A

📍 480 4TH AVE STE 316
CHULA VISTA, CA 91910

Effective as of 01-SEP-15

DUQUE, JOHN, MD†

Provider ID: N/A

📍 480 4TH AVE STE 316
CHULA VISTA, CA 91910

Effective as of 01-JUL-22

DUQUE, JOHN, MD†

Provider ID: N/A

📍 480 4TH AVE STE 316
CHULA VISTA, CA 91910

Effective as of 01-JAN-14

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 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

📍 1323 3RD AVE
CHULA VISTA, CA 91911

Effective as of 01-SEP-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

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

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

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-FEB-24

BASERI, BABAK, MD†

Provider ID: N/A

📍 450 4TH AVE STE 311
CHULA VISTA, CA 91910

Effective as of 01-JUL-22

BASERI, BABAK, MD†

Provider ID: N/A

📍 450 4TH AVE STE 311
CHULA VISTA, CA 91910

Effective as of 01-DEC-23

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

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

CHULA VISTA, CA 91911
Effective as of 01-MAY-15

QUIROZ, ELISA, MD†

Provider ID: N/A
678 3RD AVE
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-OCT-21

SAUNDERS, PHILLIP, DO†

Provider ID: N/A
450 4TH AVE STE 311
CHULA VISTA, CA 91910
Effective as of 01-NOV-22

SCHWERKOSKE, JOHN, MD†

Provider ID: N/A
450 4TH AVE STE 311
CHULA VISTA, CA 91910
Effective as of 01-MAY-22

SCHWERKOSKE, JOHN, MD†

Provider ID: N/A
450 4TH AVE STE 311
CHULA VISTA, CA 91910
Effective as of 01-SEP-22

SONG, SEUNG-YIL, MD†

Provider ID: N/A
750 MEDICAL CENTER CT
STE 9
CHULA VISTA, CA 91911
Effective as of 01-JUL-22

INTERNAL MEDICINE

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
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

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

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

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-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

📍 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†**

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

Provider ID: N/A

1061 TIERRA DEL REY STE
305
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-DEC-21

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

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-21

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-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-JUL-22

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-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-JAN-21

KHAING, KATHY, MD†

Provider ID: N/A

340 4TH AVE STE 4
CHULA VISTA, CA 91910

Effective as of 01-JAN-21

KHAING, KATHY, MD†

Provider ID: N/A

340 4TH AVE STE 4
CHULA VISTA, CA 91910

Effective as of 01-APR-19

KHAING, KATHY, MD†

Provider ID: N/A

340 4TH AVE STE 4
CHULA VISTA, CA 91910

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

Effective as of 01-JUL-22

**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-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-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-SEP-20

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

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-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

MOOLANI, UJJALA, MD†

Provider ID: N/A

752 MEDICAL CENTER CT
STE 302

CHULA VISTA, CA 91911

Effective as of 01-NOV-22

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

MOOLANI, UJJALA, MD†

Provider ID: N/A

752 MEDICAL CENTER CT
STE 302
CHULA VISTA, CA 91911
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-FEB-20

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-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-JUL-22

VIDEEN, JOHN, MD†

Provider ID: N/A

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

VIDEEN, JOHN, MD†

Provider ID: N/A

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

VIDEEN, JOHN, MD†

Provider ID: N/A

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

VIDEEN, JOHN, MD†

Provider ID: N/A

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

YUAN, HENRY, MD†

Provider ID: N/A

340 4TH AVE STE 4
CHULA VISTA, CA 91910
Effective as of 01-SEP-22

NEUROLOGY

BINDAL, ANKUR, MD†

Provider ID: N/A

765 3RD AVE STE 100
CHULA VISTA, CA 91910

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

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, JENNIFER, MD

Provider ID: N/A

340 FOURTH AVE
STE 4

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

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

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-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

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

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

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-DEC-23

LOPEZ, ALYSSA-NICOLE, OT

Provider ID: N/A

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

PORTER, EILEEN, OT

Provider ID: N/A

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

OPHTHALMOLOGY

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-OCT-19

BRYANT, DUANE, MD†

Provider ID: N/A

342 F ST
CHULA VISTA, CA 91910
Teleservice

Effective as of 01-JUN-19

CARRABY, ARNETT, MD†

Provider ID: N/A

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

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

Provider ID: N/A

📄 678 3RD AVE
CHULA VISTA, CA 91910
Effective as of 01-JUL-22

MANI, MAJID, MD†

Provider ID: N/A
📄 835 3RD AVE STE A
CHULA VISTA, CA 91911
Effective as of 01-SEP-22

MANI, NASRIN, MD†

Provider ID: N/A
📄 835 3RD AVE STE A
CHULA VISTA, CA 91911
Effective as of 01-SEP-22

MANI, MAJID, MD†

Provider ID: N/A
📄 835 3RD AVE STE A
CHULA VISTA, CA 91911
Effective as of 01-JUL-22

MANI, NASRIN, MD†

Provider ID: N/A
📄 835 3RD AVE STE A
CHULA VISTA, CA 91911
Effective as of 01-JUL-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†

Provider ID: N/A
📄 835 3RD AVE STE A
CHULA VISTA, CA 91911
Effective as of 01-SEP-22

MCDONNELL, EMMA, MD†

Provider ID: N/A
📄 835 3RD AVE STE A
CHULA VISTA, CA 91911
Effective as of 01-APR-23

MOSS, JASON, MD†

Provider ID: N/A
📄 678 3RD AVE
CHULA VISTA, CA 91910
Effective as of 01-JUL-22

PAPASTERGIOU, GEORGIOS, MD†

Provider ID: N/A
📄 835 3RD AVE STE A
CHULA VISTA, CA 91911
Effective as of 01-JAN-21

PAPASTERGIOU, GEORGIOS, MD†

Provider ID: N/A
📄 835 3RD AVE STE A

CHULA VISTA, CA 91911
Effective as of 01-SEP-22

PAPASTERGIOU, GEORGIOS, MD†

Provider ID: N/A
📄 678 3RD AVE
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-JUL-22

PEAIRS, JAMES, MD†

Provider ID: N/A
📄 835 3RD AVE STE A
CHULA VISTA, CA 91911
Effective as of 01-SEP-22

PEAIRS, JAMES, MD†

Provider ID: N/A
📄 835 3RD AVE STE A
CHULA VISTA, CA 91911
Effective as of 01-AUG-20

PONS, MAURICIO, MD†

Provider ID: N/A
📄 835 3RD AVE STE A
CHULA VISTA, CA 91911
Effective as of 01-AUG-22

PONS, MAURICIO, MD†

Provider ID: N/A
📄 678 3RD AVE
CHULA VISTA, CA 91910
Effective as of 01-JUL-22

PONS, MAURICIO, MD†

Provider ID: N/A
📄 835 3RD AVE STE A
CHULA VISTA, CA 91911
Effective as of 01-SEP-22

PONS, MAURICIO, MD†

Provider ID: N/A
📄 835 3RD AVE STE A
CHULA VISTA, CA 91911

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

Effective as of 01-JUL-22

RAJSBAUM, MARTIN, MD†

Provider ID: N/A

835 3RD AVE STE A
CHULA VISTA, CA 91911

Effective as of 01-JUL-22

RAJSBAUM, MARTIN, MD†

Provider ID: N/A

835 3RD AVE STE A
CHULA VISTA, CA 91911

Effective as of 01-SEP-22

SASSANI, PATRICK, MD†

Provider ID: N/A

835 3RD AVE STE A
CHULA VISTA, CA 91911

Effective as of 01-SEP-22

SASSANI, PATRICK, MD†

Provider ID: N/A

835 3RD AVE STE A
CHULA VISTA, CA 91911

Effective as of 01-MAR-23

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-MAR-19

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-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-JAN-21

SKAF, AYHAM, MD†

Provider ID: N/A

835 3RD AVE STE A
CHULA VISTA, CA 91911

Effective as of 01-SEP-22

SKAF, AYHAM, MD†

Provider ID: N/A

835 3RD AVE STE A
CHULA VISTA, CA 91911

Effective as of 01-JUL-22

STAINER, GREGORY, MD†

Provider ID: N/A

835 3RD AVE STE A
CHULA VISTA, CA 91911

Effective as of 01-JAN-21

ZABANEH, ALEXANDER, MD†

Provider ID: N/A

342 F ST
CHULA VISTA, CA 91910

Effective as of 01-JUL-20

ZABANEH, ALEXANDER, MD†

Provider ID: N/A

342 F ST
CHULA VISTA, CA 91910

Effective as of 01-JAN-24

ZABANEH, ALEXANDER, MD†

Provider ID: N/A

342 F ST
CHULA VISTA, CA 91910

Effective as of 01-NOV-23

ZABANEH, ALEXANDER, MD†

Provider ID: N/A

342 F ST
CHULA VISTA, CA 91910

Effective as of 01-NOV-20

ZABANEH, ALEXANDER, MD†

Provider ID: N/A

342 F ST
CHULA VISTA, CA 91910

Effective as of 01-NOV-23

OPTOMETRIST

CHAIN, PEI CHI, OD

Provider ID: N/A

342 F ST
CHULA VISTA, CA 91910

Effective as of 01-APR-23

EL-MOGHRABI, ROULA, OD†

Provider ID: N/A

835 3RD AVE STE A
CHULA VISTA, CA 91911

Effective as of 01-JAN-21

EL-MOGHRABI, NANCY, OD†

Provider ID: N/A

835 3RD AVE STE A
CHULA VISTA, CA 91911

Effective as of 01-JAN-21

KOO, ANITA, OD

Provider ID: N/A

835 THIRD AVE
STE A
CHULA VISTA, CA 91911

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

Effective as of 01-JAN-24

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

678 3RD AVE
CHULA VISTA, CA 91910

Effective as of 01-FEB-24

MASCARENO, EFRAIN, OD†

Provider ID: N/A

440 4TH AVE STE 9
CHULA VISTA, CA 91910

Effective as of 01-JAN-21

MASCARENO, EFRAIN, OD†

Provider ID: N/A

440 4TH AVE STE 9
CHULA VISTA, CA 91910

Effective as of 01-SEP-22

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-SEP-21

BANTHIA, VISHAL, MD†

Provider ID: N/A

577 3RD AVE
CHULA VISTA, CA 91910

Teleservice

Effective as of 01-JAN-22

BANTHIA, VISHAL, MD†

Provider ID: N/A

577 3RD AVE

CHULA VISTA, CA 91910

Teleservice

Effective as of 01-AUG-21

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

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

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
765 MEDICAL CENTER CT
STE 210
CHULA VISTA, CA 91911
Effective as of 01-JAN-24

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

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

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

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 H-I
CHULA VISTA, CA 91911
Effective as of 01-MAY-23

PIANSAY, MARIA CORAZON, MD

Provider ID: N/A
1637 3RD AVE STE B-F
CHULA VISTA, CA 91911
Effective as of 01-MAY-23

ROWHANI, NAGHMEH, MD

Provider ID: N/A
280 E ST
CHULA VISTA, CA 91910
Effective as of 01-FEB-24

TIZNADO, ERNESTO, MD†

Provider ID: N/A
1635 3RD AVE STE L
CHULA VISTA, CA 91911
Effective as of 01-SEP-22

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

***PHYS MED/ REHAB PAIN
MEDICINE***

KATZEN, SETH, DO

Provider ID: N/A

344 F ST STE 100
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

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

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

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

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-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-JAN-21

DAVIDSON, JOHN, DPM†

Provider ID: N/A

345 F ST STE 100
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-JAN-22

DAVIDSON, JOHN, DPM†

Provider ID: N/A

345 F ST STE 100
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-JAN-21

DAVIDSON, JOHN, DPM†

Provider ID: N/A

345 F ST STE 100
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-SEP-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-FEB-22

KRIGER, STEPHEN, DPM†

Provider ID: N/A

345 F ST STE 100
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-JAN-22

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

MANCHEL, BRUCE, DPM†

Provider ID: N/A

678 3RD AVE
CHULA VISTA, CA 91910
Effective as of 01-JUL-22

MAZZA, DAVID, DPM†

Provider ID: N/A

276 CHURCH AVE STE A
CHULA VISTA, CA 91910
Effective as of 01-JAN-14

MAZZA, DAVID, DPM†

Provider ID: N/A

276 CHURCH AVE STE A
CHULA VISTA, CA 91910
Effective as of 01-DEC-22

MAZZA, DAVID, DPM†

Provider ID: N/A

276 CHURCH AVE STE A
CHULA VISTA, CA 91910
Effective as of 01-SEP-15

MORGAN, CRAIG, DPM†

Provider ID: N/A

276 CHURCH AVE STE A
CHULA VISTA, CA 91910*
Effective as of 01-DEC-17

NGUYEN, HAN, DPM

Provider ID: N/A

345 F ST STE 100
CHULA VISTA, CA 91910
Effective as of 01-JUL-23

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-SEP-23

TSAI, GRACE, DPM

Provider ID: N/A

345 F ST STE 100
CHULA VISTA, CA 91910
Effective as of 01-APR-23

TSAI, GRACE, DPM

Provider ID: N/A

345 F ST STE 100
CHULA VISTA, CA 91910
Effective as of 01-DEC-23

TSAI, GRACE, DPM

Provider ID: N/A

345 F ST STE 100

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

CHULA VISTA, CA 91910
Effective as of 01-FEB-23

XU, DIXON, DPM†

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

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-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

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

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

MCGEHRIN, KEVIN, MD

Provider ID: N/A

 450 FOURTH AVE
STE 215

CHULA VISTA, CA 91910
Teleservice

Effective as of 01-AUG-23

MCGEHRIN, KEVIN, MD

Provider ID: N/A

 450 FOURTH AVE
STE 215

CHULA VISTA, CA 91910
Teleservice

Effective as of 01-MAR-24

MCGEHRIN, KEVIN, MD

Provider ID: N/A

 450 FOURTH AVE
STE 215

CHULA VISTA, CA 91910
Teleservice

Effective as of 01-AUG-23

MCGEHRIN, KEVIN, MD

Provider ID: N/A

 450 FOURTH AVE
STE 215

CHULA VISTA, CA 91910
Teleservice

Effective as of 01-MAR-24

MISHRA, GAURAV, MD†

Provider ID: N/A

 678 3RD AVE

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

MISHRA, GAURAV, MD†

Provider ID: N/A

 678 3RD AVE

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

NICHOLS, ALPHONSO, MD

Provider ID: N/A

 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

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

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

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

**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

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

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

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

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†

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

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-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-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

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

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-AUG-22

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-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-NOV-22

SPITZER, BLAKE, MD†

Provider ID: N/A

 786 3RD AVE STE B
CHULA VISTA, CA 91910
Effective as of 01-OCT-19

SPITZER, BLAKE, MD†

Provider ID: N/A

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

SPITZER, BLAKE, MD†

Provider ID: N/A

 786 3RD AVE STE B
CHULA VISTA, CA 91910

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

Effective as of 01-MAY-20

SUMMERS, STEPHEN, MD†

Provider ID: N/A

786 3RD AVE STE B
CHULA VISTA, CA 91910
Effective as of 01-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-SEP-15

SUMMERS, STEPHEN, MD†

Provider ID: N/A

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

TALEBZADEH, NOJAN, MD†

Provider ID: N/A

246 F ST
CHULA VISTA, CA 91910
Effective as of 01-JAN-14

YANG, YIFAN, MD†

Provider ID: N/A

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

YANG, YIFAN, MD†

Provider ID: N/A

786 3RD AVE STE B
CHULA VISTA, CA 91910
Effective as of 01-JUN-23

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

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

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-NOV-21

GROTTING, JOHN, MD†

Provider ID: N/A
750 MEDICAL CENTER CT
STE 14
CHULA VISTA, CA 91911
Effective as of 01-AUG-23

HOFMEISTER, ERIC, MD†

Provider ID: N/A
955 LANE AVE STE 200
CHULA VISTA, CA 91914
Effective as of 01-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-FEB-07

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

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-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-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-17

MUMTAZ, SEEMAL, MD†

Provider ID: N/A

345 F ST STE 200
CHULA VISTA, CA 91910
Effective as of 01-SEP-22

SURGICAL ONCOLOGY

QUIROZ, ELISA, MD†

Provider ID: N/A

678 3RD AVE
CHULA VISTA, CA 91910
Teleservice
Effective as of 01-JUL-22

UROLOGY

COHEN, EDWARD, MD

Provider ID: N/A

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

DICKS, BRIAN, MD

Provider ID: N/A

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

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

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

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

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

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

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

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-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

SALEM, CAROL, MD

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

Provider ID: N/A

230 PROSPECT PL STE 210
CORONADO, CA 92118
Effective as of 01-JAN-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-JAN-23

WANG, MATTHEW, OD

Provider ID: N/A

24692 DEL PRADO STE B
DANA POINT, CA 92629
Effective as of 01-OCT-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

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

 1349 CAMINO DEL MAR
STE B
DEL MAR, CA 92014
Teleservice
Effective as of 01-DEC-23

SZABO, HAYLIE, PA

Provider ID: N/A

 12865 POINTE DEL MAR
WAY STE 200
DEL MAR, CA 92014
Teleservice
Effective as of 01-OCT-22

PSYCHIATRY

COLOGNE, SCOTT, MD†

Provider ID: N/A

 12865 POINTE DEL MAR
WAY STE 210
DEL MAR, CA 92014
Effective as of 01-OCT-23

COLOGNE, SCOTT, MD†

Provider ID: N/A

 12865 POINTE DEL MAR
WAY STE 210
DEL MAR, CA 92014
Effective as of 01-OCT-23

COLOGNE, SCOTT, MD†

Provider ID: N/A

 12865 POINTE DEL MAR
WAY STE 210
DEL MAR, CA 92014
Effective as of 01-OCT-23

COLOGNE, SCOTT, MD†

Provider ID: N/A

 12865 POINTE DEL MAR
WAY STE 210
DEL MAR, CA 92014
Effective as of 01-OCT-23

VIJAYASARATHI, KRISHNA,

DO†

Provider ID: N/A

 12835 POINTE DEL MAR
WAY STE 1
DEL MAR, CA 92014
Effective as of 01-OCT-23

VIJAYASARATHI, KRISHNA, DO†

Provider ID: N/A

 12835 POINTE DEL MAR
WAY STE 1
DEL MAR, CA 92014
Effective as of 01-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

 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-SEP-22

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,

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

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

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

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†

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

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

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

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

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

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

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

DORADO, SUE, DC

Provider ID: N/A

 1032 BROADWAY
EL CAJON, CA 92021
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

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

HALEY, STEVEN, DC

Provider ID: N/A

 1032 BROADWAY
EL CAJON, CA 92021
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-JUL-22

BROGAN, JACQUELINE, MD†

Provider ID: N/A

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

CELANO, NICHOLAS, MD†

Provider ID: N/A

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

CELANO, NICHOLAS, MD†

Provider ID: N/A

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

CHIANG, JENNIFER, MD†

Provider ID: N/A

 292 AVOCADO AVE

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

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-JAN-21

GONZALEZ, JOSE, MD†

Provider ID: N/A

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

GONZALEZ, JOSE, MD†

Provider ID: N/A

292 AVOCADO AVE
EL CAJON, CA 92020
Teleservice
Effective as of 01-JAN-24

GONZALEZ, JOSE, MD†

Provider ID: N/A

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

GORDON, JUSTIN, MD†

Provider ID: N/A

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

GORDON, JUSTIN, MD†

Provider ID: N/A

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

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

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-AUG-22

TYAGI, ABHILASHA, MD†

Provider ID: N/A

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

UEBELHOER, NATHAN, DO†

Provider ID: N/A

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-JUL-22

UEBELHOER, NATHAN, DO†

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

Provider ID: N/A

📍 292 AVOCADO AVE
EL CAJON, CA 92020
Effective as of 01-JAN-24

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-FEB-23

SHAFT, ALEXANDER, MD†

Provider ID: N/A
📍 463 N MAGNOLIA AVE
EL CAJON, CA 92020
Teleservice
Effective as of 01-OCT-21

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

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

DAVIS, KELLE, MA[†]

Provider ID: N/A

📍 1767 E MAIN ST
EL CAJON, CA 92021
Effective as of 01-SEP-22

DAVIS, KELLE, MA[†]

Provider ID: N/A

📍 1767 E MAIN ST
EL CAJON, CA 92021
Effective as of 01-JAN-21

INTERNAL MEDICINE

AWDISHO, ALAN, DO[†]

Provider ID: N/A

📍 875 EL CAJON BLVD
EL CAJON, CA 92020
Teleservice
Effective as of 01-SEP-22

MANSOUR, DAVID, DO[†]

Provider ID: N/A

📍 855 E MADISON AVE
EL CAJON, CA 92020
Effective as of 01-AUG-22

MAY, LOUIS, MD[†]

Provider ID: N/A

📍 875 EL CAJON BLVD
EL CAJON, CA 92020
Effective as of 01-DEC-22

MICHAEL, RAMI, MD[†]

Provider ID: N/A

📍 875 EL CAJON BLVD
EL CAJON, CA 92020
Teleservice
Effective as of 01-NOV-22

OLIVER, DEANNA, MD[†]

Provider ID: N/A

📍 463 N MAGNOLIA AVE
EL CAJON, CA 92020*

Effective as of 01-OCT-22

OLIVER, DEANNA, MD[†]

Provider ID: N/A

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

INTERVENTIONAL CARDIOLOGY

JOHN, ALAN, MD

Provider ID: N/A

📍 1625 E MAIN ST STE 201
EL CAJON, CA 92021
Effective as of 01-MAY-23

KAFRI, HASSAN, MD[†]

Provider ID: N/A

📍 436 S MAGNOLIA AVE STE
101
EL CAJON, CA 92020
Effective as of 01-JUL-22

KAFRI, HASSAN, MD[†]

Provider ID: N/A

📍 875 EL CAJON BLVD
EL CAJON, CA 92020
Effective as of 01-JUL-22

NAGHI, JESSE, MD[†]

Provider ID: N/A

📍 1380 EL CAJON BLVD STE
100
EL CAJON, CA 92020
Effective as of 01-JAN-24

RUBIO GARCIA, MANOLO, MD[†]

Provider ID: N/A

📍 1625 E MAIN ST STE 201
EL CAJON, CA 92021
Effective as of 01-DEC-22

SHAH, KULIN, MD[†]

Provider ID: N/A

📍 1625 E MAIN ST STE 201
EL CAJON, CA 92021
Effective as of 01-APR-23

SUDHAKAR, DEEPTHI, MD[†]

Provider ID: N/A

📍 1625 E MAIN ST STE 201
EL CAJON, CA 92021
Effective as of 01-APR-23

LICENSED CLINICAL SOCIAL WORKER

FRAGOSO, DOMINIQUE, LCSW

Provider ID: N/A

📍 215 W MADISON AVE
EL CAJON, CA 92020
Effective as of 01-JAN-24

ORLANDO, FRANCESCA, LCSW

Provider ID: N/A

📍 215 W MADISON AVE
EL CAJON, CA 92020
Effective as of 01-FEB-23

TAYAG, DYLAN, LCSW[†]

Provider ID: N/A

📍 875 EL CAJON BLVD
EL CAJON, CA 92020
Effective as of 01-SEP-22

TAYLOR, MISTY, LCSW

Provider ID: N/A

📍 5442 SYCUAN RD
EL CAJON, CA 92019
Effective as of 01-FEB-24

WELSH, BRITT, LCSW[†]

Provider ID: N/A

📍 875 EL CAJON BLVD
EL CAJON, CA 92020
Effective as of 01-FEB-21

MARRIAGE FAMILY

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

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

1032 BROADWAY
EL CAJON, CA 92021
Teleservice
Effective as of 01-OCT-23

AL-MSHHDANI, AYSER, MD

Provider ID: N/A

165 S 1ST ST
EL CAJON, CA 92019
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

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

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

📍 450 FLETCHER PKWY STE
112
EL CAJON, CA 92020

Effective as of 01-NOV-23

PATEL, GITANE, MD

Provider ID: N/A

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

Effective as of 01-JAN-24

PATEL, SARJAN, MD

Provider ID: N/A

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

Effective as of 01-JAN-24

PATEL, GITANE, MD

Provider ID: N/A

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

Effective as of 01-DEC-23

PATEL, SARJAN, MD

Provider ID: N/A

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

Effective as of 01-DEC-23

PATEL, SARJAN, MD†

Provider ID: N/A

📍 450 FLETCHER PKWY STE
112
EL CAJON, CA 92020

Effective as of 01-DEC-23

PONS, MAURICIO, MD†

Provider ID: N/A

📍 231 W MAIN ST
EL CAJON, CA 92020

Effective as of 01-AUG-22

PONS, MAURICIO, MD†

Provider ID: N/A

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

436 S MAGNOLIA AVE STE 101
EL CAJON, CA 92020
Effective as of 01-JUL-22

PONS, MAURICIO, MD†

Provider ID: N/A

875 EL CAJON BLVD
EL CAJON, CA 92020
Effective as of 01-JUL-22

PRABHU, SUJATA, MD

Provider ID: N/A

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

PRABHU, SUJATA, MD

Provider ID: N/A

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

SKAF, AYHAM, MD†

Provider ID: N/A

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

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

ZHAO, TAILUN, MD

Provider ID: N/A

300 S PIERCE ST STE 200
EL CAJON, CA 92020
Effective as of 01-JAN-24

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

225 W MADISON AVE STE 1
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

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

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

ZVANUT, DONALD, OD

Provider ID: N/A

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

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

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

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

165 S 1ST ST
EL CAJON, CA 92019

Teleservice

Effective as of 01-APR-21

MERCER, KELLY, PA†

Provider ID: N/A

1032 BROADWAY
EL CAJON, CA 92021

Teleservice

Effective as of 01-APR-21

ROSENBLATT, SHERI, PA

Provider ID: N/A

875 EL CAJON BLVD
EL CAJON, CA 92020

Effective as of 01-JUN-23

RYAN, TYLER, PA†

Provider ID: N/A

463 N MAGNOLIA AVE STE
B
EL CAJON, CA 92020

Effective as of 01-DEC-22

PODIATRIST

FARMER, STEVEN, DPM†

Provider ID: N/A

855 E MADISON AVE
EL CAJON, CA 92020

Effective as of 01-JUL-21

PSYCHIATRY

DIA, ALI, MD†

Provider ID: N/A

875 EL CAJON BLVD
EL CAJON, CA 92020

Teleservice

Effective as of 01-DEC-22

DIA, ALI, MD†

Provider ID: N/A

875 EL CAJON BLVD
EL CAJON, CA 92020

Teleservice

Effective as of 01-DEC-22

KURZ, TROY, MD†

Provider ID: N/A

133 W MAIN ST STE 100
EL CAJON, CA 92020

Effective as of 01-OCT-22

KURZ, TROY, MD†

Provider ID: N/A

133 W MAIN ST STE 100
EL CAJON, CA 92020

Effective as of 01-OCT-22

MATIALEU, LEOPOLDINE, MD

Provider ID: N/A

855 E MADISON AVE
EL CAJON, CA 92020

Effective as of 01-DEC-22

MATIALEU, LEOPOLDINE, MD

Provider ID: N/A

855 E MADISON AVE
EL CAJON, CA 92020

Effective as of 01-DEC-22

MATIALEU, LEOPOLDINE, MD

Provider ID: N/A

855 E MADISON AVE
EL CAJON, CA 92020

Effective as of 01-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-DEC-22

MATIALEU, LEOPOLDINE, MD

Provider ID: N/A

855 E MADISON AVE
EL CAJON, CA 92020

Effective as of 01-JUL-22

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

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

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

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

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

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

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

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

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

 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

 700 GARDEN VIEW CT STE
102
ENCINITAS, CA 92024
Effective as of 01-JAN-21

KING, APRIL, CRNA
Provider ID: N/A

 781 GARDEN VIEW CT STE
102
ENCINITAS, CA 92024
Effective as of 01-MAR-23

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

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

ENCINITAS, CA 92024
Effective as of 01-JAN-24

GRUSHCHAK, SOLOMIYA, MD

Provider ID: N/A

 285 N EL CAMINO REAL
STE 117
ENCINITAS, CA 92024
Effective as of 01-JAN-24

GRUSHCHAK, SOLOMIYA, MD

Provider ID: N/A

 285 N EL CAMINO REAL
STE 117
ENCINITAS, CA 92024
Effective as of 01-JAN-24

GRUSHCHAK, SOLOMIYA, MD

Provider ID: N/A

 285 N EL CAMINO REAL
STE 117
ENCINITAS, CA 92024
Effective as of 01-JAN-24

HEMPERLY, STEPHEN, DO†

Provider ID: N/A

 477 N EL CAMINO REAL
STE D308
ENCINITAS, CA 92024
Teleservice
Effective as of 01-NOV-23

HEMPERLY, STEPHEN, DO†

Provider ID: N/A

 477 N EL CAMINO REAL
STE D308
ENCINITAS, CA 92024
Teleservice
Effective as of 01-JAN-21

RILEY, JESSICA, DO†

Provider ID: N/A

 477 N EL CAMINO REAL
STE D308
ENCINITAS, CA 92024

Effective as of 01-JAN-21

RILEY, JESSICA, DO†

Provider ID: N/A

 477 N EL CAMINO REAL
STE D308
ENCINITAS, CA 92024
Effective as of 01-AUG-20

RILEY, JESSICA, DO†

Provider ID: N/A

 477 N EL CAMINO REAL
STE D308
ENCINITAS, CA 92024
Effective as of 01-SEP-22

ENDOCRINOLOGY METABOLISM DIABETES

SHAH, NANDI, MD

Provider ID: N/A

 1200 GARDEN VIEW RD
ENCINITAS, CA 92024
Effective as of 01-JAN-24

FAMILY PRACTICE

ANDERSON, LINDSEY, DO†

Provider ID: N/A

 1505 ENCINITAS BLVD
ENCINITAS, CA 92024
Effective as of 01-AUG-23

ESTRADA, JOHANNA, MD†

Provider ID: N/A

 662 ENCINITAS BLVD STE
220
ENCINITAS, CA 92024*
Effective as of 01-AUG-21

GASTROENTEROLOGY

ALHANKAWI, DHUHA, MD

Provider ID: N/A

 477 N EL CAMINO REAL

STE A308
ENCINITAS, CA 92024
Effective as of 01-APR-23

ALHANKAWI, DHUHA, MD

Provider ID: N/A

 477 N EL CAMINO REAL
STE A308
ENCINITAS, CA 92024
Effective as of 01-AUG-23

BORTNIKER, ETHAN, MD

Provider ID: N/A

 781 GARDEN VIEW CT STE
100
ENCINITAS, CA 92024
Effective as of 01-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-MAR-24

BORTNIKER, ETHAN, MD

Provider ID: N/A

 781 GARDEN VIEW CT STE
100
ENCINITAS, CA 92024
Effective as of 01-JUN-23

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

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-MAR-23

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-JAN-21

GOLDKLANG, ROBERT, MD†

Provider ID: N/A

700 GARDEN VIEW CT STE
102
ENCINITAS, CA 92024
Effective as of 01-APR-23

GOLDKLANG, ROBERT, 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
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-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-JUN-23

LAJOIE, ADRIANNE, MD

Provider ID: N/A

781 GARDEN VIEW CT STE
100
ENCINITAS, CA 92024
Effective as of 01-MAR-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

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

700 GARDEN VIEW CT STE
102
ENCINITAS, CA 92024

Teleservice

Effective as of 01-JAN-21

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
100
ENCINITAS, CA 92024

Teleservice

Effective as of 01-MAR-23

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

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

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

 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

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

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-DAHAN, 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†

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

Provider ID: N/A

1200 GARDEN VIEW RD
STE 200
ENCINITAS, CA 92024

Effective as of 01-JUL-21

DELCORE, LAURA, MD†

Provider ID: N/A

1200 GARDEN VIEW RD
ENCINITAS, CA 92024

Effective as of 01-AUG-22

DRIEBE, AMY, MD†

Provider ID: N/A

1200 GARDEN VIEW RD
ENCINITAS, CA 92024

Effective as of 01-AUG-22

DRIEBE, AMY, MD†

Provider ID: N/A

781 GARDEN VIEW CT STE
200
ENCINITAS, CA 92024

Effective as of 01-SEP-22

DRIEBE, AMY, MD†

Provider ID: N/A

1505 ENCINITAS BLVD
ENCINITAS, CA 92024

Effective as of 01-SEP-22

HILL, KAITLYN, MD†

Provider ID: N/A

477 N EL CAMINO REAL
STE C208
ENCINITAS, CA 92024

Teleservice

Effective as of 01-SEP-21

HILL, KAITLYN, MD†

Provider ID: N/A

477 N EL CAMINO REAL
STE C208
ENCINITAS, CA 92024

Teleservice

Effective as of 01-APR-23

MACKAY, GILLIAN, MD

Provider ID: N/A

1200 GARDEN VIEW RD
ENCINITAS, CA 92024

Effective as of 01-DEC-23

SPRING ROBINSON,

CHANDRA, DO

Provider ID: N/A

477 N EL CAMINO REAL
STE C208
ENCINITAS, CA 92024

Effective as of 01-JAN-23

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

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

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†

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

Provider ID: N/A

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

DOUGHERTY, CLARA, PA†

Provider ID: N/A

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

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-JUN-23

KREPS, CHRISTOPHER, DPM

Provider ID: N/A

501 N EL CAMINO REAL
STE 201
ENCINITAS, CA 92024
Effective as of 01-DEC-23

LIEBERMAN, RONALD, DPM

Provider ID: N/A

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

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

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-APR-23

ZHANG, MICHELLE, MD†

Provider ID: N/A

326 SANTA FE DR STE 100
ENCINITAS, CA 92024
Teleservice
Effective as of 01-SEP-23

RADIATION ONCOLOGY

BEAR, JONATHAN, MD

Provider ID: N/A

1200 GARDEN VIEW RD
ENCINITAS, CA 92024
Effective as of 01-JUN-23

HATTANGADI GLUTH, JONA, MD†

Provider ID: N/A

1200 GARDEN VIEW RD
STE 210
ENCINITAS, CA 92024
Effective as of 01-DEC-23

HORN, ADAM, MD

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

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

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

Effective as of 01-MAR-23

SURGERY COLON SURGERY

PARRY, LISA, MD†

Provider ID: N/A

📍 1200 GARDEN VIEW RD
STE 200
ENCINITAS, CA 92024

Effective as of 01-APR-21

SCHULTZEL, MATTHEW, DO†

Provider ID: N/A

📍 477 N EL CAMINO REAL
STE A308
ENCINITAS, CA 92024

Effective as of 01-JAN-21

SURGERY GENERAL

ARMANI, AVA, MD†

Provider ID: N/A

📍 1200 GARDEN VIEW RD
STE 200
ENCINITAS, CA 92024

Effective as of 01-JUL-21

BURGESS, DANIEL, DO†

Provider ID: N/A

📍 477 N EL CAMINO REAL
STE A308
ENCINITAS, CA 92024

Teleservice

Effective as of 01-JUN-21

BURGESS, DANIEL, DO†

Provider ID: N/A

📍 477 N EL CAMINO REAL
STE C204
ENCINITAS, CA 92024

Teleservice

Effective as of 01-JUN-21

BURGESS, DANIEL, DO†

Provider ID: N/A

📍 477 N EL CAMINO REAL
STE A308
ENCINITAS, CA 92024

Teleservice

Effective as of 01-OCT-23

BURGESS, DANIEL, DO†

Provider ID: N/A

📍 477 N EL CAMINO REAL
STE C204
ENCINITAS, CA 92024

Teleservice

Effective as of 01-OCT-23

JACOBSEN, GARTH, MD†

Provider ID: N/A

📍 1200 GARDEN VIEW RD
ENCINITAS, CA 92024

Effective as of 01-DEC-21

RAYAN, SUNIL, MD†

Provider ID: N/A

📍 320 SANTA FE DR STE 212
ENCINITAS, CA 92024

Effective as of 01-AUG-15

SCHULTZEL, MATTHEW, DO†

Provider ID: N/A

📍 477 N EL CAMINO REAL
STE C204
ENCINITAS, CA 92024

Effective as of 01-JUL-20

SURGERY GENERAL VASCULAR

RAYAN, SUNIL, MD†

Provider ID: N/A

📍 320 SANTA FE DR STE 212
ENCINITAS, CA 92024

Effective as of 01-JAN-21

SURGERY ORTHOPEDIC

AFRA, ROBERT, MD†

Provider ID: N/A

📍 317 N EL CAMINO REAL STE
405
ENCINITAS, CA 92024

Effective as of 01-JAN-16

BREMNER, LUKE, MD

Provider ID: N/A

📍 332 SANTA FE DR STE 110
ENCINITAS, CA 92024

Effective as of 01-DEC-19

BREMNER, LUKE, MD

Provider ID: N/A

📍 332 SANTA FE DR STE 110
ENCINITAS, CA 92024

Effective as of 01-MAR-23

CHAN, JUSTIN, MD

Provider ID: N/A

📍 332 SANTA FE DR STE 110
ENCINITAS, CA 92024

Teleservice

Effective as of 01-MAR-23

CHAN, JUSTIN, MD

Provider ID: N/A

📍 332 SANTA FE DR STE 110
ENCINITAS, CA 92024

Teleservice

Effective as of 01-AUG-20

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

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

Teleservice

Effective as of 01-MAR-23

HAJNIK, CHRISTOPHER, MD

Provider ID: N/A

332 SANTA FE DR STE 110
ENCINITAS, CA 92024

Teleservice

Effective as of 01-DEC-19

HAMMEL, NATHAN, MD†

Provider ID: N/A

332 SANTA FE DR STE 110
ENCINITAS, CA 92024

Teleservice

Effective as of 01-DEC-19

HAMMEL, NATHAN, MD†

Provider ID: N/A

332 SANTA FE DR STE 110
ENCINITAS, CA 92024

Teleservice

Effective as of 01-MAR-23

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

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

Provider ID: N/A

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

KEILLER, DANNY, MD

Provider ID: N/A

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

NAITOH, JOHN, MD†

Provider ID: N/A

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

NAITOH, JOHN, MD†

Provider ID: N/A

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

NAITOH, JOHN, MD†

Provider ID: N/A

320 SANTA FE DR STE 305
ENCINITAS, CA 92024
Effective as of 01-SEP-22

NEUSTEIN, PAUL, MD

Provider ID: N/A

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

NGUYEN, HUNG, MD†

Provider ID: N/A

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

NGUYEN, HUNG, MD†

Provider ID: N/A

320 SANTA FE DR STE 108

ENCINITAS, CA 92024

Teleservice

Effective as of 01-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

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

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

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

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

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

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

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

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

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

ZECHA, RONALD, DC

Provider ID: N/A

488 E VALLEY PKWY STE
411
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†

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

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-FEB-23

SHAFT, ALEXANDER, MD†

Provider ID: N/A

488 E VALLEY PKWY STE
313
ESCONDIDO, CA 92025
Teleservice
Effective as of 01-MAR-22

GASTROENTEROLOGY

CHELIMILLA, HARITHA, MD

Provider ID: N/A

488 E VALLEY PKWY STE
110
ESCONDIDO, CA 92025
Effective as of 01-OCT-20

CHELIMILLA, HARITHA, MD

Provider ID: N/A

735 E OHIO AVE STE 204
ESCONDIDO, CA 92025
Effective as of 01-AUG-20

CHELIMILLA, HARITHA, MD

Provider ID: N/A

735 E OHIO AVE STE 204
ESCONDIDO, CA 92025
Effective as of 01-SEP-22

GARA, NAVEEN, MD†

Provider ID: N/A

935 E PENNSYLVANIA AVE

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

GARA, NAVEEN, MD†

Provider ID: N/A

661 E PENNSYLVANIA AVE
ESCONDIDO, CA 92025
Effective as of 01-JAN-21

HASSANEIN, TAREK, MD†

Provider ID: N/A

488 E VALLEY PKWY
ESCONDIDO, CA 92025
Effective as of 01-JUL-21

HASSANEIN, TAREK, MD†

Provider ID: N/A

488 E VALLEY PKWY STE
313
ESCONDIDO, CA 92025
Teleservice
Effective as of 01-MAR-22

HASSANEIN, TAREK, MD†

Provider ID: N/A

488 E VALLEY PKWY STE
313
ESCONDIDO, CA 92025
Teleservice
Effective as of 01-MAY-22

HEARING AID DEALER / SUPPLIER

ANDERSON, ELAINE, MA†

Provider ID: N/A

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

INTERNAL MEDICINE

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

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

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-APR-23

ROBLEDO, DAMIAN, LCSW

Provider ID: N/A

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

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-DAHHAN, ZAID, MD

Provider ID: N/A

📍 631 E GRAND AVE
ESCONDIDO, CA 92025
Effective as of 01-AUG-23

AL-DAHHAN, ZAID, MD

Provider ID: N/A

📍 631 E GRAND AVE
ESCONDIDO, CA 92025
Effective as of 01-FEB-24

AL-DAHHAN, ZAID, MD

Provider ID: N/A

📍 631 E GRAND AVE
ESCONDIDO, CA 92025
Effective as of 01-JUL-23

AL-DAHHAN, ZAID, MD

Provider ID: N/A

📍 631 E GRAND AVE
ESCONDIDO, CA 92025
Effective as of 01-MAY-23

CHOUDRY, QASIM, MD

Provider ID: N/A

📍 631 E GRAND AVE
ESCONDIDO, CA 92025
Effective as of 01-NOV-23

CHOUDRY, QASIM, MD

Provider ID: N/A

📍 631 E GRAND AVE
ESCONDIDO, CA 92025
Effective as of 01-OCT-23

CHOUDRY, QASIM, MD

Provider ID: N/A

📍 631 E GRAND AVE
ESCONDIDO, CA 92025
Effective as of 01-OCT-23

CHOUDRY, QASIM, MD

Provider ID: N/A

📍 631 E GRAND AVE
ESCONDIDO, CA 92025

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

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-MAR-17

HEBREO, JOSEPH, MD†

Provider ID: N/A

 631 E GRAND AVE
ESCONDIDO, CA 92025
Effective as of 01-JAN-21

HEBREO, JOSEPH, MD†

Provider ID: N/A

 631 E GRAND AVE
ESCONDIDO, CA 92025
Effective as of 01-JAN-21

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-JAN-21

KHAWAR, OSMAN, MD†

Provider ID: N/A

 631 E GRAND AVE
ESCONDIDO, CA 92025
Effective as of 01-JUL-22

NEYAZ, MOHAMMED, DO†

Provider ID: N/A

 631 E GRAND AVE
ESCONDIDO, CA 92025

Teleservice

Effective as of 01-JUL-22

NEYAZ, MOHAMMED, DO†

Provider ID: N/A

 631 E GRAND AVE
ESCONDIDO, CA 92025
Teleservice

Effective as of 01-JAN-21

NEYAZ, MOHAMMED, DO†

Provider ID: N/A

 631 E GRAND AVE
ESCONDIDO, CA 92025
Teleservice

Effective as of 01-JAN-21

SHAPIRO, MARK, MD†

Provider ID: N/A

 631 E GRAND AVE
ESCONDIDO, CA 92025
Teleservice

Effective as of 01-JAN-21

SHAPIRO, MARK, MD†

Provider ID: N/A

 631 E GRAND AVE
ESCONDIDO, CA 92025
Teleservice

Effective as of 01-JUL-22

NEUROLOGY

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

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

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-NOV-21

FARNSWORTH, WILLIAM, MD†

Provider ID: N/A

📄 1955 CITRACADO PKWY
STE 102

ESCONDIDO, CA 92029
Effective as of 01-FEB-22

FRISHBERG, BENJAMIN, MD†

Provider ID: N/A

📄 1955 CITRACADO PKWY
STE 102

ESCONDIDO, CA 92029
Effective as of 01-JAN-21

FRISHBERG, BENJAMIN, MD†

Provider ID: N/A

📄 1955 CITRACADO PKWY
STE 102

ESCONDIDO, CA 92029
Effective as of 01-SEP-22

OH, IRENE, MD†

Provider ID: N/A

📄 1955 CITRACADO PKWY
STE 102

ESCONDIDO, CA 92029
Effective as of 01-JAN-21

OH, IRENE, MD†

Provider ID: N/A

📄 1955 CITRACADO PKWY
STE 102

ESCONDIDO, CA 92029
Effective as of 01-JAN-21

PADUGA, REMIA, MD†

Provider ID: N/A

📄 1955 CITRACADO PKWY
STE 102

ESCONDIDO, CA 92029
Effective as of 01-SEP-22

QUESNELL, TARA, DO†

Provider ID: N/A

📄 1955 CITRACADO PKWY
STE 102

ESCONDIDO, CA 92029
Teleservice

Effective as of 01-JAN-24

SAVANI, AMAN, MD

Provider ID: N/A

📄 1955 CITRACADO PKWY
STE 102

ESCONDIDO, CA 92029
Effective as of 01-NOV-23

SHAPIRO, MARK, MD†

Provider ID: N/A

📄 631 E GRAND AVE
ESCONDIDO, CA 92025*

Teleservice

Effective as of 01-JAN-21

WANG, ANCHI, MD†

Provider ID: N/A

📄 1955 CITRACADO PKWY
STE 102

ESCONDIDO, CA 92029
Teleservice

Effective as of 01-JAN-21

WANG, CHUNYANG, MD

Provider ID: N/A

📄 1955 CITRACADO PKWY
STE 102

ESCONDIDO, CA 92029
Effective as of 01-FEB-24

OBSTETRICS / GYNECOLOGY

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

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

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

Provider ID: N/A

488 E VALLEY PKWY STE
400
ESCONDIDO, CA 92025
Effective as of 01-MAR-23

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

488 E VALLEY PKWY STE
400
ESCONDIDO, CA 92025
Effective as of 01-SEP-22

HINSHAW, PAUL, DO†

Provider ID: N/A

1955 CITRACADO PKWY
STE 302
ESCONDIDO, CA 92029
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-APR-22

BINDER, NICHOLAS, MD†

Provider ID: N/A

700 W EL NORTE PKWY
STE 200
ESCONDIDO, CA 92026
Effective as of 01-NOV-23

BINDER, NICHOLAS, MD†

Provider ID: N/A

830 W VALLEY PKWY STE
300
ESCONDIDO, CA 92025
Effective as of 01-SEP-22

BINDER, NICHOLAS, MD†

Provider ID: N/A

830 W VALLEY PKWY STE
300
ESCONDIDO, CA 92025
Effective as of 01-SEP-22

BINDER, NICHOLAS, MD†

Provider ID: N/A

700 W EL NORTE PKWY
STE 200
ESCONDIDO, CA 92026
Effective as of 01-DEC-21

BINDER, NICHOLAS, MD†

Provider ID: N/A

700 W EL NORTE PKWY
STE 200
ESCONDIDO, CA 92026
Effective as of 01-DEC-23

CHOPLIN, NEIL, MD†

Provider ID: N/A

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

CHOPLIN, NEIL, MD†

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

Provider ID: N/A

700 W EL NORTE PKWY
ESCONDIDO, CA 92026
Effective as of 01-SEP-15

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

HUDSON, HENRY, MD†

Provider ID: N/A

700 W EL NORTE PKWY
STE 200
ESCONDIDO, CA 92026
Effective as of 01-DEC-21

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

830 W VALLEY PKWY STE
300
ESCONDIDO, CA 92025
Effective as of 01-MAR-23

MORRISON-REYES, JOSHUA, MD

Provider ID: N/A

700 W EL NORTE PKWY
ESCONDIDO, CA 92026
Effective as of 01-MAR-23

MORTON, ASA, MD†

Provider ID: N/A

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

MORTON, ASA, MD†

Provider ID: N/A

700 W EL NORTE PKWY
ESCONDIDO, CA 92026
Effective as of 01-AUG-23

PATEL, GITANE, MD†

Provider ID: N/A

830 W VALLEY PKWY STE
300
ESCONDIDO, CA 92025
Effective as of 01-SEP-22

PATEL, SARJAN, MD†

Provider ID: N/A

830 W VALLEY PKWY STE
300
ESCONDIDO, CA 92025
Effective as of 01-SEP-22

PRABHU, SUJATA, MD†

Provider ID: N/A

830 W VALLEY PKWY STE
300
ESCONDIDO, CA 92025
Effective as of 01-SEP-22

PRABHU, SUJATA, MD†

Provider ID: N/A

830 W VALLEY PKWY STE
300
ESCONDIDO, CA 92025
Effective as of 01-AUG-20

PRABHU, SUJATA, MD†

Provider ID: N/A

700 W EL NORTE PKWY
STE 200
ESCONDIDO, CA 92026
Effective as of 01-DEC-21

PRABHU, SUJATA, MD†

Provider ID: N/A

700 W EL NORTE PKWY
STE 200
ESCONDIDO, CA 92026
Effective as of 01-DEC-23

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

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

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-NOV-23

ZHAO, TAILUN, MD

Provider ID: N/A

700 W EL NORTE PKWY
STE 200
ESCONDIDO, CA 92026

Effective as of 01-JUL-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

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

AOTO, KIM, OD†

Provider ID: N/A

830 W VALLEY PKWY STE
300
ESCONDIDO, CA 92025

Effective as of 01-SEP-22

AOTO, KIM, OD†

Provider ID: N/A

830 W VALLEY PKWY STE
300
ESCONDIDO, CA 92025

Effective as of 01-JAN-21

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-23

TAUNTON, PHILIP, OD†

Provider ID: N/A

700 W EL NORTE PKWY
ESCONDIDO, CA 92026

Effective as of 01-SEP-21

TONNU, ANH, OD†

Provider ID: N/A

700 W EL NORTE PKWY
STE 200
ESCONDIDO, CA 92026

Effective as of 01-DEC-21

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

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

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

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

WRIGHT, DEREK, PA

Provider ID: N/A

📍 1955 CITRACADO PKWY
ESCONDIDO, CA 92029
Effective as of 01-AUG-23

WRIGHT, DEREK, PA

Provider ID: N/A

📍 1955 CITRACADO PKWY
ESCONDIDO, CA 92029
Effective as of 01-NOV-23

PODIATRIST

BANKS, JAMINELLI, DPM†

Provider ID: N/A

📍 215 S HICKORY ST STE 118
ESCONDIDO, CA 92025
Effective as of 01-SEP-22

CHU, ANDREW, DPM†

Provider ID: N/A

📍 215 S HICKORY ST STE 118
ESCONDIDO, CA 92025
Effective as of 01-SEP-22

FARMER, STEVEN, DPM†

Provider ID: N/A

📍 728 E VALLEY PKWY
ESCONDIDO, CA 92025
Effective as of 01-SEP-22

FARMER, STEVEN, DPM†

Provider ID: N/A

📍 728 E VALLEY PKWY
ESCONDIDO, CA 92025
Effective as of 01-JUL-21

HAN, KYOUNG, DPM

Provider ID: N/A

📍 215 S HICKORY ST STE 118
ESCONDIDO, CA 92025
Effective as of 01-JAN-22

LARKINS, PHILIP, DPM

Provider ID: N/A

📍 460 N ELM ST
ESCONDIDO, CA 92025
Effective as of 01-MAR-23

MORRIS, JASON, DPM

Provider ID: N/A

📍 736 E GRAND AVE
ESCONDIDO, CA 92025
Teleservice
Effective as of 01-JAN-23

MORRIS, JASON, DPM

Provider ID: N/A

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

MORRIS, JASON, DPM

Provider ID: N/A

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

NEGRON, RICARDO, DPM

Provider ID: N/A

📍 728 E VALLEY PKWY
ESCONDIDO, CA 92025
Effective as of 01-JUL-22

NEGRON, RICARDO, DPM

Provider ID: N/A

📍 1001 E GRAND AVE
ESCONDIDO, CA 92025
Effective as of 01-JUL-21

NEGRON, RICARDO, DPM

Provider ID: N/A

📍 1001 E GRAND AVE
ESCONDIDO, CA 92025
Effective as of 01-JUL-21

READ, TRENTON, DPM

Provider ID: N/A

📍 215 S HICKORY ST STE 118
ESCONDIDO, CA 92025
Effective as of 01-APR-23

REDKAR, AVANTI, DPM

Provider ID: N/A

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

REDKAR, AVANTI, DPM

Provider ID: N/A

📍 736 E GRAND AVE
ESCONDIDO, CA 92025
Effective as of 01-MAY-22

SMITH, COLLIN, DPM†

Provider ID: N/A

📍 215 S HICKORY ST STE 118
ESCONDIDO, CA 92025
Effective as of 01-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

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

ESCONDIDO, CA 92025
Teleservice
Effective as of 01-APR-23

TOUMA, ELIE, DPM†

Provider ID: N/A
704 E GRAND AVE
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
704 E GRAND AVE
ESCONDIDO, CA 92025
Teleservice
Effective as of 01-SEP-22

KOH, STEVE, MD†

Provider ID: N/A
255 N ASH ST STE 101
ESCONDIDO, CA 92027
Teleservice
Effective as of 01-JAN-22

KOH, STEVE, MD†

Provider ID: N/A
704 E GRAND AVE
ESCONDIDO, CA 92025

Teleservice
Effective as of 01-SEP-22

KOH, STEVE, MD†

Provider ID: N/A
255 N ASH ST STE 101
ESCONDIDO, CA 92027
Teleservice
Effective as of 01-JAN-22

PARASHAR, ANUSHREE, MD

Provider ID: N/A
221 W CREST ST STE 205
ESCONDIDO, CA 92025
Effective as of 01-MAR-23

PARASHAR, ANUSHREE, MD

Provider ID: N/A
221 W CREST ST STE 205
ESCONDIDO, CA 92025
Effective as of 01-MAR-23

PARASHAR, ANUSHREE, MD

Provider ID: N/A
221 W CREST ST STE 205
ESCONDIDO, CA 92025
Effective as of 01-MAR-23

PARASHAR, ANUSHREE, MD

Provider ID: N/A
221 W CREST ST STE 205
ESCONDIDO, CA 92025
Effective as of 01-MAR-23

RODARTE, GABRIEL, MD†

Provider ID: N/A
425 N DATE ST
ESCONDIDO, CA 92025
Effective as of 01-JAN-24

RODARTE, GABRIEL, MD†

Provider ID: N/A
425 N DATE ST
ESCONDIDO, CA 92025
Effective as of 01-JAN-24

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

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

📍 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

📍 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†

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

Provider ID: N/A

425 N DATE ST
ESCONDIDO, CA 92025
Effective as of 01-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-DEC-23

VALLEZ-BARLAM, ANDREA, PhD

Provider ID: N/A

488 E VALLEY PKWY STE
404
ESCONDIDO, CA 92025
Effective as of 01-JAN-24

VALLEZ-BARLAM, ANDREA, PhD

Provider ID: N/A

488 E VALLEY PKWY STE
404
ESCONDIDO, CA 92025
Effective as of 01-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

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

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-JUL-22

SHIRAZI, REZA, MD†

Provider ID: N/A
701 E GRAND AVE STE 200
ESCONDIDO, CA 92025
Effective as of 01-SEP-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

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

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

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

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

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

 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-SEP-22

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-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-AUG-20

SAMADY, JOSEPH, MD†

Provider ID: N/A

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

**SIRICHOTIRATANA, MELISSA,
MD†**

Provider ID: N/A

 1309 S MISSION RD STE A
FALLBROOK, CA 92028
Effective as of 01-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-DAHAN, ZAID, MD
Provider ID: N/A

 591 E ELDER ST STE C

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

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-JAN-23

DONALDSON, JARED, MD†

Provider ID: N/A

 521 E ELDER ST STE 102
FALLBROOK, CA 92028
Effective as of 01-DEC-22

DONALDSON, JARED, MD†

Provider ID: N/A

 521 E ELDER ST STE 102
FALLBROOK, CA 92028
Effective as of 01-SEP-22

JOHNSON, ROGER, MD†

Provider ID: N/A

 521 E ELDER ST STE 102
FALLBROOK, CA 92028
Effective as of 01-JAN-22

JOHNSON, ROGER, MD†

Provider ID: N/A

 521 E ELDER ST STE 102
FALLBROOK, CA 92028
Effective as of 01-FEB-22

ZHOU, SIWEI, MD†

Provider ID: N/A

 521 E ELDER ST STE 102
FALLBROOK, CA 92028
Effective as of 01-JUL-23

OPTOMETRIST

ARCHIBALD, JOHN, OD†

Provider ID: N/A

 521 E ELDER ST STE 102
FALLBROOK, CA 92028
Effective as of 01-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†

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

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

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

CHIROPRACTOR

TUREK, PAUL, DC

Provider ID: N/A

26672 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

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

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

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

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

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

 3989 W STETSON AVE STE 102
HEMET, CA 92545
Effective as of 01-MAR-24

ANESTHESIOLOGY PAIN MANAGEMENT

CHEN, HAMILTON, MD[†]

Provider ID: N/A

 3989 W STETSON AVE STE 102
HEMET, CA 92545
Effective as of 01-MAY-21

DORAISWAMY, ARUL, MD[†]

Provider ID: N/A

 1264 E LATHAM AVE
HEMET, CA 92543
Effective as of 01-NOV-17

DORAISWAMY, ARUL, MD[†]

Provider ID: N/A

 1264 E LATHAM AVE
HEMET, CA 92543
Effective as of 01-NOV-14

GUIANG, RAINIER, MD[†]

Provider ID: N/A

 3989 W STETSON AVE STE 102
HEMET, CA 92545
Effective as of 01-MAY-21

GUIANG, RAINIER, MD[†]

Provider ID: N/A

 3989 W STETSON AVE STE 102
HEMET, CA 92545
Effective as of 01-MAR-24

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-JUL-14

GRANT ANDERSON, BETTY, MD[†]

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

Provider ID: N/A

949 CALHOUN PL STE D
HEMET, CA 92543
Effective as of 01-JUN-17

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-DEC-21

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-AUG-22

AMIN, JATIN, MD†

Provider ID: N/A

3853 W STETSON AVE STE
104
HEMET, CA 92545
Teleservice
Effective as of 01-SEP-18

AMIN, JATIN, MD†

Provider ID: N/A

3853 W STETSON AVE STE
104
HEMET, CA 92545
Teleservice
Effective as of 01-MAY-21

ATTIA, NADER, DO†

Provider ID: N/A

3853 W STETSON AVE STE
104
HEMET, CA 92545
Teleservice
Effective as of 01-MAY-21

ATTIA, NADER, DO†

Provider ID: N/A

3853 W STETSON AVE STE
104
HEMET, CA 92545
Teleservice
Effective as of 01-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

ATTIA, NADER, DO†

Provider ID: N/A

3853 W STETSON AVE STE
104
HEMET, CA 92545
Teleservice
Effective as of 01-SEP-18

BISWAS, MIMI, MD†

Provider ID: N/A

3853 W STETSON AVE STE
104
HEMET, CA 92545
Teleservice
Effective as of 01-SEP-18

COX, JEREMY, DO†

Provider ID: N/A

3853 W STETSON AVE STE
104
HEMET, CA 92545
Effective as of 01-SEP-18

GRANT ANDERSON, BETTY, MD†

Provider ID: N/A

949 CALHOUN PL STE D
HEMET, CA 92543
Effective as of 01-AUG-23

PAREKH, NIRAJ, MD†

Provider ID: N/A

3853 W STETSON AVE STE
104
HEMET, CA 92545
Teleservice

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

Effective as of 01-MAR-20

PAREKH, NIRAJ, MD†

Provider ID: N/A

📍 3853 W STETSON AVE STE
104
HEMET, CA 92545

Teleservice

Effective as of 01-MAR-20

PAREKH, NIRAJ, MD†

Provider ID: N/A

📍 3853 W STETSON AVE STE
104
HEMET, CA 92545

Teleservice

Effective as of 01-MAY-21

RASTOGI, ANISHA, MD†

Provider ID: N/A

📍 1275 E LATHAM AVE STE A
HEMET, CA 92543

Effective as of 01-AUG-20

RASTOGI, ANISHA, MD†

Provider ID: N/A

📍 1275 E LATHAM AVE STE A
HEMET, CA 92543

Effective as of 01-FEB-21

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, ANIL, MD†

Provider ID: N/A

📍 1275 E LATHAM AVE STE A

HEMET, CA 92543

Effective as of 01-MAY-15

RIVA, GREGORY, MD†

Provider ID: N/A

📍 1275 E LATHAM AVE STE A
HEMET, CA 92543

Effective as of 01-MAY-15

CERTIFIED NURSE PRACTITIONER

ABAYA, HONEYLYNN, NP

Provider ID: N/A

📍 3989 W STETSON AVE STE
202
HEMET, CA 92545

Effective as of 01-OCT-23

ADEDAYO, TOLULOPE, NP†

Provider ID: N/A

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

Effective as of 01-APR-21

ADEDAYO, TOLULOPE, NP

Provider ID: N/A

📍 1030 E FLORIDA AVE
HEMET, CA 92543

Effective as of 01-FEB-24

ADEGBITE, ADEKUNLE, NP†

Provider ID: N/A

📍 162 N SANTA FE ST
HEMET, CA 92543

Effective as of 01-APR-23

ADEGBITE, ADEKUNLE, NP†

Provider ID: N/A

📍 162 N SANTA FE ST
HEMET, CA 92543

Effective as of 01-APR-23

ADEGBITE, ADEKUNLE, NP†

Provider ID: N/A

📍 162 N SANTA FE ST
HEMET, CA 92543
Effective as of 01-APR-23

ADEGBITE, ADEKUNLE, NP†

Provider ID: N/A

📍 162 N SANTA FE ST
HEMET, CA 92543
Effective as of 01-SEP-22

ADEGBITE, ADEKUNLE, NP†

Provider ID: N/A

📍 162 N SANTA FE ST
HEMET, CA 92543
Effective as of 01-SEP-22

AGUILAR, MICHELLE, NP†

Provider ID: N/A

📍 1000 E LATHAM AVE STE G
HEMET, CA 92543
Effective as of 01-MAY-21

AMJAD WARYAM, ASHEE AMJAD, NP†

Provider ID: N/A

📍 162 N SANTA FE ST
HEMET, CA 92543
Effective as of 01-AUG-21

AMJAD WARYAM, ASHEE AMJAD, NP†

Provider ID: N/A

📍 162 N SANTA FE ST
HEMET, CA 92543
Effective as of 01-AUG-21

AMJAD WARYAM, ASHEE AMJAD, NP†

Provider ID: N/A

📍 162 N SANTA FE ST
HEMET, CA 92543
Effective as of 01-DEC-22

AMJAD WARYAM, ASHEE

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

AMJAD, NP†

Provider ID: N/A

162 N SANTA FE ST
HEMET, CA 92543
Effective as of 01-DEC-22

ANUFORO, CHINWE, NP

Provider ID: N/A

162 N SANTA FE ST
HEMET, CA 92543
Effective as of 01-MAY-23

ANUFORO, CHINWE, NP

Provider ID: N/A

162 N SANTA FE ST
HEMET, CA 92543
Effective as of 01-MAY-23

BAKER, SERENA, NP

Provider ID: N/A

3989 W STETSON AVE STE
202
HEMET, CA 92545
Effective as of 01-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-AUG-22

HUERTA, CARMEN, NP†

Provider ID: N/A

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

HUERTA, CARMEN, NP†

Provider ID: N/A

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

HUERTA, CARMEN, NP†

Provider ID: N/A

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

HUERTA, CARMEN, NP†

Provider ID: N/A

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

HUERTA, CARMEN, NP†

Provider ID: N/A

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

IGWE, CHINWENDU, NP†

Provider ID: N/A

3989 W STETSON AVE STE
202
HEMET, CA 92545
Effective as of 01-JAN-20

IGWE, CHINWENDU, NP†

Provider ID: N/A

3989 W STETSON AVE STE
202
HEMET, CA 92545

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

Effective as of 01-AUG-19

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-DEC-22

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-JUL-23

JOHNSON, KIMBERLY, NP†

Provider ID: N/A

3989 W STETSON AVE STE
202

HEMET, CA 92545

Effective as of 01-JAN-23

JOHNSON, KIMBERLY, NP†

Provider ID: N/A

3989 W STETSON AVE STE
202

HEMET, CA 92545

Effective as of 01-JUL-23

JOHNSON, KIMBERLY, NP†

Provider ID: N/A

3989 W STETSON AVE STE
202

HEMET, CA 92545

Effective as of 01-JUL-23

JOHNSON, KIMBERLY, NP†

Provider ID: N/A

3989 W STETSON AVE STE
202

HEMET, CA 92545

Effective as of 01-JUL-23

JOHNSON, KIMBERLY, NP†

Provider ID: N/A

3989 W STETSON AVE STE
202

HEMET, CA 92545

Effective as of 01-JUL-23

JOHNSON, KIMBERLY, NP†

Provider ID: N/A

3989 W STETSON AVE STE
202

HEMET, CA 92545

Effective as of 01-SEP-22

JOHNSON, KIMBERLY, NP†

Provider ID: N/A

3989 W STETSON AVE STE
202

HEMET, CA 92545

Effective as of 01-SEP-22

JOHNSON, KIMBERLY, NP†

Provider ID: N/A

3989 W STETSON AVE STE
202

HEMET, CA 92545

Effective as of 01-SEP-22

JOHNSON, KIMBERLY, NP†

Provider ID: N/A

3989 W STETSON AVE STE
202

HEMET, CA 92545

Effective as of 01-SEP-22

JOHNSON, KIMBERLY, NP†

Provider ID: N/A

3989 W STETSON AVE STE
202

HEMET, CA 92545

Effective as of 01-MAY-23

JOHNSON, KIMBERLY, NP†

Provider ID: N/A

3989 W STETSON AVE STE
202

HEMET, CA 92545

Effective as of 01-MAY-23

JONES, LAKESHA, NP†

Provider ID: N/A

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

 162 N SANTA FE ST
HEMET, CA 92543
Effective as of 01-DEC-22

JONES, LAKESHA, NP†
Provider ID: N/A

 162 N SANTA FE ST
HEMET, CA 92543
Effective as of 01-DEC-22

KUMAR, NINA, NP
Provider ID: N/A

 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-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

ONUOHA, NOJA, NP†

Provider ID: N/A

 162 N SANTA FE ST
HEMET, CA 92543
Effective as of 01-AUG-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

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

3989 W STETSON AVE STE
202
HEMET, CA 92545
Effective as of 01-MAR-20

PAULHUS, PATRICIA, NP†
Provider ID: N/A

3989 W STETSON AVE STE
202
HEMET, CA 92545
Effective as of 01-MAR-20

RATAJCZAK, CELESTE, NP
Provider ID: N/A

1264 E LATHAM AVE
HEMET, CA 92543
Effective as of 01-FEB-24

SALAS-AMIGON, BRENDA, NP†
Provider ID: N/A

391 N SAN JACINTO ST
HEMET, CA 92543
Effective as of 01-AUG-18

SANCHEZ, 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-DEC-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-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-JUL-23

VENTURA, ALEXIS, NP
Provider ID: N/A

162 N SANTA FE ST
HEMET, CA 92543
Effective as of 01-APR-23

VENTURA, ALEXIS, NP
Provider ID: N/A

162 N SANTA FE ST
HEMET, CA 92543

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

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

📍 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

📍 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

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

Effective as of 01-DEC-23

MITCHELL, JESSE, MD

Provider ID: N/A

3989 W STETSON AVE STE 201
HEMET, CA 92545

Effective as of 01-DEC-23

MITCHELL, JESSE, MD†

Provider ID: N/A

3853 W STETSON AVE STE 201
HEMET, CA 92545

Effective as of 01-JUL-21

MITCHELL, JESSE, MD†

Provider ID: N/A

3853 W STETSON AVE STE 201
HEMET, CA 92545

Effective as of 01-JUL-21

MUDGE, BRADLEY, MD†

Provider ID: N/A

850 E LATHAM AVE STE 201
HEMET, CA 92543

Teleservice

Effective as of 01-OCT-21

OBEREMOK, STEVE, MD

Provider ID: N/A

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

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

 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-JUL-23

**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-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-AUG-20

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-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

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

***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

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

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

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

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

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

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-JAN-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

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

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

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-MAR-18

**CHARLES COWAN, TRICIA,
DO†**

Provider ID: N/A

📍 3989 W STETSON AVE STE
202
HEMET, CA 92545

Effective as of 01-OCT-20

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

**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-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

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

DHIMAN, DARSHAN, MD†

Provider ID: N/A

3989 W STETSON AVE STE
202
HEMET, CA 92545

Effective as of 01-APR-18

DHIMAN, DARSHAN, MD†

Provider ID: N/A

3989 W STETSON AVE STE
202
HEMET, CA 92545

Effective as of 01-MAR-21

ISHAK, SALAM, MD†

Provider ID: N/A

3989 W STETSON AVE STE
202
HEMET, CA 92545

Effective as of 01-AUG-20

NAGASUNDER, ARABHI, DO

Provider ID: N/A

3989 W STETSON AVE STE
202
HEMET, CA 92545

Teleservice

Effective as of 01-FEB-24

NAGASUNDER, ARABHI, DO

Provider ID: N/A

3989 W STETSON AVE STE
202
HEMET, CA 92545

Teleservice

Effective as of 01-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

NATH, ASHOK, MD†

Provider ID: N/A

3889 W STETSON AVE STE
100
HEMET, CA 92545

Effective as of 01-FEB-21

NATH, ASHOK, MD†

Provider ID: N/A

3989 W STETSON AVE STE
202
HEMET, CA 92545

Effective as of 01-APR-20

YAN, ERIC, MD

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

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-FEB-17

RIZVI, SYED, MD†

Provider ID: N/A

☒ 1600 E FLORIDA AVE STE
315
HEMET, CA 92544
Effective as of 01-MAR-22

URSO, MARY JO, DO†

Provider ID: N/A

☒ 1225 E LATHAM AVE STE A
HEMET, CA 92543
Effective as of 01-DEC-20

URSO, MARY JO, DO†

Provider ID: N/A

☒ 1225 E LATHAM AVE STE A
HEMET, CA 92543
Effective as of 01-DEC-20

URSO, MARY JO, DO†

Provider ID: N/A

☒ 1225 E LATHAM AVE STE A
HEMET, CA 92543
Effective as of 01-DEC-20

URSO, MARY JO, DO†

Provider ID: N/A

☒ 1225 E LATHAM AVE STE A
HEMET, CA 92543
Effective as of 01-JUL-23

URSO, MARY JO, DO†

Provider ID: N/A

☒ 1225 E LATHAM AVE STE A
HEMET, CA 92543
Effective as of 01-DEC-20

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

OCCUPATIONAL THERAPIST

BONILLA, EDWARD, OT

Provider ID: N/A

☒ 3989 W STETSON AVE STE
105
HEMET, CA 92545
Effective as of 01-DEC-23

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

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-FEB-22

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-AUG-20

CARLSON, JOHN, MD†

Provider ID: N/A

☐ 3953 W STETSON AVE
HEMET, CA 92545

Effective as of 01-MAY-14

CHOW, JASON, MD†

Provider ID: N/A

☐ 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

CHOW, JASON, MD†

Provider ID: N/A

☐ 3953 W STETSON AVE
HEMET, CA 92545

Effective as of 01-FEB-24

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

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

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-JUL-23

JACOBS, JEFFREY, MD†

Provider ID: N/A

☐ 2390 E FLORIDA AVE STE 207
HEMET, CA 92544

Effective as of 01-SEP-09

JACOBS, JEFFREY, MD†

Provider ID: N/A

☐ 2390 E FLORIDA AVE STE 207
HEMET, CA 92544

Effective as of 01-JUL-18

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

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

Effective as of 01-JUL-23

JACOBSON, ARTHUR, MD†

Provider ID: N/A

2390 E FLORIDA AVE STE
207
HEMET, CA 92544

Effective as of 01-MAR-98

JOHNSON, ROGER, MD†

Provider ID: N/A

3953 W STETSON AVE
HEMET, CA 92545

Effective as of 01-JUL-23

JOSEPH, JEFFREY, MD†

Provider ID: N/A

3953 W STETSON AVE
HEMET, CA 92545

Effective as of 01-DEC-21

JOSEPH, JEFFREY, MD†

Provider ID: N/A

3953 W STETSON AVE
HEMET, CA 92545

Effective as of 01-AUG-20

JOSEPH, JEFFREY, MD†

Provider ID: N/A

3953 W STETSON AVE
HEMET, CA 92545

Effective as of 01-AUG-19

LEE, JOHN, MD†

Provider ID: N/A

2390 E FLORIDA AVE STE
207
HEMET, CA 92544

Effective as of 01-FEB-11

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-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-JAN-22

PHILLIPS, BARRATT, MD†

Provider ID: N/A

3953 W STETSON AVE
HEMET, CA 92545

Effective as of 01-JAN-22

PHILLIPS, BARRATT, MD†

Provider ID: N/A

3953 W STETSON AVE
HEMET, CA 92545

Effective as of 01-MAY-14

PHILLIPS, BARRATT, MD†

Provider ID: N/A

3953 W STETSON AVE
HEMET, CA 92545

Effective as of 01-SEP-09

SHELTON, RAYMOND, MD

Provider ID: N/A

2390 E FLORIDA AVE STE
207
HEMET, CA 92544

Effective as of 01-MAY-23

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-SEP-09

SORENSEN, ROBERT, MD†

Provider ID: N/A

3953 W STETSON AVE
HEMET, CA 92545

Effective as of 01-JAN-22

SORENSEN, ROBERT, MD†

Provider ID: N/A

3953 W STETSON AVE
HEMET, CA 92545

Effective as of 01-DEC-21

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

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

Effective as of 01-SEP-09

WARNER, MICHAEL, MD†

Provider ID: N/A

📍 2390 E FLORIDA AVE STE
207
HEMET, CA 92544

Teleservice

Effective as of 01-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

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-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

BARR, AUSTIN, OD

Provider ID: N/A

📍 2390 E FLORIDA AVE STE
207
HEMET, CA 92544

Effective as of 01-MAR-23

COLEMAN, BROOKE, OD†

Provider ID: N/A

📍 3953 W STETSON AVE
HEMET, CA 92545

Effective as of 01-JUL-23

COLEMAN, BROOKE, OD†

Provider ID: N/A

📍 3953 W STETSON AVE
HEMET, CA 92545

Effective as of 01-AUG-20

COLEMAN, BROOKE, OD†

Provider ID: N/A

📍 3953 W STETSON AVE
HEMET, CA 92545

Effective as of 01-JUL-11

FENNEMA, ERIC, OD†

Provider ID: N/A

📍 3953 W STETSON AVE
HEMET, CA 92545

Effective as of 01-SEP-22

FENNEMA, ERIC, OD†

Provider ID: N/A

📍 3953 W STETSON AVE
HEMET, CA 92545

Effective as of 01-FEB-22

LANE, KEVIN, OD†

Provider ID: N/A

📍 2390 E FLORIDA AVE STE
207
HEMET, CA 92544

Effective as of 01-FEB-11

LANE, KEVIN, OD†

Provider ID: N/A

📍 2390 E FLORIDA AVE STE
207
HEMET, CA 92544

Effective as of 01-SEP-09

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-SEP-10

LARSON, BRETT, OD†

Provider ID: N/A

📍 3953 W STETSON AVE
HEMET, CA 92545

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

Effective as of 01-AUG-20

LARSON, BRETT, OD[†]

Provider ID: N/A

📄 3953 W STETSON AVE
HEMET, CA 92545

Effective as of 01-JUL-23

MC CLEARY, DAVID, OD[†]

Provider ID: N/A

📄 3953 W STETSON AVE
HEMET, CA 92545

Effective as of 01-JUL-23

MC CLEARY, DAVID, OD[†]

Provider ID: N/A

📄 3953 W STETSON AVE
HEMET, CA 92545

Effective as of 01-AUG-18

MC CLEARY, DAVID, OD[†]

Provider ID: N/A

📄 3953 W STETSON AVE
HEMET, CA 92545

Effective as of 01-DEC-21

TADROS, JESSICA, OD[†]

Provider ID: N/A

📄 2390 E FLORIDA AVE STE
207
HEMET, CA 92544

Effective as of 01-JUL-23

ULIBARRI, MATTHEW, OD[†]

Provider ID: N/A

📄 2390 E FLORIDA AVE STE
207
HEMET, CA 92544

Effective as of 01-JUL-23

PEDIATRIC

ENDOCRINOLOGY

SEYED, KAZEM, MD[†]

Provider ID: N/A

📄 750 E LATHAM AVE STE 1
HEMET, CA 92543

Effective as of 01-OCT-10

SEYED, KAZEM, MD[†]

Provider ID: N/A

📄 750 E LATHAM AVE STE 1
HEMET, CA 92543

Effective as of 01-MAY-15

SEYED, KAZEM, MD[†]

Provider ID: N/A

📄 750 E LATHAM AVE STE 1
HEMET, CA 92543

Effective as of 01-MAY-15

PHYSICAL MEDICINE / REHABILITATION

AILINANI, HARY, MD

Provider ID: N/A

📄 1011 E DEVONSHIRE AVE
STE 203
HEMET, CA 92543

Effective as of 01-MAY-21

CHEN, HAMILTON, MD[†]

Provider ID: N/A

📄 3989 W STETSON AVE STE
102
HEMET, CA 92545

Effective as of 01-MAR-24

LEE, JONATHAN KWANG, MD[†]

Provider ID: N/A

📄 3889 W STETSON AVE STE
100
HEMET, CA 92545

Effective as of 01-JUL-15

NIKACHINA, ANNA, MD[†]

Provider ID: N/A

📄 3889 W STETSON AVE STE
100
HEMET, CA 92545

Effective as of 01-MAY-21

PHYSICIANS ASSISTANT

ANDERSON, MATTHEW, PA[†]

Provider ID: N/A

📄 3889 W STETSON AVE STE
100
HEMET, CA 92545

Effective as of 01-AUG-21

BAKER, ROBERT, PA

Provider ID: N/A

📄 1011 E DEVONSHIRE AVE
STE 203
HEMET, CA 92543

Effective as of 01-MAR-24

BAKER, ROBERT, PA

Provider ID: N/A

📄 1011 E DEVONSHIRE AVE
STE 203
HEMET, CA 92543

Effective as of 01-MAR-24

BAKER, ROBERT, PA

Provider ID: N/A

📄 1011 E DEVONSHIRE AVE
STE 203
HEMET, CA 92543

Effective as of 01-MAR-24

BAKER, ROBERT, PA

Provider ID: N/A

📄 1011 E DEVONSHIRE AVE
STE 203
HEMET, CA 92543

Effective as of 01-MAR-24

BAKER, ROBERT, PA

Provider ID: N/A

📄 1011 E DEVONSHIRE AVE
STE 203
HEMET, CA 92543

Effective as of 01-MAR-24

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

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-NOV-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-AUG-16

CURTIS, DANIEL, PA†

Provider ID: N/A

📍 949 CALHOUN PL STE D
HEMET, CA 92543

Effective as of 01-MAY-23

CURTIS, DANIEL, PA†

Provider ID: N/A

📍 949 CALHOUN PL STE D
HEMET, CA 92543

Effective as of 01-DEC-22

CURTIS, DANIEL, PA†

Provider ID: N/A

📍 949 CALHOUN PL STE D
HEMET, CA 92543

Effective as of 01-DEC-22

DE CARO, ROBERT, PA†

Provider ID: N/A

📍 1264 E LATHAM AVE
HEMET, CA 92543

Effective as of 01-OCT-19

DIETZLER, MARQUE, PA†

Provider ID: N/A

📍 4020 W FLORIDA AVE
HEMET, CA 92545

Effective as of 01-JUL-19

FELIX, FRANCISCO, PA

Provider ID: N/A

📍 1011 E DEVONSHIRE AVE
HEMET, CA 92543

Effective as of 01-AUG-23

FELIX, FRANCISCO, PA

Provider ID: N/A

📍 1011 E DEVONSHIRE AVE
HEMET, CA 92543

Effective as of 01-AUG-23

GONZALEZ, KEVIN, PA

Provider ID: N/A

📍 3989 W STETSON AVE STE
201
HEMET, CA 92545

Effective as of 01-DEC-23

GONZALEZ, KEVIN, PA

Provider ID: N/A

📍 3989 W STETSON AVE STE
201
HEMET, CA 92545

Effective as of 01-DEC-23

GONZALEZ, KEVIN, PA

Provider ID: N/A

📍 3989 W STETSON AVE STE
201
HEMET, CA 92545

Effective as of 01-DEC-23

GONZALEZ, KEVIN, PA

Provider ID: N/A

📍 3989 W STETSON AVE STE
201
HEMET, CA 92545

Effective as of 01-DEC-23

HUNSAKER, NALANI, PA†

Provider ID: N/A

📍 1515 W FLORIDA AVE
HEMET, CA 92543

Effective as of 01-NOV-23

HUNSAKER, NALANI, PA†

Provider ID: N/A

📍 1515 W FLORIDA AVE
HEMET, CA 92543

Effective as of 01-DEC-20

HUNSAKER, NALANI, PA†

Provider ID: N/A

📍 1515 W FLORIDA AVE
HEMET, CA 92543

Effective as of 01-DEC-20

LANIER, JAME, PA†

Provider ID: N/A

📍 1264 E LATHAM AVE
HEMET, CA 92543

Effective as of 01-OCT-19

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

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
 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

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

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

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-MAR-15

ADEYEMO, OLUWAFEMI, MD

Provider ID: N/A

☒ 361 N SAN JACINTO ST
HEMET, CA 92543

Effective as of 01-SEP-17

ADEYEMO, OLUWAFEMI, MD

Provider ID: N/A

☒ 361 N SAN JACINTO ST
HEMET, CA 92543

Effective as of 01-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-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

JAKKULA, JAGAN, MD†

Provider ID: N/A

☒ 162 N SANTA FE ST
HEMET, CA 92543

Effective as of 01-NOV-23

JAKKULA, JAGAN, MD†

Provider ID: N/A

☒ 162 N SANTA FE ST
HEMET, CA 92543

Effective as of 01-AUG-22

JAKKULA, JAGAN, MD†

Provider ID: N/A

☒ 162 N SANTA FE ST
HEMET, CA 92543

Effective as of 01-AUG-22

JAKKULA, JAGAN, MD†

Provider ID: N/A

☒ 162 N SANTA FE ST
HEMET, CA 92543

Effective as of 01-NOV-23

JAKKULA, JAGAN, MD†

Provider ID: N/A

☒ 162 N SANTA FE ST
HEMET, CA 92543

Effective as of 01-OCT-20

KUNAM, SYAM, MD

Provider ID: N/A

☒ 162 N SANTA FE ST
HEMET, CA 92543

Effective as of 01-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

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

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-00

LU, CHONG PING, MD†

Provider ID: N/A

1000 E LATHAM AVE
HEMET, CA 92543
Effective as of 01-SEP-09

LU, CHONG PING, MD†

Provider ID: N/A

1000 E LATHAM AVE
HEMET, CA 92543
Effective as of 01-SEP-09

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

850 E LATHAM AVE STE 101

HEMET, CA 92543
Effective as of 01-OCT-17

BURROUGHS, GLORIA, MD†

Provider ID: N/A

850 E LATHAM AVE STE 101
HEMET, CA 92543
Effective as of 01-OCT-17

BURROUGHS, GLORIA, MD†

Provider ID: N/A

850 E LATHAM AVE STE 101
HEMET, CA 92543
Effective as of 01-OCT-17

BURROUGHS, GLORIA, MD†

Provider ID: N/A

540 N JACINTO ST
HEMET, CA 92543
Effective as of 01-MAR-07

REGISTERED PHYSICAL THERAPIST

MONTERO, MARIA, PT

Provider ID: N/A

1515 W FLORIDA AVE STE E
HEMET, CA 92543
Effective as of 01-APR-23

MONTERO, MARIA, PT

Provider ID: N/A

1515 W FLORIDA AVE STE E
HEMET, CA 92543
Effective as of 01-APR-23

SMITH, DIANNE, PT†

Provider ID: N/A

1515 W FLORIDA AVE STE E
HEMET, CA 92543
Effective as of 01-JUN-17

RHEUMATOLOGY

COLBURN, KEITH, MD†

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

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

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

GORSKI, TITO, MD†

Provider ID: N/A

📄 3853 W STETSON AVE STE
105
HEMET, CA 92545
Effective as of 01-FEB-24

GORSKI, YARA, MD†

Provider ID: N/A

📄 3853 W STETSON AVE STE
105
HEMET, CA 92545
Effective as of 01-SEP-22

GORSKI, TITO, MD†

Provider ID: N/A

📄 3853 W STETSON AVE STE
105
HEMET, CA 92545
Effective as of 01-SEP-22

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

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

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-MAY-22

NAFIU, BOLAJI, MD†

Provider ID: N/A

☒ 3853 W STETSON AVE STE 105
HEMET, CA 92545
Effective as of 01-DEC-21

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

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

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-MAY-21

HADLEY, ZACHARY, MD†

Provider ID: N/A

3889 W STETSON AVE STE 100
HEMET, CA 92545
Effective as of 01-MAR-19

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-JUL-15

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-NOV-16

LE, SANG, MD†

Provider ID: N/A

3889 W STETSON AVE STE 100
HEMET, CA 92545
Effective as of 01-MAR-21

PANSE, MILIND, MD†

Provider ID: N/A

1225 E LATHAM AVE STE A
HEMET, CA 92543*
Effective as of 01-JUL-23

PATTON, DANIEL, MD†

Provider ID: N/A

3889 W STETSON AVE STE 100
HEMET, CA 92545
Effective as of 01-JAN-20

PATTON, DANIEL, MD†

Provider ID: N/A

3889 W STETSON AVE STE 100
HEMET, CA 92545
Effective as of 01-JUL-21

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

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

 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-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

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

FRIEDMAN, BRUCE, MD†

Provider ID: N/A

☐ 22 ODYSSEY STE 240
IRVINE, CA 92618
Effective as of 01-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-JUL-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

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

Effective as of 01-JUN-22

HO, LARRY, MD

Provider ID: N/A

☞ 15701 ROCKFIELD BLVD
IRVINE, CA 92618

Effective as of 01-APR-11

HO, LARRY, MD

Provider ID: N/A

☞ 15701 ROCKFIELD BLVD
IRVINE, CA 92618

Effective as of 01-OCT-01

JILLANI, ASIF, MD

Provider ID: N/A

☞ 16300 SAND CANYON AVE
STE 511
IRVINE, CA 92618

Effective as of 01-NOV-17

JILLANI, ASIF, MD

Provider ID: N/A

☞ 16300 SAND CANYON AVE
STE 511
IRVINE, CA 92618

Effective as of 01-NOV-17

MAHROU, REZA, MD†

Provider ID: N/A

☞ 113 WATERWORKS WAY
STE 345
IRVINE, CA 92618

Effective as of 01-JAN-15

MAHROU, REZA, MD†

Provider ID: N/A

☞ 113 WATERWORKS WAY
STE 345
IRVINE, CA 92618

Effective as of 01-JAN-15

RAFIZAD, AMIR, MD†

Provider ID: N/A

☞ 113 WATERWORKS WAY

STE 345

IRVINE, CA 92618

Effective as of 01-JAN-15

RAFIZAD, AMIR, MD†

Provider ID: N/A

☞ 113 WATERWORKS WAY
STE 345
IRVINE, CA 92618

Effective as of 01-JAN-15

AUDIOLOGIST

NIAVARANY, PIRAYEH, AuD

Provider ID: N/A

☞ 18 ENDEAVOR STE 208
IRVINE, CA 92618

Effective as of 01-NOV-22

NIAVARANY, PIRAYEH, AuD

Provider ID: N/A

☞ 18 ENDEAVOR STE 208
IRVINE, CA 92618

Effective as of 01-NOV-22

PANEK, KRISTI, AuD

Provider ID: N/A

☞ 18 ENDEAVOR STE 208
IRVINE, CA 92618

Effective as of 01-NOV-22

PANEK, KRISTI, AuD

Provider ID: N/A

☞ 18 ENDEAVOR STE 208
IRVINE, CA 92618

Effective as of 01-NOV-22

CARDIAC

ELECTROPHYSIOLOGY

BURRIS, RYAN, MD

Provider ID: N/A

☞ 16300 SAND CANYON AVE
STE 201
IRVINE, CA 92618

Effective as of 01-NOV-22

BURRIS, RYAN, MD

Provider ID: N/A

☞ 16300 SAND CANYON AVE
STE 201
IRVINE, CA 92618

Effective as of 01-NOV-22

MITIKU, TEFERI, MD†

Provider ID: N/A

☞ 16305 SAND CANYON AVE
STE 255
IRVINE, CA 92618

Effective as of 01-FEB-22

MITIKU, TEFERI, MD†

Provider ID: N/A

☞ 16305 SAND CANYON AVE
STE 255
IRVINE, CA 92618

Effective as of 01-FEB-22

WARRIER, NIKHIL, MD†

Provider ID: N/A

☞ 16300 SAND CANYON AVE
STE 708
IRVINE, CA 92618

Effective as of 01-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

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

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

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

WERTMAN, BRETT, MD

Provider ID: N/A

16305 SAND CANYON AVE
STE 255
IRVINE, CA 92618

Effective as of 01-SEP-17

WERTMAN, BRETT, MD

Provider ID: N/A

16305 SAND CANYON AVE
STE 255
IRVINE, CA 92618

Effective as of 01-JAN-21

WERTMAN, BRETT, MD

Provider ID: N/A

16305 SAND CANYON AVE
STE 255
IRVINE, CA 92618

Effective as of 01-SEP-17

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-MAY-22

COHEN, STEPHEN, MD†

Provider ID: N/A

16300 SAND CANYON AVE

STE 201

IRVINE, CA 92618

Effective as of 01-APR-18

COHEN, STEPHEN, MD†

Provider ID: N/A

16300 SAND CANYON AVE
STE 201
IRVINE, CA 92618

Effective as of 01-APR-18

COHEN, STEPHEN, MD†

Provider ID: N/A

16300 SAND CANYON AVE
STE 201
IRVINE, CA 92618

Effective as of 01-APR-18

DOAN VAN, NICOLAS, MD†

Provider ID: N/A

16300 SAND CANYON AVE
STE 708
IRVINE, CA 92618

Effective as of 01-DEC-21

DOAN VAN, NICOLAS, MD†

Provider ID: N/A

16300 SAND CANYON AVE
STE 708
IRVINE, CA 92618

Effective as of 01-OCT-23

ELSAYED, SARAH SABRY, MD†

Provider ID: N/A

16300 SAND CANYON AVE
STE 708
IRVINE, CA 92618

Effective as of 01-OCT-23

ELSAYED, SARAH SABRY, MD†

Provider ID: N/A

16300 SAND CANYON AVE
STE 708
IRVINE, CA 92618

Effective as of 01-APR-22

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

ELSAYED, SARAH SABRY, MD†

Provider ID: N/A

16300 SAND CANYON AVE
STE 708
IRVINE, CA 92618

Effective as of 01-JAN-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-APR-18

ESLAMI, BAHRAM, MD†

Provider ID: N/A

16300 SAND CANYON AVE
STE 201
IRVINE, CA 92618

Effective as of 01-APR-18

ESLAMI, BAHRAM, MD†

Provider ID: N/A

16300 SAND CANYON AVE
STE 201
IRVINE, CA 92618

Effective as of 01-OCT-23

ESLAMI-FARSANI, MAHMOUD, MD†

Provider ID: N/A

16300 SAND CANYON AVE
STE 201
IRVINE, CA 92618

Effective as of 01-OCT-23

ESLAMI-FARSANI, MAHMOUD, MD†

Provider ID: N/A

16300 SAND CANYON AVE
STE 201
IRVINE, CA 92618

Effective as of 01-APR-18

MELTZER, PAUL, MD†

Provider ID: N/A

16300 SAND CANYON AVE
STE 201
IRVINE, CA 92618

Effective as of 01-APR-18

MELTZER, PAUL, MD†

Provider ID: N/A

16300 SAND CANYON AVE
STE 201
IRVINE, CA 92618

Effective as of 01-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-OCT-23

MELTZER, PAUL, MD†

Provider ID: N/A

16300 SAND CANYON AVE
STE 201
IRVINE, CA 92618

Effective as of 01-JAN-20

NGUYEN, HUY, MD†

Provider ID: N/A

16305 SAND CANYON AVE
STE 255
IRVINE, CA 92618

Effective as of 01-JAN-20

NGUYEN, HOANG, MD†

Provider ID: N/A

16300 SAND CANYON AVE
STE 708
IRVINE, CA 92618

Effective as of 01-OCT-23

NGUYEN, HOANG, MD†

Provider ID: N/A

16300 SAND CANYON AVE
STE 708
IRVINE, CA 92618

Effective as of 01-DEC-21

NI, YU-MING, MD†

Provider ID: N/A

16300 SAND CANYON AVE
STE 708
IRVINE, CA 92618

Effective as of 01-AUG-22

NI, YU-MING, MD†

Provider ID: N/A

16300 SAND CANYON AVE
STE 708
IRVINE, CA 92618

Effective as of 01-OCT-23

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

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-JAN-20

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-OCT-23

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-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

CHOI, JI, LAC†

Provider ID: N/A

15785 LAGUNA CANYON
RD STE 330
IRVINE, CA 92618

Effective as of 01-MAR-22

HONG, HEE, LAC

Provider ID: N/A

113 WATERWORKS WAY
STE 205
IRVINE, CA 92618

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

Effective as of 01-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

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

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

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

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

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

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

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

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-MAY-16

BEMANIAN, SHAHROOZ, MD[†]

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

Provider ID: N/A

113 WATERWORKS WAY
STE 155
IRVINE, CA 92618

Effective as of 01-JAN-21

BEMANIAN, SHAHROOZ, MD†

Provider ID: N/A

113 WATERWORKS WAY
STE 155
IRVINE, CA 92618

Effective as of 01-JAN-20

BEMANIAN, SHAHROOZ, MD†

Provider ID: N/A

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

BEMANIAN, SHAHROOZ, MD†

Provider ID: N/A

113 WATERWORKS WAY
STE 155
IRVINE, CA 92618

Effective as of 01-MAY-16

BEMANIAN, SHAHROOZ, MD†

Provider ID: N/A

113 WATERWORKS WAY
STE 155
IRVINE, CA 92618

Effective as of 01-OCT-23

CHOI, DAVID, DO†

Provider ID: N/A

113 WATERWORKS WAY
STE 155

IRVINE, CA 92618

Effective as of 01-OCT-23

CHOI, DAVID, DO†

Provider ID: N/A

113 WATERWORKS WAY
STE 155
IRVINE, CA 92618

Effective as of 01-MAY-23

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-22

CHOI, DAVID, DO†

Provider ID: N/A

113 WATERWORKS WAY
STE 155
IRVINE, CA 92618

Effective as of 01-MAY-22

HWANG, CAROLINE, MD

Provider ID: N/A

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

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

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

STE 280
IRVINE, CA 92618
Effective as of 01-JUN-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-MAY-16

LEE, PAUL, MD†

Provider ID: N/A
☞ 113 WATERWORKS WAY
STE 155
IRVINE, CA 92618
Effective as of 01-OCT-23

LEE, PAUL, MD

Provider ID: N/A
☞ 16105 SAND CANYON AVE
STE 230
IRVINE, CA 92618
Effective as of 01-OCT-23

LEE, JAMES, MD

Provider ID: N/A
☞ 16305 SAND CANYON AVE
STE 220
IRVINE, CA 92618
Effective as of 01-JUN-23

LEE, JAMES, MD

Provider ID: N/A
☞ 16305 SAND CANYON AVE
STE 220
IRVINE, CA 92618
Effective as of 01-JUN-23

LEE, PAUL, MD†

Provider ID: N/A
☞ 113 WATERWORKS WAY
STE 155
IRVINE, CA 92618
Effective as of 01-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-MAY-16

LEE, PAUL, MD†

Provider ID: N/A
☞ 113 WATERWORKS WAY
STE 155
IRVINE, CA 92618
Effective as of 01-JAN-20

LEE, PAUL, MD†

Provider ID: N/A
☞ 113 WATERWORKS WAY

STE 155
IRVINE, CA 92618
Effective as of 01-JAN-21

LEE, PAUL, MD

Provider ID: N/A
☞ 16105 SAND CANYON AVE
STE 230
IRVINE, CA 92618
Effective as of 01-JAN-23

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
☞ 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

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

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

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

SINGH, HARDEEP, MD†

Provider ID: N/A

☐ 16305 SAND CANYON AVE

STE 220

IRVINE, CA 92618

Effective as of 01-OCT-20

SINGH, HARDEEP, MD†

Provider ID: N/A

☐ 16305 SAND CANYON AVE
STE 220
IRVINE, CA 92618

Effective as of 01-MAY-17

SINGH, HARDEEP, MD†

Provider ID: N/A

☐ 16305 SAND CANYON AVE
STE 220
IRVINE, CA 92618

Effective as of 01-MAY-17

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

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-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-20

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

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

 113 WATERWORKS WAY
STE 155
IRVINE, CA 92618
Effective as of 01-MAY-16

YU, VICTOR, MD†

Provider ID: N/A

 113 WATERWORKS WAY
STE 155
IRVINE, CA 92618
Effective as of 01-OCT-23

YU, 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

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

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

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

SARAFIAN, FARJAD, MD

Provider ID: N/A

16100 SAND CANYON AVE
STE 240

IRVINE, CA 92618

Effective as of 01-AUG-20

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

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

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

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

Provider ID: N/A

☐ 15635 ALTON PKWY STE
350
IRVINE, CA 92618

Effective as of 01-DEC-23

MCINTYRE, SUSAN, MFT

Provider ID: N/A

☐ 15635 ALTON PKWY STE
350
IRVINE, CA 92618

Effective as of 01-DEC-23

ONEILL, SEAN, MFT

Provider ID: N/A

☐ 60 STEPPING STONE
IRVINE, CA 92603

Effective as of 01-JUN-23

ONEILL, SEAN, MFT

Provider ID: N/A

☐ 60 STEPPING STONE
IRVINE, CA 92603

Effective as of 01-JUN-23

SHAH, SALMA, MFT

Provider ID: N/A

☐ 15635 ALTON PKWY STE
350
IRVINE, CA 92618

Effective as of 01-DEC-23

SHAH, SALMA, MFT

Provider ID: N/A

☐ 15635 ALTON PKWY STE
350
IRVINE, CA 92618

Effective as of 01-DEC-23

MATERNAL AND FETAL MEDICINE

BUSH, MELISSA, MD†

Provider ID: N/A

☐ 15785 LAGUNA CANYON

RD STE 360

IRVINE, CA 92618

Effective as of 01-SEP-16

BUSH, MELISSA, MD†

Provider ID: N/A

☐ 15785 LAGUNA CANYON
RD STE 360
IRVINE, CA 92618

Effective as of 01-FEB-21

BUSH, MELISSA, MD†

Provider ID: N/A

☐ 15785 LAGUNA CANYON
RD STE 360
IRVINE, CA 92618

Effective as of 01-SEP-16

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-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-23

KFIR, MENASHE, MD†

Provider ID: N/A

☐ 15785 LAGUNA CANYON
RD STE 360
IRVINE, CA 92618

Effective as of 01-FEB-23

KFIR, MENASHE, MD†

Provider ID: N/A

☐ 15785 LAGUNA CANYON
RD STE 360
IRVINE, CA 92618

Effective as of 01-DEC-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-18

KFIR, MENASHE, MD†

Provider ID: N/A

☐ 15785 LAGUNA CANYON
RD STE 360
IRVINE, CA 92618

Effective as of 01-SEP-16

MASAKI, DAMON, MD†

Provider ID: N/A

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

 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-APR-11

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

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

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

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-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

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

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

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

STE 265
IRVINE, CA 92618
Effective as of 01-AUG-22

THAKKAR, SANDEEP, DO[†]

Provider ID: N/A

 16305 SAND CANYON AVE
STE 220
IRVINE, CA 92618
Effective as of 01-MAR-19

THAKKAR, SANDEEP, DO[†]

Provider ID: N/A

 16305 SAND CANYON AVE
STE 220
IRVINE, CA 92618
Effective as of 01-MAR-18

WHITMAN, GREGORY, MD

Provider ID: N/A

 16405 SAND CANYON AVE
STE 220
IRVINE, CA 92618
Effective as of 01-JAN-20

WHITMAN, GREGORY, MD

Provider ID: N/A

 16405 SAND CANYON AVE
STE 220
IRVINE, CA 92618
Effective as of 01-JAN-21

NEUROLOGY CHILD

ELBALALESY, NASER, MD[†]

Provider ID: N/A

 113 WATERWORKS WAY
STE 350
IRVINE, CA 92618
Effective as of 01-MAR-19

ELBALALESY, NASER, MD[†]

Provider ID: N/A

 113 WATERWORKS WAY
STE 350

IRVINE, CA 92618
Effective as of 01-MAR-19

ELBALALESY, NASER, MD[†]

Provider ID: N/A

 113 WATERWORKS WAY
STE 350
IRVINE, CA 92618
Effective as of 01-MAR-19

ELBALALESY, NASER, MD[†]

Provider ID: N/A

 113 WATERWORKS WAY
STE 350
IRVINE, CA 92618
Effective as of 01-MAR-19

ELBALALESY, NASER, MD[†]

Provider ID: N/A

 113 WATERWORKS WAY
STE 350
IRVINE, CA 92618
Effective as of 01-MAR-19

ELBALALESY, NASER, MD[†]

Provider ID: N/A

 113 WATERWORKS WAY
STE 350
IRVINE, CA 92618
Effective as of 01-MAR-19

ELBALALESY, NASER, MD[†]

Provider ID: N/A

 113 WATERWORKS WAY
STE 350
IRVINE, CA 92618
Effective as of 01-JUN-19

ELBALALESY, NASER, MD[†]

Provider ID: N/A

 113 WATERWORKS WAY
STE 350
IRVINE, CA 92618
Effective as of 01-AUG-23

ELBALALESY, NASER, MD[†]

Provider ID: N/A

 113 WATERWORKS WAY
STE 350
IRVINE, CA 92618
Effective as of 01-AUG-23

ELBALALESY, NASER, MD[†]

Provider ID: N/A

 113 WATERWORKS WAY
STE 350
IRVINE, CA 92618
Effective as of 01-AUG-23

ELBALALESY, NASER, MD[†]

Provider ID: N/A

 113 WATERWORKS WAY
STE 350
IRVINE, CA 92618
Effective as of 01-AUG-23

ELBALALESY, NASER, MD[†]

Provider ID: N/A

 113 WATERWORKS WAY
STE 350
IRVINE, CA 92618
Effective as of 01-OCT-22

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 /

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

GYNECOLOGY

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

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-JAN-21

BARR, JESSICA, DO

Provider ID: N/A

22 ODYSSEY STE 200 IRVINE, CA 92618

Effective as of 01-DEC-23

BARR, JESSICA, DO

Provider ID: N/A

22 ODYSSEY STE 200 IRVINE, CA 92618

Effective as of 01-DEC-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

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

16305 SAND CANYON AVE
STE 265
IRVINE, CA 92618
Effective as of 01-JAN-21

MARINESCU, CATALIN, MD†
Provider ID: N/A

16305 SAND CANYON AVE
STE 265
IRVINE, CA 92618
Effective as of 01-JAN-20

MASAKI, DAMON, MD†
Provider ID: N/A

15785 LAGUNA CANYON
RD STE 360
IRVINE, CA 92618
Effective as of 01-JAN-22

MASAKI, DAMON, MD†
Provider ID: N/A

15785 LAGUNA CANYON
RD STE 360
IRVINE, CA 92618
Effective as of 01-JAN-22

MENDELSON, SUSAN, MD
Provider ID: N/A

16105 SAND CANYON AVE
STE 200
IRVINE, CA 92618
Effective as of 01-NOV-23

MILLER, JAMIE, MD
Provider ID: N/A

16105 SAND CANYON AVE
STE 200
IRVINE, CA 92618
Effective as of 01-NOV-23

PERKINS, KENDRA, DO†
Provider ID: N/A

16305 SAND CANYON AVE
STE 265
IRVINE, CA 92618

Effective as of 01-JAN-21

PETERS, AMY, DO
Provider ID: N/A

16105 SAND CANYON AVE
STE 200
IRVINE, CA 92618

Effective as of 01-NOV-23

PETERS, AMY, DO
Provider ID: N/A

16305 SAND CANYON AVE
STE 275
IRVINE, CA 92618

Effective as of 01-NOV-23

STERNFELD, DANIEL, MD†
Provider ID: N/A

16305 SAND CANYON AVE
STE 275
IRVINE, CA 92618

Effective as of 01-SEP-20

STERNFELD, DANIEL, MD†
Provider ID: N/A

16305 SAND CANYON AVE
STE 275
IRVINE, CA 92618

Effective as of 01-OCT-22

TANAMAI, VAYA, MD†
Provider ID: N/A

16305 SAND CANYON AVE
STE 275
IRVINE, CA 92618

Effective as of 01-MAY-20

YAO, GRACE, MD†
Provider ID: N/A

22 ODYSSEY STE 155
IRVINE, CA 92618
Effective as of 01-JAN-21

YAO, GRACE, MD†
Provider ID: N/A

22 ODYSSEY STE 155
IRVINE, CA 92618
Effective as of 01-JAN-21

OPHTHALMOLOGY

GE, NENGJIE, MD†
Provider ID: N/A

16300 SAND CANYON AVE
STE 608
IRVINE, CA 92618
Effective as of 01-JUL-12

GE, NENGJIE, MD†
Provider ID: N/A

16300 SAND CANYON AVE
STE 608
IRVINE, CA 92618

Effective as of 01-JAN-17

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-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

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

IRVINE, CA 92618
Effective as of 01-OCT-23

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-OCT-23

NGUYEN, BAO-THU, MD†

Provider ID: N/A

15825 LAGUNA CANYON
RD STE 201

IRVINE, CA 92618
Effective as of 01-MAY-19

NGUYEN, BAO-THU, MD†

Provider ID: N/A

15825 LAGUNA CANYON
RD STE 201

IRVINE, CA 92618
Effective as of 01-MAY-19

TAYANI, RAMIN, MD

Provider ID: N/A

22 ODYSSEY STE 150
IRVINE, CA 92618

Effective as of 01-MAR-23

VAIDYA, NADEEM, MD†

Provider ID: N/A

16100 SAND CANYON AVE
STE 385

IRVINE, CA 92618
Effective as of 01-MAR-16

VAIDYA, NADEEM, MD†

Provider ID: N/A

16100 SAND CANYON AVE
STE 385

IRVINE, CA 92618
Effective as of 01-OCT-23

VAIDYA, NADEEM, MD†

Provider ID: N/A

16100 SAND CANYON AVE
STE 385

IRVINE, CA 92618
Effective as of 01-JAN-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-FEB-21

OPTOMETRIST

OWYANG, ASHLEY, OD

Provider ID: N/A

15825 LAGUNA CANYON
RD STE 201

IRVINE, CA 92618
Effective as of 01-JAN-23

OWYANG, ASHLEY, OD

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

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-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-JAN-18

WANG, MATTHEW, OD†

Provider ID: N/A

22 ODYSSEY STE 150
IRVINE, CA 92618
Effective as of 01-JAN-23

WANG, MATTHEW, OD†

Provider ID: N/A

22 ODYSSEY STE 150
IRVINE, CA 92618
Effective as of 01-OCT-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-JUN-19

BALAKER, ASHLEY, MD†

Provider ID: N/A

18 ENDEAVOR STE 208
IRVINE, CA 92618
Effective as of 01-MAY-19

BALAKER, ASHLEY, MD†

Provider ID: N/A

18 ENDEAVOR STE 208
IRVINE, CA 92618
Effective as of 01-APR-23

BALAKER, ASHLEY, MD†

Provider ID: N/A

18 ENDEAVOR STE 208

IRVINE, CA 92618

Effective as of 01-APR-23

BALAKER, ASHLEY, MD†

Provider ID: N/A

18 ENDEAVOR STE 208
IRVINE, CA 92618
Effective as of 01-OCT-22

BUEN, FLOYD, MD†

Provider ID: N/A

18 ENDEAVOR STE 208
IRVINE, CA 92618
Effective as of 01-NOV-20

BUEN, FLOYD, MD†

Provider ID: N/A

18 ENDEAVOR STE 208
IRVINE, CA 92618
Effective as of 01-DEC-20

BUEN, FLOYD, MD†

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

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

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-JAN-23

GE, NORMAN, MD†

Provider ID: N/A

113 WATERWORKS WAY
STE 145
IRVINE, CA 92618
Effective as of 01-FEB-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-OCT-23

SUN, JOHN, MD†

Provider ID: N/A

22 ODYSSEY STE 100
IRVINE, CA 92618
Effective as of 01-JAN-20

SUN, PAUL, MD†

Provider ID: N/A

22 ODYSSEY STE 100
IRVINE, CA 92618
Effective as of 01-JAN-14

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†

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

Provider ID: N/A

☐ 18 ENDEAVOR STE 208
IRVINE, CA 92618
Effective as of 01-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, JOHN, 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-MAR-16

SUN, JOHN, MD†

Provider ID: N/A

☐ 22 ODYSSEY STE 100

IRVINE, CA 92618

Effective as of 01-JAN-21

SUN, PAUL, MD†

Provider ID: N/A

☐ 22 ODYSSEY STE 100
IRVINE, CA 92618
Effective as of 01-JAN-17

SUN, JOHN, MD†

Provider ID: N/A

☐ 22 ODYSSEY STE 100
IRVINE, CA 92618
Effective as of 01-JAN-17

SUN, PAUL, MD†

Provider ID: N/A

☐ 22 ODYSSEY STE 100
IRVINE, CA 92618
Effective as of 01-JAN-21

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-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-JAN-14

YIAN, CHRISTOPHER, MD†

Provider ID: N/A

☐ 22 ODYSSEY STE 100
IRVINE, CA 92618
Effective as of 01-NOV-17

YIAN, CHRISTOPHER, MD†

Provider ID: N/A

☐ 22 ODYSSEY STE 100
IRVINE, CA 92618
Effective as of 01-NOV-17

PHYSICAL MEDICINE / REHABILITATION

LAI, KHANG, DO

Provider ID: N/A

☐ 15701 ROCKFIELD BLVD
IRVINE, CA 92618
Effective as of 01-DEC-14

LAI, KHANG, DO

Provider ID: N/A

☐ 15701 ROCKFIELD BLVD
IRVINE, CA 92618

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

Effective as of 01-APR-11

LAI, KHANG, DO

Provider ID: N/A

15701 ROCKFIELD BLVD
IRVINE, CA 92618

Effective as of 01-NOV-14

SEKO, KYLE, DO

Provider ID: N/A

9080 IRVINE CENTER DR
IRVINE, CA 92618

Effective as of 01-FEB-22

PHYSICIANS ASSISTANT

BOW, LINDA, PA[†]

Provider ID: N/A

22 ODYSSEY STE 205
IRVINE, CA 92618

Effective as of 01-SEP-23

CHRISTIE, CAMERON, PA

Provider ID: N/A

8607 IRVINE CENTER DR
IRVINE, CA 92618

Effective as of 01-DEC-23

KIM, MOSES, MD[†]

Provider ID: N/A

16305 SAND CANYON AVE
STE 200
IRVINE, CA 92618

Effective as of 01-APR-21

KISCADEN, LAUREN, PA

Provider ID: N/A

18 ENDEAVOR STE 208
IRVINE, CA 92618

Effective as of 01-APR-23

KISCADEN, LAUREN, PA

Provider ID: N/A

18 ENDEAVOR STE 208
IRVINE, CA 92618

Effective as of 01-APR-23

ROUGHLEY, MATTHEW, PA

Provider ID: N/A

16300 SAND CANYON AVE
STE 511
IRVINE, CA 92618

Effective as of 01-DEC-23

SOBHANIAN, SHAHAB, PA

Provider ID: N/A

16305 SAND CANYON AVE
STE 200
IRVINE, CA 92618

Effective as of 01-NOV-22

SOBHANIAN, SHAHAB, PA

Provider ID: N/A

16305 SAND CANYON AVE
STE 200
IRVINE, CA 92618

Effective as of 01-NOV-22

STONE, MICHELLE, PA

Provider ID: N/A

16105 SAND CANYON AVE
STE 260
IRVINE, CA 92618

Effective as of 01-JAN-23

STONE, MICHELLE, PA

Provider ID: N/A

16105 SAND CANYON AVE
STE 260
IRVINE, CA 92618

Effective as of 01-JAN-23

STONE, MICHELLE, PA

Provider ID: N/A

16105 SAND CANYON AVE
STE 260
IRVINE, CA 92618

Effective as of 01-JAN-23

STONE, MICHELLE, PA

Provider ID: N/A

16105 SAND CANYON AVE
STE 260
IRVINE, CA 92618

Effective as of 01-FEB-23

STONE, MICHELLE, PA

Provider ID: N/A

16105 SAND CANYON AVE
STE 260
IRVINE, CA 92618

Effective as of 01-FEB-23

WONG, POLLYANNA, PA

Provider ID: N/A

16105 SAND CANYON AVE
STE 230
IRVINE, CA 92618

Effective as of 01-JAN-23

WONG, POLLYANNA, PA

Provider ID: N/A

16105 SAND CANYON AVE
STE 230
IRVINE, CA 92618

Effective as of 01-JAN-23

WU, VANNA, PA

Provider ID: N/A

113 WATERWORKS WAY
STE 155
IRVINE, CA 92618

Effective as of 01-MAR-24

WU, VANNA, PA

Provider ID: N/A

113 WATERWORKS WAY
STE 155
IRVINE, CA 92618

Effective as of 01-MAR-24

WU, VANNA, PA

Provider ID: N/A

113 WATERWORKS WAY
STE 155

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

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-JAN-20

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

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-DEC-20

TIEN, AUDRIS, DPM†

Provider ID: N/A
 16405 SAND CANYON AVE
STE 270
IRVINE, CA 92618
Effective as of 01-DEC-20

TIEN, AUDRIS, DPM†

Provider ID: N/A
 16405 SAND CANYON AVE
STE 270
IRVINE, CA 92618
Effective as of 01-JUL-21

TIEN, AUDRIS, DPM†

Provider ID: N/A
 16405 SAND CANYON AVE
STE 270
IRVINE, CA 92618
Effective as of 01-JUL-21

VINCENT, EBONIE, DPM†

Provider ID: N/A
 16405 SAND CANYON AVE

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

STE 270
IRVINE, CA 92618
Effective as of 01-AUG-19

VINCENT, EBONIE, DPM†

Provider ID: N/A
16405 SAND CANYON AVE
STE 270
IRVINE, CA 92618
Effective as of 01-AUG-19

VINCENT, EBONIE, DPM†

Provider ID: N/A
16405 SAND CANYON AVE
STE 270
IRVINE, CA 92618
Effective as of 01-AUG-19

VINCENT, EBONIE, DPM†

Provider ID: N/A
16405 SAND CANYON AVE
STE 270
IRVINE, CA 92618
Effective as of 01-JAN-21

YANG, DAVID, DPM

Provider ID: N/A
18 ENDEAVOR STE 206
IRVINE, CA 92618
Effective as of 01-JAN-23

YANG, DAVID, DPM

Provider ID: N/A
18 ENDEAVOR STE 206
IRVINE, CA 92618
Effective as of 01-OCT-23

YANG, ANDREW, DPM†

Provider ID: N/A
16405 SAND CANYON AVE
STE 270
IRVINE, CA 92618
Effective as of 01-DEC-20

YANG, ANDREW, DPM†

Provider ID: N/A
16405 SAND CANYON AVE
STE 270
IRVINE, CA 92618
Effective as of 01-DEC-20

YANG, ANDREW, DPM†

Provider ID: N/A
16405 SAND CANYON AVE
STE 270
IRVINE, CA 92618
Effective as of 01-DEC-20

PSYCHIATRY

RITTER, AARON, MD

Provider ID: N/A
16305 SAND CANYON AVE
STE 230
IRVINE, CA 92618
Effective as of 01-NOV-22

RITTER, AARON, MD

Provider ID: N/A
16305 SAND CANYON AVE
STE 230
IRVINE, CA 92618
Effective as of 01-NOV-22

RITTER, AARON, MD

Provider ID: N/A
16305 SAND CANYON AVE
STE 230
IRVINE, CA 92618
Effective as of 01-NOV-22

RITTER, AARON, MD

Provider ID: N/A
16305 SAND CANYON AVE
STE 230
IRVINE, CA 92618
Effective as of 01-NOV-22

SALO, CLINT, DO†

Provider ID: N/A

2 HUGHES STE 100
IRVINE, CA 92618
Effective as of 01-NOV-16

SALO, CLINT, DO†

Provider ID: N/A
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

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

 16305 SAND CANYON AVE
STE 201
IRVINE, CA 92618
Effective as of 01-MAR-23

PSYCHOLOGIST

ALEXANDER, DEBORAH, PSYD
Provider ID: N/A

 15635 ALTON PKWY STE
350
IRVINE, CA 92618
Effective as of 01-DEC-23

ALEXANDER, DEBORAH, PSYD
Provider ID: N/A

 15635 ALTON PKWY STE
350
IRVINE, CA 92618
Effective as of 01-DEC-23

ALEXANDER, DEBORAH, PSYD
Provider ID: N/A

 15635 ALTON PKWY STE
350
IRVINE, CA 92618
Effective as of 01-DEC-23

ALEXANDER, DEBORAH, PSYD
Provider ID: N/A

 15635 ALTON PKWY STE
350
IRVINE, CA 92618
Effective as of 01-DEC-23

KANG, EILEEN, PhD
Provider ID: N/A

 6 VENTURE
IRVINE, CA 92618
Effective as of 01-MAR-20

KANG, EILEEN, PhD
Provider ID: N/A

 6 VENTURE
IRVINE, CA 92618

Effective as of 01-MAR-20
KANG, EILEEN, PhD
Provider ID: N/A

 6 VENTURE
IRVINE, CA 92618
Effective as of 01-MAR-20

KANG, EILEEN, PhD
Provider ID: N/A

 6 VENTURE
IRVINE, CA 92618
Effective as of 01-MAR-20

MORIN, RUTH, PSYD
Provider ID: N/A

 16405 SAND CANYON AVE
STE 220
IRVINE, CA 92618
Effective as of 01-JAN-24

MORIN, RUTH, PSYD
Provider ID: N/A

 16405 SAND CANYON AVE
STE 220
IRVINE, CA 92618
Effective as of 01-JAN-24

MORIN, RUTH, PSYD
Provider ID: N/A

 16405 SAND CANYON AVE
STE 220
IRVINE, CA 92618
Effective as of 01-JAN-24

MORIN, RUTH, PSYD
Provider ID: N/A

 16405 SAND CANYON AVE
STE 220
IRVINE, CA 92618
Effective as of 01-JAN-24

MUNAVU, LILY, PSYD
Provider ID: N/A

 15635 ALTON PKWY STE

350
IRVINE, CA 92618
Effective as of 01-DEC-23

MUNAVU, LILY, PSYD
Provider ID: N/A

 15635 ALTON PKWY STE
350
IRVINE, CA 92618
Effective as of 01-DEC-23

MUNAVU, LILY, PSYD
Provider ID: N/A

 15635 ALTON PKWY STE
350
IRVINE, CA 92618
Effective as of 01-DEC-23

MUNAVU, LILY, PSYD
Provider ID: N/A

 15635 ALTON PKWY STE
350
IRVINE, CA 92618
Effective as of 01-DEC-23

PETERSON, JENYFFER, PSYD
Provider ID: N/A

 15635 ALTON PKWY STE
350
IRVINE, CA 92618
Effective as of 01-DEC-23

PETERSON, JENYFFER, PSYD
Provider ID: N/A

 15635 ALTON PKWY STE
350
IRVINE, CA 92618
Effective as of 01-DEC-23

PETERSON, JENYFFER, PSYD
Provider ID: N/A

 15635 ALTON PKWY STE
350
IRVINE, CA 92618
Effective as of 01-DEC-23

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

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

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

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-21

HAMOUI, NAHID, MD†

Provider ID: N/A

16300 SAND CANYON AVE
STE 604
IRVINE, CA 92618

Effective as of 01-JAN-23

HAMOUI, NAHID, MD†

Provider ID: N/A

16300 SAND CANYON AVE
STE 604
IRVINE, CA 92618

Effective as of 01-JAN-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-JAN-18

Effective as of 01-DEC-19

HURWITZ, MICHAEL, MD

Provider ID: N/A

16305 SAND CANYON AVE
STE 260
IRVINE, CA 92618

Effective as of 01-JAN-20

JENSEN, NATISHA, MD

Provider ID: N/A

16305 SAND CANYON AVE
STE 260
IRVINE, CA 92618

Effective as of 01-AUG-23

KRAFT, ELIZABETH, MD

Provider ID: N/A

16305 SAND CANYON AVE
STE 160
IRVINE, CA 92618

Effective as of 01-OCT-23

KRAFT, ELIZABETH, MD

Provider ID: N/A

16305 SAND CANYON AVE
STE 160
IRVINE, CA 92618

Effective as of 01-OCT-23

MACDONALD, HEATHER, MD†

Provider ID: N/A

16305 SAND CANYON AVE
STE 160
IRVINE, CA 92618

Effective as of 01-JAN-21

MILANCHI, SIAMAK, MD†

Provider ID: N/A

16300 SAND CANYON AVE
STE 604
IRVINE, CA 92618

NISHANIAN, GARABED, MD†

Provider ID: N/A

16100 SAND CANYON AVE
STE 350
IRVINE, CA 92618

Effective as of 01-NOV-15

NISHANIAN, GARABED, MD†

Provider ID: N/A

16100 SAND CANYON AVE
STE 350
IRVINE, CA 92618

Effective as of 01-JAN-20

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**

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

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-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

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-JAN-21

ALEXANDER, GERALD, MD†

Provider ID: N/A

16300 SAND CANYON AVE
STE 511
IRVINE, CA 92618

Effective as of 01-MAR-18

ALEXANDER, GERALD, MD†

Provider ID: N/A

16300 SAND CANYON AVE
STE 511
IRVINE, CA 92618

Effective as of 01-MAR-18

ALI, RAED, MD

Provider ID: N/A

113 WATERWORKS WAY
STE 225
IRVINE, CA 92618

Effective as of 01-OCT-23

ALI, RAED, MD†

Provider ID: N/A

113 WATERWORKS WAY
STE 240
IRVINE, CA 92618

Effective as of 01-OCT-23

ALI, RAED, MD†

Provider ID: N/A

113 WATERWORKS WAY
STE 240
IRVINE, CA 92618

Effective as of 01-JAN-19

ALI, RAED, MD

Provider ID: N/A

113 WATERWORKS WAY
STE 225

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

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-SEP-23

AMINIAN, ARASH, MD†

Provider ID: N/A
☑ 22 ODYSSEY STE 205
IRVINE, CA 92618
Effective as of 01-MAR-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

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

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

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-OCT-22

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-SEP-23

JOHNSON, BRYCE, MD†

Provider ID: N/A

☐ 22 ODYSSEY STE 205
IRVINE, CA 92618

Effective as of 01-FEB-21

KADAKIA, NIMISH, MD†

Provider ID: N/A

☐ 22 ODYSSEY STE 205
IRVINE, CA 92618

Effective as of 01-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-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-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

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

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-OCT-23

KIM, ABRAHAM, MD†

Provider ID: N/A

☐ 22 ODYSSEY STE 205
IRVINE, CA 92618

Effective as of 01-SEP-23

LEE, RICHARD, MD

Provider ID: N/A

☐ 16300 SAND CANYON AVE
STE 400
IRVINE, CA 92618

Effective as of 01-JAN-21

LIN, DARIUS, MD†

Provider ID: N/A

☐ 22 ODYSSEY STE 270B
IRVINE, CA 92618

Effective as of 01-JUN-17

MOLHO, DAVID, MD

Provider ID: N/A

☐ 22 ODYSSEY STE 205
IRVINE, CA 92618

Effective as of 01-DEC-23

MOLHO, DAVID, MD

Provider ID: N/A

☐ 22 ODYSSEY STE 205
IRVINE, CA 92618

Effective as of 01-DEC-23

MOLHO, DAVID, MD

Provider ID: N/A

☐ 22 ODYSSEY STE 205
IRVINE, CA 92618

Effective as of 01-DEC-23

MOLHO, DAVID, MD

Provider ID: N/A

☐ 22 ODYSSEY STE 205
IRVINE, CA 92618

Effective as of 01-DEC-23

MOLHO, DAVID, MD

Provider ID: N/A

☐ 22 ODYSSEY STE 205
IRVINE, CA 92618

Effective as of 01-DEC-23

MONTGOMERY, ROBERT, MD

Provider ID: N/A

☐ 22 ODYSSEY STE 205
IRVINE, CA 92618

Effective as of 01-SEP-23

MOSKOW, LONNIE, MD

Provider ID: N/A

☐ 22 ODYSSEY STE 205
IRVINE, CA 92618

Effective as of 01-SEP-23

NIETO, MICHAEL, MD

Provider ID: N/A

☐ 16300 SAND CANYON AVE
STE 511
IRVINE, CA 92618

Effective as of 01-JUN-21

NIETO, MICHAEL, MD

Provider ID: N/A

☐ 16300 SAND CANYON AVE
STE 511
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

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

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-JAN-20

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-FEB-20

WONG, JEFFREY, MD†

Provider ID: N/A

 22 ODYSSEY STE 205
 IRVINE, CA 92618
 Effective as of 01-FEB-20

WONG, JEFFREY, MD†

Provider ID: N/A
 22 ODYSSEY STE 205
 IRVINE, CA 92618
 Effective as of 01-FEB-20

YOUDERIAN, ARI, MD†

Provider ID: N/A
 22 ODYSSEY STE 205
 IRVINE, CA 92618
 Effective as of 01-JAN-23

YOUDERIAN, ARI, MD†

Provider ID: N/A
 22 ODYSSEY STE 205
 IRVINE, CA 92618
 Effective as of 01-OCT-23

YOUDERIAN, ARI, MD†

Provider ID: N/A
 22 ODYSSEY STE 205
 IRVINE, CA 92618
 Effective as of 01-SEP-23

YOUDERIAN, ARI, MD†

Provider ID: N/A
 22 ODYSSEY STE 205
 IRVINE, CA 92618
 Effective as of 01-SEP-23

YOUDERIAN, ARI, MD†

Provider ID: N/A
 22 ODYSSEY STE 205
 IRVINE, CA 92618
 Effective as of 01-SEP-23

YOUDERIAN, ARI, MD†

Provider ID: N/A
 22 ODYSSEY STE 205
 IRVINE, CA 92618
 Effective as of 01-JAN-23

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

YOUDERIAN, ARI, MD†

Provider ID: N/A

22 ODYSSEY STE 205
IRVINE, CA 92618

Effective as of 01-DEC-21

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-DEC-23

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

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-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

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

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

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-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-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

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

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

HO, TAMMY, MD†

Provider ID: N/A

16305 SAND CANYON AVE
STE 200
IRVINE, CA 92618
Effective as of 01-OCT-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-JAN-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-DEC-23

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-21

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-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-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-JUN-18

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-OCT-22

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-OCT-23

NAKAMURA, LEAH, MD†

Provider ID: N/A

16305 SAND CANYON AVE
STE 200
IRVINE, CA 92618
Effective as of 01-OCT-23

NAKAMURA, LEAH, MD†

Provider ID: N/A

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

<p>☒ 16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-JAN-23</p> <p>NAKAMURA, LEAH, MD† Provider ID: N/A</p> <p>☒ 16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-OCT-22</p> <p>NAKAMURA, LEAH, MD† Provider ID: N/A</p> <p>☒ 16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-APR-21</p> <p>NAKAMURA, LEAH, MD† Provider ID: N/A</p> <p>☒ 16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-JUN-18</p> <p>NAKAMURA, LEAH, MD† Provider ID: N/A</p> <p>☒ 16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-JAN-21</p> <p>SHOURESHI, POONE, MD Provider ID: N/A</p> <p>☒ 16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-AUG-23</p> <p>SHOURESHI, POONE, MD Provider ID: N/A</p> <p>☒ 16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-JUN-18</p>	<p>Effective as of 01-AUG-23</p> <p>SHOURESHI, POONE, MD Provider ID: N/A</p> <p>☒ 16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-AUG-23</p> <p>SHOURESHI, POONE, MD Provider ID: N/A</p> <p>☒ 16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-AUG-23</p> <p>SHOURESHI, POONE, MD Provider ID: N/A</p> <p>☒ 16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-AUG-23</p> <p>SHOURESHI, POONE, MD Provider ID: N/A</p> <p>☒ 16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-AUG-23</p> <p>SHOURESHI, POONE, MD Provider ID: N/A</p> <p>☒ 16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-AUG-23</p> <p>SHOURESHI, POONE, MD Provider ID: N/A</p> <p>☒ 16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-AUG-23</p> <p>SINGH, KARAN, MD† Provider ID: N/A</p> <p>☒ 16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-JAN-21</p> <p>SINGH, KARAN, MD† Provider ID: N/A</p> <p>☒ 16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-JUN-18</p> <p>SINGH, KARAN, MD† Provider ID: N/A</p>	<p>Provider ID: N/A</p> <p>☒ 16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-JUN-18</p> <p>SINGH, KARAN, MD† Provider ID: N/A</p> <p>☒ 16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-JUN-18</p> <p>SINGH, KARAN, MD† Provider ID: N/A</p> <p>☒ 16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-DEC-19</p> <p>SINGH, KARAN, MD† Provider ID: N/A</p> <p>☒ 16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-DEC-19</p> <p>SINGH, KARAN, MD† Provider ID: N/A</p> <p>☒ 16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-DEC-19</p> <p>SINGH, KARAN, MD† Provider ID: N/A</p> <p>☒ 16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-OCT-22</p> <p>SINGH, KARAN, MD† Provider ID: N/A</p> <p>☒ 16305 SAND CANYON AVE STE 200 IRVINE, CA 92618 Effective as of 01-JAN-23</p> <p>SINGH, KARAN, MD† Provider ID: N/A</p> <p>☒ 16305 SAND CANYON AVE STE 200</p>
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**C1. Lista de proveedores de la red
Médico de atención especializada**

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-JAN-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-DEC-19

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-JUN-18

SPITZ, AARON, MD†

Provider ID: N/A

16305 SAND CANYON AVE
STE 200

IRVINE, CA 92618
Effective as of 01-APR-21

SPITZ, AARON, MD†

Provider ID: N/A

16305 SAND CANYON AVE
STE 200

IRVINE, CA 92618
Effective as of 01-JUN-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-FEB-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-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-OCT-23

SU, DANIEL, MD†

Provider ID: N/A

16305 SAND CANYON AVE
STE 200

IRVINE, CA 92618
Effective as of 01-SEP-18

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-JUN-18

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

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

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-SEP-18

TEBYANI, NEYSSAN, MD†

Provider ID: N/A

☐ 16305 SAND CANYON AVE
STE 200
IRVINE, CA 92618
Effective as of 01-OCT-23

TEBYANI, NEYSSAN, MD†

Provider ID: N/A

☐ 16305 SAND CANYON AVE
STE 200
IRVINE, CA 92618
Effective as of 01-JAN-23

TEBYANI, NEYSSAN, MD†

Provider ID: N/A

☐ 16305 SAND CANYON AVE

STE 200
IRVINE, CA 92618
Effective as of 01-MAY-21

TEBYANI, NEYSSAN, MD†

Provider ID: N/A

☐ 16305 SAND CANYON AVE
STE 200
IRVINE, CA 92618
Effective as of 01-SEP-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

☐ 9850 GENESEE AVE STE
710
LA JOLLA, CA 92037
Effective as of 01-JUN-22

SHARMA, KUSUM, MD

Provider ID: N/A

☐ 9834 GENESEE AVE STE
400
LA JOLLA, CA 92037
Effective as of 01-JUL-21

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

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

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

3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093
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

9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

BAXTER, STEPHANIE, AuD

Provider ID: N/A

9400 CAMPUS POINT DR
LA JOLLA, CA 92093
Effective as of 01-MAY-23

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

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

WIAN, DEBORAH, AuD

Provider ID: N/A

9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

WILLIAMS, ALICIA, AuD†

Provider ID: N/A

9350 CAMPUS POINT DR
STE LLA
LA JOLLA, CA 92037
Effective as of 01-JUL-21

ZETTNER, ERIKA, AuD

Provider ID: N/A

9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

CARDIAC ELECTROPHYSIOLOGY

COHEN, DAVID, MD†

Provider ID: N/A

9850 GENESEE AVE STE
940
LA JOLLA, CA 92037
Effective as of 01-MAY-20

COHEN, DAVID, MD†

Provider ID: N/A

9850 GENESEE AVE STE
940
LA JOLLA, CA 92037
Effective as of 01-SEP-21

HAMZEI, ALI, MD†

Provider ID: N/A

9850 GENESEE AVE STE
780
LA JOLLA, CA 92037
Effective as of 01-JAN-21

MENDENHALL, GEORGE, MD†

Provider ID: N/A

9850 GENESEE AVE STE
940
LA JOLLA, CA 92037
Effective as of 01-JAN-23

MENDENHALL, GEORGE, MD†

Provider ID: N/A

9850 GENESEE AVE STE
940
LA JOLLA, CA 92037
Effective as of 01-JUL-18

PATEL, JIGAR, DO†

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†

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

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**

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

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

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

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

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

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

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

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

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

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

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

Provider ID: N/A

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-AUG-23

FIEDLER, DEREK, CRNA

Provider ID: N/A

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JUN-23

GONZALEZ, LISA, CRNA

Provider ID: N/A

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JUN-23

GRIFFIN, SETH, CRNA

Provider ID: N/A

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-SEP-23

JOHNSTON, RACHEL, CRNA

Provider ID: N/A

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-DEC-23

LAZARUS, ELIZABETH, CRNA

Provider ID: N/A

9850 GENESEE AVE STE
440
LA JOLLA, CA 92037
Effective as of 01-JUL-23

POLIKOWSKI, SAMANTHA, CRNA†

Provider ID: N/A

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-AUG-22

POLLOM, JESSICA, CRNA†

Provider ID: N/A

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JUL-21

RAMIREZ, NICOLE, CRNA†

Provider ID: N/A

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-AUG-22

ROADMAN, KEENE, CRNA

Provider ID: N/A

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JUN-23

SACKS, BRENT, CRNA†

Provider ID: N/A

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-APR-21

SNODGRASS, JULIE, CRNA†

Provider ID: N/A

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JUL-21

SOTO, GILBERTO, CRNA†

Provider ID: N/A

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-FEB-22

CERTIFIED REGISTERED 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

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

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, BRENNNA, MD

Provider ID: N/A

8910 VILLA LA JOLLA DR
LA JOLLA, CA 92037

Effective as of 01-JUN-23

HOGUE, BRENNNA, MD

Provider ID: N/A

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Effective as of 01-SEP-23

KUTZ, CRAIG, MD†

Provider ID: N/A

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Effective as of 01-AUG-21

KUTZ, CRAIG, MD†

Provider ID: N/A

8910 VILLA LA JOLLA DR
STE 200
LA JOLLA, CA 92037

Effective as of 01-AUG-21

LIOTTA, BENJAMIN, MD†

Provider ID: N/A

8910 VILLA LA JOLLA DR
STE 100
LA JOLLA, CA 92037

Effective as of 01-AUG-21

MUELLER, MATTHEW, DO†

Provider ID: N/A

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Effective as of 01-JUL-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

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

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

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-OCT-21

SCHNEIDER, DARIUS, MD

Provider ID: N/A

📄 9850 GENESEE AVE STE
470

LA JOLLA, CA 92037

Teleservice

Effective as of 01-JAN-23

SHAH, NANDI, MD

Provider ID: N/A

📄 9350 CAMPUS POINT DR
LA JOLLA, CA 92037

Effective as of 01-JAN-24

SHAH, NANDI, MD

Provider ID: N/A

📄 9300 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

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

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-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

PAREDEZ, EDWARD, MD†

Provider ID: N/A

9850 GENESEE AVE STE
820
LA JOLLA, CA 92037

Teleservice

Effective as of 01-JAN-21

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

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

***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

9400 CAMPUS POINT DR
LA JOLLA, CA 92093
Effective as of 01-DEC-23

CHEN, YU-WEI, MD

Provider ID: N/A

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
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

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

 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

 9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-AUG-23

KUPPALLI, KRUTIKA, MD

Provider ID: N/A

 9300 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

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

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

4225 EXECUTIVE SQ STE
450
LA JOLLA, CA 92037
Effective as of 01-SEP-23

LIU, ANDREW, MD

Provider ID: N/A

9834 GENESEE AVE STE
312
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

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

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

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

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-JUL-22

LAKHERA, YOGITA, MD†

Provider ID: N/A

9834 GENESEE AVE STE
312
LA JOLLA, CA 92037

Teleservice

Effective as of 01-MAR-17

LAKHERA, YOGITA, MD†

Provider ID: N/A

9834 GENESEE AVE STE
312
LA JOLLA, CA 92037

Teleservice

Effective as of 01-MAR-22

LAKHERA, YOGITA, MD†

Provider ID: N/A

9834 GENESEE AVE STE
312
LA JOLLA, CA 92037

Teleservice

Effective as of 01-JAN-21

NAMAZY, DAVID, MD

Provider ID: N/A

4225 EXECUTIVE SQ STE
450
LA JOLLA, CA 92037

Effective as of 01-JUN-23

RANA, SHAUNAK, MD†

Provider ID: N/A

9850 GENESEE AVE STE
320
LA JOLLA, CA 92037*

Effective as of 01-NOV-21

STEER, DYLAN, MD†

Provider ID: N/A

9834 GENESEE AVE STE
312
LA JOLLA, CA 92037

Effective as of 01-SEP-15

STEER, DYLAN, MD†

Provider ID: N/A

9834 GENESEE AVE STE
312
LA JOLLA, CA 92037

Effective as of 01-FEB-05

STEER, DYLAN, MD†

Provider ID: N/A

9834 GENESEE AVE STE
312
LA JOLLA, CA 92037

Effective as of 01-JUL-22

STEER, DYLAN, MD†

Provider ID: N/A

9834 GENESEE AVE STE
312
LA JOLLA, CA 92037

Effective as of 01-JAN-21

STEER, DYLAN, MD†

Provider ID: N/A

9834 GENESEE AVE STE
312
LA JOLLA, CA 92037

Effective as of 01-JAN-21

TOROSIAN, KARO, DO†

Provider ID: N/A

9834 GENESEE AVE STE
312
LA JOLLA, CA 92037

Effective as of 01-JAN-21

TOROSIAN, KARO, DO†

Provider ID: N/A

9834 GENESEE AVE STE
312
LA JOLLA, CA 92037

Effective as of 01-DEC-17

TOROSIAN, KARO, DO†

Provider ID: N/A

9834 GENESEE AVE STE
312
LA JOLLA, CA 92037

Effective as of 01-JUL-22

TOROSIAN, KARO, DO†

Provider ID: N/A

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

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

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

SADOFF, MARK, MD†

Provider ID: N/A

9850 GENESEE AVE STE
530
LA JOLLA, CA 92037
Effective as of 01-FEB-21

SADOFF, MARK, MD†

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

Provider ID: N/A

9850 GENESEE AVE STE
470
LA JOLLA, CA 92037
Effective as of 01-FEB-16

SCHIM, JACK, MD†

Provider ID: N/A

9850 GENESEE AVE STE
470
LA JOLLA, CA 92037
Effective as of 01-FEB-16

SCHULTE, JESSICA, MD†

Provider ID: N/A

3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093
Effective as of 01-SEP-21

WANG, CHUNYANG, MD†

Provider ID: N/A

9850 GENESEE AVE STE
530
LA JOLLA, CA 92037
Effective as of 01-SEP-22

WANG, CHUNYANG, MD†

Provider ID: N/A

9850 GENESEE AVE STE
470
LA JOLLA, CA 92037
Effective as of 01-FEB-16

WANG, ANCHI, MD†

Provider ID: N/A

9850 GENESEE AVE STE
470
LA JOLLA, CA 92037
Effective as of 01-FEB-16

WANG, CHUNYANG, MD†

Provider ID: N/A

9850 GENESEE AVE STE
470

LA JOLLA, CA 92037
Effective as of 01-FEB-16

WIEGAND, SARAH, DO†

Provider ID: N/A

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-SEP-21

NUCLEAR MEDICINE

CHOI, ESTHER, MD

Provider ID: N/A

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-APR-23

KIPPER, MICHAEL, MD

Provider ID: N/A

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JUN-23

SHARIF TABRIZI, AHMAD, MD

Provider ID: N/A

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JUL-23

OBSTETRICS / GYNECOLOGY

BINDER, PRATIBHA, MD†

Provider ID: N/A

3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093
Effective as of 01-JUL-21

BONDRE, IOANA, MD†

Provider ID: N/A

3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093
Effective as of 01-OCT-21

BONDRE, IOANA, MD†

Provider ID: N/A

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-OCT-21

CARDENAS, MICHAEL, MD†

Provider ID: N/A

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-NOV-21

CARDENAS, MICHAEL, MD†

Provider ID: N/A

8910 VILLA LA JOLLA DR
STE 200
LA JOLLA, CA 92037
Effective as of 01-NOV-21

DELCORE, LAURA, MD†

Provider ID: N/A

8910 VILLA LA JOLLA DR
LA JOLLA, CA 92037
Effective as of 01-AUG-22

DELCORE, LAURA, MD†

Provider ID: N/A

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-AUG-22

DRIEBE, AMY, MD†

Provider ID: N/A

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-AUG-22

DRIEBE, AMY, MD†

Provider ID: N/A

8910 VILLA LA JOLLA DR
LA JOLLA, CA 92037
Effective as of 01-AUG-22

HARVEY, SCOTT, MD†

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

Provider ID: N/A

9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-21

HARVEY, SCOTT, MD†

Provider ID: N/A

9444 MEDICAL CENTER DR
LA JOLLA, CA 92037
Effective as of 01-MAY-21

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

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

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-SEP-22

BINDER, NICHOLAS, MD†

Provider ID: N/A

 9850 GENESEE AVE STE
310
LA JOLLA, CA 92037
Effective as of 01-NOV-21

BINDER, NICHOLAS, MD†

Provider ID: N/A

 9850 GENESEE AVE STE
310
LA JOLLA, CA 92037
Effective as of 01-NOV-23

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-MAY-22

CHIU, STEPHAN, MD†

Provider ID: N/A

 9850 GENESEE AVE STE
310
LA JOLLA, CA 92037
Effective as of 01-JUN-23

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

 9834 GENESEE AVE
LA JOLLA, CA 92037
Effective as of 01-JAN-21

CULOTTA, ANTHONY, MD

Provider ID: N/A

 9850 GENESEE AVE STE
310
LA JOLLA, CA 92037
Effective as of 01-FEB-24

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

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

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-SEP-22

GOLLOGLY, HEIDRUN, MD†

Provider ID: N/A

9850 GENESEE AVE STE
310
LA JOLLA, CA 92037
Effective as of 01-JAN-21

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-SEP-22

HUDSON, HENRY, MD†

Provider ID: N/A

9850 GENESEE AVE STE
310
LA JOLLA, CA 92037
Effective as of 01-MAY-21

HUDSON, HENRY, MD†

Provider ID: N/A

9850 GENESEE AVE STE
310
LA JOLLA, CA 92037
Effective as of 01-APR-22

HUDSON, HENRY, MD†

Provider ID: N/A

9850 GENESEE AVE STE
310
LA JOLLA, CA 92037
Effective as of 01-APR-23

JIN, MAN, MD

Provider ID: N/A

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JUN-23

JIN, MAN, MD

Provider ID: N/A

9415 CAMPUS POINT DR
LA JOLLA, CA 92093
Effective as of 01-JUN-23

LANG, PAUL, MD

Provider ID: N/A

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-SEP-23

LANG, PAUL, MD

Provider ID: N/A

9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-SEP-23

LANG, PAUL, MD

Provider ID: N/A

9415 CAMPUS POINT DR
LA JOLLA, CA 92093
Effective as of 01-SEP-23

MCGRAW, JOSEPH, MD†

Provider ID: N/A

9850 GENESEE AVE STE
310
LA JOLLA, CA 92037
Effective as of 01-SEP-22

MCGRAW, JOSEPH, MD†

Provider ID: N/A

9834 GENESEE AVE STE
428
LA JOLLA, CA 92037
Effective as of 01-NOV-21

MORRISON-REYES, JOSHUA, MD

Provider ID: N/A

9850 GENESEE AVE STE
310
LA JOLLA, CA 92037
Effective as of 01-FEB-24

MORTON, ASA, MD

Provider ID: N/A

9834 GENESEE AVE STE
428

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

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-OCT-95

PERRY, ARTHUR, MD

Provider ID: N/A
9850 GENESEE AVE STE
310
LA JOLLA, CA 92037
Effective as of 01-JAN-21

PERRY, ARTHUR, MD

Provider ID: N/A
9850 GENESEE AVE STE
310
LA JOLLA, CA 92037
Effective as of 01-FEB-07

PERRY, ARTHUR, MD

Provider ID: N/A
9850 GENESEE AVE STE
310
LA JOLLA, CA 92037
Effective as of 01-JAN-21

PRATT, STEVEN, MD†

Provider ID: N/A
9850 GENESEE AVE STE
310
LA JOLLA, CA 92037
Effective as of 01-JAN-21

PRATT, STEVEN, MD†

Provider ID: N/A
9850 GENESEE AVE STE
310
LA JOLLA, CA 92037
Effective as of 01-JAN-21

PRATT, STEVEN, MD†

Provider ID: N/A
9850 GENESEE AVE STE
310
LA JOLLA, CA 92037
Effective as of 01-OCT-12

PUIG LLANO, MANUEL, MD

Provider ID: N/A
9415 CAMPUS POINT DR
LA JOLLA, CA 92093
Effective as of 01-JUL-23

RAHMATNEJAD, KAMRAN, MD

Provider ID: N/A
9415 CAMPUS POINT DR
LA JOLLA, CA 92093
Effective as of 01-JUN-23

RAHMATNEJAD, KAMRAN, MD

Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JUN-23

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†

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

Provider ID: N/A

9415 CAMPUS POINT DR
LA JOLLA, CA 92093
Effective as of 01-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-NOV-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

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-23

TAUNTON, PHILIP, OD†

Provider ID: N/A

9834 GENESEE AVE STE
428
LA JOLLA, CA 92037
Effective as of 01-SEP-21

YU, CAROL, OD

Provider ID: N/A

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-SEP-23

YU, CAROL, OD

Provider ID: N/A

9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-SEP-23

OTOLARYNGOLOGY

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

BAREISS, ANNA, MD

Provider ID: N/A

4150 REGENTS PARK ROW
STE 345
LA JOLLA, CA 92037

Teleservice

Effective as of 01-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

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

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

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

9300 CAMPUS POINT DR

LA JOLLA, CA 92037

Effective as of 01-MAY-23

CALIFANO, JOSEPH, MD

Provider ID: N/A

9350 CAMPUS POINT DR
LA JOLLA, CA 92037

Effective as of 01-MAY-23

CALIFANO, JOSEPH, MD

Provider ID: N/A

3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093

Effective as of 01-MAY-23

CHANG, ANGELA, MD†

Provider ID: N/A

9834 GENESEE AVE STE 112
LA JOLLA, CA 92037

Effective as of 01-JAN-23

CHANG, ANGELA, MD†

Provider ID: N/A

9834 GENESEE AVE STE 112
LA JOLLA, CA 92037

Effective as of 01-JUL-20

CHANG, ANGELA, MD†

Provider ID: N/A

9834 GENESEE AVE STE 112
LA JOLLA, CA 92037

Effective as of 01-OCT-21

CHANG, ANGELA, MD†

Provider ID: N/A

9834 GENESEE AVE STE 112
LA JOLLA, CA 92037

Effective as of 01-JAN-21

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

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Effective as of 01-MAY-23

COFFEY, CHARLES, MD

Provider ID: N/A

9350 CAMPUS POINT DR
LA JOLLA, CA 92037

Effective as of 01-MAY-23

COFFEY, CHARLES, MD

Provider ID: N/A

3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093

Effective as of 01-MAY-23

DECONDE, ADAM, MD†

Provider ID: N/A

3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093

Effective as of 01-MAY-23

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†

Provider ID: N/A

9350 CAMPUS POINT DR
LA JOLLA, CA 92037

Effective as of 01-MAY-23

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

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

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

FRIEDMAN, RICK, MD

Provider ID: N/A

9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

FRIEDMAN, RICK, MD

Provider ID: N/A

3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093
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

9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

GILANI, SAPIDEH, MD

Provider ID: N/A

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

GILANI, SAPIDEH, 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

9400 CAMPUS POINT DR
LA JOLLA, CA 92093
Effective as of 01-MAY-23

GREENE, JACQUELINE, MD

Provider ID: N/A

9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

GREENE, JACQUELINE, MD†

Provider ID: N/A

9300 CAMPUS POINT DR
STE LLA
LA JOLLA, CA 92037
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

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

9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

GUO, THERESA, MD

Provider ID: N/A

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

GUO, THERESA, MD

Provider ID: N/A

9400 CAMPUS POINT DR
LA JOLLA, CA 92093
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

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

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

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

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

HOM, DAVID, 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

9400 CAMPUS POINT DR
LA JOLLA, CA 92093
Effective as of 01-MAY-23

HUGHES, CHARLOTTE, MD

Provider ID: N/A

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

HUGHES, CHARLOTTE, MD

Provider ID: N/A

9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

HUGHES, CHARLOTTE, MD

Provider ID: N/A

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

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
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

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

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
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

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
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

9400 CAMPUS POINT DR
LA JOLLA, CA 92093
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

9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

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

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

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

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

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

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

3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093

Effective as of 01-MAY-23

SCHALCH LEPE, PAUL, MD†

Provider ID: N/A

9350 CAMPUS POINT DR
LA JOLLA, CA 92037

Effective as of 01-MAY-23

SCHALCH LEPE, PAUL, MD

Provider ID: N/A

9400 CAMPUS POINT 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

9350 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

3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093

Effective as of 01-MAY-23

WATSON, DEBORAH, MD

Provider ID: N/A

3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093

Effective as of 01-MAY-23

WATSON, DEBORAH, MD

Provider ID: N/A

9400 CAMPUS POINT 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

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

LA JOLLA, CA 92093
Effective as of 01-MAY-23

WEISSBROD, PHILIP, MD†

Provider ID: N/A
📍 9350 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-MAY-23

WEISSBROD, PHILIP, MD†

Provider ID: N/A
📍 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
📍 9400 CAMPUS POINT DR
LA JOLLA, CA 92093
Effective as of 01-MAY-23

YAN, CAROL, MD†

Provider ID: N/A
📍 9350 CAMPUS POINT DR
STE LLA
LA JOLLA, CA 92037
Effective as of 01-MAY-23

YAN, CAROL, MD

Provider ID: N/A
📍 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Effective as of 01-MAY-23

YAN, CAROL, MD

Provider ID: N/A
📍 3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093
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

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

9850 GENESEE AVE STE
320
LA JOLLA, CA 92037
Effective as of 01-JUN-23

ABRAHAMSEN, KELSEY, PA
Provider ID: N/A

9850 GENESEE AVE STE
320
LA JOLLA, CA 92037
Effective as of 01-JAN-21

ALBRIGHT, KELSEY, PA†
Provider ID: N/A

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-SEP-21

ALLERS, JENNA, PA
Provider ID: N/A

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-AUG-23

ARMEEN, GARY, PA†
Provider ID: N/A

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-DEC-23

BAKER, LINDZEE, PA
Provider ID: N/A

9850 GENESEE AVE STE
320
LA JOLLA, CA 92037
Teleservice
Effective as of 01-NOV-22

BECKER, JANTIMA, PA
Provider ID: N/A

9850 GENESEE AVE STE
320
LA JOLLA, CA 92037
Effective as of 01-DEC-21

CANDARE, VANESSA, PA
Provider ID: N/A

9850 GENESEE AVE STE
320
LA JOLLA, CA 92037
Effective as of 01-FEB-21

CASO, STEPHEN, PA
Provider ID: N/A

9850 GENESEE AVE STE
320
LA JOLLA, CA 92037
Effective as of 01-JAN-21

DOUGHERTY, CLARA, PA†
Provider ID: N/A

9850 GENESEE AVE STE
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

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

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

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

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-SEP-21

KREPS, CHRISTOPHER, DPM†

Provider ID: N/A

📍 9850 GENESEE AVE STE
510
LA JOLLA, CA 92037
Effective as of 01-MAR-22

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

**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

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

MOORE, SHAVON, MD†

Provider ID: N/A

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-NOV-21

MOORE, SHAVON, MD†

Provider ID: N/A

8950 VILLA LA JOLLA DR
STE C101
LA JOLLA, CA 92037
Effective as of 01-NOV-21

NICHOLS, ALPHONSO, MD

Provider ID: N/A

9850 GENESEE AVE STE
710
LA JOLLA, CA 92037
Teleservice
Effective as of 01-JUL-22

NICHOLS, ALPHONSO, MD

Provider ID: N/A

9850 GENESEE AVE STE
710
LA JOLLA, CA 92037
Teleservice
Effective as of 01-JUL-22

QAYOUMI, WALI, MD†

Provider ID: N/A

9350 CAMPUS POINT DR
STE LLB
LA JOLLA, CA 92037
Effective as of 01-OCT-21

QAYOUMI, WALI, MD†

Provider ID: N/A

9500 GILMAN DR STE 2069
LA JOLLA, CA 92093
Effective as of 01-OCT-21

QAYOUMI, WALI, MD†

Provider ID: N/A

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
LA JOLLA, CA 92037
Effective as of 01-SEP-22

REGO-KEARNEY, JENNIFER, MD†

Provider ID: N/A

8950 VILLA LA JOLLA DR
STE C217
LA JOLLA, CA 92037
Effective as of 01-OCT-23

REGO-KEARNEY, JENNIFER, MD†

Provider ID: N/A

8950 VILLA LA JOLLA DR
STE C217
LA JOLLA, CA 92037
Effective as of 01-OCT-23

REGO-KEARNEY, JENNIFER, MD†

Provider ID: N/A

8950 VILLA LA JOLLA DR
STE C217
LA JOLLA, CA 92037
Effective as of 01-SEP-22

SCHNEEBERGER, ANDRES, MD†

Provider ID: N/A

8950 VILLA LA JOLLA DR
STE C101
LA JOLLA, CA 92037
Effective as of 01-AUG-22

SCHNEEBERGER, ANDRES, MD†

Provider ID: N/A

8950 VILLA LA JOLLA DR
STE C101
LA JOLLA, CA 92037
Effective as of 01-AUG-22

TARVER, LESLIE, MD†

Provider ID: N/A

8950 VILLA LA JOLLA DR
STE C101
LA JOLLA, CA 92037
Effective as of 01-AUG-22

TARVER, LESLIE, MD†

Provider ID: N/A

8950 VILLA LA JOLLA DR
STE C101
LA JOLLA, CA 92037
Effective as of 01-AUG-22

PSYCHIATRY CHILD

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

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-JAN-23

KARIPPOT, ANOOP, MD†

Provider ID: N/A

9834 GENESEE AVE STE
400
LA JOLLA, CA 92037

Effective as of 01-JUL-21

KARIPPOT, ANOOP, MD†

Provider ID: N/A

9834 GENESEE AVE STE
400
LA JOLLA, CA 92037

Effective as of 01-JUL-21

KARIPPOT, ANOOP, MD†

Provider ID: N/A

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-JAN-23

KARIPPOT, ANOOP, MD†

Provider ID: N/A

9834 GENESEE AVE STE
400
LA JOLLA, CA 92037

Effective as of 01-JUL-21

KARIPPOT, ANOOP, MD†

Provider ID: N/A

9834 GENESEE AVE STE
400
LA JOLLA, CA 92037

Effective as of 01-JUL-21

NICHOLS, ALPHONSO, MD

Provider ID: N/A

9850 GENESEE AVE STE
710
LA JOLLA, CA 92037

Teleservice

Effective as of 01-JUL-22

NICHOLS, ALPHONSO, MD

Provider ID: N/A

9850 GENESEE AVE STE
710
LA JOLLA, CA 92037

Teleservice

Effective as of 01-JUL-22

REGO-KEARNEY, JENNIFER, MD†

Provider ID: N/A

8950 VILLA LA JOLLA DR
STE C217
LA JOLLA, CA 92037

Effective as of 01-OCT-23

REGO-KEARNEY, JENNIFER, MD†

Provider ID: N/A

8950 VILLA LA JOLLA DR

STE C217

LA JOLLA, CA 92037

Effective as of 01-OCT-23

REGO-KEARNEY, JENNIFER, MD†

Provider ID: N/A

8950 VILLA LA JOLLA DR
STE C217
LA JOLLA, CA 92037

Effective as of 01-SEP-22

REGO-KEARNEY, JENNIFER, MD†

Provider ID: N/A

8950 VILLA LA JOLLA DR
STE C217
LA JOLLA, CA 92037

Effective as of 01-OCT-23

REGO-KEARNEY, JENNIFER, MD†

Provider ID: N/A

8950 VILLA LA JOLLA DR
STE C217
LA JOLLA, CA 92037

Effective as of 01-OCT-23

REGO-KEARNEY, JENNIFER, MD†

Provider ID: N/A

8950 VILLA LA JOLLA DR
STE C217
LA JOLLA, CA 92037

Effective as of 01-SEP-22

PSYCHIATRY SLEEP MEDICINE

KARIPPOT, ANOOP, MD†

Provider ID: N/A

9850 GENESEE AVE STE
710
LA JOLLA, CA 92037

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

Teleservice

Effective as of 01-JAN-23

PSYCHOLOGIST

BAILIS, JESSICA, PSYD

Provider ID: N/A

8950 VILLA LA JOLLA DR
STE C101

LA JOLLA, CA 92037

Effective as of 01-JUN-23

BAILIS, JESSICA, PSYD

Provider ID: N/A

8950 VILLA LA JOLLA DR
STE C101

LA JOLLA, CA 92037

Effective as of 01-JUN-23

BOUELLE, KERRI, PhD

Provider ID: N/A

3344 N TORREY PINES CT
LA JOLLA, CA 92037

Effective as of 01-DEC-23

BOUELLE, KERRI, PhD

Provider ID: N/A

3344 N TORREY PINES CT
LA JOLLA, CA 92037

Effective as of 01-DEC-23

CRANDAL, BRENT, PhD†

Provider ID: N/A

8950 VILLA LA JOLLA DR
STE C101

LA JOLLA, CA 92037

Effective as of 01-AUG-22

CRANDAL, BRENT, PhD†

Provider ID: N/A

8950 VILLA LA JOLLA DR
STE C101

LA JOLLA, CA 92037

Effective as of 01-AUG-22

CUSACK, ANNE, PSYD

Provider ID: N/A

8950 VILLA LA JOLLA DR
STE C101

LA JOLLA, CA 92037

Effective as of 01-DEC-23

CUSACK, ANNE, PSYD

Provider ID: N/A

8950 VILLA LA JOLLA DR
STE C101

LA JOLLA, CA 92037

Effective as of 01-DEC-23

EICHEN, DAWN, PhD

Provider ID: N/A

3344 N TORREY PINES CT
LA JOLLA, CA 92037

Effective as of 01-DEC-23

EICHEN, DAWN, PhD

Provider ID: N/A

3344 N TORREY PINES CT
LA JOLLA, CA 92037

Effective as of 01-DEC-23

KAUP, ALLISON, PhD†

Provider ID: N/A

9850 GENESEE AVE STE
530

LA JOLLA, CA 92037

Teleservice

Effective as of 01-JAN-24

KAUP, ALLISON, PhD†

Provider ID: N/A

9850 GENESEE AVE STE
530

LA JOLLA, CA 92037

Teleservice

Effective as of 01-NOV-23

KAUP, ALLISON, PhD†

Provider ID: N/A

9850 GENESEE AVE STE
530

LA JOLLA, CA 92037

Teleservice

Effective as of 01-NOV-23

KAUP, ALLISON, PhD†

Provider ID: N/A

9850 GENESEE AVE STE
530

LA JOLLA, CA 92037

Teleservice

Effective as of 01-JAN-24

MINASSIAN, ARPI, PhD†

Provider ID: N/A

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Effective as of 01-NOV-21

MINASSIAN, ARPI, PhD†

Provider ID: N/A

9400 CAMPUS POINT DR
LA JOLLA, CA 92093

Effective as of 01-NOV-21

MINASSIAN, ARPI, PhD†

Provider ID: N/A

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Effective as of 01-NOV-21

MINASSIAN, ARPI, PhD†

Provider ID: N/A

9400 CAMPUS POINT DR
LA JOLLA, CA 92093

Effective as of 01-NOV-21

PARK, JESSIE, PSYD†

Provider ID: N/A

8950 VILLA LA JOLLA DR
STE C101

LA JOLLA, CA 92037

Effective as of 01-DEC-21

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

PARK, JESSIE, PSYD[†]

Provider ID: N/A

8950 VILLA LA JOLLA DR
STE C101
LA JOLLA, CA 92037

Effective as of 01-DEC-21

REED, KRISTIE, PhD[†]

Provider ID: N/A

8950 VILLA LA JOLLA DR
STE C212
LA JOLLA, CA 92037

Effective as of 01-AUG-22

REED, KRISTIE, PhD

Provider ID: N/A

3344 N TORREY PINES CT
LA JOLLA, CA 92037

Effective as of 01-DEC-23

REED, KRISTIE, PhD[†]

Provider ID: N/A

8950 VILLA LA JOLLA DR
STE C212
LA JOLLA, CA 92037

Effective as of 01-AUG-22

REED, KRISTIE, PhD

Provider ID: N/A

3344 N TORREY PINES CT
LA JOLLA, CA 92037

Effective as of 01-DEC-23

TARLE, STEPHANIE, PhD

Provider ID: N/A

8950 VILLA LA JOLLA DR
STE C101
LA JOLLA, CA 92037

Effective as of 01-DEC-23

TARLE, STEPHANIE, PhD

Provider ID: N/A

8950 VILLA LA JOLLA DR
STE C101
LA JOLLA, CA 92037

Effective as of 01-DEC-23

***PUBLIC HEALTH
PREVENTATIVE MEDICINE***

PERLMAN, MONICA, MD

Provider ID: N/A

9850 GENESEE AVE STE
320
LA JOLLA, CA 92037

Effective as of 01-NOV-20

PULMONARY DISEASES

BAILEY, JACOB, MD

Provider ID: N/A

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Effective as of 01-JUN-23

CORATE, LALAINE, MD[†]

Provider ID: N/A

9850 GENESEE AVE STE
370
LA JOLLA, CA 92037

Effective as of 01-JUL-20

CORATE, LALAINE, MD[†]

Provider ID: N/A

9850 GENESEE AVE STE
370
LA JOLLA, CA 92037

Effective as of 01-JAN-21

CORATE, LALAINE, MD[†]

Provider ID: N/A

9850 GENESEE AVE STE
780
LA JOLLA, CA 92037

Effective as of 01-JAN-21

FE, ALEXANDER, MD[†]

Provider ID: N/A

9850 GENESEE AVE STE
370

LA JOLLA, CA 92037

Effective as of 01-SEP-21

FE, ALEXANDER, MD[†]

Provider ID: N/A

9850 GENESEE AVE STE
370

LA JOLLA, CA 92037

Effective as of 01-FEB-23

FRICKS, CARL, MD[†]

Provider ID: N/A

9850 GENESEE AVE STE
370

LA JOLLA, CA 92037

Effective as of 01-JAN-21

FRICKS, CARL, MD[†]

Provider ID: N/A

9850 GENESEE AVE STE
370

LA JOLLA, CA 92037

Effective as of 01-JUL-20

GLICKMAN, SAMUEL, MD[†]

Provider ID: N/A

9850 GENESEE AVE STE
370

LA JOLLA, CA 92037

Effective as of 01-JAN-21

JONES, DANIEL, MD[†]

Provider ID: N/A

9850 GENESEE AVE STE
370

LA JOLLA, CA 92037

Effective as of 01-JUL-20

MCCAUL, DAVID, MD[†]

Provider ID: N/A

9850 GENESEE AVE STE
370

LA JOLLA, CA 92037

Effective as of 01-JUL-20

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

MCCAUL, DAVID, MD†

Provider ID: N/A

9850 GENESEE AVE STE
370
LA JOLLA, CA 92037
Effective as of 01-JAN-21

MCGUIRE, WILLIAM, MD

Provider ID: N/A

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JUN-23

MUNOZ PINEDA, JORGE, MD

Provider ID: N/A

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-DEC-23

PEARCE, ALEX, MD

Provider ID: N/A

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JUN-23

RADWAN, MOHAMED, MD†

Provider ID: N/A

9850 GENESEE AVE STE
370
LA JOLLA, CA 92037
Effective as of 01-JUL-20

RADIATION ONCOLOGY

BEAR, JONATHAN, MD

Provider ID: N/A

3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093
Effective as of 01-APR-23

BRUGGEMAN, ANDREW, MD†

Provider ID: N/A

3855 HEALTH SCIENCES
DR

LA JOLLA, CA 92093
Effective as of 01-JAN-24

HATTANGADI GLUTH, JONA, MD†

Provider ID: N/A

3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093
Effective as of 01-JAN-24

HORN, ADAM, MD

Provider ID: N/A

3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093
Effective as of 01-APR-23

MACEWAN, IAIN, MD†

Provider ID: N/A

3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093
Effective as of 01-JAN-21

MELL, LOREN, MD†

Provider ID: N/A

3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093
Effective as of 01-SEP-22

SANDHU, AJAY, MD†

Provider ID: N/A

3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093
Effective as of 01-JAN-24

SIMPSON, DANIEL, MD†

Provider ID: N/A

3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093
Effective as of 01-SEP-22

TRINGALE, KATHRYN, MD

Provider ID: N/A

3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093
Effective as of 01-DEC-23

TRINGALE, KATHRYN, MD

Provider ID: N/A

3960 HEALTH SCIENCES
DR
LA JOLLA, CA 92093
Effective as of 01-DEC-23

TYE, KAREN, MD

Provider ID: N/A

3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093
Effective as of 01-JUN-23

YORK, JOHN, MD

Provider ID: N/A

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-DEC-23

RADIOLOGY DIAGNOSTIC

AGANOVIC, LEJLA, MD

Provider ID: N/A

9452 MEDICAL CENTER DR
LA JOLLA, CA 92037
Effective as of 01-APR-23

AMMIRATI, GUISEPPE, MD†

Provider ID: N/A

9834 GENESEE AVE STE 411
LA JOLLA, CA 92037
Effective as of 01-JAN-21

BOLAR, DIVYA, MD

Provider ID: N/A

9452 MEDICAL CENTER DR

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

LA JOLLA, CA 92037
Effective as of 01-APR-23

BOSWELL, GILBERT, MD

Provider ID: N/A

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-APR-23

BRANCH, CODY, MD†

Provider ID: N/A

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-AUG-21

BROUHA, SHARON, MD

Provider ID: N/A

 9452 MEDICAL CENTER DR
LA JOLLA, CA 92037
Effective as of 01-APR-23

BUI, KEVIN, MD†

Provider ID: N/A

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JUL-21

CARSWELL, AIMEE, MD

Provider ID: N/A

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-DEC-23

CHANG, JENNIFER, MD

Provider ID: N/A

 9452 MEDICAL CENTER DR
LA JOLLA, CA 92037
Effective as of 01-APR-23

CHENG, KAREN, MD

Provider ID: N/A

 9452 MEDICAL CENTER DR
LA JOLLA, CA 92037
Effective as of 01-APR-23

CHENG, KAREN, MD†

Provider ID: N/A

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-AUG-21

CHO, AARON, MD

Provider ID: N/A

 9452 MEDICAL CENTER DR
LA JOLLA, CA 92037
Effective as of 01-APR-23

CHUNG, CHRISTINE, MD

Provider ID: N/A

 9452 MEDICAL CENTER DR
LA JOLLA, CA 92037
Effective as of 01-APR-23

DORROS, STEPHEN, MD

Provider ID: N/A

 9452 MEDICAL CENTER DR
LA JOLLA, CA 92037
Effective as of 01-APR-23

EAJAZI, ALIREZA, MD†

Provider ID: N/A

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-AUG-21

EGHTEDARI, MOHAMMAD, MD

Provider ID: N/A

 9452 MEDICAL CENTER DR
LA JOLLA, CA 92037
Effective as of 01-APR-23

FARID, NIKDOKHT, MD

Provider ID: N/A

 9452 MEDICAL CENTER DR
LA JOLLA, CA 92037
Effective as of 01-APR-23

FAZELI, SOUDABEH, MD

Provider ID: N/A

 9300 CAMPUS POINT DR

LA JOLLA, CA 92037
Effective as of 01-JUL-23

FLISZAR, EVELYNE, MD

Provider ID: N/A

 9452 MEDICAL CENTER DR
LA JOLLA, CA 92037
Effective as of 01-APR-23

FOWLER, KATHRYN, MD

Provider ID: N/A

 9452 MEDICAL CENTER DR
LA JOLLA, CA 92037
Effective as of 01-APR-23

GENTILI, AMILCARE, MD

Provider ID: N/A

 9452 MEDICAL CENTER DR
LA JOLLA, CA 92037
Effective as of 01-APR-23

HAHN, LEWIS, MD

Provider ID: N/A

 9452 MEDICAL CENTER DR
LA JOLLA, CA 92037
Effective as of 01-APR-23

HAHN, MICHAEL, MD

Provider ID: N/A

 9452 MEDICAL CENTER DR
LA JOLLA, CA 92037
Effective as of 01-APR-23

HANDWERKER, JASON, MD

Provider ID: N/A

 9452 MEDICAL CENTER DR
LA JOLLA, CA 92037
Effective as of 01-APR-23

HAWLEY, DANIEL, MD

Provider ID: N/A

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JUN-23

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

HOROWITZ, MICHAEL, MD

Provider ID: N/A

 9452 MEDICAL CENTER DR
LA JOLLA, CA 92037
Effective as of 01-APR-23

HSIAO, ALBERT, MD

Provider ID: N/A

 9452 MEDICAL CENTER DR
LA JOLLA, CA 92037
Effective as of 01-APR-23

HUANG, BRADY, MD

Provider ID: N/A

 9452 MEDICAL CENTER DR
LA JOLLA, CA 92037
Effective as of 01-APR-23

JACOBS, KATHLEEN, MD

Provider ID: N/A

 9452 MEDICAL CENTER DR
LA JOLLA, CA 92037
Effective as of 01-APR-23

JACOBSON, JON, MD

Provider ID: N/A

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JUN-23

JAFFRAY, PAUL, MD

Provider ID: N/A

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JUN-23

KAROW, DAVID, MD

Provider ID: N/A

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-APR-23

KAROW, DAVID, MD

Provider ID: N/A

 9452 MEDICAL CENTER DR

LA JOLLA, CA 92037

Effective as of 01-APR-23

KARUNAMUNI, JENNIFER, MD

Provider ID: N/A

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-APR-23

KIM, ERIC, MD†

Provider ID: N/A

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-AUG-21

KLIGERMAN, SETH, MD

Provider ID: N/A

 9452 MEDICAL CENTER DR
LA JOLLA, CA 92037
Effective as of 01-APR-23

KONDILI, DHIMITER, MD†

Provider ID: N/A

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-AUG-21

LEE, ROLAND, MD

Provider ID: N/A

 9452 MEDICAL CENTER DR
LA JOLLA, CA 92037
Effective as of 01-APR-23

LIM, VIVIAN, MD

Provider ID: N/A

 9452 MEDICAL CENTER DR
LA JOLLA, CA 92037
Effective as of 01-APR-23

MAREK BYKOWSKI, JULIE, MD

Provider ID: N/A

 9452 MEDICAL CENTER DR
LA JOLLA, CA 92037
Effective as of 01-APR-23

MARKS, ROBERT, MD

Provider ID: N/A

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JUN-23

MCDONALD, MARIN, MD

Provider ID: N/A

 9452 MEDICAL CENTER DR
LA JOLLA, CA 92037
Effective as of 01-APR-23

MCDONALD, MARIN, MD†

Provider ID: N/A

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-FEB-22

MCNAMEE, CAIRINE, MD†

Provider ID: N/A

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-NOV-21

MCNAMEE, CAIRINE, MD

Provider ID: N/A

 9452 MEDICAL CENTER DR
LA JOLLA, CA 92037
Effective as of 01-APR-23

NORBASH, ALEXANDER, MD

Provider ID: N/A

 9452 MEDICAL CENTER DR
LA JOLLA, CA 92037
Effective as of 01-APR-23

OBOYLE, MARY, MD

Provider ID: N/A

 9452 MEDICAL CENTER DR
LA JOLLA, CA 92037
Effective as of 01-APR-23

OBOYLE, MARY, MD†

Provider ID: N/A

 9300 CAMPUS POINT DR

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

LA JOLLA, CA 92037
Effective as of 01-FEB-22

**OJEDA-FOURNIER, HAYDEE,
MD**

Provider ID: N/A
9452 MEDICAL CENTER DR
LA JOLLA, CA 92037
Effective as of 01-APR-23

PATHRIA, MINI, MD

Provider ID: N/A
9452 MEDICAL CENTER DR
LA JOLLA, CA 92037
Effective as of 01-APR-23

**RAKOW-PENNER, REBECCA,
MD**

Provider ID: N/A
9452 MEDICAL CENTER DR
LA JOLLA, CA 92037
Effective as of 01-APR-23

RESNICK, DONALD, MD

Provider ID: N/A
9452 MEDICAL CENTER DR
LA JOLLA, CA 92037
Effective as of 01-APR-23

RITCHIE, DAVID, MD

Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JUN-23

SADAT, SAYED, DO

Provider ID: N/A
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JUN-23

SAMPATH, SRINATH, MD

Provider ID: N/A
9452 MEDICAL CENTER DR
LA JOLLA, CA 92037

Effective as of 01-APR-23

SAMPATH, SRIHARI, 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

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

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

9350 CAMPUS POINT DR
STE LLD
LA JOLLA, CA 92037
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

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

3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093
Effective as of 01-APR-22

**SCHIEDERMAYER, BENJAMIN,
SP†**
Provider ID: N/A

9400 CAMPUS POINT 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

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

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-SEP-22

BHOYRUL, SUNIL, MD†

Provider ID: N/A

9850 GENESEE AVE STE
570
LA JOLLA, CA 92037
Effective as of 01-JAN-21

BORTZ, PASCAL, MD†

Provider ID: N/A

9850 GENESEE AVE STE
570
LA JOLLA, CA 92037
Effective as of 01-JAN-21

BORTZ, PASCAL, MD†

Provider ID: N/A

9850 GENESEE AVE STE
570
LA JOLLA, CA 92037

Effective as of 01-SEP-22

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

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

OLSON, CHERYL, MD†

Provider ID: N/A

9850 GENESEE AVE STE
660
LA JOLLA, CA 92037

Effective as of 01-FEB-23

OLSON, CHERYL, MD†

Provider ID: N/A

9850 GENESEE AVE STE
660
LA JOLLA, CA 92037

Effective as of 01-APR-17

SCHULTZEL, MATTHEW, DO†

Provider ID: N/A

4150 REGENTS PARK ROW
STE 345
LA JOLLA, CA 92037

Effective as of 01-JUL-20

SHAPER, EMANUEL, MD

Provider ID: N/A

9850 GENESEE AVE STE
570
LA JOLLA, CA 92037

Effective as of 01-FEB-24

SHAPER, EMANUEL, MD

Provider ID: N/A

9850 GENESEE AVE STE
570
LA JOLLA, CA 92037

Effective as of 01-MAY-23

SHERMAN, MARK, MD

Provider ID: N/A

9850 GENESEE AVE STE
660
LA JOLLA, CA 92037

Effective as of 01-FEB-23

SURGERY GENERAL VASCULAR

BUNKE, NISHA, MD†

Provider ID: N/A

9850 GENESEE AVE STE
410
LA JOLLA, CA 92037

Teleservice

Effective as of 01-JAN-21

LUCAS, SARAH, MD

Provider ID: N/A

9850 GENESEE AVE STE
410
LA JOLLA, CA 92037

Effective as of 01-JAN-21

SURGERY HAND

BROWN, RICHARD, MD†

Provider ID: N/A

9850 GENESEE AVE STE
210
LA JOLLA, CA 92037

Teleservice

Effective as of 01-JAN-21

DOWNING, KRISTOPHER, MD†

Provider ID: N/A

9834 GENESEE AVE STE
228
LA JOLLA, CA 92037

Effective as of 01-MAY-18

SURGERY HAND

ORTHOPEDIC

STEPHENSON, SAMUEL, MD†

Provider ID: N/A

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Effective as of 01-OCT-21

STEPHENSON, SAMUEL, MD†

Provider ID: N/A

9400 CAMPUS POINT DR

LA JOLLA, CA 92093

Effective as of 01-OCT-21

SURGERY

NEUROLOGICAL

MURTHY, NIKHIL, MD

Provider ID: N/A

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Effective as of 01-JUL-23

MURTHY, NIKHIL, MD

Provider ID: N/A

9400 CAMPUS POINT DR
LA JOLLA, CA 92093

Effective as of 01-JUL-23

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

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

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

9400 CAMPUS POINT DR
LA JOLLA, CA 92093
Effective as of 01-SEP-21

GOEB, YANNICK, MD†

Provider ID: N/A

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-SEP-21

HACKLEY, DAVID, MD†

Provider ID: N/A

9850 GENESEE AVE STE
210
LA JOLLA, CA 92037
Effective as of 01-JAN-21

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

9400 CAMPUS POINT DR
LA JOLLA, CA 92093
Effective as of 01-JUN-23

TAYLOR, MARIO, MD

Provider ID: N/A

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JUN-23

THUNDER, RICHARD, MD†

Provider ID: N/A

9850 GENESEE AVE STE
210
LA JOLLA, CA 92037
Effective as of 01-JAN-21

WHEATLEY, BENJAMIN, MD

Provider ID: N/A

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-JUN-23

SURGERY PLASTIC

GOSMAN, AMANDA, MD†

Provider ID: N/A

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-NOV-21

MOFID, MEHRDAD, MD†

Provider ID: N/A

4150 REGENTS PARK ROW
STE 300
LA JOLLA, CA 92037
Effective as of 01-SEP-15

MOFID, MEHRDAD, MD†

Provider ID: N/A

4150 REGENTS PARK ROW
STE 300
LA JOLLA, CA 92037
Effective as of 01-JUL-21

MOFID, MEHRDAD, MD†

Provider ID: N/A

4150 REGENTS PARK ROW
STE 300
LA JOLLA, CA 92037
Effective as of 01-JUL-22

MOFID, MEHRDAD, MD†

Provider ID: N/A

4150 REGENTS PARK ROW
STE 300
LA JOLLA, CA 92037
Effective as of 01-JAN-21

MOFID, MEHRDAD, MD†

Provider ID: N/A

4150 REGENTS PARK ROW
STE 300
LA JOLLA, CA 92037
Effective as of 01-MAR-16

UMANSKY, JEFFREY, MD†

Provider ID: N/A

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

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

9300 CAMPUS POINT 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

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

9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Effective as of 01-AUG-22

ZANDER, ASHLEY, DO†
Provider ID: N/A

3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093
Effective as of 01-AUG-22

ZANDER, ASHLEY, DO†
Provider ID: N/A

9434 MEDICAL CENTER DR
LA JOLLA, CA 92037
Effective as of 01-AUG-22

SURGICAL ONCOLOGY

MEHTSUN, WINTA, MD†
Provider ID: N/A

3855 HEALTH SCIENCES
DR
LA JOLLA, CA 92093
Effective as of 01-JAN-22

UROLOGY

ANGER, JENNIFER, MD†
Provider ID: N/A

9400 CAMPUS POINT DR
LA JOLLA, CA 92093
Effective as of 01-OCT-21

BAGRODIA, ADITYA, MD†
Provider ID: N/A

9400 CAMPUS POINT DR
LA JOLLA, CA 92093
Effective as of 01-DEC-21

BASTUBA, MARTIN, MD†
Provider ID: N/A

9850 GENESEE AVE STE
630
LA JOLLA, CA 92037
Effective as of 01-JAN-21

COHEN, EDWARD, MD†
Provider ID: N/A

9850 GENESEE AVE STE
440
LA JOLLA, CA 92037
Effective as of 01-JAN-21

COHEN, EDWARD, MD†
Provider ID: N/A

9850 GENESEE AVE STE
440
LA JOLLA, CA 92037
Effective as of 01-SEP-21

COHEN, EDWARD, MD†
Provider ID: N/A

9850 GENESEE AVE STE
440
LA JOLLA, CA 92037
Effective as of 01-OCT-12

COHEN, EDWARD, MD†
Provider ID: N/A

9850 GENESEE AVE STE
440
LA JOLLA, CA 92037
Effective as of 01-JUL-22

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

COHEN, EDWARD, MD†

Provider ID: N/A

☐ 9850 GENESEE AVE STE
440
LA JOLLA, CA 92037
Effective as of 01-JAN-21

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-SEP-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-JUL-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-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

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

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

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

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

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

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

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

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-21

BATRA, REEMA, MD†

Provider ID: N/A

5555 GROSSMONT
CENTER DR
LA MESA, CA 91942*
Effective as of 01-JAN-14

MEDIC, IGOR, MD†

Provider ID: N/A

5555 GROSSMONT
CENTER DR
LA MESA, CA 91942*
Effective as of 01-FEB-18

MEDIC, IGOR, MD†

Provider ID: N/A

5555 GROSSMONT
CENTER DR
LA MESA, CA 91942
Effective as of 01-JAN-21

ZU, KAI, MD†

Provider ID: N/A

5555 GROSSMONT
CENTER DR
LA MESA, CA 91942*
Teleservice

Effective as of 01-JAN-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

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

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-JUL-22

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

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-JUL-22

FADDA, GEORGE, MD†

Provider ID: N/A

8851 CENTER DR STE 505
LA MESA, CA 91942

Effective as of 01-AUG-16

FADDA, GEORGE, MD†

Provider ID: N/A

8851 CENTER DR STE 505
LA MESA, CA 91942

Effective as of 01-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

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

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

LEININGER, DANIEL, DO†

Provider ID: N/A

8851 CENTER DR STE 505
LA MESA, CA 91942

Teleservice

Effective as of 01-OCT-22

MILLER, LUCY, MD†

Provider ID: N/A

8851 CENTER DR STE 505
LA MESA, CA 91942

Effective as of 01-SEP-20

MILLER, LUCY, MD†

Provider ID: N/A

8851 CENTER DR STE 505
LA MESA, CA 91942

Effective as of 01-APR-15

MILLER, LUCY, MD†

Provider ID: N/A

8851 CENTER DR STE 505
LA MESA, CA 91942

Effective as of 01-JUL-22

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

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-JUL-22

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

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

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

**OCCUPATIONAL
THERAPIST**

**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-JAN-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

4700 SPRING ST STE 180
LA MESA, CA 91942
Effective as of 01-DEC-23

SHIH, LYNN, OT

Provider ID: N/A

8388 PARKWAY DR
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

7339 EL CAJON BLVD STE J
AND K
LA MESA, CA 91942
Effective as of 01-DEC-23

BINDER, NICHOLAS, MD†

Provider ID: N/A

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

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-MAR-22

BINDER, NICHOLAS, MD†

Provider ID: N/A

5565 GROSSMONT
CENTER DR STE 3 BLDG 2
LA MESA, CA 91942
Effective as of 01-NOV-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

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

 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-MAY-22

CHIU, STEPHAN, MD†

Provider ID: N/A

 5565 GROSSMONT
CENTER DR STE 551
LA MESA, CA 91942
Effective as of 01-JUN-23

CHIU, STEPHAN, MD†

Provider ID: N/A

 5565 GROSSMONT
CENTER DR STE 551
LA MESA, CA 91942
Effective as of 01-FEB-23

DELENGOCKY, TAYSON, DO†

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 STE 551
LA MESA, CA 91942
Effective as of 01-JUN-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

 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

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

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-JAN-21

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 3 BLDG 2
LA MESA, CA 91942

Effective as of 01-SEP-22

GOLLOGLY, HEIDRUN, MD†

Provider ID: N/A

5565 GROSSMONT
CENTER DR STE 551
LA MESA, CA 91942

Effective as of 01-SEP-22

GOLLOGLY, HEIDRUN, MD†

Provider ID: N/A

7339 EL CAJON BLVD STE J
AND K
LA MESA, CA 91942

Effective as of 01-SEP-22

HAIGHT, BRUCE, MD†

Provider ID: N/A

7339 EL CAJON BLVD STE J
AND K
LA MESA, CA 91942

Effective as of 01-SEP-22

HAIGHT, BRUCE, MD†

Provider ID: N/A

5565 GROSSMONT
CENTER DR BLDG 3 STE
551
LA MESA, CA 91942

Effective as of 01-SEP-22

HAIGHT, BRUCE, MD†

Provider ID: N/A

5565 GROSSMONT
CENTER DR STE 2-3
LA MESA, CA 91942

Effective as of 01-SEP-22

HAIGHT, BRUCE, MD†

Provider ID: N/A

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

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

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

5565 GROSSMONT
CENTER DR STE 551
LA MESA, CA 91942

Effective as of 01-APR-23

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-MAY-21

HUDSON, HENRY, MD†

Provider ID: N/A

5565 GROSSMONT
CENTER DR STE 551

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

LA MESA, CA 91942
Effective as of 01-MAR-23

HUDSON, HENRY, MD†

Provider ID: N/A

7339 EL CAJON BLVD STE J
AND K
LA MESA, CA 91942
Effective as of 01-MAR-23

HUDSON, HENRY, MD†

Provider ID: N/A

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

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

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-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

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-MAR-23

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

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

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-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

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

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

7339 EL CAJON BLVD STE J
AND K
LA MESA, CA 91942
Effective as of 01-MAR-22

PRABHU, SUJATA, MD†

Provider ID: N/A

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

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

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

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-SEP-22

AOTO, KIM, OD†

Provider ID: N/A

7339 EL CAJON BLVD STE J
AND K
LA MESA, CA 91942

Effective as of 01-MAR-22

DEAN, MOENA, OD†

Provider ID: N/A

7339 EL CAJON BLVD STE J
AND K
LA MESA, CA 91942

Effective as of 01-MAR-22

DEAN, MOENA, OD†

Provider ID: N/A

7339 EL CAJON BLVD STE J
AND K
LA MESA, CA 91942

Effective as of 01-JAN-24

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

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

Effective as of 01-MAR-22

VINH, JOHN, OD†

Provider ID: N/A

7339 EL CAJON BLVD STE J
AND K
LA MESA, CA 91942

Effective as of 01-MAR-22

VINH, JOHN, OD†

Provider ID: N/A

5565 GROSSMONT
CENTER DR STE 551
LA MESA, CA 91942

Effective as of 01-SEP-20

VINH, JOHN, OD†

Provider ID: N/A

5565 GROSSMONT
CENTER DR STE 551
LA MESA, CA 91942

Effective as of 01-JAN-21

ZVANUT, DONALD, OD†

Provider ID: N/A

7339 EL CAJON BLVD STE J
AND K
LA MESA, CA 91942

Effective as of 01-AUG-22

ZVANUT, DONALD, OD†

Provider ID: N/A

7339 EL CAJON BLVD STE J
AND K
LA MESA, CA 91942

Effective as of 01-MAR-22

OTOLARYNGOLOGY

BUSINO, ROWLEY, MD†

Provider ID: N/A

5565 GROSSMONT
CENTER DR BLDG 3 STE 101
LA MESA, CA 91942

Effective as of 01-JAN-21

BUSINO, ROWLEY, MD†

Provider ID: N/A

5565 GROSSMONT
CENTER DR BLDG 3 STE 101
LA MESA, CA 91942

Effective as of 01-DEC-15

BUSINO, ROWLEY, MD†

Provider ID: N/A

5565 GROSSMONT
CENTER DR BLDG 3 STE 101
LA MESA, CA 91942

Effective as of 01-APR-21

BUSINO, ROWLEY, MD†

Provider ID: N/A

5565 GROSSMONT
CENTER DR STE 101
LA MESA, CA 91942

Effective as of 01-JAN-21

BUSINO, ROWLEY, MD†

Provider ID: N/A

5565 GROSSMONT
CENTER DR BLDG 3 STE 101
LA MESA, CA 91942

Effective as of 01-JAN-21

BUSINO, ROWLEY, MD†

Provider ID: N/A

5565 GROSSMONT
CENTER DR BLDG 3 STE 101
LA MESA, CA 91942

Effective as of 01-JUL-22

BUSINO, ROWLEY, MD†

Provider ID: N/A

5565 GROSSMONT
CENTER DR BLDG 3 STE 101
LA MESA, CA 91942

Effective as of 01-SEP-22

MOLES, JEREMIAH, MD†

Provider ID: N/A

5565 GROSSMONT

CENTER DR BLDG 3 STE 101
LA MESA, CA 91942

Effective as of 01-SEP-22

MOLES, JEREMIAH, MD†

Provider ID: N/A

5565 GROSSMONT
CENTER DR BLDG 3 STE 101
LA MESA, CA 91942

Effective as of 01-NOV-22

MOLES, JEREMIAH, MD†

Provider ID: N/A

5565 GROSSMONT
CENTER DR BLDG 3 STE 101
LA MESA, CA 91942

Effective as of 01-JUL-22

MOLES, JEREMIAH, MD†

Provider ID: N/A

5565 GROSSMONT
CENTER DR BLDG 3 STE 101
LA MESA, CA 91942

Effective as of 01-APR-21

MOLES, JEREMIAH, MD†

Provider ID: N/A

5565 GROSSMONT
CENTER DR BLDG 3 STE 101
LA MESA, CA 91942

Effective as of 01-JAN-21

MOLES, JEREMIAH, MD†

Provider ID: N/A

5565 GROSSMONT
CENTER DR BLDG 3 STE 101
LA MESA, CA 91942

Effective as of 01-JAN-21

MOSHTAGHI, OMID, MD

Provider ID: N/A

5565 GROSSMONT
CENTER DR
LA MESA, CA 91942

Effective as of 01-JAN-24

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

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

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-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-JAN-21

PITZER, GEOFFREY, MD†

Provider ID: N/A

5565 GROSSMONT
CENTER DR BLDG 3 STE 101
LA MESA, CA 91942

Teleservice

Effective as of 01-JAN-21

PITZER, GEOFFREY, MD†

Provider ID: N/A

5565 GROSSMONT
CENTER DR BLDG 3 STE 101
LA MESA, CA 91942

Teleservice

Effective as of 01-NOV-22

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 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

SCHALCH LEPE, PAUL, MD†

Provider ID: N/A

5565 GROSSMONT
CENTER DR STE 101
LA MESA, CA 91942

Teleservice

Effective as of 01-OCT-22

SCHALCH LEPE, PAUL, MD†

Provider ID: N/A

5565 GROSSMONT
CENTER DR BLDG 3 STE 101
LA MESA, CA 91942

Effective as of 01-JUL-22

SKELTON, SEAN, DO†

Provider ID: N/A

5565 GROSSMONT
CENTER DR BLDG 3 STE 101
LA MESA, CA 91942

Teleservice

Effective as of 01-SEP-22

SKELTON, SEAN, DO†

Provider ID: N/A

5565 GROSSMONT
CENTER DR BLDG 3 STE 101
LA MESA, CA 91942

Teleservice

Effective as of 01-MAY-21

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

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

**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

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

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-JAN-21

COLLINS, MICHAEL, DPM†

Provider ID: N/A

8851 CENTER DR STE 601
LA MESA, CA 91942

Effective as of 01-AUG-23

COX, KEVIN, DPM

Provider ID: N/A

5129 GARFIELD ST
LA MESA, CA 91941

Effective as of 01-APR-23

KRIGER, STEPHEN, DPM†

Provider ID: N/A

5565 GROSSMONT
CENTER DR STE 510
LA MESA, CA 91942

Teleservice

Effective as of 01-JAN-22

NGUYEN, HAN, DPM

Provider ID: N/A

5565 GROSSMONT
CENTER DR STE 510
LA MESA, CA 91942

Effective as of 01-DEC-23

NGUYEN, HAN, DPM

Provider ID: N/A

5565 GROSSMONT
CENTER DR STE 510
LA MESA, CA 91942

Effective as of 01-JUL-23

NGUYEN, HAN, DPM

Provider ID: N/A

5565 GROSSMONT
CENTER DR STE 510
LA MESA, CA 91942

Effective as of 01-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

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

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

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

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

LA MESA, CA 91942
Effective as of 01-AUG-23

SAHATDJIAN, EVA, PT

Provider ID: N/A
8388 PARKWAY DR
LA MESA, CA 91942
Effective as of 01-AUG-23

SAHATDJIAN, EVA, PT

Provider ID: N/A
8388 PARKWAY DR
LA MESA, CA 91942
Effective as of 01-DEC-21

THOMAS, KAITLIN, PT

Provider ID: N/A
8388 PARKWAY DR
LA MESA, CA 91942
Effective as of 01-NOV-23

RHEUMATOLOGY

KOTHA, AKTHER, MD†

Provider ID: N/A
8860 CENTER DR STE 400
LA MESA, CA 91942
Effective as of 01-SEP-15

KOTHA, ROSHAN, MD†

Provider ID: N/A
8860 CENTER DR STE 400
LA MESA, CA 91942
Effective as of 01-AUG-20

KOTHA, AKTHER, MD†

Provider ID: N/A
8860 CENTER DR STE 400
LA MESA, CA 91942
Effective as of 01-DEC-23

KOTHA, AKTHER, MD†

Provider ID: N/A
8860 CENTER DR STE 400
LA MESA, CA 91942

Effective as of 01-JAN-21

KOTHA, ROSHAN, MD†

Provider ID: N/A
8860 CENTER DR STE 400
LA MESA, CA 91942
Effective as of 01-JAN-21

SURGERY GENERAL

DICKINSON, PHILLIP, MD†

Provider ID: N/A
8554 LA MESA BLVD
LA MESA, CA 91942
Effective as of 01-JAN-14

DICKINSON, PHILLIP, MD†

Provider ID: N/A
8554 LA MESA BLVD
LA MESA, CA 91942
Effective as of 01-JAN-24

DICKINSON, PHILLIP, MD†

Provider ID: N/A
8554 LA MESA BLVD
LA MESA, CA 91942
Effective as of 01-JUL-22

KHARAZI, ALEXANDRA, MD

Provider ID: N/A
8851 CENTER DR STE 500
LA MESA, CA 91942
Effective as of 01-MAY-23

SURGERY HAND

RICKARDS, ENASS, MD†

Provider ID: N/A
8851 CENTER DR STE 601
LA MESA, CA 91942
Effective as of 01-JAN-21

SURGERY

NEUROLOGICAL

KURESHI, SOHAIB, MD†

Provider ID: N/A
5565 GROSSMONT
CENTER DR STE 210
LA MESA, CA 91942
Effective as of 01-JAN-21

OSTRUP, RICHARD, MD†

Provider ID: N/A
5565 GROSSMONT
CENTER DR STE 210
LA MESA, CA 91942
Effective as of 01-JAN-21

OSTRUP, RICHARD, MD†

Provider ID: N/A
5565 GROSSMONT
CENTER DR STE 210
LA MESA, CA 91942
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

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

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-APR-23

RICKARDS, ENASS, MD†

Provider ID: N/A
8851 CENTER DR STE 601
LA MESA, CA 91942
Effective as of 01-JAN-21

RICKARDS, ENASS, MD†

Provider ID: N/A
8851 CENTER DR STE 601
LA MESA, CA 91942
Effective as of 01-JUL-23

RICKARDS, ENASS, MD†

Provider ID: N/A
8851 CENTER DR STE 601
LA MESA, CA 91942
Effective as of 01-SEP-22

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-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

JAVIER DESLOGES, JUAN, MD†

Provider ID: N/A
8851 CENTER DR STE 501
LA MESA, CA 91942
Teleservice
Effective as of 01-DEC-22

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

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

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

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

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-FEB-20

LANDER, JEFFREY, MD†

Provider ID: N/A

600 CORPORATE DR STE
100
LADERA RANCH, CA 92694
Effective as of 01-OCT-23

LANDER, JEFFREY, MD†

Provider ID: N/A

600 CORPORATE DR STE
100
LADERA RANCH, CA 92694
Effective as of 01-MAY-20

LANDER, JEFFREY, MD†

Provider ID: N/A

600 CORPORATE DR STE
100
LADERA RANCH, CA 92694
Effective as of 01-MAY-20

LANDER, JEFFREY, MD†

Provider ID: N/A

600 CORPORATE DR STE
100
LADERA RANCH, CA 92694
Effective as of 01-MAY-20

PETERSON, SAMUEL, MD†

Provider ID: N/A

600 CORPORATE DR STE
100
LADERA RANCH, CA 92694
Effective as of 01-DEC-21

PETERSON, SAMUEL, MD†

Provider ID: N/A

600 CORPORATE DR STE
100
LADERA RANCH, CA 92694
Effective as of 01-MAY-22

EMERGENCY MEDICINE

TIMBOE, JENNA, MD

Provider ID: N/A

777 CORPORATE DR
LADERA RANCH, CA 92694
Effective as of 01-OCT-23

WAINWRIGHT, MITCHELL, MD

Provider ID: N/A

800 CORPORATE DR STE
100
LADERA RANCH, CA 92694
Effective as of 01-SEP-18

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-OCT-19

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-JUL-21

PENG, YING, MD†

Provider ID: N/A

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

 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

***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

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

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

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

***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

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

CHANG, STEVEN, MD

Provider ID: N/A

31862 COAST HWY STE 201
LAGUNA BEACH, CA 92651
Effective as of 01-SEP-13

CHANG, STEVEN, MD

Provider ID: N/A

31862 COAST HWY STE 201
LAGUNA BEACH, CA 92651
Effective as of 01-DEC-11

CHANG, STEVEN, 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-APR-12

COCCIA, MICHAEL, MD

Provider ID: N/A

31862 COAST HWY STE 201
LAGUNA BEACH, CA 92651
Effective as of 01-NOV-14

COCCIA, MICHAEL, MD

Provider ID: N/A

31862 COAST HWY STE 201
LAGUNA BEACH, CA 92651
Effective as of 01-JAN-18

SURGERY ORTHOPEDIC

ABDOLLAHI, KARIM, MD

Provider ID: N/A

31862 COAST HWY STE 400
LAGUNA BEACH, CA 92651
Effective as of 01-JAN-18

ABDOLLAHI, KARIM, MD

Provider ID: N/A

31862 COAST HWY STE 400
LAGUNA BEACH, CA 92651
Effective as of 01-SEP-10

ABDOLLAHI, KARIM, MD

Provider ID: N/A

31862 COAST HWY STE 400
LAGUNA BEACH, CA 92651
Effective as of 01-NOV-14

ASHKENAZE, DAVID, MD†

Provider ID: N/A

31862 COAST HWY STE 400
LAGUNA BEACH, CA 92651
Effective as of 01-OCT-13

ASHKENAZE, DAVID, MD†

Provider ID: N/A

31862 COAST HWY STE 400
LAGUNA BEACH, CA 92651
Effective as of 01-OCT-13

ASHKENAZE, DAVID, MD†

Provider ID: N/A

31862 COAST HWY STE 400
LAGUNA BEACH, CA 92651
Effective as of 01-JAN-18

GILLMAN, MICHAEL, MD

Provider ID: N/A

31862 COAST HWY STE 400
LAGUNA BEACH, CA 92651
Effective as of 01-JAN-18

GILLMAN, MICHAEL, MD

Provider ID: N/A

31862 COAST HWY STE 400
LAGUNA BEACH, CA 92651
Effective as of 01-APR-16

GILLMAN, MICHAEL, MD

Provider ID: N/A

31862 COAST HWY STE 400

LAGUNA BEACH, CA 92651
Effective as of 01-SEP-10

GILLMAN, MICHAEL, MD

Provider ID: N/A

31862 COAST HWY STE 400
LAGUNA BEACH, CA 92651
Effective as of 01-NOV-14

ALLERGY IMMUNOLOGY

LIAO, OTTO, MD†

Provider ID: N/A

25401 CABOT RD STE 101
LAGUNA HILLS, CA 92653
Effective as of 01-SEP-20

LIAO, OTTO, MD†

Provider ID: N/A

25401 CABOT RD STE 101
LAGUNA HILLS, CA 92653
Effective as of 01-SEP-20

LIAO, OTTO, MD†

Provider ID: N/A

25401 CABOT RD STE 101
LAGUNA HILLS, CA 92653
Effective as of 01-SEP-20

LIAO, OTTO, MD†

Provider ID: N/A

25401 CABOT RD STE 101
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

LIAO, OTTO, MD†

Provider ID: N/A

25401 CABOT RD STE 101
LAGUNA HILLS, CA 92653
Effective as of 01-DEC-21

LIAO, OTTO, MD†

Provider ID: N/A

25401 CABOT RD STE 101
LAGUNA HILLS, CA 92653

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

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-JAN-18

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

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-OCT-23

GERAYLI, AFSHIN, MD†

Provider ID: N/A

24953 PASEO DE
VALENCIA STE 5A
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

GERAYLI, AFSHIN, MD†

Provider ID: N/A

24953 PASEO DE
VALENCIA STE 5A
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

GERAYLI, AFSHIN, MD†

Provider ID: N/A

24953 PASEO DE
VALENCIA STE 5A
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

HARRIS, MATTHEW, MD†

Provider ID: N/A

24012 CALLE DE LA PLATA
STE 120
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-18

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-MAR-24

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

HARRIS, MATTHEW, MD†

Provider ID: N/A

24012 CALLE DE LA PLATA
STE 120
LAGUNA HILLS, CA 92653

Effective as of 01-MAR-24

HARRIS, MATTHEW, MD†

Provider ID: N/A

24012 CALLE DE LA PLATA
STE 120
LAGUNA HILLS, CA 92653

Effective as of 01-APR-21

HARRIS, MATTHEW, MD†

Provider ID: N/A

24012 CALLE DE LA PLATA
STE 120
LAGUNA HILLS, CA 92653

Effective as of 01-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-JUN-17

HO, ALAN, MD†

Provider ID: N/A

24953 PASEO DE
VALENCIA STE 7A
LAGUNA HILLS, CA 92653

Effective as of 01-SEP-19

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

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

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-OCT-16

MOUSAVI, SHAHRYAR, MD

Provider ID: N/A

☐ 24953 PASEO DE
VALENCIA STE 5A
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-16

MOUSAVI, SHAHRYAR, MD

Provider ID: N/A

☐ 24953 PASEO DE
VALENCIA STE 5A
LAGUNA HILLS, CA 92653
Effective as of 01-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-JAN-23

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

POURADIB, AMIR, MD†

Provider ID: N/A

☐ 24012 CALLE DE LA PLATA
STE 120
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-18

SHAHBAZIAN, MICHAEL, MD†

Provider ID: N/A

☐ 24953 PASEO DE
VALENCIA STE 5A
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

SHAHBAZIAN, MICHAEL, MD†

Provider ID: N/A

☐ 24953 PASEO DE
VALENCIA STE 5A
LAGUNA HILLS, CA 92653
Effective as of 01-JUL-20

SHAHBAZIAN, MICHAEL, MD†

Provider ID: N/A

☐ 24953 PASEO DE
VALENCIA STE 5A
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-23

SHAHBAZIAN, MICHAEL, MD†

Provider ID: N/A

☐ 24953 PASEO DE
VALENCIA STE 5A
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-23

SHAHBAZIAN, MICHAEL, MD†

Provider ID: N/A

☐ 24953 PASEO DE
VALENCIA STE 5A
LAGUNA HILLS, CA 92653
Effective as of 01-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

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

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

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-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-18

DRURY, PAUL, MD†

Provider ID: N/A

24022 CALLE DE LA PLATA
STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-23

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

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

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-18

PARISE, CHARLES, MD†

Provider ID: N/A

24022 CALLE DE LA PLATA
STE 500
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

PARISE, CHARLES, MD†

Provider ID: N/A

24022 CALLE DE LA PLATA
STE 500
LAGUNA HILLS, CA 92653

Effective as of 01-FEB-23

PARISE, CHARLES, MD†

Provider ID: N/A

24022 CALLE DE LA PLATA
STE 500
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

PARISE, CHARLES, MD†

Provider ID: N/A

24022 CALLE DE LA PLATA
STE 500
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

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-FEB-23

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

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

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-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

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

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-JAN-23

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

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-JAN-23

DRURY, PAUL, MD†

Provider ID: N/A

24022 CALLE DE LA PLATA
STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-19

FEINER, JEFFREY, MD†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 550
LAGUNA HILLS, CA 92653

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

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-AUG-17

KONUGRES, GEORGE, DO†

Provider ID: N/A

24022 CALLE DE LA PLATA
 STE 500
 LAGUNA HILLS, CA 92653

Effective as of 01-FEB-23

LAMONT, DANIEL, MD†

Provider ID: N/A

24411 HEALTH CENTER DR
 STE 550
 LAGUNA HILLS, CA 92653

Effective as of 01-MAY-12

LE, DAN, MD†

Provider ID: N/A

24022 CALLE DE LA PLATA
 STE 500
 LAGUNA HILLS, CA 92653

Effective as of 01-FEB-23

LE, DAN, MD†

Provider ID: N/A

24022 CALLE DE LA PLATA
 STE 500
 LAGUNA HILLS, CA 92653

Effective as of 01-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

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

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

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

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-APR-20

VAN, HO HAI, MD†

Provider ID: N/A

☐ 24022 CALLE DE LA PLATA
STE 500
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-23

VAN, HO HAI, MD†

Provider ID: N/A

☐ 24022 CALLE DE LA PLATA
STE 500
LAGUNA HILLS, CA 92653

Effective as of 01-SEP-22

ZAREMBA, MARK, MD†

Provider ID: N/A

☐ 25401 CABOT RD STE 107
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-13

ZAREMBA, MARK, MD†

Provider ID: N/A

☐ 25401 CABOT RD STE 107
LAGUNA HILLS, CA 92653

Effective as of 01-DEC-14

ZAREMBA, MARK, MD†

Provider ID: N/A

☐ 25401 CABOT RD STE 107
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-14

***CERTIFIED
ACUPUNCTURIST***

OMIDI, SHOHREH, LAC

Provider ID: N/A

☐ 24422 AVENIDA DE LA
CARLOTA STE 105
LAGUNA HILLS, CA 92653

Effective as of 01-DEC-23

OMIDI, SHOHREH, LAC

Provider ID: N/A

☐ 24422 AVENIDA DE LA
CARLOTA STE 105
LAGUNA HILLS, CA 92653

Effective as of 01-DEC-23

OMIDI, SHOHREH, LAC

Provider ID: N/A

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

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

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

LAGUNA HILLS, CA 92653
Effective as of 01-JAN-18

COSTALES, STEPHEN, DC

Provider ID: N/A
24741 ALICIA PKWY STE D
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-17

LANIER, TIMOTHY, DC†

Provider ID: N/A
23412 MOULTON PKWY
STE 100
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-18

MCHONE, PATRICIA, DC†

Provider ID: N/A
24741 ALICIA PKWY STE D
LAGUNA HILLS, CA 92653
Effective as of 01-SEP-19

MCHONE, PATRICIA, DC†

Provider ID: N/A
24741 ALICIA PKWY STE D
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-18

DERMATOLOGY

LANDER, JEFFREY, MD†

Provider ID: N/A
24431 CALLE DE LA LOUISA
STE 200
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-18

LANDER, JEFFREY, MD†

Provider ID: N/A
24431 CALLE DE LA LOUISA
STE 200
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-19

LANDER, JEFFREY, MD†

Provider ID: N/A
24431 CALLE DE LA LOUISA
STE 200
LAGUNA HILLS, CA 92653
Effective as of 01-MAY-23

LANDER, JEFFREY, MD†

Provider ID: N/A
24431 CALLE DE LA LOUISA
STE 200
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-16

LANDER, JEFFREY, 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-OCT-23

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-SEP-14

LEE, KATHERINE, MD†

Provider ID: N/A
24431 CALLE DE LA LOUISA
STE 200

LAGUNA HILLS, CA 92653
Effective as of 01-SEP-14

LEE, KATHERINE, MD†

Provider ID: N/A
24431 CALLE DE LA LOUISA
STE 200
LAGUNA HILLS, CA 92653
Effective as of 01-JUN-19

LEE, KATHERINE, MD†

Provider ID: N/A
24431 CALLE DE LA LOUISA
STE 200
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-18

EMERGENCY MEDICINE

BLAND, HOWARD, MD

Provider ID: N/A
23595 MOULTON PKWY
STE E
LAGUNA HILLS, CA 92653
Effective as of 01-SEP-23

GEE, KELLY, DO†

Provider ID: N/A
23521 PASEO DE VALENCIA
STE 311
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-22

ENDOCRINOLOGY

METABOLISM DIABETES

BANDUKWALA, RAHIL, DO†

Provider ID: N/A
23141 MOULTON PKWY STE
102
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

BANDUKWALA, RAHIL, DO†

Provider ID: N/A

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

<p>☐ 23141 MOULTON PKWY STE 102 LAGUNA HILLS, CA 92653 Effective as of 01-JUN-19</p> <p>BANDUKWALA, RAHIL, DO† Provider ID: N/A</p> <p>☐ 23141 MOULTON PKWY STE 102 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-23</p> <p>BANDUKWALA, RAHIL, DO† Provider ID: N/A</p> <p>☐ 23141 MOULTON PKWY STE 102 LAGUNA HILLS, CA 92653 Effective as of 01-JUL-16</p> <p>BANDUKWALA, RAHIL, DO† Provider ID: N/A</p> <p>☐ 23141 MOULTON PKWY STE 102 LAGUNA HILLS, CA 92653 Effective as of 01-OCT-22</p> <p>CHAN, JESSICA, MD† Provider ID: N/A</p> <p>☐ 24321 AVENIDA DE LA CARLOTA LAGUNA HILLS, CA 92653 Effective as of 01-NOV-22</p> <p>CHAN, JESSICA, MD† Provider ID: N/A</p> <p>☐ 24321 AVENIDA DE LA CARLOTA LAGUNA HILLS, CA 92653 Effective as of 01-APR-23</p> <p>CHANG, KU JUEY, MD 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>CHANG, KU JUEY, MD Provider ID: N/A</p> <p>☐ 23141 MOULTON PKWY STE 102 LAGUNA HILLS, CA 92653</p> <p>Effective as of 01-NOV-16</p> <p>CHANG, KU JUEY, MD Provider ID: N/A</p> <p>☐ 23141 MOULTON PKWY STE 102 LAGUNA HILLS, CA 92653</p> <p>Effective as of 01-AUG-21</p> <p>CHANG, KU JUEY, MD Provider ID: N/A</p> <p>☐ 23141 MOULTON PKWY STE 102 LAGUNA HILLS, CA 92653</p> <p>Effective as of 01-OCT-23</p> <p>FARJOU DI, FARHAD, MD† Provider ID: N/A</p> <p>☐ 23521 PASEO DE VALENCIA STE 108 LAGUNA HILLS, CA 92653</p> <p>Effective as of 01-MAY-22</p> <p>FARJOU DI, FARHAD, MD† Provider ID: N/A</p> <p>☐ 23521 PASEO DE VALENCIA STE 108 LAGUNA HILLS, CA 92653</p> <p>Effective as of 01-MAY-22</p> <p>FARJOU DI, FARHAD, MD† Provider ID: N/A</p> <p>☐ 23521 PASEO DE VALENCIA STE 108 LAGUNA HILLS, CA 92653</p> <p>Effective as of 01-MAY-22</p> <p>FARJOU DI, FARHAD, MD† Provider ID: N/A</p>	<p>Provider ID: N/A</p> <p>☐ 23521 PASEO DE VALENCIA STE 106 LAGUNA HILLS, CA 92653</p> <p>Effective as of 01-JUN-22</p> <p>FARJOU DI, FARHAD, MD† Provider ID: N/A</p> <p>☐ 23521 PASEO DE VALENCIA STE 106 LAGUNA HILLS, CA 92653</p> <p>Effective as of 01-JUN-22</p> <p>KRISHNAN, PRIYANKA, MD Provider ID: N/A</p> <p>☐ 23141 MOULTON PKWY STE 102 LAGUNA HILLS, CA 92653</p> <p>Teleservice Effective as of 01-JUN-19</p> <p>KRISHNAN, PRIYANKA, MD Provider ID: N/A</p> <p>☐ 23141 MOULTON PKWY STE 102 LAGUNA HILLS, CA 92653</p> <p>Teleservice Effective as of 01-APR-18</p> <p>KRISHNAN, PRIYANKA, MD Provider ID: N/A</p> <p>☐ 23141 MOULTON PKWY STE 102 LAGUNA HILLS, CA 92653</p> <p>Teleservice Effective as of 01-FEB-16</p> <p>KRISHNAN, PRIYANKA, MD Provider ID: N/A</p> <p>☐ 23141 MOULTON PKWY STE 102 LAGUNA HILLS, CA 92653</p> <p>Teleservice Effective as of 01-JUL-16</p>
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**C1. Lista de proveedores de la red
Médico de atención especializada**

KRISHNAN, PRIYANKA, MD

Provider ID: N/A

23141 MOULTON PKWY STE
102
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-OCT-22

KRISHNAN, PRIYANKA, MD

Provider ID: N/A

23141 MOULTON PKWY STE
102
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-OCT-23

KRISHNAN, PRIYANKA, MD

Provider ID: N/A

23141 MOULTON PKWY STE
102
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-AUG-21

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-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

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

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-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 541
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-13

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

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

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

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

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

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 501
LAGUNA HILLS, CA 92653
Effective as of 01-AUG-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 420
LAGUNA HILLS, CA 92653
Effective as of 01-JUN-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

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

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

KOPACZ, JOANNA, MD

Provider ID: N/A

24411 HEALTH CENTER DR
STE 560
LAGUNA HILLS, CA 92653
Effective as of 01-JUN-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

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

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 300
LAGUNA HILLS, CA 92653
Effective as of 01-JUL-04

BUSH, MELISSA, MD†

Provider ID: N/A

24411 HEALTH CENTER DR STE 300
LAGUNA HILLS, CA 92653
Effective as of 01-NOV-11

BUSH, MELISSA, MD†

Provider ID: N/A

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

<p>24411 HEALTH CENTER DR STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-OCT-22</p> <p>BUSH, MELISSA, MD† Provider ID: N/A</p> <p>24411 HEALTH CENTER DR STE 260 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-23</p> <p>BUSH, MELISSA, MD† Provider ID: N/A</p> <p>24411 HEALTH CENTER DR STE 260 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-23</p> <p>BUSH, MELISSA, MD† Provider ID: N/A</p> <p>24411 HEALTH CENTER DR STE 260 LAGUNA HILLS, CA 92653 Effective as of 01-FEB-23</p> <p>BUSH, MELISSA, MD† Provider ID: N/A</p> <p>24411 HEALTH CENTER DR STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-APR-11</p> <p>BUSH, MELISSA, MD† Provider ID: N/A</p> <p>24411 HEALTH CENTER DR STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-AUG-20</p> <p>BUSH, MELISSA, MD† Provider ID: N/A</p> <p>24411 HEALTH CENTER DR STE 260 LAGUNA HILLS, CA 92653</p>	<p>Effective as of 01-FEB-23</p> <p>BUSH, MELISSA, MD† Provider ID: N/A</p> <p>24411 HEALTH CENTER DR STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-20</p> <p>BUSH, MELISSA, MD† Provider ID: N/A</p> <p>24411 HEALTH CENTER DR STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-SEP-16</p> <p>BUSH, MELISSA, MD† Provider ID: N/A</p> <p>24411 HEALTH CENTER DR STE 260 LAGUNA HILLS, CA 92653 Effective as of 01-SEP-19</p> <p>BUSH, MELISSA, MD† Provider ID: N/A</p> <p>24411 HEALTH CENTER DR STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-OCT-23</p> <p>BUSH, MELISSA, MD† Provider ID: N/A</p> <p>24411 HEALTH CENTER DR STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-OCT-23</p> <p>BUSH, MELISSA, MD† Provider ID: N/A</p> <p>24411 HEALTH CENTER DR STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-SEP-16</p> <p>CHAU, CINDY, MD†</p>	<p>Provider ID: N/A</p> <p>24411 HEALTH CENTER DR STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-SEP-19</p> <p>CHAU, CINDY, MD† Provider ID: N/A</p> <p>24411 HEALTH CENTER DR STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-FEB-23</p> <p>CHAU, CINDY, MD† Provider ID: N/A</p> <p>24411 HEALTH CENTER DR STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-23</p> <p>CHAU, CINDY, MD† Provider ID: N/A</p> <p>24411 HEALTH CENTER DR STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-23</p> <p>CHAU, CINDY, MD† Provider ID: N/A</p> <p>24411 HEALTH CENTER DR STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-23</p> <p>CHAU, CINDY, MD† Provider ID: N/A</p> <p>24411 HEALTH CENTER DR STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-JUN-19</p> <p>DAY, ROBERT, MD† Provider ID: N/A</p> <p>24411 HEALTH CENTER DR STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-MAY-22</p> <p>KFIR, MENASHE, MD† Provider ID: N/A</p> <p>24411 HEALTH CENTER DR STE 300</p>
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C1. Lista de proveedores de la red Médico de atención especializada

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-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

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

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

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-18

LOC, KIET, MD†

Provider ID: N/A

24012 CALLE DE LA PLATA
STE 150
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-17

MAASUMI, KASRA, MD†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 610
LAGUNA HILLS, CA 92653
Effective as of 01-AUG-21

MAASUMI, KASRA, MD†

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

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

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-20

KONG, GRACE, MD

Provider ID: N/A

24411 HEALTH CENTER DR
STE 200
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-21

KRYCHMAN, MICHAEL, MD

Provider ID: N/A

24411 HEALTH CENTER DR
STE 620
LAGUNA HILLS, CA 92653

Effective as of 01-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

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

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-18

LAM, KIM, MD

Provider ID: N/A

24411 HEALTH CENTER DR
STE 200
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-21

LEE, KATHERINE, MD

Provider ID: N/A

24411 HEALTH CENTER DR
STE 200
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-21

LEE, KATHERINE, MD

Provider ID: N/A

24411 HEALTH CENTER DR

STE 200
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-23

LO, PATRICIA, MD

Provider ID: N/A

24411 HEALTH CENTER DR
STE 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-MAY-12

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-APR-11

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

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

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 640

LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20

PETERS, AMY, DO

Provider ID: N/A

24411 HEALTH CENTER DR
STE 200

LAGUNA HILLS, CA 92653
Effective as of 01-NOV-23

PRIESTLEY, ANGELIKA, MD

Provider ID: N/A

24411 HEALTH CENTER DR
STE 200

LAGUNA HILLS, CA 92653
Effective as of 01-JAN-18

STERNFELD, DANIEL, MD†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 640

LAGUNA HILLS, CA 92653
Effective as of 01-APR-11

STERNFELD, DANIEL, MD†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 640

LAGUNA HILLS, CA 92653
Effective as of 01-OCT-22

STERNFELD, DANIEL, MD†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 640

LAGUNA HILLS, CA 92653
Effective as of 01-SEP-20

STERNFELD, DANIEL, MD†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 640

LAGUNA HILLS, CA 92653
Effective as of 01-MAY-12

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-OCT-19

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

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

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

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-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

BANUELOS, LYDIA, MD

Provider ID: N/A

23521 PASEO DE VALENCIA
STE 309
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-23

BANUELOS, LYDIA, MD†

Provider ID: N/A

23521 PASEO DE VALENCIA
STE 305
LAGUNA HILLS, CA 92653
Effective as of 01-DEC-22

BROOKMAN, MYLES, MD

Provider ID: N/A

23521 PASEO DE VALENCIA

STE 305

LAGUNA HILLS, CA 92653
Effective as of 01-MAY-23

BROOKMAN, MYLES, MD

Provider ID: N/A

23521 PASEO DE VALENCIA
STE 305
LAGUNA HILLS, CA 92653
Effective as of 01-MAY-23

CHEN, SANFORD, MD†

Provider ID: N/A

23521 PASEO VALENCIA
309
LAGUNA HILLS, CA 92653
Effective as of 01-APR-13

CHOI, DAVID, MD

Provider ID: N/A

23521 PASEO DE VALENCIA
STE 305
LAGUNA HILLS, CA 92653
Effective as of 01-APR-23

CHOI, DAVID, MD

Provider ID: N/A

23521 PASEO DE VALENCIA
STE 305
LAGUNA HILLS, CA 92653
Effective as of 01-APR-23

CHOI, DAVID, MD

Provider ID: N/A

23521 PASEO DE VALENCIA
STE 305
LAGUNA HILLS, CA 92653
Effective as of 01-APR-23

DHOOT, SONIA, MD†

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 300
LAGUNA HILLS, CA 92653
Effective as of 01-SEP-22

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

DHOOT, SONIA, MD†

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 300
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-23

DHOOT, SONIA, MD†

Provider ID: N/A

24401 CALLE DE LA LOUISA
STE 300
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-19

DHOOT, SONIA, MD†

Provider ID: N/A

24401 CALLE DE LA LOUISA
STE 300
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-19

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

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 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-SEP-22

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

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

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

<p>☐ 23521 PASEO DE VALENCIA STE 207 LAGUNA HILLS, CA 92653 Effective as of 01-NOV-20</p> <p>GUPTA, MRINALI, MD† Provider ID: N/A</p> <p>☐ 23521 PASEO DE VALENCIA STE 207 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-22</p> <p>GUPTA, MRINALI, MD† Provider ID: N/A</p> <p>☐ 23521 PASEO DE VALENCIA STE 207 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-22</p> <p>GWYNN, DAVID, MD Provider ID: N/A</p> <p>☐ 23521 PASEO DE VALENCIA STE 305 LAGUNA HILLS, CA 92653 Effective as of 01-MAR-23</p> <p>HENRICK, ANDREW, MD 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>HENRICK, ANDREW, MD 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>HENRICK, ANDREW, MD Provider ID: N/A</p> <p>☐ 24022 CALLE DE LA PLATA STE 305 LAGUNA HILLS, CA 92653</p>	<p>Effective as of 01-JAN-18</p> <p>HENRICK, ANDREW, MD Provider ID: N/A</p> <p>☐ 24022 CALLE DE LA PLATA STE 305 LAGUNA HILLS, CA 92653</p> <p>Effective as of 01-FEB-14</p> <p>HENRICK, ANDREW, MD Provider ID: N/A</p> <p>☐ 24022 CALLE DE LA PLATA STE 305 LAGUNA HILLS, CA 92653</p> <p>Effective as of 01-FEB-14</p> <p>HOVANESIAN, JOHN, MD Provider ID: N/A</p> <p>☐ 23961 CALLE DE LA MAGDALENA STE 300 LAGUNA HILLS, CA 92653</p> <p>Effective as of 01-JAN-23</p> <p>HOVANESIAN, JOHN, MD Provider ID: N/A</p> <p>☐ 23961 CALLE DE LA MAGDALENA STE 300 LAGUNA HILLS, CA 92653</p> <p>Effective as of 01-OCT-23</p> <p>HOVANESIAN, JOHN, MD Provider ID: N/A</p> <p>☐ 23961 CALLE DE LA MAGDALENA STE 300 LAGUNA HILLS, CA 92653</p> <p>Effective as of 01-APR-23</p> <p>HOVANESIAN, JOHN, MD Provider ID: N/A</p> <p>☐ 23961 CALLE DE LA MAGDALENA STE 300 LAGUNA HILLS, CA 92653</p> <p>Effective as of 01-APR-23</p> <p>HWANG, JOHN, MD†</p>	<p>Provider ID: N/A</p> <p>☐ 23521 PASEO DE VALENCIA STE 207 LAGUNA HILLS, CA 92653 Effective as of 01-OCT-23</p> <p>HWANG, JOHN, MD† Provider ID: N/A</p> <p>☐ 23521 PASEO DE VALENCIA STE 207 LAGUNA HILLS, CA 92653 Effective as of 01-SEP-16</p> <p>HWANG, JOHN, MD† Provider ID: N/A</p> <p>☐ 23521 PASEO DE VALENCIA STE 207 LAGUNA HILLS, CA 92653 Effective as of 01-OCT-20</p> <p>HWANG, JOHN, MD† Provider ID: N/A</p> <p>☐ 23521 PASEO DE VALENCIA STE 207 LAGUNA HILLS, CA 92653 Effective as of 01-JUL-18</p> <p>HWANG, JOHN, MD† Provider ID: N/A</p> <p>☐ 23521 PASEO DE VALENCIA STE 207 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-18</p> <p>JACOBS, JEFFREY, MD† Provider ID: N/A</p> <p>☐ 23961 CALLE DE LA MAGDALENA STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-AUG-22</p> <p>JACOBS, JEFFREY, MD† Provider ID: N/A</p> <p>☐ 23961 CALLE DE LA MAGDALENA STE 300</p>
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**C1. Lista de proveedores de la red
Médico de atención especializada**

LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

JACOBS, JEFFREY, MD†

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 300
LAGUNA HILLS, CA 92653
Effective as of 01-APR-23

JACOBS, JEFFREY, MD†

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 300
LAGUNA HILLS, CA 92653
Effective as of 01-APR-23

JOSON, PETER, MD

Provider ID: N/A

23521 PASEO DE VALENCIA
STE 309
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-17

JOSON, PETER, MD

Provider ID: N/A

23521 PASEO DE VALENCIA
STE 306
LAGUNA HILLS, CA 92653
Effective as of 01-MAR-23

JOSON, PETER, MD

Provider ID: N/A

23521 PASEO DE VALENCIA
STE 309
LAGUNA HILLS, CA 92653
Effective as of 01-JUL-22

KELLER, CHARLES, MD

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 300
LAGUNA HILLS, CA 92653
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-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

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, 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

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

KIM, BRIAN, MD†

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 300
LAGUNA HILLS, CA 92653
Effective as of 01-AUG-22

KIM, EDWARD, MD†

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 300
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

KIM, BRIAN, MD†

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 300
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

KIM, ESTHER, MD†

Provider ID: N/A

24022 CALLE DE LA PLATA
STE 745
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

KIM, 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

KNIGHT, DARREN, MD†

Provider ID: N/A

23521 PASEO DE VALENCIA
STE 305
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-23

LOGAN, DWAYNE, MD†

Provider ID: N/A

23521 PASEO DE VALENCIA
STE 305
LAGUNA HILLS, CA 92653
Teleservice
Effective as of 01-JAN-18

LOGAN, DWAYNE, MD†

Provider ID: N/A

23521 PASEO DE VALENCIA
STE 305
LAGUNA HILLS, CA 92653
Teleservice
Effective as of 01-MAR-18

LOGAN, DWAYNE, MD†

Provider ID: N/A

23521 PASEO DE VALENCIA
STE 305
LAGUNA HILLS, CA 92653
Teleservice
Effective as of 01-JUN-21

LOGAN, DWAYNE, MD†

Provider ID: N/A

23521 PASEO DE VALENCIA
STE 305
LAGUNA HILLS, CA 92653
Teleservice
Effective as of 01-JUN-21

LOGAN, DWAYNE, MD†

Provider ID: N/A

23521 PASEO DE VALENCIA
LAGUNA HILLS, CA 92653
Effective as of 01-SEP-13

LOGAN, DWAYNE, MD†

Provider ID: N/A

23521 PASEO DE VALENCIA
LAGUNA HILLS, CA 92653
Effective as of 01-SEP-13

LOGAN, DWAYNE, MD†

Provider ID: N/A

23521 PASEO DE VALENCIA
STE 305
LAGUNA HILLS, CA 92653
Teleservice
Effective as of 01-SEP-22

LOGAN, DWAYNE, MD†

Provider ID: N/A

23521 PASEO DE VALENCIA
STE 305
LAGUNA HILLS, CA 92653
Teleservice
Effective as of 01-SEP-22

LOGAN, DWAYNE, MD†

Provider ID: N/A

23521 PASEO DE VALENCIA
STE 305
LAGUNA HILLS, CA 92653
Teleservice
Effective as of 01-SEP-22

LOGAN, DWAYNE, MD†

Provider ID: N/A

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

<p> 23521 PASEO DE VALENCIA STE 305 LAGUNA HILLS, CA 92653 Teleservice Effective as of 01-SEP-22</p>	<p>LAGUNA HILLS, CA 92653 Effective as of 01-SEP-23</p>	<p>Effective as of 01-FEB-16</p>
<p>MCGUIRE, DESMOND, MD† Provider ID: N/A</p>	<p>PERRY, ANGELA, MD Provider ID: N/A</p>	<p>RATHOD, RAJIV, MD† Provider ID: N/A</p>
<p> 23521 PASEO DE VALENCIA STE 207 LAGUNA HILLS, CA 92653 Effective as of 01-DEC-20</p>	<p> 23521 PASEO DE VALENCIA STE 305 LAGUNA HILLS, CA 92653 Effective as of 01-NOV-23</p>	<p> 23521 PASEO VALENCIA 309 LAGUNA HILLS, CA 92653 Effective as of 01-FEB-15</p>
<p>NOGUCHI, JONATHAN, MD Provider ID: N/A</p>	<p>PRENDIVILLE, PAUL, MD Provider ID: N/A</p>	<p>RATHOD, RAJIV, MD† Provider ID: N/A</p>
<p> 23961 CALLE DE LA MAGDALENA STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-OCT-23</p>	<p> 24022 CALLE DE LA PLATA LAGUNA HILLS, CA 92653 Effective as of 01-OCT-23</p>	<p> 24022 CALLE DE LA PLATA STE 475 LAGUNA HILLS, CA 92653 Effective as of 01-OCT-23</p>
<p>PATEL, ALPA, MD† Provider ID: N/A</p>	<p>PRENDIVILLE, PAUL, MD Provider ID: N/A</p>	<p>RATHOD, RAJIV, MD† 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> 24022 CALLE DE LA PLATA LAGUNA HILLS, CA 92653 Effective as of 01-JAN-18</p>	<p> 24022 CALLE DE LA PLATA STE 475 LAGUNA HILLS, CA 92653 Effective as of 01-APR-22</p>
<p>PATEL, ALPA, MD† Provider ID: N/A</p>	<p>PRENDIVILLE, PAUL, MD Provider ID: N/A</p>	<p>RATHOD, RAJIV, MD† Provider ID: N/A</p>
<p> 24022 CALLE DE LA PLATA STE 305 LAGUNA HILLS, CA 92653 Effective as of 01-FEB-22</p>	<p> 24022 CALLE DE LA PLATA LAGUNA HILLS, CA 92653 Effective as of 01-JAN-23</p>	<p> 24022 CALLE DE LA PLATA STE 475 LAGUNA HILLS, CA 92653 Effective as of 01-APR-22</p>
<p>PERRY, ANGELA, MD Provider ID: N/A</p>	<p>PRENDIVILLE, PAUL, MD Provider ID: N/A</p>	<p>RATHOD, RAJIV, MD† Provider ID: N/A</p>
<p> 23521 PASEO DE VALENCIA STE 305 LAGUNA HILLS, CA 92653 Effective as of 01-SEP-23</p>	<p> 24022 CALLE DE LA PLATA LAGUNA HILLS, CA 92653 Effective as of 01-JUL-14</p>	<p> 24022 CALLE DE LA PLATA STE 475 LAGUNA HILLS, CA 92653 Effective as of 01-APR-22</p>
<p>PERRY, ANGELA, MD Provider ID: N/A</p>	<p>PRENDIVILLE, PAUL, MD Provider ID: N/A</p>	<p>RATHOD, RAJIV, MD† Provider ID: N/A</p>
<p> 23521 PASEO DE VALENCIA STE 305</p>	<p> 24022 CALLE DE LA PLATA STE 475 LAGUNA HILLS, CA 92653</p>	<p> 24022 CALLE DE LA PLATA STE 475 LAGUNA HILLS, CA 92653 Effective as of 01-APR-22</p>
<p>PERRY, ANGELA, MD Provider ID: N/A</p>	<p>RATHOD, RAJIV, MD† Provider ID: N/A</p>	<p>RATHOD, RAJIV, MD† Provider ID: N/A</p>

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

<p>Provider ID: N/A</p> <p>☞ 24022 CALLE DE LA PLATA STE 475 LAGUNA HILLS, CA 92653 Effective as of 01-APR-22</p> <p>ROUHANI, BEHNAZ, MD</p> <p>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>ROUHANI, BEHNAZ, MD</p> <p>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>ROUHANI, BEHNAZ, MD</p> <p>Provider ID: N/A</p> <p>☞ 24401 CALLE DE LA LOUISA STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-SEP-19</p> <p>ROUHANI, BEHNAZ, MD</p> <p>Provider ID: N/A</p> <p>☞ 24401 CALLE DE LA LOUISA STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-SEP-19</p> <p>ROUHANI, BEHNAZ, MD</p> <p>Provider ID: N/A</p> <p>☞ 23961 CALLE DE LA MAGDALENA STE 300 LAGUNA HILLS, CA 92653 Effective as of 01-SEP-22</p> <p>SALEHI-HAD, HANI, MD†</p> <p>Provider ID: N/A</p> <p>☞ 23521 PASEO DE VALENCIA STE 309</p>	<p>LAGUNA HILLS, CA 92653 Effective as of 01-JUN-21</p> <p>SALEHI-HAD, HANI, MD†</p> <p>Provider ID: N/A</p> <p>☞ 23521 PASEO DE VALENCIA STE 309 LAGUNA HILLS, CA 92653 Effective as of 01-JUN-21</p> <p>SALEHI-HAD, HANI, MD†</p> <p>Provider ID: N/A</p> <p>☞ 23521 PASEO DE VALENCIA STE 309 LAGUNA HILLS, CA 92653 Effective as of 01-JUN-21</p> <p>SALIB, GEORGE, MD†</p> <p>Provider ID: N/A</p> <p>☞ 24422 AVENIDA DE LA CARLOTA STE 110 LAGUNA HILLS, CA 92653 Effective as of 01-JUN-21</p> <p>SALIB, GEORGE, MD†</p> <p>Provider ID: N/A</p> <p>☞ 24422 AVENIDA DE LA CARLOTA STE 110 LAGUNA HILLS, CA 92653 Effective as of 01-MAR-20</p> <p>SALIB, GEORGE, MD†</p> <p>Provider ID: N/A</p> <p>☞ 24422 AVENIDA DE LA CARLOTA STE 110 LAGUNA HILLS, CA 92653 Effective as of 01-SEP-18</p> <p>SPANGGORD, HOLLY, MD†</p> <p>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>SPANGGORD, HOLLY, MD†</p> <p>Provider ID: N/A</p> <p>☞ 24022 CALLE DE LA PLATA STE 305 LAGUNA HILLS, CA 92653 Effective as of 01-NOV-14</p> <p>SPANGGORD, HOLLY, MD†</p> <p>Provider ID: N/A</p> <p>☞ 24022 CALLE DE LA PLATA STE 305 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-19</p> <p>SPANGGORD, HOLLY, MD†</p> <p>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>SPANGGORD, HOLLY, MD†</p> <p>Provider ID: N/A</p> <p>☞ 24022 CALLE DE LA PLATA STE 305 LAGUNA HILLS, CA 92653 Effective as of 01-DEC-14</p> <p>TAYANI, RAMIN, MD</p> <p>Provider ID: N/A</p> <p>☞ 23521 PASEO DE VALENCIA STE 305 LAGUNA HILLS, CA 92653 Effective as of 01-MAR-23</p> <p>TEYMOORIAN, SAVAK, MD†</p> <p>Provider ID: N/A</p> <p>☞ 24401 CALLE DE LA LOUISA LAGUNA HILLS, CA 92653 Effective as of 01-NOV-14</p> <p>TEYMOORIAN, SAVAK, MD†</p> <p>Provider ID: N/A</p> <p>☞ 23961 CALLE DE LA MAGDALENA STE 300</p>
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**C1. Lista de proveedores de la red
Médico de atención especializada**

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

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

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-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

WANG, YE, MD†

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 300
LAGUNA HILLS, CA 92653
Effective as of 01-APR-23

WILLIAMS, MARK, MD

Provider ID: N/A

24022 CALLE DE LA PLATA
STE 475

LAGUNA HILLS, CA 92653
Effective as of 01-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

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

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†

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

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-OCT-23

**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

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

24401 CALLE DE LA LOUISA

STE 300
LAGUNA HILLS, CA 92653
Effective as of 01-JUN-19

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-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-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
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

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

MAGDALENA STE 300
LAGUNA HILLS, CA 92653
Effective as of 01-AUG-22

LEIGHT, TERRA, OD†

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 300
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

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-APR-23

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

TERADA, SEIJU, OD

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 300
LAGUNA HILLS, CA 92653
Effective as of 01-SEP-22

TERADA, SEIJU, OD

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 300
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

TERADA, SEIJU, OD

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 300
LAGUNA HILLS, CA 92653
Effective as of 01-APR-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-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

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

STE 370
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-22

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-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

SUN, PAUL, 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-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-18

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

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

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

SUN, PAUL, MD†

Provider ID: N/A

☒ 24411 HEALTH CENTER DR
STE 600
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-22

SUN, JOHN, MD†

Provider ID: N/A

☒ 24411 HEALTH CENTER DR
STE 600
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-22

SUN, JOHN, MD†

Provider ID: N/A

☒ 24411 HEALTH CENTER DR
STE 600
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-14

SUN, PAUL, MD†

Provider ID: N/A

☒ 24411 HEALTH CENTER DR
STE 600
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-17

SUN, JOHN, MD†

Provider ID: N/A

☒ 24411 HEALTH CENTER DR
STE 600
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-17

SUN, PAUL, MD†

Provider ID: N/A

☒ 24411 HEALTH CENTER DR
STE 600
LAGUNA HILLS, CA 92653
Effective as of 01-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, 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

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-APR-11

SUN, JOHN, MD†

Provider ID: N/A

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

24411 HEALTH CENTER DR
STE 600
LAGUNA HILLS, CA 92653
Effective as of 01-APR-11

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-FEB-16

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-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-JAN-21

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-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-17

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-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

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

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-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

HILAL, TARIQ, DO†

Provider ID: N/A

24012 CALLE DE LA PLATA
STE 120
LAGUNA HILLS, CA 92653
Effective as of 01-MAR-21

KUO, DENNIS, MD†

Provider ID: N/A

24012 CALLE DE LA PLATA
STE 120
LAGUNA HILLS, CA 92653
Effective as of 01-NOV-20

LYNN, KENNETH, MD†

Provider ID: N/A

24012 CALLE DE LA PLATA
STE 460
LAGUNA HILLS, CA 92653
Effective as of 01-DEC-19

POURADIB, AMIR, MD†

Provider ID: N/A

24012 CALLE DE LA PLATA
STE 120
LAGUNA HILLS, CA 92653
Effective as of 01-MAR-21

POURADIB, AMIR, MD†

Provider ID: N/A

24012 CALLE DE LA PLATA
STE 120
LAGUNA HILLS, CA 92653
Effective as of 01-APR-21

POURADIB, AMIR, MD†

Provider ID: N/A

24012 CALLE DE LA PLATA
STE 120
LAGUNA HILLS, CA 92653

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

Effective as of 01-MAR-21

POURADIB, AMIR, MD†

Provider ID: N/A

24012 CALLE DE LA PLATA
STE 120
LAGUNA HILLS, CA 92653

Effective as of 01-MAR-22

POURADIB, AMIR, MD†

Provider ID: N/A

24012 CALLE DE LA PLATA
STE 120
LAGUNA HILLS, CA 92653

Effective as of 01-MAR-22

PHYSICIANS ASSISTANT

BYNON, KRISTEN, PA

Provider ID: N/A

24401 HEALTH CENTER DR
STE 200
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

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

PETERMAN, KYLIE, PA

Provider ID: N/A

23181 VERDUGO DR STE 103A
LAGUNA HILLS, CA 92653*

Effective as of 01-APR-23

SOBHANIAN, SHAHAB, PA

Provider ID: N/A

23961 CALLE DE LA MAGDALENA STE 500
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-22

SOBHANIAN, SHAHAB, PA

Provider ID: N/A

23961 CALLE DE LA MAGDALENA STE 500
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-22

TOWERY, BOBBY, PA†

Provider ID: N/A

24411 HEALTH CENTER DR STE 680
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-18

WANG, LILLIAN, PA†

Provider ID: N/A

24331 EL TORO RD STE 200
LAGUNA HILLS, CA 92637

Effective as of 01-FEB-22

PODIATRIST

ARJOMANDI, NEDA, DPM†

Provider ID: N/A

24022 CALLE DE LA PLATA STE 410
LAGUNA HILLS, CA 92653

Effective as of 01-APR-21

ARJOMANDI, NEDA, DPM†

Provider ID: N/A

24022 CALLE DE LA PLATA STE 410
LAGUNA HILLS, CA 92653

Effective as of 01-APR-21

GOLSHAHI, BAHAR, DPM†

Provider ID: N/A

23141 MOULTON PKWY STE 109
LAGUNA HILLS, CA 92653

Effective as of 01-JUN-20

GOLSHAHI, BAHAR, DPM†

Provider ID: N/A

23141 MOULTON PKWY STE 109
LAGUNA HILLS, CA 92653

Effective as of 01-JUN-20

GOLSHAHI, BAHAR, DPM†

Provider ID: N/A

23141 MOULTON PKWY STE 109
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-19

GOLSHAHI, BAHAR, DPM†

Provider ID: N/A

23141 MOULTON PKWY STE 109
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-19

LEAMING, ROBERT, DPM

Provider ID: N/A

23141 MOULTON PKWY STE 109
LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-FEB-24

LEAMING, ROBERT, DPM

Provider ID: N/A

23141 MOULTON PKWY STE

109

LAGUNA HILLS, CA 92653

Teleservice

Effective as of 01-FEB-24

MCCANN, JAN, DPM

Provider ID: N/A

24012 CALLE DE LA PLATA STE 135
LAGUNA HILLS, CA 92653

Effective as of 01-DEC-20

MCCANN, JAN, DPM

Provider ID: N/A

24012 CALLE DE LA PLATA STE 135
LAGUNA HILLS, CA 92653

Effective as of 01-DEC-20

NOSRATI, SAM, DPM†

Provider ID: N/A

23141 MOULTON PKWY STE 109
LAGUNA HILLS, CA 92653

Effective as of 01-JUL-16

NOSRATI, SAM, DPM†

Provider ID: N/A

23141 MOULTON PKWY STE 109
LAGUNA HILLS, CA 92653

Effective as of 01-JUL-16

NOSRATI, SAM, DPM†

Provider ID: N/A

23141 MOULTON PKWY STE 109
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-19

POLISKIE, MICHAEL, DPM†

Provider ID: N/A

23521 PASEO DE VALENCIA STE 108
LAGUNA HILLS, CA 92653

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

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-JUN-23

CHANG, WILLIAM, DO†

Provider ID: N/A

23141 MOULTON PKWY STE
108
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-22

CHANG, WILLIAM, DO†

Provider ID: N/A

23141 MOULTON PKWY STE

108

LAGUNA HILLS, CA 92653

Effective as of 01-MAR-23

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-JUN-17

ESPELETA, VIDAL, MD†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 560
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-18

ESPELETA, VIDAL, MD†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 560
LAGUNA HILLS, CA 92653

Effective as of 01-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

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

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-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

ESPELETA, VIDAL, MD†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 560
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-22

KADIFA, FADY, MD†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 560
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-22

KADIFA, FADY, MD†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 560
LAGUNA HILLS, CA 92653
Effective as of 01-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-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-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

KADIFA, FADY, MD†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 560
LAGUNA HILLS, CA 92653

Effective as of 01-APR-11

KOHLI, SANJIVAN, MD†

Provider ID: N/A

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-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†

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

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-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-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-SEP-12

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-JAN-18

VO, BRYAN, 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-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-JAN-23

CHAN, LINDA, MD†

Provider ID: N/A

24302 PASEO DE
VALENCIA
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-23

CHAN, LINDA, MD†

Provider ID: N/A

24302 PASEO DE
VALENCIA
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-18

CHAN, LINDA, MD†

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

Provider ID: N/A

24302 PASEO DE
VALENCIA
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-23

HARSOLIA, ASIF, MD†

Provider ID: N/A

24302 PASEO DE
VALENCIA
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-23

HARSOLIA, ASIF, MD†

Provider ID: N/A

24302 PASEO DE
VALENCIA
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-23

HARSOLIA, ASIF, MD†

Provider ID: N/A

24302 PASEO DE
VALENCIA
LAGUNA HILLS, CA 92653
Effective as of 01-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-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-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-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

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

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

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

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 112
LAGUNA HILLS, CA 92653
Effective as of 01-SEP-23

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-SEP-19

HARGROVE, RACHEL, MD[†]

Provider ID: N/A

24411 HEALTH CENTER DR
STE 680
LAGUNA HILLS, CA 92653
Effective as of 01-DEC-22

TENG, WANG, MD[†]

Provider ID: N/A

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

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-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-OCT-23

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-SEP-19

ASHLEY, BLAKE, MD†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-18

ASHLEY, BLAKE, MD†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-23

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

BACON, LOUISE, MD

Provider ID: N/A

24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

BACON, LOUISE, MD

Provider ID: N/A

24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-23

DEARING, DAVID, MD†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-18

DEARING, DAVID, MD†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-NOV-19

DEARING, DAVID, MD†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-NOV-19

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-JUN-23

Effective as of 01-MAY-23

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

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

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

<p>Provider ID: N/A</p> <p>☐ 23521 PASEO DE VALENCIA STE 108 LAGUNA HILLS, CA 92653 Effective as of 01-MAR-24</p> <p>RAHNEMA, CYRUS, MD Provider ID: N/A</p> <p>☐ 23521 PASEO DE VALENCIA STE 108 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-24</p> <p>RAHNEMA, CYRUS, MD Provider ID: N/A</p> <p>☐ 23521 PASEO DE VALENCIA STE 108 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-24</p> <p>RAHNEMA, CYRUS, MD Provider ID: N/A</p> <p>☐ 23521 PASEO DE VALENCIA STE 108 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-24</p> <p>RAHNEMA, CYRUS, MD Provider ID: N/A</p> <p>☐ 23521 PASEO DE VALENCIA STE 108 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-24</p> <p>ROBERTSON, ELSIE, MD Provider ID: N/A</p> <p>☐ 24411 HEALTH CENTER DR STE 350 LAGUNA HILLS, CA 92653 Effective as of 01-OCT-23</p> <p>ROBERTSON, ELSIE, MD Provider ID: N/A</p> <p>☐ 24411 HEALTH CENTER DR STE 350</p>	<p>LAGUNA HILLS, CA 92653 Effective as of 01-MAR-23</p> <p>RONA, KAIS, MD Provider ID: N/A</p> <p>☐ 11 MAREBLU STE 200 LAGUNA HILLS, CA 92656* Effective as of 01-FEB-23</p> <p>SHARMA, RAHUL, DO† Provider ID: N/A</p> <p>☐ 24411 HEALTH CENTER DR STE 350 LAGUNA HILLS, CA 92653 Effective as of 01-NOV-19</p> <p>SHARMA, RAHUL, DO† Provider ID: N/A</p> <p>☐ 24411 HEALTH CENTER DR STE 350 LAGUNA HILLS, CA 92653 Effective as of 01-NOV-19</p> <p>SHARMA, RAHUL, DO† Provider ID: N/A</p> <p>☐ 24411 HEALTH CENTER DR STE 350 LAGUNA HILLS, CA 92653 Effective as of 01-NOV-19</p> <p>SHAVER, JOHN, MD† Provider ID: N/A</p> <p>☐ 24411 HEALTH CENTER DR STE 350 LAGUNA HILLS, CA 92653 Effective as of 01-NOV-19</p> <p>SHAVER, JOHN, MD† Provider ID: N/A</p> <p>☐ 24411 HEALTH CENTER DR STE 350 LAGUNA HILLS, CA 92653 Effective as of 01-NOV-19</p> <p>SHAVER, JOHN, MD† Provider ID: N/A</p> <p>☐ 24411 HEALTH CENTER DR STE 350 LAGUNA HILLS, CA 92653 Effective as of 01-SEP-22</p> <p>SHAVER, JOHN, MD† Provider ID: N/A</p> <p>☐ 24411 HEALTH CENTER DR STE 350 LAGUNA HILLS, CA 92653 Effective as of 01-NOV-19</p> <p>SHAVER, JOHN, MD†</p>	<p>Provider ID: N/A</p> <p>☐ 24411 HEALTH CENTER DR STE 350 LAGUNA HILLS, CA 92653 Effective as of 01-OCT-23</p> <p>TENG, WANG, MD† Provider ID: N/A</p> <p>☐ 24411 HEALTH CENTER DR STE 350 LAGUNA HILLS, CA 92653 Effective as of 01-JAN-18</p> <p>TUNG, SHAWNDEEP, MD Provider ID: N/A</p> <p>☐ 24401 CALLE DE LA LOUISA STE 102 LAGUNA HILLS, CA 92653 Effective as of 01-JUL-21</p> <p>TUNG, SHAWNDEEP, MD Provider ID: N/A</p> <p>☐ 24401 CALLE DE LA LOUISA STE 102 LAGUNA HILLS, CA 92653 Effective as of 01-JUL-21</p> <p>TUNG, SHAWNDEEP, MD Provider ID: N/A</p> <p>☐ 24401 CALLE DE LA LOUISA STE 102 LAGUNA HILLS, CA 92653 Effective as of 01-JUL-21</p> <p>TUNG, SHAWNDEEP, MD Provider ID: N/A</p> <p>☐ 24401 CALLE DE LA LOUISA STE 102 LAGUNA HILLS, CA 92653 Effective as of 01-JUL-21</p> <p>TUNG, SHAWNDEEP, MD Provider ID: N/A</p> <p>☐ 24401 CALLE DE LA LOUISA STE 102 LAGUNA HILLS, CA 92653 Effective as of 01-JUL-21</p> <p>TUNG, SHAWNDEEP, MD Provider ID: N/A</p> <p>☐ 24401 CALLE DE LA LOUISA STE 102 LAGUNA HILLS, CA 92653 Effective as of 01-JUL-21</p> <p>TUNG, SHAWNDEEP, MD Provider ID: N/A</p> <p>☐ 24401 CALLE DE LA LOUISA STE 102</p>
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**C1. Lista de proveedores de la red
Médico de atención especializada**

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-MAY-12

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-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-OCT-23

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-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

WATANABE, BRIAN, MD†

Provider ID: N/A

24953 PASCO DE
VALENCIA
STE 15C

LAGUNA HILLS, CA 92653
Effective as of 01-SEP-21

WATANABE, BRIAN, MD†

Provider ID: N/A

24953 PASCO DE
VALENCIA
STE 15C

LAGUNA HILLS, CA 92653
Effective as of 01-SEP-21

WATANABE, BRIAN, MD†

Provider ID: N/A

24953 PASCO DE
VALENCIA
STE 15C

LAGUNA HILLS, CA 92653
Effective as of 01-SEP-21

WONG, JASON, MD†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 350

LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

WONG, JASON, MD†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 350

LAGUNA HILLS, CA 92653
Effective as of 01-OCT-12

WONG, JASON, MD†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 350

LAGUNA HILLS, CA 92653
Effective as of 01-OCT-22

WONG, JASON, MD†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 350

LAGUNA HILLS, CA 92653
Effective as of 01-NOV-12

WONG, JASON, MD†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 350

LAGUNA HILLS, CA 92653
Effective as of 01-JAN-23

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

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

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-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-AUG-19

DEARING, DAVID, MD†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-SEP-15

DEARING, DAVID, MD†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

DEARING, DAVID, MD†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-MAY-18

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

SHARMA, RAHUL, DO†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-APR-19

SHARMA, RAHUL, DO†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-APR-19

SHARMA, RAHUL, DO†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-19

SHARMA, RAHUL, DO†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-23

TENG, WANG, MD†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-12

TENG, WANG, MD†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-23

TENG, WANG, MD†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-16

TENG, WANG, MD†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-APR-11

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-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

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

24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-MAY-12

WALLACE, WILLIAM, MD†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-22

WALLACE, WILLIAM, MD†

Provider ID: N/A

24411 HEALTH CENTER DR
STE 350
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-16

**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-DEC-23

HWANG, BRIAN, MD

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 405
LAGUNA HILLS, CA 92653
Effective as of 01-DEC-23

HWANG, BRIAN, MD

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 405
LAGUNA HILLS, CA 92653
Effective as of 01-APR-23

HWANG, BRIAN, MD

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 405
LAGUNA HILLS, CA 92653
Effective as of 01-MAR-23

HWANG, BRIAN, MD

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 405
LAGUNA HILLS, CA 92653
Effective as of 01-MAR-23

HWANG, BRIAN, MD

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 405
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-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-OCT-23

JACKSON, ROBERT, MD

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 405
LAGUNA HILLS, CA 92653
Effective as of 01-JUL-23

JACKSON, ROBERT, MD

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 405
LAGUNA HILLS, CA 92653
Effective as of 01-JUL-23

LIAUW, JASON, MD

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 405
LAGUNA HILLS, CA 92653
Effective as of 01-JUL-19

LIAUW, JASON, MD

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 405
LAGUNA HILLS, CA 92653
Effective as of 01-JUL-19

LIAUW, JASON, MD

Provider ID: N/A

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

23961 CALLE DE LA
MAGDALENA STE 504
LAGUNA HILLS, CA 92653
Effective as of 01-AUG-21

LIAUW, JASON, MD

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 504
LAGUNA HILLS, CA 92653
Effective as of 01-AUG-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

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

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-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-OCT-22

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

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-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-JUL-21

PATEL, AMAR, MD†

Provider ID: N/A

24331 EL TORO RD STE 200
LAGUNA HILLS, CA 92637

Effective as of 01-NOV-22

PATEL, AMAR, MD†

Provider ID: N/A

24331 EL TORO RD STE 200
LAGUNA HILLS, CA 92637

Effective as of 01-NOV-22

PATEL, AMAR, MD†

Provider ID: N/A

24331 EL TORO RD STE 200
LAGUNA HILLS, CA 92637

Effective as of 01-MAY-22

PATEL, AMAR, MD†

Provider ID: N/A

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

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-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-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

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

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-APR-16

SURGICAL ONCOLOGY

BREMNER, AMY, MD

Provider ID: N/A

24401 HEALTH CENTER DR
STE 200
LAGUNA HILLS, CA 92653

Effective as of 01-DEC-23

BREMNER, AMY, MD†

Provider ID: N/A

24401 CALLE DE LA LOUISA
STE 102
LAGUNA HILLS, CA 92653

Effective as of 01-DEC-21

BREMNER, AMY, MD

Provider ID: N/A

24401 HEALTH CENTER DR
STE 200
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-23

BREMNER, AMY, MD

Provider ID: N/A

24401 HEALTH CENTER DR
STE 200
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-23

BREMNER, AMY, MD

Provider ID: N/A

24401 HEALTH CENTER DR
STE 200
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-23

BREMNER, AMY, MD

Provider ID: N/A

24401 HEALTH CENTER DR
STE 200
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-23

UROLOGY

BUI, DON, MD†

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653

Effective as of 01-OCT-23

BUI, DON, MD†

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653

Effective as of 01-JAN-23

BUI, DON, MD†

Provider ID: N/A

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

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

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

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-OCT-23

ELKHOURY, FUAD, MD†

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653

Effective as of 01-NOV-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

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-OCT-23

HO, TAMMY, MD†

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653

Effective as of 01-FEB-22

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

HO, TAMMY, MD†

Provider ID: N/A

 23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20

HO, TAMMY, MD†

Provider ID: N/A

 23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20

HO, TAMMY, MD†

Provider ID: N/A

 23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20

HO, TAMMY, MD†

Provider ID: N/A

 23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20

HO, TAMMY, MD†

Provider ID: N/A

 23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20

HO, TAMMY, MD†

Provider ID: N/A

 23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20

HO, TAMMY, MD†

Provider ID: N/A

 23961 CALLE DE LA

MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20

HO, TAMMY, MD†

Provider ID: N/A

 23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20

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

 25200 LA PAZ RD STE 200
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-18

KIM, MOSES, MD†

Provider ID: N/A

 23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-21

KIM, MOSES, MD†

Provider ID: N/A

 23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-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-OCT-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

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

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-OCT-23

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-FEB-20

MEAGLIA, JAMES, MD†

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-DEC-23

MEAGLIA, JAMES, MD†

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20

MEAGLIA, JAMES, MD†

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20

MEAGLIA, JAMES, MD†

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20

MEAGLIA, JAMES, MD†

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20

MEAGLIA, JAMES, MD†

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20

MEAGLIA, JAMES, MD†

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20

NAKAMURA, LEAH, MD†

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20

NAKAMURA, LEAH, MD†

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20

NAKAMURA, LEAH, MD†

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20

NAKAMURA, LEAH, MD†

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20

NAKAMURA, LEAH, MD†

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-23

NAKAMURA, LEAH, MD†

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

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

PASIN, ERIK, MD

Provider ID: N/A

24953 PASEO VALENCIA7C
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-15

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

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-AUG-23

SHOURESHI, POONE, MD

Provider ID: N/A

📄 23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-AUG-23

SHOURESHI, POONE, MD

Provider ID: N/A

📄 23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-AUG-23

SHOURESHI, POONE, MD

Provider ID: N/A

📄 23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-AUG-23

SHOURESHI, POONE, MD

Provider ID: N/A

📄 23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-AUG-23

SHOURESHI, POONE, MD

Provider ID: N/A

📄 23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-AUG-23

SHOURESHI, POONE, MD

Provider ID: N/A

📄 23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-AUG-23

SHOURESHI, POONE, MD

Provider ID: N/A

📄 23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-NOV-23

SINGH, KARAN, MD†

Provider ID: N/A

📄 23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-21

SINGH, KARAN, MD†

Provider ID: N/A

📄 23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

SINGH, KARAN, MD†

Provider ID: N/A

📄 23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-23

SINGH, KARAN, MD†

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

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

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

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-APR-21

SPITZ, AARON, MD†

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-FEB-20

SPITZ, AARON, MD†

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-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-FEB-20

SPITZ, AARON, MD†

Provider ID: N/A

25200 LA PAZ RD STE 200
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-22

SPITZ, AARON, MD†

Provider ID: N/A

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-JAN-23

SPITZ, AARON, MD†

Provider ID: N/A

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

 23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-OCT-23

SPITZ, AARON, MD†
Provider ID: N/A

 23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-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-OCT-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

 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-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

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

 25200 LA PAZ RD STE 200
LAGUNA HILLS, CA 92653
Effective as of 01-JAN-18

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

 25200 LA PAZ RD STE 200
LAGUNA HILLS, CA 92653
Effective as of 01-MAY-17

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

TEBYANI, NEYSSAN, MD†

Provider ID: N/A

23961 CALLE DE LA
MAGDALENA STE 500
LAGUNA HILLS, CA 92653
Effective as of 01-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-OCT-23

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-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

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

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

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

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-NOV-14

GARFINKLE, REBECCA, DO

Provider ID: N/A

30131 TOWN CENTER DR
STE 245
LAGUNA NIGUEL, CA 92677
Effective as of 01-MAY-14

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-JAN-21

MCINTOSH, ANDREW, MD†

Provider ID: N/A

30131 TOWN CENTER DR
STE 195
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-NOV-13

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 /

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

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-OCT-23

**VENEZIANO, CHRISTOPHER,
MD†**

Provider ID: N/A

24331 EL TORO RD STE 200
LAGUNA WOODS, CA
92637
Effective as of 01-FEB-23

PHYSICIANS ASSISTANT

BOW, LINDA, PA†

Provider ID: N/A

24331 EL TORO RD STE 200
LAGUNA WOODS, CA
92637
Effective as of 01-SEP-23

NGUYEN, TONY, PA†

Provider ID: N/A

24331 EL TORO RD STE 200
LAGUNA WOODS, CA
92637
Effective as of 01-AUG-22

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

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

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-JAN-18

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-OCT-22

AMINIAN, ARASH, MD†

Provider ID: N/A

24331 EL TORO RD STE 200
LAGUNA WOODS, CA
92637

Effective as of 01-FEB-21

AMINIAN, ARASH, MD†

Provider ID: N/A

24331 EL TORO RD STE 200
LAGUNA WOODS, CA
92637

Effective as of 01-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

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

AMINIAN, ARASH, MD†

Provider ID: N/A

24331 EL TORO RD STE 200
LAGUNA WOODS, CA
92637

Effective as of 01-DEC-14

AMINIAN, ARASH, MD†

Provider ID: N/A

24331 EL TORO RD STE 200
LAGUNA WOODS, CA
92637

Effective as of 01-SEP-23

AMINIAN, ARASH, MD†

Provider ID: N/A

24331 EL TORO RD STE 200
LAGUNA WOODS, CA
92637

Effective as of 01-AUG-11

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-MAR-22

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-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

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

<p>📄 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637 Effective as of 01-SEP-23</p> <p>JOHNSON, BRYCE, MD† Provider ID: N/A</p> <p>📄 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637 Effective as of 01-JAN-18</p> <p>JOHNSON, BRYCE, MD† Provider ID: N/A</p> <p>📄 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637 Effective as of 01-MAR-21</p> <p>JOHNSON, BRYCE, MD† Provider ID: N/A</p> <p>📄 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637 Effective as of 01-OCT-22</p> <p>JOHNSON, BRYCE, MD† Provider ID: N/A</p> <p>📄 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637 Effective as of 01-FEB-21</p> <p>KADAKIA, NIMISH, MD† Provider ID: N/A</p> <p>📄 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637 Effective as of 01-OCT-22</p> <p>KADAKIA, NIMISH, MD† Provider ID: N/A</p> <p>📄 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637 Effective as of 01-SEP-18</p> <p>KADAKIA, NIMISH, MD† Provider ID: N/A</p>	<p>Effective as of 01-SEP-23</p> <p>KADAKIA, NIMISH, MD† 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>KIM, ABRAHAM, MD† 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>KIM, ABRAHAM, MD† 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>KIM, ABRAHAM, MD† 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>KIM, ABRAHAM, MD† Provider ID: N/A</p> <p>📄 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637</p> <p>Effective as of 01-SEP-18</p> <p>KIM, ABRAHAM, MD† Provider ID: N/A</p> <p>📄 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637</p> <p>Effective as of 01-SEP-18</p> <p>KIM, ABRAHAM, MD†</p>	<p>Provider ID: N/A</p> <p>📄 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637</p> <p>Effective as of 01-SEP-20</p> <p>KIM, ABRAHAM, MD† Provider ID: N/A</p> <p>📄 24331 EL TORO RD STE 200 LAGUNA WOODS, CA 92637</p> <p>Effective as of 01-SEP-20</p> <p>KIM, ABRAHAM, MD† 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>KIM, ABRAHAM, MD† 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>KIM, ABRAHAM, MD† 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>KIM, ABRAHAM, MD† 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>KIM, ABRAHAM, MD† 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>KIM, ABRAHAM, MD† Provider ID: N/A</p> <p>📄 24331 EL TORO RD STE 200 LAGUNA WOODS, CA</p>
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**C1. Lista de proveedores de la red
Médico de atención especializada**

92637
Effective as of 01-JAN-24

KIM, ABRAHAM, MD†

Provider ID: N/A

24331 EL TORO RD STE 200
LAGUNA WOODS, CA
92637

Effective as of 01-JAN-24

KIM, ABRAHAM, MD†

Provider ID: N/A

24331 EL TORO RD STE 200
LAGUNA WOODS, CA
92637

Effective as of 01-JAN-23

KIM, ABRAHAM, 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-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-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

MOSKOW, LONNIE, MD†

Provider ID: N/A

24331 EL TORO RD STE 200
LAGUNA WOODS, CA
92637

Effective as of 01-FEB-21

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

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

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-SEP-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

**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-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

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

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

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-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-JAN-18

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

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

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-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

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-JAN-17

**CERTIFIED NURSE
PRACTITIONER**

AGORRILLA, MARIA, NP

Provider ID: N/A

31736 MISSION TRL STE G
LAKE ELSINORE, CA 92530

Effective as of 01-OCT-23

**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

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

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-DEC-22

FRANCIS, LARRY, MD[†]

Provider ID: N/A

30195 FRASER DR
LAKE ELSINORE, CA 92530
Effective as of 01-JUL-22

FRANCIS, LARRY, MD[†]

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

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-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

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

31946 MISSION TRL STE A
LAKE ELSINORE, CA 92530*
Effective as of 01-APR-24

REY, RODOLFO, MD†

Provider ID: N/A

141 N MAIN ST
LAKE ELSINORE, CA 92530
Effective as of 01-JAN-21

VADAPARAMPIL, JANET, MD†

Provider ID: N/A

141 N MAIN ST
LAKE ELSINORE, CA 92530
Effective as of 01-JAN-21

VADAPARAMPIL, JANET, MD†

Provider ID: N/A

31946 MISSION TRL STE A
LAKE ELSINORE, CA 92530*
Effective as of 01-APR-24

VADAPARAMPIL, JANET, MD†

Provider ID: N/A

31946 MISSION TRL STE A
LAKE ELSINORE, CA 92530*
Effective as of 01-APR-24

VADAPARAMPIL, JANET, MD†

Provider ID: N/A

31946 MISSION TRL STE A
LAKE ELSINORE, CA 92530*
Effective as of 01-APR-24

VADAPARAMPIL, JANET, MD†

Provider ID: N/A

31946 MISSION TRL STE A
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

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

 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 STE 101
LAKE ELSINORE, CA 92530
Effective as of 01-AUG-20

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

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

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

STE A
LAKE FOREST, CA 92630
Effective as of 01-DEC-20

CERTIFIED ACUPUNCTURIST

KIM, ILWHA, LAC
Provider ID: N/A
23331 EL TORO RD STE 107
LAKE FOREST, CA 92630
Effective as of 01-AUG-23

WEON, SUK KYENG, LAC
Provider ID: N/A
23361 EL TORO RD STE 112
LAKE FOREST, CA 92630
Effective as of 01-FEB-22

CERTIFIED NURSE PRACTITIONER

TRAN, STEPHANIE, NP
Provider ID: N/A
26501 RANCHO PKWY S
STE 301
LAKE FOREST, CA 92630
Effective as of 01-MAR-24

TRAN, STEPHANIE, NP
Provider ID: N/A
26501 RANCHO PKWY S
STE 301
LAKE FOREST, CA 92630
Effective as of 01-AUG-23

DERMATOLOGY

BELL, IRA, MD†
Provider ID: N/A
23832 ROCKFIELD BLVD
STE 210
LAKE FOREST, CA 92630
Effective as of 01-NOV-18

BELL, IRA, MD†
Provider ID: N/A
23832 ROCKFIELD BLVD
STE 210
LAKE FOREST, CA 92630
Effective as of 01-DEC-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-JUL-22

BELL, IRA, MD†
Provider ID: N/A
23832 ROCKFIELD BLVD
STE 210
LAKE FOREST, CA 92630
Effective as of 01-JUL-22

BELL, IRA, MD†
Provider ID: N/A
23832 ROCKFIELD BLVD
STE 210
LAKE FOREST, CA 92630
Effective as of 01-JUL-22

BELL, IRA, MD†
Provider ID: N/A
23832 ROCKFIELD BLVD
STE 210
LAKE FOREST, CA 92630
Effective as of 01-JUL-22

BELL, IRA, MD†
Provider ID: N/A
23832 ROCKFIELD BLVD

STE 210
LAKE FOREST, CA 92630
Effective as of 01-JUL-22

BELL, IRA, MD†
Provider ID: N/A
23832 ROCKFIELD BLVD
STE 210
LAKE FOREST, CA 92630
Effective as of 01-JUL-22

BELL, IRA, MD†
Provider ID: N/A
23832 ROCKFIELD BLVD
STE 210
LAKE FOREST, CA 92630
Effective as of 01-APR-23

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 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

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

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 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-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

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-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

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-JUL-21

TANG, KIM, MD†

Provider ID: N/A

23832 ROCKFIELD BLVD
STE 210
LAKE FOREST, CA 92630
Effective as of 01-JUL-21

TANG, KIM, MD†

Provider ID: N/A

23832 ROCKFIELD BLVD
STE 210
LAKE FOREST, CA 92630
Effective as of 01-JUL-21

TANG, KIM, MD†

Provider ID: N/A

23832 ROCKFIELD BLVD
STE 210
LAKE FOREST, CA 92630
Effective as of 01-DEC-18

TANG, KIM, MD†

Provider ID: N/A

23832 ROCKFIELD BLVD
STE 220
LAKE FOREST, CA 92630
Effective as of 01-DEC-18

TANG, KIM, MD†

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

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-DEC-18

TANG, KIM, MD[†]

Provider ID: N/A

23832 ROCKFIELD BLVD
STE 220
LAKE FOREST, CA 92630
Effective as of 01-DEC-18

TANG, KIM, MD[†]

Provider ID: N/A

23832 ROCKFIELD BLVD
STE 210
LAKE FOREST, CA 92630
Effective as of 01-OCT-18

TANG, KIM, MD[†]

Provider ID: N/A

23832 ROCKFIELD BLVD
STE 210
LAKE FOREST, CA 92630
Effective as of 01-SEP-22

TANG, KIM, MD[†]

Provider ID: N/A

23832 ROCKFIELD BLVD
STE 210

LAKE FOREST, CA 92630
Effective as of 01-NOV-19

TANG, KIM, MD[†]

Provider ID: N/A

23832 ROCKFIELD BLVD
STE 210
LAKE FOREST, CA 92630
Effective as of 01-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

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

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

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

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

LAKE FOREST, CA 92630
Effective as of 01-APR-23

OPHTHALMOLOGY

FAZILAT, GOLAREH, MD†

Provider ID: N/A

23832 ROCKFIELD BLVD
STE 150
LAKE FOREST, CA 92630
Effective as of 01-APR-21

FAZILAT, GOLAREH, MD†

Provider ID: N/A

23832 ROCKFIELD BLVD
STE 150
LAKE FOREST, CA 92630
Effective as of 01-APR-21

FAZILAT, GOLAREH, MD†

Provider ID: N/A

23832 ROCKFIELD BLVD
STE 150
LAKE FOREST, CA 92630
Effective as of 01-JAN-21

FAZILAT, GOLAREH, MD†

Provider ID: N/A

23832 ROCKFIELD BLVD
STE 150
LAKE FOREST, CA 92630
Effective as of 01-NOV-18

OPTOMETRIST

WELLS, MARY, OD†

Provider ID: N/A

23591 EL TORO RD STE 145
LAKE FOREST, CA 92630
Effective as of 01-JAN-17

WELLS, MARY, OD†

Provider ID: N/A

23591 EL TORO RD STE 145
LAKE FOREST, CA 92630

Effective as of 01-JAN-18

PHYSICIANS ASSISTANT

ANASTASIU, DANIELLE, PA†

Provider ID: N/A

24401 MUIRLANDS BLVD
STE A
LAKE FOREST, CA 92630
Effective as of 01-DEC-20

ANASTASIU, DANIELLE, PA†

Provider ID: N/A

24401 MUIRLANDS BLVD
STE A
LAKE FOREST, CA 92630
Effective as of 01-DEC-20

ANASTASIU, DANIELLE, PA†

Provider ID: N/A

24401 MUIRLANDS BLVD
STE A
LAKE FOREST, CA 92630
Effective as of 01-DEC-20

DE LEON, ROBERT, PA†

Provider ID: N/A

24401 MUIRLANDS BLVD
STE A
LAKE FOREST, CA 92630
Effective as of 01-DEC-20

DE LEON, ROBERT, PA†

Provider ID: N/A

24401 MUIRLANDS BLVD
STE A
LAKE FOREST, CA 92630
Effective as of 01-DEC-20

DE LEON, ROBERT, PA†

Provider ID: N/A

24401 MUIRLANDS BLVD
STE A
LAKE FOREST, CA 92630
Effective as of 01-DEC-20

PSYCHIATRY

DESILVA, GAYANI, MD†

Provider ID: N/A

24432 MUIRLANDS BLVD
STE 131
LAKE FOREST, CA 92630
Effective as of 01-AUG-23

DESILVA, GAYANI, MD†

Provider ID: N/A

24432 MUIRLANDS BLVD
STE 131
LAKE FOREST, CA 92630
Effective as of 01-AUG-23

DESILVA, GAYANI, MD†

Provider ID: N/A

24432 MUIRLANDS BLVD
STE 131
LAKE FOREST, CA 92630
Effective as of 01-DEC-21

DESILVA, GAYANI, MD†

Provider ID: N/A

24432 MUIRLANDS BLVD
STE 131
LAKE FOREST, CA 92630
Effective as of 01-AUG-23

DESILVA, GAYANI, MD†

Provider ID: N/A

24432 MUIRLANDS BLVD
STE 131
LAKE FOREST, CA 92630
Effective as of 01-OCT-23

DESILVA, GAYANI, MD†

Provider ID: N/A

24432 MUIRLANDS BLVD
STE 131
LAKE FOREST, CA 92630
Effective as of 01-AUG-23

DESILVA, GAYANI, MD†

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

Provider ID: N/A

☐ 24432 MUIRLANDS BLVD
STE 131
LAKE FOREST, CA 92630
Effective as of 01-AUG-23

DESILVA, GAYANI, MD†

Provider ID: N/A

☐ 24432 MUIRLANDS BLVD
STE 131
LAKE FOREST, CA 92630
Effective as of 01-DEC-21

DESILVA, GAYANI, MD†

Provider ID: N/A

☐ 24432 MUIRLANDS BLVD
STE 131
LAKE FOREST, CA 92630
Effective as of 01-AUG-23

DESILVA, GAYANI, MD†

Provider ID: N/A

☐ 24432 MUIRLANDS BLVD
STE 131
LAKE FOREST, CA 92630
Effective as of 01-OCT-23

JAKKULA, JAGAN, MD†

Provider ID: N/A

☐ 24432 MUIRLANDS BLVD
STE 131
LAKE FOREST, CA 92630
Effective as of 01-SEP-19

JAKKULA, JAGAN, MD†

Provider ID: N/A

☐ 24432 MUIRLANDS BLVD
STE 131
LAKE FOREST, CA 92630
Effective as of 01-SEP-19

JAKKULA, JAGAN, MD†

Provider ID: N/A

☐ 24432 MUIRLANDS BLVD
STE 131

LAKE FOREST, CA 92630
Effective as of 01-MAR-21

JAKKULA, JAGAN, MD†

Provider ID: N/A

☐ 24432 MUIRLANDS BLVD
STE 131
LAKE FOREST, CA 92630
Effective as of 01-SEP-19

JAKKULA, JAGAN, MD†

Provider ID: N/A

☐ 24432 MUIRLANDS BLVD
STE 131
LAKE FOREST, CA 92630
Effective as of 01-MAR-21

JAKKULA, JAGAN, MD†

Provider ID: N/A

☐ 24432 MUIRLANDS BLVD
STE 131
LAKE FOREST, CA 92630
Effective as of 01-SEP-19

KANUKUNTLA, TULASI, MD†

Provider ID: N/A

☐ 24432 MUIRLANDS BLVD
STE 131
LAKE FOREST, CA 92630
Effective as of 01-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-NOV-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-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

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

STE 131
LAKE FOREST, CA 92630
Effective as of 01-DEC-21

RAJPOOT, DEEPAK, MD†
Provider ID: N/A
24432 MUIRLANDS BLVD
STE 131
LAKE FOREST, CA 92630
Effective as of 01-FEB-22

RAJPOOT, DEEPAK, MD†
Provider ID: N/A
24432 MUIRLANDS BLVD
STE 131
LAKE FOREST, CA 92630
Effective as of 01-FEB-22

RAJPOOT, DEEPAK, MD†
Provider ID: N/A
24432 MUIRLANDS BLVD
STE 131
LAKE FOREST, CA 92630
Effective as of 01-FEB-22

RAJPOOT, DEEPAK, MD†
Provider ID: N/A
24432 MUIRLANDS BLVD
STE 131
LAKE FOREST, CA 92630
Effective as of 01-FEB-22

PSYCHOLOGIST

KANG, EILEEN, PhD
Provider ID: N/A
13 ORCHARD STE 103
LAKE FOREST, CA 92630
Effective as of 01-MAY-15

KANG, EILEEN, PhD
Provider ID: N/A
13 ORCHARD STE 103
LAKE FOREST, CA 92630
Effective as of 01-MAY-15

REGISTERED PHYSICAL THERAPIST

BECKER GALUSHA, JANE, PT
Provider ID: N/A
22821 LAKE FOREST DR STE
100
LAKE FOREST, CA 92630
Effective as of 01-MAY-20

SPEECH PATHOLOGIST

MARSDEN, CLAIRE, SP
Provider ID: N/A
22672 LAMBERT ST STE 611
LAKE FOREST, CA 92630
Effective as of 01-JUL-23

MARSDEN, CLAIRE, SP
Provider ID: N/A
22672 LAMBERT ST STE 612
LAKE FOREST, CA 92630
Effective as of 01-JUL-23

MARSDEN, CLAIRE, SP
Provider ID: N/A
22672 LAMBERT ST STE 611
LAKE FOREST, CA 92630
Effective as of 01-JUL-23

MARSDEN, CLAIRE, SP
Provider ID: N/A
22672 LAMBERT ST STE 612
LAKE FOREST, CA 92630
Effective as of 01-JUL-23

MARSDEN, CLAIRE, SP
Provider ID: N/A
22672 LAMBERT ST STE 611
LAKE FOREST, CA 92630
Effective as of 01-JUL-23

MARSDEN, CLAIRE, SP
Provider ID: N/A

22672 LAMBERT ST STE 612
LAKE FOREST, CA 92630
Effective as of 01-JUL-23

MARSDEN, CLAIRE, SP
Provider ID: N/A
22672 LAMBERT ST STE 611
LAKE FOREST, CA 92630
Effective as of 01-JUL-23

MARSDEN, CLAIRE, SP
Provider ID: N/A
22672 LAMBERT ST STE 612
LAKE FOREST, CA 92630
Effective as of 01-JUL-23

UROLOGY

CHUANG, KAI-WEN, MD
Provider ID: N/A
26691 PLAZA
STE 130
LAKE FOREST, CA 92691
Effective as of 01-JAN-24

CHIROPRACTOR

CASTRO, DAVID, DC
Provider ID: N/A
10039 VINE ST
LAKESIDE, CA 92040
Effective as of 01-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

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

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-NOV-22

LIU BARBARO, DOROTHY, MD

Provider ID: N/A

10039 VINE ST
LAKESIDE, CA 92040
Effective as of 01-JAN-24

PSYCHOLOGIST

BRUNETTO, HEIDI, PSYD

Provider ID: N/A

10039 VINE ST
LAKESIDE, CA 92040
Effective as of 01-JAN-24

BRUNETTO, HEIDI, PSYD

Provider ID: N/A

10039 VINE ST
LAKESIDE, CA 92040
Effective as of 01-JAN-24

ANESTHESIOLOGY

GUIANG, RAINIER, MD†

Provider ID: N/A

27990 SHERMAN RD
MENIFEE, CA 92585
Effective as of 01-SEP-19

HYUN, SUZANNE, MD

Provider ID: N/A

27990 SHERMAN RD
MENIFEE, CA 92585
Effective as of 01-MAR-24

PANG, GARY, MD†

Provider ID: N/A

27990 SHERMAN RD
MENIFEE, CA 92585
Effective as of 01-MAR-24

PANG, GARY, MD†

Provider ID: N/A

27990 SHERMAN RD
MENIFEE, CA 92585
Effective as of 01-SEP-19

ANESTHESIOLOGY PAIN MANAGEMENT

CHEN, HAMILTON, MD†

Provider ID: N/A

27990 SHERMAN RD
MENIFEE, CA 92585
Effective as of 01-MAY-21

CHEN, HAMILTON, MD†

Provider ID: N/A

27990 SHERMAN RD

MENIFEE, CA 92585
Effective as of 01-SEP-19

CHEN, HAMILTON, MD†

Provider ID: N/A

27990 SHERMAN RD
MENIFEE, CA 92585
Effective as of 01-SEP-19

GUIANG, RAINIER, MD†

Provider ID: N/A

27990 SHERMAN RD
MENIFEE, CA 92585
Effective as of 01-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

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

ALFAY, WISAM, MD

Provider ID: N/A

26960 CHERRY HILLS
BLVD STE C
MENIFEE, CA 92586
Effective as of 01-JAN-22

ALFAY, WISAM, MD

Provider ID: N/A

26960 CHERRY HILLS
BLVD STE C
MENIFEE, CA 92586
Effective as of 01-MAR-22

CERTIFIED NURSE PRACTITIONER

LUCACI, BIANCA, NP

Provider ID: N/A

29826 HAUN RD STE 300
MENIFEE, CA 92586
Effective as of 01-APR-23

MELOT, KAREN, NP

Provider ID: N/A

29826 HAUN RD STE 200
MENIFEE, CA 92586
Effective as of 01-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

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

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

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

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-OCT-20

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

LAC, PETER, MD†

Provider ID: N/A

📍 27851 BRADLEY RD STE 125

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

MENIFEE, CA 92586
Effective as of 01-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-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-DEC-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-OCT-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-NOV-23

NATH, ASHOK, MD†

Provider ID: N/A
☒ 27851 BRADLEY RD STE 125
MENIFEE, CA 92586
Effective as of 01-JUN-19

NATH, ASHOK, MD†

Provider ID: N/A
☒ 27851 BRADLEY RD STE 125
MENIFEE, CA 92586
Effective as of 01-JUN-19

NATH, ASHOK, MD†

Provider ID: N/A
☒ 29878 HAUN RD STE 200
MENIFEE, CA 92586
Effective as of 01-MAR-19

YAN, ERIC, MD†

Provider ID: N/A
☒ 27851 BRADLEY RD STE 125
MENIFEE, CA 92586
Teleservice

Effective as of 01-JUN-19

YAN, ERIC, MD†

Provider ID: N/A
☒ 27851 BRADLEY RD STE 125
MENIFEE, CA 92586
Teleservice
Effective as of 01-JUN-19

YAN, ERIC, MD†

Provider ID: N/A
☒ 27851 BRADLEY RD STE 125
MENIFEE, CA 92586
Teleservice
Effective as of 01-JUL-23

YAN, ERIC, MD†

Provider ID: N/A
☒ 27851 BRADLEY RD STE 125
MENIFEE, CA 92586
Teleservice
Effective as of 01-JUN-19

YAN, ERIC, MD†

Provider ID: N/A
☒ 27851 BRADLEY RD STE 125
MENIFEE, CA 92586
Teleservice
Effective as of 01-JUN-19

YAN, ERIC, MD†

Provider ID: N/A
☒ 27851 BRADLEY RD STE 125
MENIFEE, CA 92586
Teleservice
Effective as of 01-JUN-19

YAN, ERIC, MD†

Provider ID: N/A
☒ 27851 BRADLEY RD STE 125
MENIFEE, CA 92586
Teleservice
Effective as of 01-MAY-20

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

YOUSSEF, AMR, DO[†]

Provider ID: N/A

📄 27851 BRADLEY RD STE 125
MENIFEE, CA 92586
Effective as of 01-SEP-22

YOUSSEF, AMR, DO[†]

Provider ID: N/A

📄 27851 BRADLEY RD STE 125
MENIFEE, CA 92586
Effective as of 01-SEP-22

YOUSSEF, AMR, DO[†]

Provider ID: N/A

📄 27851 BRADLEY RD STE 125
MENIFEE, CA 92586
Effective as of 01-JUN-22

NEUROLOGY

TALANKI, VARUN, MD

Provider ID: N/A

📄 29826 HAUN RD STE 209
MENIFEE, CA 92586
Effective as of 01-DEC-22

OBSTETRICS / GYNECOLOGY

HOM, KATHERINE, MD[†]

Provider ID: N/A

📄 29826 HAUN RD STE 200
MENIFEE, CA 92586
Effective as of 01-JUL-23

NIHIRA, MIKIO, MD[†]

Provider ID: N/A

📄 29826 HAUN RD STE 200
MENIFEE, CA 92586
Effective as of 01-SEP-20

NIHIRA, MIKIO, MD[†]

Provider ID: N/A

📄 29826 HAUN RD STE 200

MENIFEE, CA 92586
Effective as of 01-SEP-20

NIHIRA, MIKIO, MD[†]

Provider ID: N/A

📄 29826 HAUN RD STE 200
MENIFEE, CA 92586
Effective as of 01-SEP-20

NIHIRA, MIKIO, MD[†]

Provider ID: N/A

📄 29826 HAUN RD STE 200
MENIFEE, CA 92586
Effective as of 01-JUL-23

RIZVI, SYED, MD[†]

Provider ID: N/A

📄 27174 NEWPORT RD STE 2
MENIFEE, CA 92584
Effective as of 01-MAR-22

URSO, MARY JO, DO[†]

Provider ID: N/A

📄 29826 HAUN RD STE 200
MENIFEE, CA 92586
Effective as of 01-AUG-20

URSO, MARY JO, DO[†]

Provider ID: N/A

📄 29826 HAUN RD STE 200
MENIFEE, CA 92586
Effective as of 01-AUG-20

URSO, MARY JO, DO[†]

Provider ID: N/A

📄 29826 HAUN RD STE 200
MENIFEE, CA 92586
Effective as of 01-JUL-23

URSO, MARY JO, DO[†]

Provider ID: N/A

📄 29826 HAUN RD STE 200
MENIFEE, CA 92586
Effective as of 01-AUG-21

OCCUPATIONAL THERAPIST

STOTLER, APRIL, OT

Provider ID: N/A

📄 30141 ANTELOPE RD STE A
MENIFEE, CA 92584
Effective as of 01-JAN-24

STOTLER, APRIL, OT

Provider ID: N/A

📄 30141 ANTELOPE RD STE A
MENIFEE, CA 92584
Effective as of 01-JAN-24

ZECHA, RICHARD, OT[†]

Provider ID: N/A

📄 30141 ANTELOPE RD STE A
MENIFEE, CA 92584
Effective as of 01-JAN-21

ZECHA, RICHARD, OT[†]

Provider ID: N/A

📄 30141 ANTELOPE RD STE A
MENIFEE, CA 92584
Effective as of 01-JAN-21

OPHTHALMOLOGY

CHANG, TOM, MD[†]

Provider ID: N/A

📄 29950 HAUN RD STE 202
MENIFEE, CA 92586
Effective as of 01-JUL-23

CHAWLA, ANUJ, MD[†]

Provider ID: N/A

📄 29950 HAUN RD STE 202
MENIFEE, CA 92586
Effective as of 01-JUL-23

CHAWLA, ANUJ, MD[†]

Provider ID: N/A

📄 29950 HAUN RD STE 202

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

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-SEP-17

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

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

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

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-JUL-23

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

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-JAN-22

ULIBARRI, MATTHEW, OD†

Provider ID: N/A

29826 HAUN RD STE 100
MENIFEE, CA 92586
Effective as of 01-AUG-15

ULIBARRI, MATTHEW, OD†

Provider ID: N/A

29826 HAUN RD STE 100
MENIFEE, CA 92586
Effective as of 01-AUG-15

ULIBARRI, MATTHEW, OD†

Provider ID: N/A

29826 HAUN RD STE 100
MENIFEE, CA 92586
Effective as of 01-AUG-15

ULIBARRI, MATTHEW, OD†

Provider ID: N/A

29826 HAUN RD STE 100
MENIFEE, CA 92586
Effective as of 01-JUL-23

PHYSICAL MEDICINE / REHABILITATION

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

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

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

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

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

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

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

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

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, AMAL, MD†

Provider ID: N/A

☐ 29798 HAUN RD STE 301
MENIFEE, CA 92586
Effective as of 01-SEP-18

MEHTA, CHANDRAKANT, MD†

Provider ID: N/A

☐ 29798 HAUN RD STE 301
MENIFEE, CA 92586
Effective as of 01-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-JUL-23

MEHTA, CHANDRAKANT, MD†

Provider ID: N/A

☐ 29798 HAUN RD STE 301
MENIFEE, CA 92586
Effective as of 01-MAR-21

MEHTA, AMAL, MD†

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

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

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

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-SEP-22

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

CARR, WARNER, MD

Provider ID: N/A

27800 MEDICAL CENTER
RD STE 244
MISSION VIEJO, CA 92691

Effective as of 01-DEC-13

CARR, WARNER, MD

Provider ID: N/A

27800 MEDICAL CENTER
RD STE 244
MISSION VIEJO, CA 92691

Effective as of 01-DEC-13

CARR, WARNER, MD

Provider ID: N/A

27800 MEDICAL CENTER
RD STE 244
MISSION VIEJO, CA 92691

Effective as of 01-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-SEP-10

LEE-KIM, CHRISTINE, DO†

Provider ID: N/A

27800 MEDICAL CENTER
RD STE 244
MISSION VIEJO, CA 92691
Effective as of 01-JUL-21

LEE-KIM, CHRISTINE, DO†

Provider ID: N/A

27800 MEDICAL CENTER
RD STE 244
MISSION VIEJO, CA 92691
Effective as of 01-FEB-23

LEE-KIM, CHRISTINE, DO†

Provider ID: N/A

27800 MEDICAL CENTER
RD STE 244
MISSION VIEJO, CA 92691
Effective as of 01-FEB-23

LEE-KIM, CHRISTINE, DO†

Provider ID: N/A

27800 MEDICAL CENTER
RD STE 244
MISSION VIEJO, CA 92691
Effective as of 01-MAY-22

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

LEE-KIM, CHRISTINE, DO†

Provider ID: N/A

☒ 27800 MEDICAL CENTER
RD STE 244
MISSION VIEJO, CA 92691
Effective as of 01-MAY-22

LEE-KIM, CHRISTINE, DO†

Provider ID: N/A

☒ 27800 MEDICAL CENTER
RD STE 244
MISSION VIEJO, CA 92691
Effective as of 01-MAY-22

LEE-KIM, CHRISTINE, DO†

Provider ID: N/A

☒ 27800 MEDICAL CENTER
RD STE 244
MISSION VIEJO, CA 92691
Effective as of 01-MAY-22

LEE-KIM, CHRISTINE, DO†

Provider ID: N/A

☒ 27800 MEDICAL CENTER
RD STE 244
MISSION VIEJO, CA 92691
Effective as of 01-MAY-22

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†

Provider ID: N/A

☒ 26726 CROWN VALLEY
PKWY STE 200
MISSION VIEJO, CA 92691
Effective as of 01-OCT-17

VENKAT, GEETA, MD†

Provider ID: N/A

☒ 26726 CROWN VALLEY
PKWY STE 200
MISSION VIEJO, CA 92691
Effective as of 01-OCT-17

ANESTHESIOLOGY

GERAYLI, AFSHIN, MD†

Provider ID: N/A

☒ 25982 PALA STE 280
MISSION VIEJO, CA 92691
Teleservice
Effective as of 01-AUG-22

GERAYLI, AFSHIN, MD†

Provider ID: N/A

☒ 25982 PALA STE 280
MISSION VIEJO, CA 92691
Teleservice
Effective as of 01-AUG-22

ANESTHESIOLOGY PAIN MANAGEMENT

BESHAI, ALFRED, MD

Provider ID: N/A

☒ 26691 PLAZA STE 170
MISSION VIEJO, CA 92691
Effective as of 01-MAY-16

GERAYLI, AFSHIN, MD†

Provider ID: N/A

☒ 25982 PALA STE 280
MISSION VIEJO, CA 92691
Teleservice
Effective as of 01-JAN-16

GERAYLI, AFSHIN, MD†

Provider ID: N/A

☒ 25982 PALA STE 280
MISSION VIEJO, CA 92691
Teleservice
Effective as of 01-OCT-08

MOUSAVI, SHAHRYAR, MD

Provider ID: N/A

☒ 25982 PALA STE 280
MISSION VIEJO, CA 92691

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

Effective as of 01-JUL-22

MOUSAVI, SHAHRYAR, MD

Provider ID: N/A

25982 PALA STE 280
MISSION VIEJO, CA 92691
Effective as of 01-AUG-20

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

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

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-DEC-14

HEPNER, ABSALOM, 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-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

KULICK, DANIEL, 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

26800 CROWN VALLEY
PKWY STE 250
MISSION VIEJO, CA 92691
Effective as of 01-OCT-99

LOUSSARARIAN, ARTHUR, MD†

Provider ID: N/A

26800 CROWN VALLEY
PKWY STE 250
MISSION VIEJO, CA 92691
Effective as of 01-NOV-12

LOUSSARARIAN, ARTHUR, MD†

Provider ID: N/A

26732 CROWN VALLEY
PKWY STE 161
MISSION VIEJO, CA 92691

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

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-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

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

***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

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

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

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

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-APR-23

CHAN, JESSICA, MD†

Provider ID: N/A
26800 CROWN VALLEY
PKWY STE 230
MISSION VIEJO, CA 92691
Effective as of 01-AUG-22

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

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

25982 PALA STE 140
MISSION VIEJO, CA 92691
Effective as of 01-OCT-21

HOSSEINI, ALIREZA, MD[†]

Provider ID: N/A

25982 PALA STE 140
MISSION VIEJO, CA 92691
Effective as of 01-OCT-21

HOSSEINI, ALIREZA, MD[†]

Provider ID: N/A

25982 PALA STE 140
MISSION VIEJO, CA 92691
Effective as of 01-OCT-21

MULFORD, MIM, MD[†]

Provider ID: N/A

26800 CROWN VALLEY
PKWY STE 250
MISSION VIEJO, CA 92691
Effective as of 01-NOV-12

MULFORD, MIM, MD[†]

Provider ID: N/A

26732 CROWN VALLEY
PKWY STE 161
MISSION VIEJO, CA 92691
Effective as of 01-NOV-12

MULFORD, MIM, MD[†]

Provider ID: N/A

26800 CROWN VALLEY
PKWY STE 250
MISSION VIEJO, CA 92691
Effective as of 01-OCT-99

TRAN, NEIL, MD[†]

Provider ID: N/A

26800 CROWN VALLEY
PKWY STE 230
MISSION VIEJO, CA 92691
Effective as of 01-JUL-07

TRAN, NEIL, MD[†]

Provider ID: N/A

26732 CROWN VALLEY
PKWY STE 161
MISSION VIEJO, CA 92691
Effective as of 01-NOV-12

TRAN, NEIL, MD[†]

Provider ID: N/A

26800 CROWN VALLEY
PKWY STE 230
MISSION VIEJO, CA 92691
Effective as of 01-SEP-10

TRUONG, MICHAEL, MD[†]

Provider ID: N/A

26800 CROWN VALLEY
PKWY STE 230
MISSION VIEJO, CA 92691
Effective as of 01-SEP-10

TRUONG, MICHAEL, MD[†]

Provider ID: N/A

26800 CROWN VALLEY
PKWY STE 230
MISSION VIEJO, CA 92691
Effective as of 01-OCT-99

FAMILY PRACTICE SPORTS MEDICINE

CUENCA, ARNOLD, DO[†]

Provider ID: N/A

23512 MADERO
MISSION VIEJO, CA 92691
Effective as of 01-SEP-21

CUENCA, ARNOLD, DO[†]

Provider ID: N/A

23512 MADERO
MISSION VIEJO, CA 92691
Effective as of 01-SEP-21

CUENCA, ARNOLD, DO[†]

Provider ID: N/A

23512 MADERO

MISSION VIEJO, CA 92691
Effective as of 01-SEP-21

MARANDOLA, MICHAEL, MD

Provider ID: N/A

26401 CROWN VALLEY
PKWY STE 101
MISSION VIEJO, CA 92691
Effective as of 01-APR-12

MARANDOLA, MICHAEL, MD

Provider ID: N/A

26401 CROWN VALLEY
PKWY STE 101
MISSION VIEJO, CA 92691
Effective as of 01-JUL-12

GASTROENTEROLOGY

BAE, WANJUN, MD[†]

Provider ID: N/A

27799 MEDICAL CENTER
RD
STE 310
MISSION VIEJO, CA 92691
Effective as of 01-APR-21

BAE, WANJUN, MD[†]

Provider ID: N/A

27799 MEDICAL CENTER
RD
STE 310
MISSION VIEJO, CA 92691
Effective as of 01-APR-21

BLOCK, EDWARD, MD[†]

Provider ID: N/A

27799 MEDICAL CENTER
RD
STE 310
MISSION VIEJO, CA 92691
Effective as of 01-APR-21

BLOCK, EDWARD, MD[†]

Provider ID: N/A

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

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-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

CHAURASIA, OM, MD

Provider ID: N/A

26421 CROWN VALLEY
PKWY STE 140A
MISSION VIEJO, CA 92691
Effective as of 01-OCT-22

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

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

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-APR-11

KANALY, KIM, MD

Provider ID: N/A

26732 CROWN VALLEY
PKWY STE 327
MISSION VIEJO, CA 92691
Effective as of 01-MAY-12

WALLACE, PATRICIA, MD†

Provider ID: N/A

26732 CROWN VALLEY
PKWY STE 327
MISSION VIEJO, CA 92691

Effective as of 01-MAY-12

WALLACE, PATRICIA, MD†

Provider ID: N/A

26732 CROWN VALLEY
PKWY STE 327
MISSION VIEJO, CA 92691
Effective as of 01-APR-11

WALLACE, PATRICIA, MD†

Provider ID: N/A

26732 CROWN VALLEY
PKWY STE 327
MISSION VIEJO, CA 92691
Effective as of 01-DEC-08

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

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

STE 460
MISSION VIEJO, CA 92691
Effective as of 01-SEP-20

HUANG, DANIEL, MD†

Provider ID: N/A
26732 CROWN VALLEY
PKWY STE 271
MISSION VIEJO, CA 92691
Effective as of 01-FEB-21

HUANG, DANIEL, MD†

Provider ID: N/A
26732 CROWN VALLEY
PKWY STE 271
MISSION VIEJO, CA 92691
Effective as of 01-JUL-21

HUANG, DANIEL, MD†

Provider ID: N/A
26732 CROWN VALLEY
PKWY STE 271
MISSION VIEJO, CA 92691
Effective as of 01-JUL-21

LAZO, NELLY, MD†

Provider ID: N/A
26732 CROWN VALLEY
PKWY STE 271
MISSION VIEJO, CA 92691
Effective as of 01-JUL-21

LAZO, NELLY, MD†

Provider ID: N/A
26732 CROWN VALLEY
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-NOV-18

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

LI, MING, MD†

Provider ID: N/A
27799 MEDICAL CENTER
RD
STE 460
MISSION VIEJO, CA 92691
Effective as of 01-APR-20

LI, MING, MD†

Provider ID: N/A
27799 MEDICAL CENTER
RD
STE 460
MISSION VIEJO, CA 92691
Effective as of 01-APR-20

INFECTIOUS DISEASE

REDDY, JAGADEESH, MD

Provider ID: N/A
26732 CROWN VALLEY
PKWY STE 541
MISSION VIEJO, CA 92691
Effective as of 01-JAN-18

REDDY, JAGADEESH, MD

Provider ID: N/A
26732 CROWN VALLEY
PKWY STE 541
MISSION VIEJO, CA 92691

Effective as of 01-JUL-16

REDDY, JAGADEESH, MD

Provider ID: N/A
26732 CROWN VALLEY
PKWY STE 541
MISSION VIEJO, CA 92691
Effective as of 01-JUL-16

WAYNE, EDGAR, MD†

Provider ID: N/A
26800 CROWN VALLEY
PKWY STE 275
MISSION VIEJO, CA 92691
Effective as of 01-JUN-21

WAYNE, EDGAR, MD†

Provider ID: N/A
26800 CROWN VALLEY
PKWY STE 275
MISSION VIEJO, CA 92691
Effective as of 01-JUN-21

INTERNAL MEDICINE

AZAD, HABIB, MD†

Provider ID: N/A
27800 MEDICAL CENTER
RD STE 220
MISSION VIEJO, CA 92691
Effective as of 01-NOV-12

CASTRO RUEDA, HERNAN, MD†

Provider ID: N/A
26732 CROWN VALLEY
PKWY STE 151
MISSION VIEJO, CA 92691
Effective as of 01-AUG-17

CHEN, MAY, MD†

Provider ID: N/A
26800 CROWN VALLEY
PKWY STE 250
MISSION VIEJO, CA 92691

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

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-MAY-21

DANON, SAAR, MD†

Provider ID: N/A

30492 GATEWAY PL STE
110
MISSION VIEJO, CA 92694

Effective as of 01-MAY-21

DANON, SAAR, MD†

Provider ID: N/A

30492 GATEWAY PL STE
110
MISSION VIEJO, CA 92694

Effective as of 01-MAY-21

DANON, SAAR, MD†

Provider ID: N/A

30492 GATEWAY PL STE
110
MISSION VIEJO, CA 92694

Effective as of 01-AUG-20

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†

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

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-DEC-14

AZAD, HABIB, MD†

Provider ID: N/A

26800 CROWN VALLEY
PKWY STE 250
MISSION VIEJO, CA 92691
Effective as of 01-JAN-15

AZAD, HABIB, MD†

Provider ID: N/A

26800 CROWN VALLEY
PKWY STE 250

MISSION VIEJO, CA 92691
Effective as of 01-JAN-15

CHEN, MAY, MD†

Provider ID: N/A

26800 CROWN VALLEY
PKWY STE 250
MISSION VIEJO, CA 92691
Effective as of 01-JAN-15

CHEN, MAY, MD†

Provider ID: N/A

26800 CROWN VALLEY
PKWY STE 250
MISSION VIEJO, CA 92691
Effective as of 01-JAN-15

NAWAR, MAGDY, MD†

Provider ID: N/A

26800 CROWN VALLEY
PKWY STE 485
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

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

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 STE 100
MISSION VIEJO, CA 92691
Effective as of 01-NOV-22

FAHIMI, GOLSHAN, MD

Provider ID: N/A

26991 CROWN VALLEY
PKWY
MISSION VIEJO, CA 92691
Effective as of 01-SEP-22

GEE, JOEY, DO†

Provider ID: N/A

26800 CROWN VALLEY
PKWY STE 385
MISSION VIEJO, CA 92691
Effective as of 01-DEC-16

GEE, JOEY, DO†

Provider ID: N/A

26800 CROWN VALLEY
PKWY STE 385
MISSION VIEJO, CA 92691
Effective as of 01-DEC-16

GEE, JOEY, DO†

Provider ID: N/A

26800 CROWN VALLEY
PKWY STE 385
MISSION VIEJO, CA 92691
Effective as of 01-DEC-16

KESARI, SANTOSH, MD

Provider ID: N/A

27799 MEDICAL CENTER
RD
STE 110
MISSION VIEJO, CA 92691
Effective as of 01-MAR-24

LOPEZ VIZCARRA, MARCO, MD

Provider ID: N/A

26991 CROWN VALLEY
PKWY STE 100
MISSION VIEJO, CA 92691
Effective as of 01-JUN-23

NIK, ANDREW, MD†

Provider ID: N/A

26800 CROWN VALLEY
PKWY STE 385
MISSION VIEJO, CA 92691
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†

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

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

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

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-SEP-18

VORA, RONAK, DO†

Provider ID: N/A

26800 CROWN VALLEY
PKWY STE 385
MISSION VIEJO, CA 92691
Effective as of 01-APR-23

NEUROLOGY CHILD

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 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

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

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 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

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

***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-AUG-20

BAGINSKI, LEON, MD†

Provider ID: N/A

27800 MEDICAL CENTER
RD STE 310
MISSION VIEJO, CA 92691
Effective as of 01-JUL-20

BAGINSKI, LEON, MD†

Provider ID: N/A

27800 MEDICAL CENTER
RD STE 310
MISSION VIEJO, CA 92691
Effective as of 01-JUL-20

BAILEY, THOMAS, MD†

Provider ID: N/A

26800 CROWN VALLEY
PKWY STE 525
MISSION VIEJO, CA 92691
Effective as of 01-MAR-99

BAILEY, THOMAS, MD†

Provider ID: N/A

26800 CROWN VALLEY
PKWY STE 525
MISSION VIEJO, CA 92691
Effective as of 01-JUL-14

BENZL, JERRY, MD†

Provider ID: N/A

26902 OSO PKWY STE 180
MISSION VIEJO, CA 92691
Effective as of 01-JUL-03

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

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

 26800 CROWN VALLEY
PKWY STE 525
MISSION VIEJO, CA 92691
Effective as of 01-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 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-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
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

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

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

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-JAN-18

MILLER, KURT, MD†

Provider ID: N/A

26800 CROWN VALLEY
PKWY STE 525
MISSION VIEJO, CA 92691

Effective as of 01-MAR-99

POLLOCK, KATHLEEN, MD†

Provider ID: N/A

26800 CROWN VALLEY
PKWY
MISSION VIEJO, CA 92691

Effective as of 01-JUN-05

POLLOCK, KATHLEEN, MD†

Provider ID: N/A

26800 CROWN VALLEY
PKWY
MISSION VIEJO, CA 92691

Effective as of 01-SEP-10

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-NOV-14

SALCIDO, CRAIG, MD†

Provider ID: N/A

26800 CROWN VALLEY
PKWY STE 525
MISSION VIEJO, CA 92691

Effective as of 01-DEC-07

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, BRYAN, MD

Provider ID: N/A

27800 MEDICAL CENTER
RD STE 144

MISSION VIEJO, CA 92691

Effective as of 01-SEP-22

TRAN, TIFFANY, MD

Provider ID: N/A

27800 MEDICAL CENTER
RD STE 144
MISSION VIEJO, CA 92691

Effective as of 01-MAR-23

OPHTHALMOLOGY

AHMED, SARAH, MD†

Provider ID: N/A

26701 CROWN VALLEY
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

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

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

Effective as of 01-NOV-21

AHMED, SARAH, MD†

Provider ID: N/A

26701 CROWN VALLEY
PKWY
MISSION VIEJO, CA 92691

Effective as of 01-NOV-21

AHMED, SARAH, MD†

Provider ID: N/A

26701 CROWN VALLEY
PKWY
MISSION VIEJO, CA 92691

Effective as of 01-NOV-21

AMRA, NOOR, MD†

Provider ID: N/A

26701 CROWN VALLEY
PKWY
MISSION VIEJO, CA 92691

Effective as of 01-MAY-22

AMRA, NOOR, MD†

Provider ID: N/A

26701 CROWN VALLEY
PKWY
MISSION VIEJO, CA 92691

Effective as of 01-MAY-22

AMRA, NOOR, MD†

Provider ID: N/A

26701 CROWN VALLEY
PKWY
MISSION VIEJO, CA 92691

Effective as of 01-DEC-22

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-JAN-23

BANUELOS, LYDIA, MD†

Provider ID: N/A

26691 PLAZA STE 250
MISSION VIEJO, CA 92691

Effective as of 01-FEB-23

BANUELOS, LYDIA, MD†

Provider ID: N/A

26691 PLAZA STE 250
MISSION VIEJO, CA 92691

Effective as of 01-DEC-22

CUNNINGHAM-AHUMADA, ROSE, DO†

Provider ID: N/A

27871 MEDICAL CENTER RD
STE 120
MISSION VIEJO, CA 92691

Effective as of 01-DEC-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-JAN-18

CUNNINGHAM-AHUMADA, ROSE, DO†

Provider ID: N/A

27871 MEDICAL CENTER RD
STE 120
MISSION VIEJO, CA 92691

Effective as of 01-MAY-22

CUNNINGHAM-AHUMADA, ROSE, DO†

Provider ID: N/A

27871 MEDICAL CENTER RD
STE 120
MISSION VIEJO, CA 92691

Effective as of 01-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-JUN-16

GHOSHEH, FARIS, MD

Provider ID: N/A

26701 CROWN VALLEY
PKWY
MISSION VIEJO, CA 92691

Effective as of 01-OCT-22

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

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-MAY-12

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-APR-11

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

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

26726 CROWN VALLEY
PKWY STE 220
MISSION VIEJO, CA 92691
Effective as of 01-OCT-17

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-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-MAR-12

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-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

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

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-MAR-23

NG, REBECCA, OD

Provider ID: N/A

26691 PLAZA STE 250
MISSION VIEJO, CA 92691

Effective as of 01-SEP-23

SAKO, AARON, OD

Provider ID: N/A

27724 SANTA MARGARITA
PKWY

MISSION VIEJO, CA 92691

Effective as of 01-JAN-18

WONG, RANDALL, OD

Provider ID: N/A

26701 CROWN VALLEY
PKWY
MISSION VIEJO, CA 92691

Effective as of 01-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

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

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-SEP-99

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

CHO, MICHAEL, MD†

Provider ID: N/A

 26726 CROWN VALLEY
PKWY STE 200
MISSION VIEJO, CA 92691
Effective as of 01-OCT-22

CHO, MICHAEL, MD†

Provider ID: N/A

 26726 CROWN VALLEY
PKWY STE 200
MISSION VIEJO, CA 92691
Effective as of 01-SEP-10

CHO, MICHAEL, MD†

Provider ID: N/A

 26726 CROWN VALLEY
PKWY STE 200
MISSION VIEJO, CA 92691
Effective as of 01-JAN-18

CHO, MICHAEL, MD†

Provider ID: N/A

 26726 CROWN VALLEY

PKWY STE 200
MISSION VIEJO, CA 92691
Effective as of 01-MAR-08

CROCKETT, DENNIS, MD†

Provider ID: N/A

 26726 CROWN VALLEY
PKWY STE 200
MISSION VIEJO, CA 92691
Effective as of 01-MAR-08

CROCKETT, DENNIS, MD†

Provider ID: N/A

 26726 CROWN VALLEY
PKWY STE 200
MISSION VIEJO, CA 92691
Effective as of 01-JAN-18

CROCKETT, DENNIS, MD†

Provider ID: N/A

 26726 CROWN VALLEY
PKWY STE 200
MISSION VIEJO, CA 92691
Effective as of 01-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

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-APR-11

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

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-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-OCT-22

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-22

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

**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-JAN-18

**THOMPSON, CHRISTOPHER,
MD†**

Provider ID: N/A

26726 CROWN VALLEY
PKWY STE 200
MISSION VIEJO, CA 92691

Effective as of 01-FEB-16

**THOMPSON, CHRISTOPHER,
MD†**

Provider ID: N/A

26726 CROWN VALLEY

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

PKWY STE 200
MISSION VIEJO, CA 92691
Effective as of 01-FEB-16

THOMPSON, CHRISTOPHER, MD†

Provider ID: N/A

26726 CROWN VALLEY
PKWY STE 200
MISSION VIEJO, CA 92691
Effective as of 01-FEB-16

PEDIATRIC CARDIOLOGY

CHUN, DAVID, MD†

Provider ID: N/A

26691 PLAZA STE 210
MISSION VIEJO, CA 92691
Effective as of 01-FEB-15

CHUN, DAVID, MD†

Provider ID: N/A

26691 PLAZA STE 210
MISSION VIEJO, CA 92691
Effective as of 01-MAY-15

ELLINI, AHMAD, MD†

Provider ID: N/A

26691 PLAZA STE 120A
MISSION VIEJO, CA 92691
Effective as of 01-OCT-18

GANDY, JODIE, MD†

Provider ID: N/A

26691 PLAZA STE 210
MISSION VIEJO, CA 92691
Effective as of 01-SEP-15

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 160
MISSION VIEJO, CA 92691
Effective as of 01-APR-23

GANDY, JODIE, MD

Provider ID: N/A

26691 PLAZA STE 160
MISSION VIEJO, CA 92691
Effective as of 01-APR-23

GANDY, JODIE, MD

Provider ID: N/A

26691 PLAZA STE 160
MISSION VIEJO, CA 92691
Effective as of 01-APR-23

GANDY, JODIE, MD

Provider ID: N/A

26691 PLAZA STE 160
MISSION VIEJO, CA 92691
Effective as of 01-APR-23

GANDY, JODIE, MD†

Provider ID: N/A

26691 PLAZA STE 210
MISSION VIEJO, CA 92691
Effective as of 01-NOV-14

GANDY, JODIE, MD†

Provider ID: N/A

26691 PLAZA STE 210
MISSION VIEJO, CA 92691
Effective as of 01-NOV-14

GANDY, JODIE, MD†

Provider ID: N/A

26691 PLAZA STE 210
MISSION VIEJO, CA 92691
Effective as of 01-NOV-14

GANDY, JODIE, MD†

Provider ID: N/A

26691 PLAZA STE 210
MISSION VIEJO, CA 92691

Effective as of 01-NOV-14

GANDY, JODIE, MD†

Provider ID: N/A

26691 PLAZA STE 210
MISSION VIEJO, CA 92691
Effective as of 01-JAN-21

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-DEC-20

RAHIMI, MOHAMMAD, MD†

Provider ID: N/A

30492 GATEWAY PL STE
110
MISSION VIEJO, CA 92694
Effective as of 01-DEC-20

RAHIMI, MOHAMMAD, MD†

Provider ID: N/A

30492 GATEWAY PL STE
110
MISSION VIEJO, CA 92694
Effective as of 01-DEC-20

RAHIMI, MOHAMMAD, MD†

Provider ID: N/A

30492 GATEWAY PL STE

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

110
MISSION VIEJO, CA 92694
Effective as of 01-JAN-21

RAHIMI, MOHAMMAD, MD†

Provider ID: N/A

30492 GATEWAY PL STE
110
MISSION VIEJO, CA 92694
Effective as of 01-JAN-21

RAHIMI, MOHAMMAD, MD†

Provider ID: N/A

30492 GATEWAY PL STE
110
MISSION VIEJO, CA 92694
Effective as of 01-JAN-21

WEINER, KEITH, MD†

Provider ID: N/A

27800 MEDICAL CENTER
RD STE 264
MISSION VIEJO, CA 92691
Effective as of 01-NOV-14

WEINER, KEITH, MD†

Provider ID: N/A

26691 PLAZA STE 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-SEP-19

ARRIETA, ANTONIO, MD†

Provider ID: N/A

27800 MEDICAL CENTER
RD STE 138 BLDG 2
MISSION VIEJO, CA 92691
Effective as of 01-FEB-17

ARRIETA, ANTONIO, MD†

Provider ID: N/A

27800 MEDICAL CENTER
RD STE 138 BLDG 2
MISSION VIEJO, CA 92691
Effective as of 01-FEB-17

PEDIATRIC NEPHROLOGY

ZAMAN, RUMINA, MD

Provider ID: N/A

26691 PLAZA STE 130

MISSION VIEJO, CA 92691
Effective as of 01-JAN-23

PEDIATRIC ORTHOPEDICS

AMINIAN, AFSHIN, MD†

Provider ID: N/A

25982 PALA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-JUL-05

AMINIAN, AFSHIN, MD†

Provider ID: N/A

25982 PALA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-JAN-14

AMINIAN, AFSHIN, MD†

Provider ID: N/A

25982 PALA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-JUN-16

AMINIAN, AFSHIN, MD†

Provider ID: N/A

25982 PALA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-OCT-12

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

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

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-SEP-19

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-APR-18

DAVIS, KELLY, MD†

Provider ID: N/A

25982 PALA STE 230
MISSION VIEJO, CA 92691

Effective as of 01-DEC-20

DAVIS, KELLY, MD†

Provider ID: N/A

25982 PALA STE 230
MISSION VIEJO, CA 92691

Effective as of 01-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

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

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

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

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,

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

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

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

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

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

MISSION VIEJO, CA 92691
Effective as of 01-AUG-22

SHREIBA, MOHAMMED, MD†

Provider ID: N/A
26024 ACERO
MISSION VIEJO, CA 92691
Effective as of 01-NOV-22

SHREIBA, MOHAMMED, MD†

Provider ID: N/A
26024 ACERO
MISSION VIEJO, CA 92691
Effective as of 01-NOV-22

SHREIBA, MOHAMMED, MD†

Provider ID: N/A
26024 ACERO
MISSION VIEJO, CA 92691
Effective as of 01-NOV-22

SHREIBA, MOHAMMED, MD†

Provider ID: N/A
26024 ACERO
MISSION VIEJO, CA 92691
Effective as of 01-NOV-22

PSYCHOLOGIST

FRANCIS, CATHERINE, PSYD

Provider ID: N/A
26051 ACERO STE 100
MISSION VIEJO, CA 92691
Effective as of 01-JUN-22

FRANCIS, CATHERINE, PSYD

Provider ID: N/A
26051 ACERO STE 100
MISSION VIEJO, CA 92691
Effective as of 01-JUN-22

FRANCIS, CATHERINE, PSYD

Provider ID: N/A
26051 ACERO STE 100
MISSION VIEJO, CA 92691

Effective as of 01-AUG-21

FRANCIS, CATHERINE, PSYD

Provider ID: N/A
26051 ACERO STE 100
MISSION VIEJO, CA 92691
Effective as of 01-JUN-22

FRANCIS, CATHERINE, PSYD

Provider ID: N/A
26051 ACERO STE 100
MISSION VIEJO, CA 92691
Effective as of 01-JUN-22

FRANCIS, CATHERINE, PSYD

Provider ID: N/A
26051 ACERO STE 100
MISSION VIEJO, CA 92691
Effective as of 01-AUG-21

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

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

26051 ACERO STE 100
MISSION VIEJO, CA 92691
Effective as of 01-FEB-22

KUECHLE, RALPH, PhD

Provider ID: N/A

26051 ACERO STE 100
MISSION VIEJO, CA 92691
Effective as of 01-FEB-22

KUECHLE, RALPH, PhD

Provider ID: N/A

26051 ACERO STE 100
MISSION VIEJO, CA 92691
Effective as of 01-FEB-22

KUECHLE, RALPH, PhD

Provider ID: N/A

26051 ACERO STE 100
MISSION VIEJO, CA 92691
Effective as of 01-FEB-22

MARCUS, DEKE, PhD

Provider ID: N/A

27201 PUERTA REAL STE
300
MISSION VIEJO, CA 92691
Effective as of 01-AUG-20

MARCUS, DEKE, PhD

Provider ID: N/A

27201 PUERTA REAL STE
300
MISSION VIEJO, CA 92691
Effective as of 01-AUG-20

MELE, ANTHONY, PSYD†

Provider ID: N/A

26051 ACERO STE 100
MISSION VIEJO, CA 92691
Effective as of 01-AUG-21

MELE, ANTHONY, PSYD†

Provider ID: N/A

26051 ACERO STE 100

MISSION VIEJO, CA 92691
Effective as of 01-JUN-22

MELE, ANTHONY, PSYD†

Provider ID: N/A

26051 ACERO STE 100
MISSION VIEJO, CA 92691
Effective as of 01-JUN-22

MELE, ANTHONY, PSYD†

Provider ID: N/A

26051 ACERO STE 100
MISSION VIEJO, CA 92691
Effective as of 01-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

C1. Lista de proveedores de la red Médico de atención especializada

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

C1. Lista de proveedores de la red Médico de atención especializada

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-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

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

 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†

C1. Lista de proveedores de la red Médico de atención especializada

Provider ID: N/A

26732 CROWN VALLEY
PKWY STE 226
MISSION VIEJO, CA 92691
Effective as of 01-FEB-19

THIBAUT, WILLIAM, MD†

Provider ID: N/A

26732 CROWN VALLEY
PKWY STE 226
MISSION VIEJO, CA 92691
Effective as of 01-FEB-19

THIBAUT, WILLIAM, MD†

Provider ID: N/A

26732 CROWN VALLEY
PKWY STE 226
MISSION VIEJO, CA 92691
Effective as of 01-FEB-19

THIBAUT, WILLIAM, MD†

Provider ID: N/A

26732 CROWN VALLEY
PKWY STE 226
MISSION VIEJO, CA 92691
Effective as of 01-FEB-21

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

27799 MEDICAL CENTER
RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-OCT-23

BRADY, MATTHEW, MD†

Provider ID: N/A

27799 MEDICAL CENTER
RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-JUN-21

BRADY, MATTHEW, MD†

Provider ID: N/A

27799 MEDICAL CENTER
RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-JUN-21

BRADY, MATTHEW, MD†

Provider ID: N/A

27799 MEDICAL CENTER
RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-JUN-21

BRADY, MATTHEW, MD†

Provider ID: N/A

27799 MEDICAL CENTER
RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-JUN-21

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

26732 CROWN VALLEY
PKWY STE 351
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

**C1. Lista de proveedores de la red
Médico de atención especializada**

ABOU ABBASS, AHMAD, MD†

Provider ID: N/A

27799 MEDICAL CENTER
RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-JAN-22

ABOU ABBASS, AHMAD, MD†

Provider ID: N/A

27799 MEDICAL CENTER
RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-JUL-21

ABOU ABBASS, AHMAD, MD†

Provider ID: N/A

27799 MEDICAL CENTER
RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-JUL-21

ABOU ABBASS, AHMAD, MD†

Provider ID: N/A

26732 CROWN VALLEY
PKWY STE 351
MISSION VIEJO, CA 92691
Effective as of 01-SEP-18

ABOU ABBASS, AHMAD, MD†

Provider ID: N/A

26732 CROWN VALLEY
PKWY STE 351
MISSION VIEJO, CA 92691
Effective as of 01-SEP-18

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

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-SEP-22

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

26732 CROWN VALLEY
PKWY STE 351
MISSION VIEJO, CA 92691
Effective as of 01-MAY-22

ANDERSON, MARLA, MD†

Provider ID: N/A

26732 CROWN VALLEY
PKWY STE 351
MISSION VIEJO, CA 92691
Effective as of 01-MAR-19

ANDERSON, MARLA, MD†

Provider ID: N/A

27799 MEDICAL CENTER
RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-JUL-21

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

27799 MEDICAL CENTER

**C1. Lista de proveedores de la red
Médico de atención especializada**

RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-JUL-21

BACON, LOUISE, MD†

Provider ID: N/A

27799 MEDICAL CENTER
RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-JAN-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-OCT-23

BACON, LOUISE, MD†

Provider ID: N/A

27799 MEDICAL CENTER
RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-AUG-21

BACON, LOUISE, MD†

Provider ID: N/A

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

BRADY, MATTHEW, MD†

Provider ID: N/A

27799 MEDICAL CENTER
RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-SEP-22

BRADY, MATTHEW, MD†

Provider ID: N/A

27799 MEDICAL CENTER
RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-JUL-21

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-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

LAM, VINH, MD†

Provider ID: N/A

26691 PLAZA STE 130
MISSION VIEJO, CA 92691
Effective as of 01-DEC-18

**C1. Lista de proveedores de la red
Médico de atención especializada**

ROBERTSON, ELSIE, MD

Provider ID: N/A

27799 MEDICAL CENTER
RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-MAR-23

ROBERTSON, ELSIE, 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-OCT-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-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-JUN-21

SHAVER, JOHN, MD†

Provider ID: N/A

26732 CROWN VALLEY
PKWY STE 351
MISSION VIEJO, CA 92691
Effective as of 01-JAN-18

SHAVER, JOHN, MD†

Provider ID: N/A

27799 MEDICAL CENTER
RD
STE 440
MISSION VIEJO, CA 92691
Effective as of 01-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

***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

C1. Lista de proveedores de la red Médico de atención especializada

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-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

C1. Lista de proveedores de la red Médico de atención especializada

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-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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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

C1. Lista de proveedores de la red Médico de atención especializada

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-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-JAN-17

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-APR-12

MARANGI, KENT, MD†

Provider ID: N/A
 26401 CROWN VALLEY
PKWY STE 101
MISSION VIEJO, CA 92691
Effective as of 01-JUL-12

MISAGHI, AMIRHOSSEIN, MD†

Provider ID: N/A
 25982 PALA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-DEC-19

MISAGHI, AMIRHOSSEIN, MD†

Provider ID: N/A
 25982 PALA STE 230
MISSION VIEJO, CA 92691
Effective as of 01-DEC-19

MISAGHI, AMIRHOSSEIN, MD†

Provider ID: N/A
 25982 PALA STE 230
MISSION VIEJO, CA 92691

Effective as of 01-SEP-19

MORRIS, JOHN, MD†

Provider ID: N/A
 26401 CROWN VALLEY
PKWY STE 101
MISSION VIEJO, CA 92691
Effective as of 01-JUL-12

MORRIS, JOHN, MD†

Provider ID: N/A
 26401 CROWN VALLEY
PKWY STE 101
MISSION VIEJO, CA 92691
Effective as of 01-APR-12

PARK, SAMUEL, MD

Provider ID: N/A
 26730 CROWN VALLEY
PKWY STE 200
MISSION VIEJO, CA 92691
Effective as of 01-DEC-23

PARK, SAMUEL, MD

Provider ID: N/A
 26730 CROWN VALLEY
PKWY STE 200
MISSION VIEJO, CA 92691
Effective as of 01-DEC-23

PARK, SAMUEL, MD

Provider ID: N/A
 26730 CROWN VALLEY
PKWY STE 200
MISSION VIEJO, CA 92691
Effective as of 01-DEC-14

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

C1. Lista de proveedores de la red Médico de atención especializada

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-JUL-23

LAM, VINH, MD†

Provider ID: N/A

26691 PLAZA STE 130
MISSION VIEJO, CA 92691
Effective as of 01-JUL-17

LAM, VINH, MD†

C1. Lista de proveedores de la red Médico de atención especializada

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-SEP-17

LAM, VINH, MD[†]

Provider ID: N/A

26691 PLAZA STE 130
MISSION VIEJO, CA 92691

Effective as of 01-SEP-17

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

 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-FEB-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

**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-DEC-19

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-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

C1. Lista de proveedores de la red Médico de atención especializada

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

📄 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

📄 26800 CROWN VALLEY
PKWY STE 340
MISSION VIEJO, CA 92691
Effective as of 01-DEC-19

KIM, MOSES, MD†

Provider ID: N/A

📄 26800 CROWN VALLEY
PKWY STE 340
MISSION VIEJO, CA 92691

Effective as of 01-DEC-19

MEAGLIA, JAMES, MD†

Provider ID: N/A

📄 26800 CROWN VALLEY
PKWY STE 340
MISSION VIEJO, CA 92691
Effective as of 01-JAN-21

MEAGLIA, JAMES, MD†

Provider ID: N/A

📄 26800 CROWN VALLEY
PKWY STE 340
MISSION VIEJO, CA 92691
Effective as of 01-JUN-18

MEAGLIA, JAMES, MD†

Provider ID: N/A

📄 26800 CROWN VALLEY
PKWY STE 340
MISSION VIEJO, CA 92691
Effective as of 01-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-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

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

📄 26691 PLAZA STE 120
MISSION VIEJO, CA 92691
Effective as of 01-JAN-23

MEAGLIA, JAMES, MD†

Provider ID: N/A

📄 26691 PLAZA STE 120
MISSION VIEJO, CA 92691
Effective as of 01-JUN-22

NAKAMURA, LEAH, MD†

Provider ID: N/A

📄 26800 CROWN VALLEY
PKWY STE 340
MISSION VIEJO, CA 92691
Effective as of 01-JAN-23

NAKAMURA, LEAH, MD

Provider ID: N/A

📄 26991 CROWN VALLEY
PKWY STE 200

C1. Lista de proveedores de la red Médico de atención especializada

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

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

26800 CROWN VALLEY
PKWY STE 340
MISSION VIEJO, CA 92691
Effective as of 01-JUN-18

NAKAMURA, LEAH, MD†

Provider ID: N/A

26800 CROWN VALLEY
PKWY STE 340
MISSION VIEJO, CA 92691
Effective as of 01-OCT-22

NAKAMURA, LEAH, MD†

Provider ID: N/A

26800 CROWN VALLEY
PKWY STE 340
MISSION VIEJO, CA 92691
Effective as of 01-JAN-21

PASIN, ERIK, MD

Provider ID: N/A

26800 CROWN VALLEY
PKWY STE 445
MISSION VIEJO, CA 92691
Effective as of 01-NOV-14

RANDALL, JOSH, MD

Provider ID: N/A

26991 CROWN VALLEY
PKWY STE 120
MISSION VIEJO, CA 92691
Effective as of 01-OCT-23

RANDALL, JOSH, MD†

Provider ID: N/A

26691 PLAZA STE 120
MISSION VIEJO, CA 92691
Effective as of 01-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

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

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

26991 CROWN VALLEY
PKWY STE 200
MISSION VIEJO, CA 92691
Effective as of 01-JAN-23

SINGH, KARAN, MD†

Provider ID: N/A

26691 PLAZA STE 120
MISSION VIEJO, CA 92691
Effective as of 01-JUN-22

C1. Lista de proveedores de la red Médico de atención especializada

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

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

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-SEP-18

SINGH, KARAN, MD†

Provider ID: N/A

26800 CROWN VALLEY
PKWY STE 340
MISSION VIEJO, CA 92691
Effective as of 01-JUN-18

SINGH, KARAN, MD†

Provider ID: N/A

26800 CROWN VALLEY
PKWY STE 340
MISSION VIEJO, CA 92691
Effective as of 01-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-JUN-18

SPITZ, AARON, MD†

Provider ID: N/A

26800 CROWN VALLEY
PKWY STE 340
MISSION VIEJO, CA 92691
Effective as of 01-JUN-18

SPITZ, AARON, MD†

Provider ID: N/A

26800 CROWN VALLEY
PKWY STE 340
MISSION VIEJO, CA 92691
Effective as of 01-OCT-22

SPITZ, AARON, MD†

Provider ID: N/A

26800 CROWN VALLEY
PKWY STE 340
MISSION VIEJO, CA 92691
Effective as of 01-OCT-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

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

C1. Lista de proveedores de la red Médico de atención especializada

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
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

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

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
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-OCT-23

TEBYANI, NEYSSAN, MD†

Provider ID: N/A
26991 CROWN VALLEY
PKWY STE 200
MISSION VIEJO, CA 92691
Effective as of 01-JAN-23

TEBYANI, NEYSSAN, MD†

Provider ID: N/A
26800 CROWN VALLEY
PKWY STE 340
MISSION VIEJO, CA 92691
Effective as of 01-JAN-23

CI. Lista de proveedores de la red Médico de atención especializada

TEBYANI, NEYSSAN, MD†

Provider ID: N/A

26800 CROWN VALLEY
PKWY STE 340
MISSION VIEJO, CA 92691
Effective as of 01-JUN-18

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

C1. Lista de proveedores de la red Médico de atención especializada

Effective as of 01-JAN-19

ATTIA, NADER, DO[†]

Provider ID: N/A

☞ 39755 MURRIETA HOT
SPRINGS RD BLDG G
MURRIETA, CA 92563

Teleservice

Effective as of 01-JAN-19

ATTIA, NADER, DO[†]

Provider ID: N/A

☞ 39755 MURRIETA HOT
SPRINGS RD BLDG G
MURRIETA, CA 92563

Teleservice

Effective as of 01-APR-17

MESSENGER, BRADLEY, MD[†]

Provider ID: N/A

☞ 39755 MURRIETA HOT
SPRINGS RD BLDG G
MURRIETA, CA 92563

Teleservice

Effective as of 01-FEB-22

MESSENGER, BRADLEY, MD[†]

Provider ID: N/A

☞ 39755 MURRIETA HOT
SPRINGS RD BLDG G
MURRIETA, CA 92563

Teleservice

Effective as of 01-JAN-19

PATANKAR, KAUSTUBH, MD[†]

Provider ID: N/A

☞ 39755 MURRIETA HOT
SPRINGS RD BLDG G
MURRIETA, CA 92563

Effective as of 01-JAN-19

SANGODKAR, SANDEEP, DO[†]

Provider ID: N/A

☞ 39755 MURRIETA HOT

SPRINGS RD BLDG G
MURRIETA, CA 92563

Effective as of 01-JAN-19

SCHWARZ, ERNST, MD[†]

Provider ID: N/A

☞ 39755 DATE ST STE 205
MURRIETA, CA 92563

Effective as of 01-SEP-22

SCHWARZ, ERNST, MD[†]

Provider ID: N/A

☞ 39755 DATE ST STE 205
MURRIETA, CA 92563

Effective as of 01-SEP-22

CARDIOVASCULAR DISEASE

ALTURJUMAN, AHMAD, MD[†]

Provider ID: N/A

☞ 29995 TECHNOLOGY DR
STE 302
MURRIETA, CA 92563

Effective as of 01-MAR-22

ALTURJUMAN, AHMAD, MD[†]

Provider ID: N/A

☞ 29995 TECHNOLOGY DR
STE 302
MURRIETA, CA 92563

Effective as of 01-MAR-22

ALTURJUMAN, AHMAD, MD[†]

Provider ID: N/A

☞ 29995 TECHNOLOGY DR
STE 302
MURRIETA, CA 92563

Effective as of 01-JUL-22

ALTURJUMAN, AHMAD, MD[†]

Provider ID: N/A

☞ 40700 CALIFORNIA OAKS
RD STE 208
MURRIETA, CA 92562

Effective as of 01-NOV-22

AMIN, JATIN, MD[†]

Provider ID: N/A

☞ 39755 MURRIETA HOT
SPRINGS RD BLDG G
MURRIETA, CA 92563

Teleservice

Effective as of 01-AUG-20

ATTIA, NADER, DO[†]

Provider ID: N/A

☞ 39755 MURRIETA HOT
SPRINGS RD BLDG G
MURRIETA, CA 92563

Teleservice

Effective as of 01-SEP-18

ATTIA, NADER, DO[†]

Provider ID: N/A

☞ 39755 MURRIETA HOT
SPRINGS RD BLDG G
MURRIETA, CA 92563

Teleservice

Effective as of 01-MAY-21

ATTIA, NADER, DO[†]

Provider ID: N/A

☞ 39755 MURRIETA HOT
SPRINGS RD BLDG G
MURRIETA, CA 92563

Teleservice

Effective as of 01-MAY-20

ATTIA, NADER, DO[†]

Provider ID: N/A

☞ 39755 MURRIETA HOT
SPRINGS RD BLDG G
MURRIETA, CA 92563

Teleservice

Effective as of 01-JUL-22

ATTIA, NADER, DO[†]

Provider ID: N/A

C1. Lista de proveedores de la red Médico de atención especializada

39755 MURRIETA HOT
SPRINGS RD BLDG G
MURRIETA, CA 92563

Teleservice

Effective as of 01-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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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

PAREKH, NIRAJ, MD†

Provider ID: N/A
39755 MURRIETA HOT
SPRINGS RD BLDG G
MURRIETA, CA 92563
Teleservice
Effective as of 01-MAY-21

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-SEP-18

PATANKAR, KAUSTUBH, MD†

Provider ID: N/A

39755 MURRIETA HOT
SPRINGS RD BLDG G
MURRIETA, CA 92563
Effective as of 01-FEB-22

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
39755 DATE ST STE 205
MURRIETA, CA 92563
Effective as of 01-AUG-22

SCHWARZ, ERNST, MD†

Provider ID: N/A
39755 DATE ST STE 205
MURRIETA, CA 92563
Effective as of 01-AUG-22

SCHWARZ, ERNST, MD†

Provider ID: N/A
25470 MEDICAL CENTER
DR STE 201
MURRIETA, CA 92562
Effective as of 01-FEB-21

SCHWARZ, ERNST, MD†

Provider ID: N/A
25470 MEDICAL CENTER
DR STE 201
MURRIETA, CA 92562
Effective as of 01-SEP-21

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

C1. Lista de proveedores de la red
Médico de atención especializada

BARBOZA, GEORGE, NP

Provider ID: N/A

39755 MURRIETA HOT SPRINGS RD
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-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

C1. Lista de proveedores de la red Médico de atención especializada

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
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

FOWLER, VINCENT, MD†

Provider ID: N/A

📍 25405 HANCOCK AVE STE
217
MURRIETA, CA 92562

Teleservice

Effective as of 01-NOV-18

KHERADMAND, SHIVA, DO†

Provider ID: N/A

📍 25405 HANCOCK AVE STE

**C1. Lista de proveedores de la red
Médico de atención especializada**

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

KHERADMAND, SHIVA, DO†
Provider ID: N/A

25405 HANCOCK AVE STE
200
MURRIETA, CA 92562
Effective as of 01-DEC-21

KHERADMAND, SHIVA, DO†
Provider ID: N/A

25405 HANCOCK AVE STE
200
MURRIETA, CA 92562
Effective as of 01-DEC-21

KHERADMAND, SHIVA, DO†
Provider ID: N/A

25405 HANCOCK AVE STE
200
MURRIETA, CA 92562
Effective as of 01-DEC-21

KOUPAIE, JAFAR, MD
Provider ID: N/A

24400 JACKSON AVE STE B
MURRIETA, CA 92562
Effective as of 01-JAN-24

KOUPAIE, JAFAR, MD
Provider ID: N/A

24400 JACKSON AVE STE B
MURRIETA, CA 92562
Effective as of 01-JAN-24

KOUPAIE, JAFAR, MD
Provider ID: N/A

24400 JACKSON AVE STE B
MURRIETA, CA 92562
Effective as of 01-JAN-24

KOUPAIE, JAFAR, MD
Provider ID: N/A

24400 JACKSON AVE STE B
MURRIETA, CA 92562
Effective as of 01-JAN-24

LEE, HELEN, MD†
Provider ID: N/A

25495 MEDICAL CENTER
DR STE 200
MURRIETA, CA 92562
Teleservice
Effective as of 01-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

C1. Lista de proveedores de la red Médico de atención especializada

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-MAY-23

ROSHDIEH, BABAK, MD†

Provider ID: N/A

25405 HANCOCK AVE STE
200
MURRIETA, CA 92562

Effective as of 01-JUL-23

SAIED, NAGI, MD†

Provider ID: N/A

25405 HANCOCK AVE STE
200
MURRIETA, CA 92562

Teleservice

Effective as of 01-DEC-19

SAIED, NAGI, MD†

Provider ID: N/A

25405 HANCOCK AVE STE
217
MURRIETA, CA 92562

Teleservice

Effective as of 01-NOV-18

SAIED, NAGI, MD†

Provider ID: N/A

25405 HANCOCK AVE STE
200
MURRIETA, CA 92562

Teleservice

Effective as of 01-MAY-23

SAIED, NAGI, MD†

Provider ID: N/A

25405 HANCOCK AVE STE
200
MURRIETA, CA 92562

Teleservice

Effective as of 01-NOV-21

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†

**C1. Lista de proveedores de la red
Médico de atención especializada**

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

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-MAR-21

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-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,

C1. Lista de proveedores de la red Médico de atención especializada

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

C1. Lista de proveedores de la red
Médico de atención especializada

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
203
MURRIETA, CA 92562
Effective as of 01-JUL-21

BASERI, BABAK, MD

Provider ID: N/A
25405 HANCOCK AVE STE
101
MURRIETA, CA 92562
Effective as of 01-JAN-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

203
MURRIETA, CA 92562
Effective as of 01-JUL-21

BASERI, BABAK, MD

Provider ID: N/A
25405 HANCOCK AVE STE
101
MURRIETA, CA 92562
Effective as of 01-APR-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
101
MURRIETA, CA 92562
Effective as of 01-APR-24

BELLO, OSAGIE, MD

Provider ID: N/A
25405 HANCOCK AVE STE
211
MURRIETA, CA 92562
Effective as of 01-OCT-23

BELLO, OSAGIE, MD

Provider ID: N/A
25405 HANCOCK AVE STE
211
MURRIETA, CA 92562
Effective as of 01-OCT-23

BELLO, OSAGIE, MD

Provider ID: N/A
25405 HANCOCK AVE STE
211
MURRIETA, CA 92562
Effective as of 01-OCT-23

BESSUDO, ALBERTO, MD†

Provider ID: N/A
25405 HANCOCK AVE STE
206
MURRIETA, CA 92562
Teleservice
Effective as of 01-NOV-21

LEE, BYUNG, DO†

Provider ID: N/A
25405 HANCOCK AVE STE
211
MURRIETA, CA 92562
Effective as of 01-JUL-21

LEE, BYUNG, DO†

Provider ID: N/A
25405 HANCOCK AVE STE
211
MURRIETA, CA 92562
Effective as of 01-JUL-21

LEE, BYUNG, DO†

Provider ID: N/A
25405 HANCOCK AVE STE
211
MURRIETA, CA 92562
Effective as of 01-JUL-21

MARJON, PHILIP, MD

Provider ID: N/A
25405 HANCOCK AVE STE
101
MURRIETA, CA 92562
Effective as of 01-APR-23

MASIELLO, DAVID, MD†

Provider ID: N/A
25405 HANCOCK AVE STE
211
MURRIETA, CA 92562
Effective as of 01-MAR-21

MOST, CAROLE, MD†

C1. Lista de proveedores de la red Médico de atención especializada

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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***

C1. Lista de proveedores de la red Médico de atención especializada

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

ANDERSEN, MICHAEL, MD†

Provider ID: N/A

24619 WASHINGTON AVE
STE 104
MURRIETA, CA 92562

Effective as of 01-JAN-21

BINDER, PRATIBHA, MD†

Provider ID: N/A

25405 HANCOCK AVE STE
217
MURRIETA, CA 92562

Effective as of 01-JUL-21

BRAR, HARBINDER, MD†

Provider ID: N/A

25109 JEFFERSON AVE STE
210
MURRIETA, CA 92562

Effective as of 01-JUL-11

BRAR, HARBINDER, MD†

Provider ID: N/A

25109 JEFFERSON AVE STE
210
MURRIETA, CA 92562

Effective as of 01-SEP-23

BRAR, HARBINDER, MD†

Provider ID: N/A

25109 JEFFERSON AVE STE
210
MURRIETA, CA 92562

Effective as of 01-SEP-23

BRAR, HARBINDER, MD†

Provider ID: N/A

25109 JEFFERSON AVE STE
210
MURRIETA, CA 92562

Effective as of 01-SEP-23

BRAR, HARBINDER, MD†

Provider ID: N/A

25109 JEFFERSON AVE STE

210

MURRIETA, CA 92562

Effective as of 01-NOV-08

CHIODI, MARTINA, MD†

Provider ID: N/A

24910 LAS BRISAS RD STE
113
MURRIETA, CA 92562

Effective as of 01-MAR-20

DIMMETTE, PATTIE, MD

Provider ID: N/A

25405 HANCOCK AVE STE
203
MURRIETA, CA 92562

Effective as of 01-SEP-23

ELFELT, TIMOTHY, MD†

Provider ID: N/A

25460 MEDICAL CENTER
DR STE 100
MURRIETA, CA 92562

Effective as of 01-AUG-10

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-SEP-22

LEBO, DEBRA, DO†

Provider ID: N/A

25460 MEDICAL CENTER
DR STE 100
MURRIETA, CA 92562

Effective as of 01-AUG-10

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

C1. Lista de proveedores de la red Médico de atención especializada

 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†

C1. Lista de proveedores de la red Médico de atención especializada

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-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

CHIN, ERIC, MD†

Provider ID: N/A

25395 HANCOCK AVE STE
100
MURRIETA, CA 92562

Effective as of 01-JUL-19

CHOW, JASON, MD†

Provider ID: N/A

25395 HANCOCK AVE STE
100
MURRIETA, CA 92562

Effective as of 01-FEB-24

CHOW, JASON, MD†

Provider ID: N/A

25460 MEDICAL CENTER
DR STE 103
MURRIETA, CA 92562

Effective as of 01-JUL-23

CHOW, JASON, MD†

Provider ID: N/A

25395 HANCOCK AVE STE
100
MURRIETA, CA 92562

Effective as of 01-JUL-23

CHOW, JASON, MD†

Provider ID: N/A

25395 HANCOCK AVE STE
100
MURRIETA, CA 92562

Effective as of 01-OCT-22

CHOW, JASON, MD†

Provider ID: N/A

25395 HANCOCK AVE STE
100
MURRIETA, CA 92562

Effective as of 01-SEP-22

CULOTTA, ANTHONY, MD†

Provider ID: N/A

40690 CALIFORNIA OAKS
RD STE B
MURRIETA, CA 92562

Teleservice

Effective as of 01-SEP-18

CULOTTA, ANTHONY, MD†

Provider ID: N/A

40690 CALIFORNIA OAKS
RD STE B
MURRIETA, CA 92562

Teleservice

Effective as of 01-SEP-18

CULOTTA, ANTHONY, MD†

Provider ID: N/A

40690 CALIFORNIA OAKS
RD STE B
MURRIETA, CA 92562

Teleservice

C1. Lista de proveedores de la red Médico de atención especializada

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

CULOTTA, ANTHONY, MD†

Provider ID: N/A

📍 40690 CALIFORNIA OAKS
RD STE B
MURRIETA, CA 92562

Teleservice

Effective as of 01-NOV-20

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-SEP-22

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

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

📍 25460 MEDICAL CENTER
DR STE 103
MURRIETA, CA 92562

Effective as of 01-JUL-23

JOHNSON, ROGER, MD†

Provider ID: N/A

📍 25395 HANCOCK AVE STE
100
MURRIETA, CA 92562

Effective as of 01-JAN-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

📍 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-17

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

📍 25460 MEDICAL CENTER
DR STE 103
MURRIETA, CA 92562

Effective as of 01-AUG-19

C1. Lista de proveedores de la red Médico de atención especializada

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

25395 HANCOCK AVE STE 100
MURRIETA, CA 92562
Effective as of 01-AUG-18

JOSEPH, JEFFREY, MD†

Provider ID: N/A

25395 HANCOCK AVE STE 100
MURRIETA, CA 92562
Effective as of 01-JUL-23

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-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

25460 MEDICAL CENTER DR STE 103
MURRIETA, CA 92562

Effective as of 01-JAN-22

PHILLIPS, BARRATT, MD†

Provider ID: N/A

25395 HANCOCK AVE STE 100
MURRIETA, CA 92562

Effective as of 01-JAN-22

PHILLIPS, BARRATT, MD†

Provider ID: N/A

25395 HANCOCK AVE STE 100
MURRIETA, CA 92562

Effective as of 01-JAN-22

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

25460 MEDICAL CENTER DR STE 103
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-JUL-23

ARCHIBALD, JOHN, OD†

Provider ID: N/A

25395 HANCOCK AVE STE 100
MURRIETA, CA 92562

Effective as of 01-JUL-23

ARCHIBALD, JOHN, OD†

Provider ID: N/A

25395 HANCOCK AVE STE 100
MURRIETA, CA 92562

Effective as of 01-DEC-23

COLEMAN, BROOKE, OD†

Provider ID: N/A

25395 HANCOCK AVE STE 100
MURRIETA, CA 92562

Effective as of 01-AUG-20

**C1. Lista de proveedores de la red
Médico de atención especializada**

COOPER, MICHAEL, OD†

Provider ID: N/A

25395 HANCOCK AVE STE
100
MURRIETA, CA 92562
Effective as of 01-SEP-22

COOPER, MICHAEL, OD†

Provider ID: N/A

25395 HANCOCK AVE STE
100
MURRIETA, CA 92562
Effective as of 01-FEB-22

EVANS, RYAN, OD

Provider ID: N/A

40700 CALIFORNIA OAKS
RD STE 106
MURRIETA, CA 92562
Effective as of 01-APR-14

LARSON, BRETT, OD†

Provider ID: N/A

25395 HANCOCK AVE STE
100
MURRIETA, CA 92562
Effective as of 01-AUG-20

LARSON, BRETT, OD†

Provider ID: N/A

25395 HANCOCK AVE STE
100
MURRIETA, CA 92562
Effective as of 01-AUG-18

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

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 106
MURRIETA, CA 92563*
Effective as of 01-JUL-23

ABDOU, RAMI, MD†

Provider ID: N/A

39755 DATE ST STE 105
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

C1. Lista de proveedores de la red Médico de atención especializada

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
25470 MEDICAL CENTER
DR STE 201
MURRIETA, CA 92562
Effective as of 01-APR-18

CHU, JAMES, MD†

Provider ID: N/A
25470 MEDICAL CENTER
DR STE 201
MURRIETA, CA 92562
Effective as of 01-APR-18

CHU, JAMES, MD†

Provider ID: N/A
25470 MEDICAL CENTER
DR STE 201
MURRIETA, CA 92562

Effective as of 01-APR-18

CHU, JAMES, MD

Provider ID: N/A
39755 DATE ST STE 205
MURRIETA, CA 92563
Effective as of 01-JAN-23

CHU, JAMES, MD

Provider ID: N/A
39755 DATE ST STE 205
MURRIETA, CA 92563
Effective as of 01-JAN-23

CHU, JAMES, MD

Provider ID: N/A
39755 DATE ST STE 205
MURRIETA, CA 92563
Effective as of 01-JAN-23

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-JUL-23

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

SHIN, CHRISTOPHER, DPM†

Provider ID: N/A

24640 JEFFERSON AVE
STE 109
MURRIETA, CA 92562
Effective as of 01-SEP-22

SHIN, CHRISTOPHER, DPM†

Provider ID: N/A

24640 JEFFERSON AVE
STE 109
MURRIETA, CA 92562
Effective as of 01-JAN-23

C1. Lista de proveedores de la red Médico de atención especializada

SHIN, CHRISTOPHER, DPM†

Provider ID: N/A

24640 JEFFERSON AVE
STE 109
MURRIETA, CA 92562
Effective as of 01-MAY-21

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

TRANSFIGURACION SHIN, CHRISTIANNE, DPM†

Provider ID: N/A

24640 JEFFERSON AVE
STE 109
MURRIETA, CA 92562
Effective as of 01-DEC-16

WELLS, JOSEPH, DPM†

Provider ID: N/A

24640 JEFFERSON AVE
STE 109
MURRIETA, CA 92562
Effective as of 01-SEP-16

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

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-NOV-12

SIEN, STEFAN, DO†

Provider ID: N/A

28078 BAXTER RD STE 324
MURRIETA, CA 92563
Effective as of 01-FEB-15

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-DEC-22

PATEL, NIKHIL, MD†

Provider ID: N/A

25485 MEDICAL CENTER
DR STE 106
MURRIETA, CA 92562
Effective as of 01-AUG-22

PATEL, NIKHIL, MD†

Provider ID: N/A

25485 MEDICAL CENTER
DR STE 106
MURRIETA, CA 92562
Effective as of 01-AUG-22

PATEL, NIKHIL, MD†

Provider ID: N/A

25485 MEDICAL CENTER
DR STE 106
MURRIETA, CA 92562
Effective as of 01-JAN-24

**REGISTERED DIETITIAN /
NUTRITIONIST**

BLUCHER, CHERI, RD

Provider ID: N/A

29970 TECHNOLOGY DR
STE 105D

MURRIETA, CA 92563
Effective as of 01-JUN-21

BRENDECKE, LORIE, RDN

Provider ID: N/A

29970 TECHNOLOGY DR
STE 105D
MURRIETA, CA 92563
Effective as of 01-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-JUL-21

JACKSON, ALLYSON, RD

Provider ID: N/A

29970 TECHNOLOGY DR
STE 105D
MURRIETA, CA 92563
Effective as of 01-JUN-21

ROBERTS, LISA, RD

Provider ID: N/A

29970 TECHNOLOGY DR
STE 105D
MURRIETA, CA 92563
Effective as of 01-JUN-21

WAYNE, DIANE, RD

Provider ID: N/A

29970 TECHNOLOGY DR
STE 105D
MURRIETA, CA 92563
Teleservice
Effective as of 01-DEC-23

WAYNE, DIANE, RD

Provider ID: N/A

29970 TECHNOLOGY DR
STE 105D
MURRIETA, CA 92563
Teleservice
Effective as of 01-DEC-23

**REGISTERED PHYSICAL
THERAPIST**

AGENA, CYAN, PT†

Provider ID: N/A

25136 HANCOCK AVE STE A
MURRIETA, CA 92562
Effective as of 01-MAY-22

AGENA, CYAN, PT†

Provider ID: N/A

25136 HANCOCK AVE STE A
MURRIETA, CA 92562
Effective as of 01-MAY-22

ALEXANDER, AUSTIN, PT

Provider ID: N/A

25495 MEDICAL CENTER
DR STE 304
MURRIETA, CA 92562
Effective as of 01-DEC-20

ALEXANDER, AUSTIN, PT

Provider ID: N/A

25495 MEDICAL CENTER
DR STE 304
MURRIETA, CA 92562
Effective as of 01-DEC-20

**C1. Lista de proveedores de la red
Médico de atención especializada**

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

C1. Lista de proveedores de la red Médico de atención especializada

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

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

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

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

C1. Lista de proveedores de la red Médico de atención especializada

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, STEPHEN, MD†

Provider ID: N/A

25470 MEDICAL CENTER
DR STE 203
MURRIETA, CA 92562

Effective as of 01-MAY-14

DADA, FESTUS, MD†

Provider ID: N/A

25470 MEDICAL CENTER
DR STE 203
MURRIETA, CA 92562

Effective as of 01-JUN-17

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-JUL-23

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

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

C1. Lista de proveedores de la red Médico de atención especializada

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

25470 MEDICAL CENTER
DR STE 203
MURRIETA, CA 92562
Effective as of 01-JUL-21

POLLACK, JAMES, MD†

Provider ID: N/A

41670 IVY ST STE B
MURRIETA, CA 92562
Effective as of 01-NOV-22

POLLACK, JAMES, MD†

Provider ID: N/A

41670 IVY ST STE B
MURRIETA, CA 92562
Effective as of 01-FEB-23

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-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-OCT-15

ABSHIRE, BRET, MD†

Provider ID: N/A

📍 25150 HANCOCK AVE STE
210
MURRIETA, CA 92562
Effective as of 01-MAR-17

ABSHIRE, BRET, MD†

Provider ID: N/A

📍 25150 HANCOCK AVE STE
210
MURRIETA, CA 92562
Effective as of 01-FEB-18

ABSHIRE, BRET, MD†

Provider ID: N/A

📍 25150 HANCOCK AVE STE
210
MURRIETA, CA 92562
Effective as of 01-FEB-20

ABSHIRE, BRET, MD†

Provider ID: N/A

📍 25150 HANCOCK AVE STE
210
MURRIETA, CA 92562
Effective as of 01-FEB-20

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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
240
MURRIETA, CA 92562
Effective as of 01-NOV-21

GHAYOUMI, POURIYA, MD†

Provider ID: N/A
25395 HANCOCK AVE STE
250
MURRIETA, CA 92562
Effective as of 01-NOV-21

GHAYOUMI, POURIYA, MD†

Provider ID: N/A
25395 HANCOCK AVE STE
240
MURRIETA, CA 92562
Effective as of 01-AUG-22

GHAYOUMI, POURIYA, MD†

Provider ID: N/A
25395 HANCOCK AVE STE
250
MURRIETA, CA 92562
Effective as of 01-AUG-22

GHAYOUMI, POURIYA, MD†

Provider ID: N/A
25395 HANCOCK AVE STE
240
MURRIETA, CA 92562
Effective as of 01-DEC-22

C1. Lista de proveedores de la red Médico de atención especializada

GHAYOUMI, POURIYA, MD†

Provider ID: N/A

25395 HANCOCK AVE STE
250

MURRIETA, CA 92562

Effective as of 01-DEC-22

JERCINOVICH, IGOR, MD

Provider ID: N/A

25150 HANCOCK AVE STE
200

MURRIETA, CA 92562

Effective as of 01-OCT-20

JERCINOVICH, IGOR, MD

Provider ID: N/A

25150 HANCOCK AVE STE
200

MURRIETA, CA 92562

Effective as of 01-APR-07

KIMBALL, JEFF, MD

Provider ID: N/A

28078 BAXTER RD STE 330
MURRIETA, CA 92563

Effective as of 01-NOV-23

KIMBALL, JEFF, MD

Provider ID: N/A

28078 BAXTER RD STE 330
MURRIETA, CA 92563

Effective as of 01-DEC-23

LOCKE, JOHN, MD†

Provider ID: N/A

28078 BAXTER RD STE 330
MURRIETA, CA 92563

Effective as of 01-AUG-22

LOCKE, JOHN, MD†

Provider ID: N/A

28078 BAXTER RD STE 340
MURRIETA, CA 92563

Effective as of 01-AUG-22

LUNA, MARIO, MD†

Provider ID: N/A

25495 MEDICAL CENTER
DR STE 101

MURRIETA, CA 92562

Effective as of 01-AUG-20

LUNA, MARIO, MD

Provider ID: N/A

39755 DATE ST STE 104
MURRIETA, CA 92563

Effective as of 01-MAR-23

ODA, NINOS, MD

Provider ID: N/A

25395 HANCOCK AVE STE
240

MURRIETA, CA 92562

Effective as of 01-MAY-23

ODA, NINOS, MD

Provider ID: N/A

25395 HANCOCK AVE STE
250

MURRIETA, CA 92562

Effective as of 01-MAY-23

SAADAT, ARDAVAN, MD†

Provider ID: N/A

25395 HANCOCK AVE STE
250

MURRIETA, CA 92562

Effective as of 01-NOV-21

SAADAT, ARDAVAN, MD†

Provider ID: N/A

25395 HANCOCK AVE STE
240

MURRIETA, CA 92562

Effective as of 01-NOV-21

SAYEGH, ELI, MD

Provider ID: N/A

28078 BAXTER RD STE 330
MURRIETA, CA 92563

Effective as of 01-AUG-22

SAYEGH, ELI, MD

Provider ID: N/A

28078 BAXTER RD STE 340
MURRIETA, CA 92563

Effective as of 01-AUG-22

SAYEGH, ELI, MD

Provider ID: N/A

28078 BAXTER RD STE 330
MURRIETA, CA 92563

Effective as of 01-DEC-22

SAYEGH, ELI, MD

Provider ID: N/A

28078 BAXTER RD STE 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

TOOMA, GHASSAN, MD†

Provider ID: N/A

28078 BAXTER RD STE 330
MURRIETA, CA 92563

Effective as of 01-DEC-23

TOOMA, GHASSAN, MD†

Provider ID: N/A

28078 BAXTER RD STE 340
MURRIETA, CA 92563

Effective as of 01-DEC-22

TOOMA, GHASSAN, MD†

C1. Lista de proveedores de la red Médico de atención especializada

Provider ID: N/A

28078 BAXTER RD STE 330
MURRIETA, CA 92563
Effective as of 01-APR-03

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-JAN-06

NEWMAN, DAVID, MD

Provider ID: N/A

25150 HANCOCK AVE STE
110
MURRIETA, CA 92562
Effective as of 01-SEP-13

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-20

CRISELL, MONISHA, MD†

Provider ID: N/A

25495 MEDICAL CENTER
DR STE 204
MURRIETA, CA 92562
Effective as of 01-JUN-15

CRISELL, MONISHA, MD†

Provider ID: N/A

25495 MEDICAL CENTER
DR STE 204
MURRIETA, CA 92562
Effective as of 01-MAY-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-FEB-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

C1. Lista de proveedores de la red
Médico de atención especializada

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-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-JUL-23

LARSON, BENJAMIN, MD†

Provider ID: N/A

☞ 25495 MEDICAL CENTER
DR STE 204
MURRIETA, CA 92562
Effective as of 01-MAY-20

LARSON, BENJAMIN, MD†

Provider ID: N/A

☞ 25495 MEDICAL CENTER
DR STE 204
MURRIETA, CA 92562
Effective as of 01-OCT-15

LOUIE, BRANDON, MD

Provider ID: N/A

☞ 28078 BAXTER RD STE 450
MURRIETA, CA 92563
Effective as of 01-JAN-24

LOUIE, BRANDON, MD

Provider ID: N/A

☞ 28078 BAXTER RD STE 450
MURRIETA, CA 92563
Effective as of 01-JAN-24

LUTTGE, SCOTT, MD†

Provider ID: N/A

☞ 25495 MEDICAL CENTER
DR STE 204
MURRIETA, CA 92562
Effective as of 01-MAR-23

LUTTGE, SCOTT, MD†

Provider ID: N/A

☞ 25495 MEDICAL CENTER
DR STE 204
MURRIETA, CA 92562
Effective as of 01-MAY-23

LUTTGE, SCOTT, MD†

C1. Lista de proveedores de la red Médico de atención especializada

Provider ID: N/A

25495 MEDICAL CENTER
DR STE 204
MURRIETA, CA 92562
Effective as of 01-MAY-23

LUTTGE, SCOTT, MD†

Provider ID: N/A

25495 MEDICAL CENTER
DR STE 204
MURRIETA, CA 92562
Effective as of 01-DEC-22

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-MAR-21

REDDY, MADHUMITHA, DO†

Provider ID: N/A

28078 BAXTER RD STE 450
MURRIETA, CA 92563
Effective as of 01-AUG-19

REDDY, MADHUMITHA, DO†

Provider ID: N/A

28078 BAXTER RD STE 450
MURRIETA, CA 92563
Effective as of 01-FEB-22

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-JUL-23

TSI, SY, MD†

Provider ID: N/A

28078 BAXTER RD STE 450
MURRIETA, CA 92563
Effective as of 01-AUG-16

TSI, SY, MD†

Provider ID: N/A

28078 BAXTER RD STE 450
MURRIETA, CA 92563
Effective as of 01-APR-22

VEMULAPALLI, SREENIVAS, MD

Provider ID: N/A

28078 BAXTER RD STE 430
MURRIETA, CA 92563
Effective as of 01-MAY-23

VEMULAPALLI, SREENIVAS, MD†

Provider ID: N/A

25495 MEDICAL CENTER
DR STE 204
MURRIETA, CA 92562
Effective as of 01-MAY-20

VEMULAPALLI, SREENIVAS, MD†

Provider ID: N/A

25495 MEDICAL CENTER

**C1. Lista de proveedores de la red
Médico de atención especializada**

DR STE 204
MURRIETA, CA 92562
Effective as of 01-MAY-15

DEMULAPALLI, SREENIVAS, MD†

Provider ID: N/A
25495 MEDICAL CENTER
DR STE 204
MURRIETA, CA 92562
Effective as of 01-OCT-14

DEMULAPALLI, SREENIVAS, MD†

Provider ID: N/A
25495 MEDICAL CENTER
DR STE 204
MURRIETA, CA 92562
Effective as of 01-JUL-13

DEMULAPALLI, SREENIVAS, MD†

Provider ID: N/A
25495 MEDICAL CENTER
DR STE 204
MURRIETA, CA 92562
Effective as of 01-JUN-15

DEMULAPALLI, SREENIVAS, MD†

Provider ID: N/A
25495 MEDICAL CENTER
DR STE 204
MURRIETA, CA 92562
Effective as of 01-DEC-23

YUN, EDWARD, MD†

Provider ID: N/A
28078 BAXTER RD STE 450
MURRIETA, CA 92563*
Effective as of 01-NOV-15

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

YUN, EDWARD, MD†

Provider ID: N/A
28078 BAXTER RD STE 450
MURRIETA, CA 92563*
Effective as of 01-AUG-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
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-AUG-23

OVIEDO-LINARES, RAUL, MD

Provider ID: N/A
1415 E 8TH ST STE 5
NATIONAL CITY, CA 91950
Effective as of 01-AUG-23

OVIEDO-LINARES, RAUL, MD

Provider ID: N/A
1415 E 8TH ST STE 5
NATIONAL CITY, CA 91950
Effective as of 01-JAN-24

C1. Lista de proveedores de la red Médico de atención especializada

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

📍 1415 E 8TH ST STE 8
NATIONAL CITY, CA 91950
Effective as of 01-JAN-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

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 STE 3
NATIONAL CITY, CA 91950
Teleservice
Effective as of 01-AUG-23

KIM, JAMES, 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
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†

C1. Lista de proveedores de la red Médico de atención especializada

Provider ID: N/A

655 EUCLID AVE STE 208
NATIONAL CITY, CA 91950
Effective as of 01-MAR-18

PANDHI, JAY, MD†

Provider ID: N/A

655 EUCLID AVE STE 208
NATIONAL CITY, CA 91950
Effective as of 01-JAN-21

ROUGH, STEVEN, MD

Provider ID: N/A

1415 E 8TH ST STE 6
NATIONAL CITY, CA 91950
Teleservice
Effective as of 01-AUG-23

SHEREV, DIMITRI, MD

Provider ID: N/A

655 EUCLID AVE STE 303
NATIONAL CITY, CA 91950
Effective as of 01-SEP-23

WYSOCZANSKI, MARIUSZ, MD

Provider ID: N/A

1415 E 8TH ST STE 8
NATIONAL CITY, CA 91950
Effective as of 01-AUG-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

502 EUCLID AVE STE 104
NATIONAL CITY, CA 91950
Effective as of 01-JAN-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

C1. Lista de proveedores de la red Médico de atención especializada

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-JAN-21

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 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-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

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

CHIANG, JENNIFER, MD†

Provider ID: N/A

655 EUCLID AVE STE 401
NATIONAL CITY, CA 91950
Effective as of 01-JAN-21

CHIANG, JENNIFER, MD†

Provider ID: N/A

655 EUCLID AVE STE 304
NATIONAL CITY, CA 91950
Teleservice
Effective as of 01-JUL-22

CHIANG, JENNIFER, MD†

Provider ID: N/A

655 EUCLID AVE STE 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

GONZALEZ, JOSE, MD

Provider ID: N/A

C1. Lista de proveedores de la red Médico de atención especializada

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-JUL-22

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 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-AUG-22

SATEESH, BROOKE, MD†

Provider ID: N/A

655 EUCLID AVE STE 304
NATIONAL CITY, CA 91950
Teleservice

Effective as of 01-JUL-22

SATEESH, BROOKE, MD†

Provider ID: N/A

655 EUCLID AVE STE 401
NATIONAL CITY, CA 91950
Effective as of 01-JUL-22

SATEESH, BROOKE, MD†

Provider ID: N/A

655 EUCLID AVE STE 401
NATIONAL CITY, CA 91950
Effective as of 01-MAR-18

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

TYAGI, ABHILASHA, MD†

Provider ID: N/A

655 EUCLID AVE STE 401
NATIONAL CITY, CA 91950
Effective as of 01-SEP-22

UEBELHOER, NATHAN, DO†

Provider ID: N/A

655 EUCLID AVE STE 401
NATIONAL CITY, CA 91950
Effective as of 01-SEP-22

UEBELHOER, NATHAN, DO†

Provider ID: N/A

655 EUCLID AVE STE 401
NATIONAL CITY, CA 91950
Effective as of 01-APR-18

UEBELHOER, NATHAN, DO†

Provider ID: N/A

655 EUCLID AVE STE 401
NATIONAL CITY, CA 91950
Effective as of 01-FEB-22

UEBELHOER, NATHAN, DO†

Provider ID: N/A

655 EUCLID AVE STE 304
NATIONAL CITY, CA 91950
Teleservice

Effective as of 01-FEB-23

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

C1. Lista de proveedores de la red Médico de atención especializada

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-NOV-23

**CALDERON MOLINA, JUAN,
MD†**

Provider ID: N/A
655 EUCLID AVE STE 303
NATIONAL CITY, CA 91950
Effective as of 01-JUL-22

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-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

SACAMAY, TAGUMPAY, MD†

Provider ID: N/A
655 EUCLID AVE STE 303
NATIONAL CITY, CA 91950
Effective as of 01-JUL-22

NEUROLOGY

BOBO, JERRY, MD†

Provider ID: N/A
502 EUCLID AVE STE 204
NATIONAL CITY, CA 91950
Effective as of 01-SEP-22

**OBSTETRICS /
GYNECOLOGY**

AL-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-SEP-22

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

C1. Lista de proveedores de la red Médico de atención especializada

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-JAN-21

DEL ROSARIO, GELEN, MD†

Provider ID: N/A

502 EUCLID AVE STE 300
NATIONAL CITY, CA 91950

Effective as of 01-SEP-22

FOLCH TORRES-AGUIAR,

BEATRIZ, MD†

Provider ID: N/A

217 HIGHLAND AVE
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-AUG-22

GELLENS, ANDREW, MD†

Provider ID: N/A

217 HIGHLAND AVE
NATIONAL CITY, CA 91950

Teleservice

Effective as of 01-NOV-21

MENDEZ, DIEGO, MD

Provider ID: N/A

2400 E 8TH ST
NATIONAL CITY, CA 91950

Effective as of 01-APR-23

OPHTHALMOLOGY

CARRABY, ARNETT, MD†

Provider ID: N/A

1520 E PLAZA BLVD
NATIONAL CITY, CA 91950
Effective as of 01-JAN-21

CHANG, TOM, MD†

Provider ID: N/A

2240 E PLAZA BLVD
NATIONAL CITY, CA 91950

Effective as of 01-SEP-22

DELENGOCKY, TAYSON, DO

Provider ID: N/A

1520 E PLAZA BLVD
NATIONAL CITY, CA 91950

Effective as of 01-FEB-24

FISH, STEVEN, MD†

Provider ID: N/A

655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950

Effective as of 01-JUN-22

FISH, STEVEN, MD†

Provider ID: N/A

655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950

Effective as of 01-NOV-22

FISH, STEVEN, MD†

Provider ID: N/A

655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950

Effective as of 01-APR-23

FISH, STEVEN, MD†

Provider ID: N/A

655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950

Effective as of 01-APR-23

FISH, STEVEN, MD†

Provider ID: N/A

655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950

Effective as of 01-APR-23

FISH, STEVEN, MD†

Provider ID: N/A

655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950

Effective as of 01-APR-23

GOLLOGLY, HEIDRUN, MD†

Provider ID: N/A

655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950

Effective as of 01-APR-18

GOLLOGLY, HEIDRUN, MD†

Provider ID: N/A

655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950

Effective as of 01-JUN-23

GOLLOGLY, HEIDRUN, MD†

Provider ID: N/A

655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950

Effective as of 01-MAR-18

GOLLOGLY, HEIDRUN, MD†

Provider ID: N/A

655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950

Effective as of 01-SEP-22

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

C1. Lista de proveedores de la red Médico de atención especializada

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-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-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-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

C1. Lista de proveedores de la red Médico de atención especializada

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-FEB-24

KOO, ANITA, OD

Provider ID: N/A

📍 1520 E PLAZA BLVD
NATIONAL CITY, CA 91950
Effective as of 01-JAN-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

C1. Lista de proveedores de la red Médico de atención especializada

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

C1. Lista de proveedores de la red Médico de atención especializada

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

NGUYEN, HAN, DPM

Provider ID: N/A

610 EUCLID AVE STE 301
NATIONAL CITY, CA 91950
Effective as of 01-JUN-23

SANICOLAS, MARIA THERESA, DPM†

Provider ID: N/A

610 EUCLID AVE STE 304
NATIONAL CITY, CA 91950
Effective as of 01-SEP-22

SANICOLAS, MARIA THERESA, DPM†

Provider ID: N/A

610 EUCLID AVE STE 304
NATIONAL CITY, CA 91950
Effective as of 01-JAN-21

TSAI, GRACE, DPM

Provider ID: N/A

610 EUCLID AVE STE 301
NATIONAL CITY, CA 91950
Effective as of 01-SEP-23

TSAI, GRACE, DPM

Provider ID: N/A

610 EUCLID AVE STE 301
NATIONAL CITY, CA 91950
Effective as of 01-APR-23

TSAI, GRACE, DPM

Provider ID: N/A

610 EUCLID AVE STE 301
NATIONAL CITY, CA 91950
Effective as of 01-FEB-23

XU, DIXON, DPM†

Provider ID: N/A

610 EUCLID AVE STE 301
NATIONAL CITY, CA 91950
Effective as of 01-DEC-23

XU, DIXON, DPM†

Provider ID: N/A

610 EUCLID AVE STE 301
NATIONAL CITY, CA 91950
Effective as of 01-MAR-24

XU, DIXON, DPM†

Provider ID: N/A

610 EUCLID AVE STE 301
NATIONAL CITY, CA 91950
Effective as of 01-MAY-21

XU, DIXON, DPM†

Provider ID: N/A

610 EUCLID AVE STE 301
NATIONAL CITY, CA 91950
Effective as of 01-SEP-22

PSYCHIATRY

BOBO, JERRY, MD†

Provider ID: N/A

502 EUCLID AVE STE 204
NATIONAL CITY, CA 91950
Effective as of 01-SEP-22

BOBO, JERRY, MD†

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

C1. Lista de proveedores de la red Médico de atención especializada

217 HIGHLAND AVE
NATIONAL CITY, CA 91950
Teleservice
Effective as of 01-APR-21

GALANT, DANIEL, PhD

Provider ID: N/A

217 HIGHLAND AVE
NATIONAL CITY, CA 91950
Teleservice
Effective as of 01-APR-21

MIRANDA, CYNTHIA, PhD†

Provider ID: N/A

217 HIGHLAND AVE
NATIONAL CITY, CA 91950
Teleservice
Effective as of 01-APR-21

MIRANDA, CYNTHIA, PhD†

Provider ID: N/A

217 HIGHLAND AVE
NATIONAL CITY, CA 91950
Teleservice
Effective as of 01-APR-21

REGISTERED PHYSICAL THERAPIST

CHENG, BRANDON, PT

Provider ID: N/A

3400 E 8TH ST STE 108
NATIONAL CITY, CA 91950
Effective as of 01-FEB-24

DORSEY, KYLE, PT†

Provider ID: N/A

3400 E 8TH ST STE 108
NATIONAL CITY, CA 91950
Effective as of 01-JAN-24

DORSEY, KYLE, PT†

Provider ID: N/A

3400 E 8TH ST STE 108

NATIONAL CITY, CA 91950
Effective as of 01-DEC-21

HERMAN, RACHEL, PT†

Provider ID: N/A

3400 E 8TH ST STE 108
NATIONAL CITY, CA 91950
Effective as of 01-JAN-24

HERMAN, RACHEL, PT†

Provider ID: N/A

3400 E 8TH ST STE 108
NATIONAL CITY, CA 91950
Effective as of 01-NOV-21

KARANDE, PRACHI, PT†

Provider ID: N/A

3400 E 8TH ST STE 108
NATIONAL CITY, CA 91950
Effective as of 01-JAN-22

NGUYEN, TIA, PT

Provider ID: N/A

3400 E 8TH ST STE 108
NATIONAL CITY, CA 91950
Effective as of 01-MAR-24

NOVENCIDO, ANDREW, PT†

Provider ID: N/A

3400 E 8TH ST STE 108
NATIONAL CITY, CA 91950
Effective as of 01-SEP-22

SUGGS, SARAH, PT

Provider ID: N/A

3400 E 8TH ST STE 108
NATIONAL CITY, CA 91950
Effective as of 01-MAY-23

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

C1. Lista de proveedores de la red Médico de atención especializada

 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-NOV-23

BIERMAN, DINA, MD†

Provider ID: N/A

 360 SAN MIGUEL DR STE
405
NEWPORT BEACH, CA
92660

Effective as of 01-JAN-23

BREITHAUPT, ANDREW, MD†

Provider ID: N/A

 360 SAN MIGUEL DR STE
501
NEWPORT BEACH, CA
92660

Effective as of 01-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

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

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-JAN-24

FAZEL, NASIM, MD

Provider ID: N/A

**C1. Lista de proveedores de la red
Médico de atención especializada**

 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

 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

 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-15

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-23

FOREMAN, TANYA, MD†

Provider ID: N/A

 400 NEWPORT CENTER
DR STE 702
NEWPORT BEACH, CA
92660
Effective as of 01-JAN-17

FOWLER, VINCENT, MD†

Provider ID: N/A

 240 NEWPORT CENTER DR
STE 105
NEWPORT BEACH, CA

92660

Effective as of 01-FEB-20

GRUSHCHAK, SOLOMIYA, MD

Provider ID: N/A

 1441 AVOCADO AVE STE
409
NEWPORT BEACH, CA
92660
Effective as of 01-JAN-24

GRUSHCHAK, SOLOMIYA, MD

Provider ID: N/A

 1441 AVOCADO AVE STE
409
NEWPORT BEACH, CA
92660
Effective as of 01-JAN-24

GRUSHCHAK, SOLOMIYA, MD

Provider ID: N/A

 1441 AVOCADO AVE STE
409
NEWPORT BEACH, CA
92660
Effective as of 01-JAN-24

GRUSHCHAK, SOLOMIYA, MD

Provider ID: N/A

 1441 AVOCADO AVE STE
409
NEWPORT BEACH, CA
92660
Effective as of 01-JAN-24

HENDERSON, GREGORY, MD

Provider ID: N/A

 1441 AVOCADO AVE STE
409
NEWPORT BEACH, CA
92660
Effective as of 01-OCT-23

HENDERSON, GREGORY, MD

Provider ID: N/A

**C1. Lista de proveedores de la red
Médico de atención especializada**

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

KHERADMAMAND, SHIVA, DO†

Provider ID: N/A

240 NEWPORT CENTER DR
STE 105
NEWPORT BEACH, CA
92660

Effective as of 01-DEC-21

KHERADMAMAND, 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-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

1401 AVOCADO AVE STE
703
NEWPORT BEACH, CA
92660

Effective as of 01-JAN-23

LANDER, JEFFREY, MD†

Provider ID: N/A

1441 AVOCADO AVE STE
806
NEWPORT BEACH, CA
92660

Effective as of 01-JAN-23

LANDER, JEFFREY, MD†

Provider ID: N/A

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

C1. Lista de proveedores de la red Médico de atención especializada

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

📍 1401 AVOCADO AVE STE
703
NEWPORT BEACH, CA
92660

Effective as of 01-AUG-21

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-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

📍 1401 AVOCADO AVE STE
703
NEWPORT BEACH, CA
92660

Effective as of 01-JUL-23

LEDON, JENNIFER, MD

Provider ID: N/A

📍 400 NEWPORT CENTER
DR STE 702
NEWPORT BEACH, CA
92660

Effective as of 01-JAN-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

C1. Lista de proveedores de la red Médico de atención especializada

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-MAY-19

MESHKINPOUR, AZIN, MD†

Provider ID: N/A

1401 AVOCADO AVE STE
703
NEWPORT BEACH, CA
92660

Effective as of 01-JUL-19

MESHKINPOUR, AZIN, MD†

Provider ID: N/A

1401 AVOCADO AVE STE
703
NEWPORT BEACH, CA
92660

Effective as of 01-OCT-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-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-FEB-23

NAMI, NAVID, DO†

Provider ID: N/A

360 SAN MIGUEL DR STE
501
NEWPORT BEACH, CA
92660

Effective as of 01-FEB-23

NAMI, NAVID, DO†

Provider ID: N/A

360 SAN MIGUEL DR STE
501
NEWPORT BEACH, CA
92660

Effective as of 01-FEB-23

NAMI, NAVID, DO†

Provider ID: N/A

360 SAN MIGUEL DR STE
501
NEWPORT BEACH, CA
92660

Effective as of 01-FEB-23

NAMI, NAVID, DO†

Provider ID: N/A

360 SAN MIGUEL DR STE
501
NEWPORT BEACH, CA
92660

Effective as of 01-JAN-17

C1. Lista de proveedores de la red Médico de atención especializada

NAMI, NAVID, DO[†]

Provider ID: N/A

 360 SAN MIGUEL DR STE
501
NEWPORT BEACH, CA
92660

Effective as of 01-FEB-23

NAMI, NAVID, DO[†]

Provider ID: N/A

 360 SAN MIGUEL DR STE
501
NEWPORT BEACH, CA
92660

Effective as of 01-FEB-23

NAMI, NAVID, DO[†]

Provider ID: N/A

 360 SAN MIGUEL DR STE
501
NEWPORT BEACH, CA
92660

Effective as of 01-JAN-21

NAMI, NAVID, DO[†]

Provider ID: N/A

 360 SAN MIGUEL DR STE
501
NEWPORT BEACH, CA
92660

Effective as of 01-JAN-12

NAMI, NAVID, DO[†]

Provider ID: N/A

 360 SAN MIGUEL DR STE
501
NEWPORT BEACH, CA
92660

Effective as of 01-JAN-18

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-JAN-23

NAMI, NAVID, DO[†]

Provider ID: N/A

 360 SAN MIGUEL DR STE
501
NEWPORT BEACH, CA
92660

Effective as of 01-MAR-23

NAMI, NAVID, DO[†]

Provider ID: N/A

 360 SAN MIGUEL DR STE
501
NEWPORT BEACH, CA
92660

Effective as of 01-MAR-23

NAMI, NAVID, DO[†]

Provider ID: N/A

 360 SAN MIGUEL DR STE
501
NEWPORT BEACH, CA
92660

Effective as of 01-APR-21

NAMI, NAVID, DO[†]

Provider ID: N/A

 360 SAN MIGUEL DR STE
501
NEWPORT BEACH, CA
92660

Effective as of 01-JAN-23

NAMI, NAVID, DO[†]

Provider ID: N/A

 360 SAN MIGUEL DR STE
501
NEWPORT BEACH, CA
92660

Effective as of 01-JAN-23

NAMI, NAVID, DO[†]

Provider ID: N/A

 360 SAN MIGUEL DR STE
501
NEWPORT BEACH, CA
92660

Effective as of 01-JUL-12

NAMI, NAVID, DO[†]

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-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

**C1. Lista de proveedores de la red
Médico de atención especializada**

NGUYEN, DENNIS, MD†

Provider ID: N/A

360 SAN MIGUEL DR STE
501
NEWPORT BEACH, CA
92660

Effective as of 01-MAR-23

NGUYEN, DENNIS, MD†

Provider ID: N/A

360 SAN MIGUEL DR STE
501
NEWPORT BEACH, CA
92660

Effective as of 01-MAR-23

NGUYEN, DENNIS, MD†

Provider ID: N/A

360 SAN MIGUEL DR STE
501
NEWPORT BEACH, CA
92660

Effective as of 01-MAY-21

NGUYEN, DENNIS, MD†

Provider ID: N/A

360 SAN MIGUEL DR STE
501
NEWPORT BEACH, CA
92660

Effective as of 01-JAN-23

NGUYEN, DENNIS, MD†

Provider ID: N/A

360 SAN MIGUEL DR STE
501
NEWPORT BEACH, CA
92660

Effective as of 01-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-FEB-23

NGUYEN, DENNIS, MD†

Provider ID: N/A

360 SAN MIGUEL DR STE
501
NEWPORT BEACH, CA
92660

Effective as of 01-FEB-23

NGUYEN, DENNIS, MD†

Provider ID: N/A

360 SAN MIGUEL DR STE
501
NEWPORT BEACH, CA
92660

Effective as of 01-FEB-23

NGUYEN, DENNIS, MD†

Provider ID: N/A

360 SAN MIGUEL DR STE
501
NEWPORT BEACH, CA
92660

Effective as of 01-OCT-19

NGUYEN, DENNIS, MD†

Provider ID: N/A

360 SAN MIGUEL DR STE
501
NEWPORT BEACH, CA
92660

Effective as of 01-OCT-19

ROSHDIEH, BABAK, MD†

Provider ID: N/A

1401 AVOCADO AVE STE
703
NEWPORT BEACH, CA
92660

Effective as of 01-OCT-23

ROSHDIEH, BABAK, MD†

Provider ID: N/A

1401 AVOCADO AVE STE
703
NEWPORT BEACH, CA
92660

Effective as of 01-MAY-22

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-JAN-23

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

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

400 NEWPORT CENTER
DR STE 702

NEWPORT BEACH, CA

92660

Effective as of 01-SEP-18

SHIELL, RONALD, MD†

Provider ID: N/A

400 NEWPORT CENTER
DR STE 702
NEWPORT BEACH, CA
92660

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-JAN-17

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

C1. Lista de proveedores de la red Médico de atención especializada

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-APR-11

SAINI, SURINDER, MD†

Provider ID: N/A

1441 AVOCADO AVE STE
807
NEWPORT BEACH, CA
92660

Effective as of 01-MAY-12

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

SACHELARIÉ, IRINA, MD

Provider ID: N/A

1441 AVOCADO AVE STE 301
NEWPORT BEACH, CA
92660

Effective as of 01-MAR-23

SACHELARIÉ, IRINA, MD

Provider ID: N/A

1441 AVOCADO AVE STE 301
NEWPORT BEACH, CA
92660

Effective as of 01-MAR-23

SACHELARIÉ, IRINA, MD

Provider ID: N/A

1441 AVOCADO AVE STE 301
NEWPORT BEACH, CA
92660

Effective as of 01-MAR-23

SACHELARIÉ, IRINA, MD

Provider ID: N/A

1441 AVOCADO AVE STE 301
NEWPORT BEACH, CA
92660

Effective as of 01-MAR-23

SACHELARIÉ, 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-AUG-11

SUGIHARA, CORINNE, MD†

Provider ID: N/A

1441 AVOCADO AVE STE
608
NEWPORT BEACH, CA
92660

Effective as of 01-JAN-11

OPHTHALMOLOGY

AGARWAL, MADHU, MD†

Provider ID: N/A

400 NEWPORT CENTER
DR STE 605
NEWPORT BEACH, CA
92660

Effective as of 01-APR-23

AGARWAL, MADHU, MD†

Provider ID: N/A

400 NEWPORT CENTER
DR STE 605
NEWPORT BEACH, CA
92660

Effective as of 01-APR-23

AGARWAL, MADHU, MD†

Provider ID: N/A

**C1. Lista de proveedores de la red
Médico de atención especializada**

 400 NEWPORT CENTER
DR STE 605
NEWPORT BEACH, CA
92660

Effective as of 01-OCT-22

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-JAN-21

CIES, WILLIAM, MD

Provider ID: N/A

 400 NEWPORT CENTER
DR STE 404
NEWPORT BEACH, CA
92660

Effective as of 01-JUL-12

**EIFRIG, CHARLES WILLIAM,
MD†**

Provider ID: N/A

 360 SAN MIGUEL DR STE
407
NEWPORT BEACH, CA
92660

Effective as of 01-JAN-20

**EIFRIG, CHARLES WILLIAM,
MD†**

Provider ID: N/A

 360 SAN MIGUEL DR STE
407
NEWPORT BEACH, CA

92660
Effective as of 01-DEC-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-SEP-18

**EIFRIG, CHARLES WILLIAM,
MD†**

Provider ID: N/A

 360 SAN MIGUEL DR STE
407
NEWPORT BEACH, CA
92660

Effective as of 01-NOV-17

**EIFRIG, CHARLES WILLIAM,
MD†**

Provider ID: N/A

 360 SAN MIGUEL DR STE
407
NEWPORT BEACH, CA
92660

Effective as of 01-NOV-17

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-NOV-17

HWANG, JOHN, MD†

Provider ID: N/A

**C1. Lista de proveedores de la red
Médico de atención especializada**

 360 SAN MIGUEL DR STE
407
NEWPORT BEACH, CA
92660
Effective as of 01-OCT-20

HWANG, JOHN, MD†

Provider ID: N/A

 360 SAN MIGUEL DR STE
407
NEWPORT BEACH, CA
92660
Effective as of 01-OCT-23

HWANG, JOHN, MD†

Provider ID: N/A

 360 SAN MIGUEL DR STE
407
NEWPORT BEACH, CA
92660
Effective as of 01-JAN-18

HWANG, JOHN, MD†

Provider ID: N/A

 360 SAN MIGUEL DR STE
407
NEWPORT BEACH, CA
92660
Effective as of 01-JUL-18

LIU, WENJING, MD†

Provider ID: N/A

 360 SAN MIGUEL DR STE
410
NEWPORT BEACH, CA
92660
Effective as of 01-JAN-20

LIU, WENJING, MD†

Provider ID: N/A

 360 SAN MIGUEL DR STE
410
NEWPORT BEACH, CA
92660
Effective as of 01-OCT-22

MCGUIRE, DESMOND, MD†

Provider ID: N/A

 360 SAN MIGUEL DR STE
407
NEWPORT BEACH, CA
92660
Effective as of 01-NOV-17

MCGUIRE, DESMOND, MD†

Provider ID: N/A

 360 SAN MIGUEL DR STE
407
NEWPORT BEACH, CA
92660
Effective as of 01-NOV-17

MCGUIRE, DESMOND, MD†

Provider ID: N/A

 360 SAN MIGUEL DR STE
407
NEWPORT BEACH, CA
92660
Effective as of 01-MAY-14

MCGUIRE, DESMOND, MD†

Provider ID: N/A

 360 SAN MIGUEL DR STE
407
NEWPORT BEACH, CA
92660
Effective as of 01-DEC-20

OTOLARYNGOLOGY

BERTELSEN, CAITLIN, MD†

Provider ID: N/A

 400 NEWPORT CENTER
DR STE 302
NEWPORT BEACH, CA
92660
Effective as of 01-AUG-21

SCHWARTZ, MARISSA, MD†

Provider ID: N/A

 400 NEWPORT CENTER

DR STE 302
NEWPORT BEACH, CA
92660

Effective as of 01-AUG-21

SCHWARTZ, MARISSA, MD†

Provider ID: N/A

 400 NEWPORT CENTER
DR STE 302
NEWPORT BEACH, CA
92660
Effective as of 01-AUG-21

SCHWARTZ, MARISSA, MD†

Provider ID: N/A

 400 NEWPORT CENTER
DR STE 302
NEWPORT BEACH, CA
92660
Effective as of 01-AUG-21

SCHWARTZ, MARISSA, MD†

Provider ID: N/A

 400 NEWPORT CENTER
DR STE 302
NEWPORT BEACH, CA
92660
Effective as of 01-AUG-21

SCHWARTZ, MARISSA, MD†

Provider ID: N/A

 400 NEWPORT CENTER
DR STE 302
NEWPORT BEACH, CA
92660
Effective as of 01-AUG-21

SCHWARTZ, MARISSA, MD†

Provider ID: N/A

 400 NEWPORT CENTER
DR STE 302
NEWPORT BEACH, CA
92660
Effective as of 01-AUG-21

**C1. Lista de proveedores de la red
Médico de atención especializada**

**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

**C1. Lista de proveedores de la red
Médico de atención especializada**

 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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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

ROSING, JAMES, MD

Provider ID: N/A

1441 AVOCADO AVE STE
708
NEWPORT BEACH, CA
92660

C1. Lista de proveedores de la red Médico de atención especializada

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-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

PHAN, CU, MD

Provider ID: N/A

400 NEWPORT CENTER
DR STE 409
NEWPORT BEACH, CA
92660

Effective as of 01-MAY-12

FAMILY PRACTICE

SPORTS MEDICINE

YIM, EUGENE, MD†

Provider ID: N/A

21115 NEWPORT COAST DR
NEWPORT COAST, CA
92657

Effective as of 01-JAN-21

ANESTHESIOLOGY

TOWNE, BROOKE, MD

Provider ID: N/A

3998 VISTA WAY STE C
OCEANSIDE, CA 92056

Effective as of 01-JAN-24

ANESTHESIOLOGY PAIN MANAGEMENT

BODDU, NAVNEET, MD

Provider ID: N/A

2125 S EL CAMINO REAL
STE 200
OCEANSIDE, CA 92054

Effective as of 01-JAN-23

COHEN, ZACHARY, MD†

Provider ID: N/A

3142 VISTA WAY STE 207
OCEANSIDE, CA 92056

Effective as of 01-NOV-21

COHEN, ZACHARY, MD†

Provider ID: N/A

3142 VISTA WAY STE 207
OCEANSIDE, CA 92056

Effective as of 01-OCT-21

COHEN, ZACHARY, MD†

Provider ID: N/A

3142 VISTA WAY STE 207
OCEANSIDE, CA 92056

Effective as of 01-OCT-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-JUL-21

FISHER, CASEY, MD

Provider ID: N/A

3142 VISTA WAY STE 207
OCEANSIDE, CA 92056

C1. Lista de proveedores de la red Médico de atención especializada

Effective as of 01-JUN-19

LAWSON, ERIN, MD

Provider ID: N/A

3142 VISTA WAY STE 207
OCEANSIDE, CA 92056

Effective as of 01-DEC-23

LAWSON, ERIN, MD

Provider ID: N/A

3142 VISTA WAY STE 207
OCEANSIDE, CA 92056

Effective as of 01-JUL-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

C1. Lista de proveedores de la red Médico de atención especializada

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

517 N HORNE ST
OCEANSIDE, CA 92054
Effective as of 01-FEB-24

CORY, ALLISON, NP

Provider ID: N/A

818 PIER VIEW WAY
OCEANSIDE, CA 92054
Effective as of 01-FEB-24

CORY, ALLISON, NP

Provider ID: N/A

4700 N RIVER RD
OCEANSIDE, CA 92057
Effective as of 01-JAN-24

EKLUND, BONNIE, NP

Provider ID: N/A

4700 N RIVER RD
OCEANSIDE, CA 92057
Effective as of 01-FEB-24

EKLUND, BONNIE, NP

Provider ID: N/A

818 PIER VIEW WAY
OCEANSIDE, CA 92054
Effective as of 01-FEB-24

FISHER-GAMEZ, LORI, NP

Provider ID: N/A

3905 WARING RD
OCEANSIDE, CA 92056
Teleservice
Effective as of 01-OCT-21

HALGEDAHL, YI, NP

Provider ID: N/A

517 N HORNE ST
OCEANSIDE, CA 92054
Effective as of 01-FEB-24

HALGEDAHL, YI, NP

Provider ID: N/A

818 PIER VIEW WAY
OCEANSIDE, CA 92054
Effective as of 01-JAN-24

HALGEDAHL, YI, NP

Provider ID: N/A

4700 N RIVER RD
OCEANSIDE, CA 92057
Effective as of 01-JAN-24

HOWELL, AMANDA, NP

Provider ID: N/A

4700 N RIVER RD
OCEANSIDE, CA 92057
Effective as of 01-JAN-24

HOWELL, AMANDA, NP

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

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

C1. Lista de proveedores de la red Médico de atención especializada

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, NP†

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

C1. Lista de proveedores de la red Médico de atención especializada

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-NOV-20

ANGRA, KUNAL, 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-SEP-22

GILBOA, RUTH, MD†

Provider ID: N/A

3629 VISTA WAY
OCEANSIDE, CA 92056
Effective as of 01-AUG-20

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-MAR-12

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-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-SEP-22

C1. Lista de proveedores de la red Médico de atención especializada

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-MAR-12

SAMADY, JOSEPH, MD†

Provider ID: N/A

3629 VISTA WAY
OCEANSIDE, CA 92056
Effective as of 01-JUL-22

SAMADY, JOSEPH, MD†

Provider ID: N/A

3629 VISTA WAY
OCEANSIDE, CA 92056
Effective as of 01-APR-07

SAMADY, JOSEPH, MD†

Provider ID: N/A

3629 VISTA WAY
OCEANSIDE, CA 92056
Effective as of 01-AUG-20

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-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-09

THIELE, JENS, MD†

Provider ID: N/A

3629 VISTA WAY
OCEANSIDE, CA 92056
Effective as of 01-SEP-21

TSE, YARDY, MD†

Provider ID: N/A

3629 VISTA WAY
OCEANSIDE, CA 92056
Effective as of 01-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-AUG-13

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

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

C1. Lista de proveedores de la red Médico de atención especializada

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-SEP-21

CHIAO, HELLEN, MD[†]
Provider ID: N/A

3923 WARING RD STE A
OCEANSIDE, CA 92056
Effective as of 01-JUL-22

CHIAO, HELLEN, MD[†]
Provider ID: N/A

3923 WARING RD STE A
OCEANSIDE, CA 92056
Effective as of 01-JAN-21

CHIAO, HELLEN, MD[†]
Provider ID: N/A

C1. Lista de proveedores de la red Médico de atención especializada

 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-MAR-01

DEVEREAUX, CHRISTOPHER, MD†

Provider ID: N/A

 3923 WARING RD STE A
OCEANSIDE, CA 92056
Effective as of 01-JAN-21

DEVEREAUX, CHRISTOPHER, MD†

Provider ID: N/A

 3923 WARING RD STE A
OCEANSIDE, CA 92056
Effective as of 01-JUL-22

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

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-JAN-21

KROL, THOMAS, MD†

Provider ID: N/A

 3923 WARING RD STE A
OCEANSIDE, CA 92056
Effective as of 01-JAN-21

KROL, THOMAS, MD†

Provider ID: N/A

 3923 WARING RD STE A
OCEANSIDE, CA 92056
Effective as of 01-JUN-99

NOVO, MEGAN, MD

Provider ID: N/A

 3923 WARING RD STE A
OCEANSIDE, CA 92056
Teleservice
Effective as of 01-JUL-23

NOVO, MEGAN, MD

Provider ID: N/A

 3923 WARING RD STE A
OCEANSIDE, CA 92056
Teleservice
Effective as of 01-SEP-23

NOVO, MEGAN, MD

Provider ID: N/A

 3923 WARING RD STE A
OCEANSIDE, CA 92056
Teleservice
Effective as of 01-OCT-23

SHAD, JAVAID, MD†

Provider ID: N/A

 3923 WARING RD STE A
OCEANSIDE, CA 92056
Effective as of 01-SEP-21

SHAD, JAVAID, MD†

Provider ID: N/A

 3923 WARING RD STE A
OCEANSIDE, CA 92056
Effective as of 01-JAN-21

SHAD, JAVAID, MD†

Provider ID: N/A

 3923 WARING RD STE A
OCEANSIDE, CA 92056
Effective as of 01-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-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-JUL-22

SHIM, MICHAEL, MD†

Provider ID: N/A

 3923 WARING RD STE A

C1. Lista de proveedores de la red Médico de atención especializada

OCEANSIDE, CA 92056
Effective as of 01-JAN-21

SHIM, MICHAEL, MD†

Provider ID: N/A

3923 WARING RD STE A
OCEANSIDE, CA 92056
Effective as of 01-SEP-21

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

C1. Lista de proveedores de la red Médico de atención especializada

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

4700 N RIVER RD
OCEANSIDE, CA 92057
Effective as of 01-JAN-24

SMITH, SONYA, LCSW

Provider ID: N/A

517 N HORNE ST
OCEANSIDE, CA 92054
Effective as of 01-JAN-24

SMITH, SONYA, LCSW

Provider ID: N/A

818 PIER VIEW WAY
OCEANSIDE, CA 92054
Effective as of 01-JAN-24

WILSON, CARLENE, LCSW

Provider ID: N/A

4700 N RIVER RD
OCEANSIDE, CA 92057
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

C1. Lista de proveedores de la red Médico de atención especializada

OCEANSIDE, CA 92054
Teleservice
Effective as of 01-JAN-24

ZAPPONE, ALIDA, LCSW

Provider ID: N/A
517 N HORNE ST
OCEANSIDE, CA 92054
Teleservice
Effective as of 01-JAN-24

MARRIAGE FAMILY THERAPIST

MEYERHOF, GRETA, MFT†

Provider ID: N/A
517 N HORNE ST
OCEANSIDE, CA 92054
Effective as of 01-JAN-24

MEYERHOF, GRETA, MFT†

Provider ID: N/A
818 PIER VIEW WAY
OCEANSIDE, CA 92054
Effective as of 01-JAN-24

MEYERHOF, GRETA, MFT†

Provider ID: N/A
4700 N RIVER RD
OCEANSIDE, CA 92057
Effective as of 01-JAN-24

MEDICAL ONCOLOGY

PAROLY, WARREN, MD†

Provider ID: N/A
3617 VISTA WAY
OCEANSIDE, CA 92056
Effective as of 01-SEP-21

NEPHROLOGY

KHARADJIAN, TALAR, MD†

Provider ID: N/A

3300 VISTA WAY STE B
OCEANSIDE, CA 92056
Teleservice
Effective as of 01-JUN-21

KHARADJIAN, TALAR, MD†

Provider ID: N/A
3300 VISTA WAY STE B
OCEANSIDE, CA 92056
Teleservice
Effective as of 01-JUL-21

LIU, ANDREW, MD

Provider ID: N/A
3300 VISTA WAY
OCEANSIDE, CA 92056
Teleservice
Effective as of 01-DEC-23

LIU, ANDREW, MD

Provider ID: N/A
3300 VISTA WAY STE B
OCEANSIDE, CA 92056
Effective as of 01-DEC-23

LIU, ANDREW, MD

Provider ID: N/A
3300 VISTA WAY
OCEANSIDE, CA 92056*
Teleservice
Effective as of 01-OCT-23

LIU, ANDREW, MD

Provider ID: N/A
3300 VISTA WAY STE B
OCEANSIDE, CA 92056
Effective as of 01-NOV-23

OBSTETRICS / GYNECOLOGY

BINDER, PRATIBHA, MD†

Provider ID: N/A
4002 VISTA WAY

OCEANSIDE, CA 92056
Effective as of 01-JUL-21

EBRAHIMI ADIB, TANNAZ, MD†

Provider ID: N/A
3927 WARING RD STE D
OCEANSIDE, CA 92056
Effective as of 01-JAN-21

EBRAHIMI ADIB, TANNAZ, MD†

Provider ID: N/A
3927 WARING RD STE D
OCEANSIDE, CA 92056
Effective as of 01-JAN-19

MAZAREI, RAHELE, DO†

Provider ID: N/A
3998 VISTA WAY STE C
OCEANSIDE, CA 92056
Effective as of 01-MAY-21

MAZAREI, RAHELE, DO†

Provider ID: N/A
3998 VISTA WAY STE C
OCEANSIDE, CA 92056
Effective as of 01-MAR-20

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

C1. Lista de proveedores de la red Médico de atención especializada

SUNTAY, BERK, MD†

Provider ID: N/A

3998 VISTA WAY STE C
OCEANSIDE, CA 92056
Effective as of 01-MAY-21

SUNTAY, BERK, MD†

Provider ID: N/A

3998 VISTA WAY STE C
OCEANSIDE, CA 92056
Effective as of 01-JUN-21

OPHTHALMOLOGY

JACOBSEN, BRADLEY, MD

Provider ID: N/A

3231 WARING CT STE S
OCEANSIDE, CA 92056
Effective as of 01-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†

Provider ID: N/A

3231 WARING CT STE S
OCEANSIDE, CA 92056
Effective as of 01-SEP-21

NGUYEN, VINCENT, MD†

Provider ID: N/A

3231 WARING CT STE S
OCEANSIDE, CA 92056
Effective as of 01-APR-20

ROBINSON, FANE, MD†

Provider ID: N/A

3231 WARING CT STE S
OCEANSIDE, CA 92056
Effective as of 01-FEB-10

SHEILS, CATHERINE, MD

Provider ID: N/A

3637 VISTA WAY
OCEANSIDE, CA 92056
Effective as of 01-JAN-24

SMITH, MARK, MD†

Provider ID: N/A

3231 WARING CT STE S
OCEANSIDE, CA 92056
Effective as of 01-FEB-10

SMITH, MARK, MD†

Provider ID: N/A

3231 WARING CT STE S
OCEANSIDE, CA 92056
Effective as of 01-SEP-21

SONG, DELU, MD

Provider ID: N/A

3231 WARING CT STE S
OCEANSIDE, CA 92056
Effective as of 01-OCT-23

SONG, DELU, MD

Provider ID: N/A

3231 WARING CT STE S
OCEANSIDE, CA 92056
Effective as of 01-JUL-23

SONG, DELU, MD

Provider ID: N/A

3231 WARING CT STE S
OCEANSIDE, CA 92056
Effective as of 01-DEC-23

OPTOMETRIST

GEE, JENNIFER, OD

Provider ID: N/A

517 N HORNE ST
OCEANSIDE, CA 92054
Effective as of 01-JAN-24

GEE, JENNIFER, OD

Provider ID: N/A

517 N HORNE ST
OCEANSIDE, CA 92054
Effective as of 01-JUL-22

GEE, JENNIFER, OD

Provider ID: N/A

4700 N RIVER RD
OCEANSIDE, CA 92057
Effective as of 01-JUL-22

GEE, JENNIFER, OD

Provider ID: N/A

4700 N RIVER RD
OCEANSIDE, CA 92057
Effective as of 01-JAN-24

KASAI, SARAH, OD

Provider ID: N/A

4700 N RIVER RD
OCEANSIDE, CA 92057
Effective as of 01-DEC-23

KASAI, SARAH, OD

Provider ID: N/A

517 N HORNE ST
OCEANSIDE, CA 92054
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

C1. Lista de proveedores de la red Médico de atención especializada

KIM, MICHAEL, OD

Provider ID: N/A

4700 N RIVER RD
OCEANSIDE, CA 92057
Effective as of 01-JUL-22

MORA, WENDY, OD

Provider ID: N/A

4700 N RIVER RD
OCEANSIDE, CA 92057
Effective as of 01-JUL-22

MORA, WENDY, OD

Provider ID: N/A

4700 N RIVER RD
OCEANSIDE, CA 92057
Effective as of 01-JAN-24

MORA, WENDY, OD

Provider ID: N/A

517 N HORNE ST
OCEANSIDE, CA 92054
Effective as of 01-JUL-22

MORA, WENDY, OD

Provider ID: N/A

517 N HORNE ST
OCEANSIDE, CA 92054
Effective as of 01-JAN-24

RICH, RYAN, OD

Provider ID: N/A

517 N HORNE ST
OCEANSIDE, CA 92054
Effective as of 01-JAN-24

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

4700 N RIVER RD
OCEANSIDE, CA 92057
Effective as of 01-JAN-24

RICH, RYAN, OD

Provider ID: N/A

4700 N RIVER RD
OCEANSIDE, CA 92057
Effective as of 01-JUL-22

RING, ROBERT, OD†

Provider ID: N/A

3998 VISTA WAY STE 204
OCEANSIDE, CA 92056
Effective as of 01-SEP-22

TAM, EMILY, OD

Provider ID: N/A

4700 N RIVER RD
OCEANSIDE, CA 92057
Effective as of 01-JUL-22

TAM, EMILY, OD

Provider ID: N/A

4700 N RIVER RD
OCEANSIDE, CA 92057
Effective as of 01-JAN-24

TAM, EMILY, OD

Provider ID: N/A

517 N HORNE ST
OCEANSIDE, CA 92054
Effective as of 01-JUL-22

TAM, EMILY, OD

Provider ID: N/A

517 N HORNE ST
OCEANSIDE, CA 92054
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-OCT-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-MAY-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-SEP-21

JACOBS, ROBERT, MD†

Provider ID: N/A

3907 WARING RD STE 1A
OCEANSIDE, CA 92056
Effective as of 01-JUN-99

KUSHNARYOV, ANTON, MD

Provider ID: N/A

3909 WARING RD STE A
OCEANSIDE, CA 92056
Effective as of 01-APR-23

C1. Lista de proveedores de la red Médico de atención especializada

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 5
OCEANSIDE, CA 92054
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

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

CI. Lista de proveedores de la red Médico de atención especializada

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

C1. Lista de proveedores de la red Médico de atención especializada

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

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

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†

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

C1. Lista de proveedores de la red Médico de atención especializada

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, ETEVA, 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-SEP-21

NASSERY, KRISTEN, MD†

Provider ID: N/A

3601 VISTA WAY STE 203
OCEANSIDE, CA 92056

Effective as of 01-JAN-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

C1. Lista de proveedores de la red Médico de atención especializada

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

3609 VISTA WAY
OCEANSIDE, CA 92056

Effective as of 01-JAN-15

PHILLIPS, JASON, MD†

Provider ID: N/A

3907 WARING RD STE 4
OCEANSIDE, CA 92056

Effective as of 01-SEP-21

SHAPIRO, ROBERT, MD

Provider ID: N/A

3609 VISTA WAY
OCEANSIDE, CA 92056

C1. Lista de proveedores de la red Médico de atención especializada

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-JAN-21

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

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

C1. Lista de proveedores de la red Médico de atención especializada

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

15611 POMERADO RD STE
400
POWAY, CA 92064
Effective as of 01-SEP-22

ARMSTRONG, PATRICK, MD

Provider ID: N/A

15721 POMERADO RD STE
300
POWAY, CA 92064
Effective as of 01-MAR-24

BROGAN, JACQUELINE, MD

Provider ID: N/A

15725 POMERADO RD STE
102
POWAY, CA 92064
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-JAN-24

CELANO, NICHOLAS, MD

Provider ID: N/A

15725 POMERADO RD STE

C1. Lista de proveedores de la red Médico de atención especializada

102
POWAY, CA 92064
Effective as of 01-NOV-23

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-AUG-19

DELANEY, MICHAEL, MD†

Provider ID: N/A

📍 15611 POMERADO RD STE
505

POWAY, CA 92064

Teleservice

Effective as of 01-JAN-21

DELANEY, MICHAEL, MD†

Provider ID: N/A

📍 15611 POMERADO RD STE
505

POWAY, CA 92064

Teleservice

Effective as of 01-JAN-21

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

C1. Lista de proveedores de la red Médico de atención especializada

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-SEP-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-JUL-22

FISHER, CASEY, MD

Provider ID: N/A

☒ 15725 POMERADO RD STE
210
POWAY, CA 92064
Effective as of 01-JAN-21

TAHAEI, SEYED, MD†

Provider ID: N/A
☒ 15708 POMERADO RD STE
N-207
POWAY, CA 92064
Effective as of 01-OCT-22

PHYSICIANS ASSISTANT

ASTOURIAN, PATRICK, PA†

Provider ID: N/A
☒ 15725 POMERADO RD STE
117
POWAY, CA 92064
Teleservice
Effective as of 01-SEP-22

CAMERON, KENDALL, PA

Provider ID: N/A
☒ 15725 POMERADO RD STE
117
POWAY, CA 92064
Teleservice
Effective as of 01-AUG-22

CHATFIELD, ALEXANDRA, PA†

Provider ID: N/A
☒ 15611 POMERADO RD STE
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†

C1. Lista de proveedores de la red Médico de atención especializada

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

CI. Lista de proveedores de la red Médico de atención especializada

Effective as of 01-JAN-24

PSYCHIATRY CHILD

ANDERSEN, CLAIRE, MD

Provider ID: N/A

13020 POWAY RD
POWAY, CA 92064

Effective as of 01-JAN-21

ANDERSEN, CLAIRE, MD

Provider ID: N/A

13020 POWAY RD
POWAY, CA 92064

Effective as of 01-JAN-21

PSYCHOLOGIST

KAUP, ALLISON, PhD†

Provider ID: N/A

15611 POMERADO RD STE
505
POWAY, CA 92064

Teleservice

Effective as of 01-FEB-24

KAUP, ALLISON, PhD†

Provider ID: N/A

15611 POMERADO RD STE
505
POWAY, CA 92064

Teleservice

Effective as of 01-NOV-23

KAUP, ALLISON, PhD†

Provider ID: N/A

15611 POMERADO RD STE
505
POWAY, CA 92064

Teleservice

Effective as of 01-FEB-24

KAUP, ALLISON, PhD†

Provider ID: N/A

15611 POMERADO RD STE

505

POWAY, CA 92064

Teleservice

Effective as of 01-NOV-23

MEJIAS, JUAN, PhD

Provider ID: N/A

13010 POWAY RD
POWAY, CA 92064

Effective as of 01-JAN-24

MEJIAS, JUAN, PhD

Provider ID: N/A

13010 POWAY RD
POWAY, CA 92064

Effective as of 01-JAN-24

VALLEZ-BARLAM, ANDREA, PhD

Provider ID: N/A

13010 POWAY RD
POWAY, CA 92064

Effective as of 01-JAN-24

VALLEZ-BARLAM, ANDREA, PhD

Provider ID: N/A

13010 POWAY RD
POWAY, CA 92064

Effective as of 01-DEC-23

VALLEZ-BARLAM, ANDREA, PhD

Provider ID: N/A

13010 POWAY RD
POWAY, CA 92064

Effective as of 01-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

CI. Lista de proveedores de la red Médico de atención especializada

525
POWAY, CA 92064
Effective as of 01-SEP-22

COHEN, BRAD, MD†

Provider ID: N/A
220 ROTANZI ST
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

C1. Lista de proveedores de la red Médico de atención especializada

RANCHO SANTA
MARGARITA, CA 92688
Effective as of 01-AUG-12

GUIDE, SHIREEN, MD†

Provider ID: N/A

22032 EL PASEO STE 220
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

C1. Lista de proveedores de la red Médico de atención especializada

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

C1. Lista de proveedores de la red Médico de atención especializada

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

C1. Lista de proveedores de la red Médico de atención especializada

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-DEC-21

CARLIN, CHRISTOPHER, MD†

Provider ID: N/A

1300 AVENIDA VISTA
HERMOSA STE 150
SAN CLEMENTE, CA 92673
Effective as of 01-DEC-21

CARLIN, CHRISTOPHER, MD†

Provider ID: N/A

1300 AVENIDA VISTA
HERMOSA STE 150
SAN CLEMENTE, CA 92673
Effective as of 01-DEC-21

CARLIN, CHRISTOPHER, MD†

Provider ID: N/A

1300 AVENIDA VISTA
HERMOSA STE 150
SAN CLEMENTE, CA 92673
Effective as of 01-DEC-21

CARLIN, CHRISTOPHER, MD†

Provider ID: N/A

1300 AVENIDA VISTA
HERMOSA STE 150
SAN CLEMENTE, CA 92673
Effective as of 01-JAN-23

**C1. Lista de proveedores de la red
Médico de atención especializada**

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

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-OCT-18

RILEY, JESSICA, DO†

Provider ID: N/A

1300 AVENIDA VISTA
HERMOSA STE 150
SAN CLEMENTE, CA 92673
Effective as of 01-NOV-23

RILEY, JESSICA, DO†

Provider ID: N/A

1300 AVENIDA VISTA
HERMOSA STE 150
SAN CLEMENTE, CA 92673
Effective as of 01-MAR-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-AUG-20

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

SHIELL, RONALD, MD†

Provider ID: N/A

1300 AVENIDA VISTA
HERMOSA STE 150
SAN CLEMENTE, CA 92673

Teleservice

Effective as of 01-SEP-18

SHIELL, RONALD, MD†

Provider ID: N/A

1300 AVENIDA VISTA
HERMOSA STE 150
SAN CLEMENTE, CA 92673

Teleservice

Effective as of 01-OCT-23

GASTROENTEROLOGY

GUJRAL, NAVJYOT, MD†

Provider ID: N/A

655 CAMINO LOS MARES
123
SAN CLEMENTE, CA 92673

Effective as of 01-MAY-12

GUJRAL, NAVJYOT, MD†

Provider ID: N/A

655 CAMINO LOS MARES
123
SAN CLEMENTE, CA 92673

Effective as of 01-APR-11

HASSANEIN, TAREK, MD†

Provider ID: N/A

675 CAMINO DE LOS
MARES STE 301
SAN CLEMENTE, CA 92673

Effective as of 01-JAN-18

HASSANEIN, TAREK, MD†

Provider ID: N/A

675 CAMINO LOS MARES
210
SAN CLEMENTE, CA 92673

Effective as of 01-JAN-18

HASSANEIN, TAREK, MD†

Provider ID: N/A

675 CAMINO DE LOS
MARES STE 301
SAN CLEMENTE, CA 92673

Effective as of 01-MAY-22

ROSSARO, LORENZO, MD†

Provider ID: N/A

675 CAMINO DE LOS
MARES STE 301
SAN CLEMENTE, CA 92673

Effective as of 01-MAY-22

ROSSARO, LORENZO, MD†

Provider ID: N/A

675 CAMINO DE LOS
MARES STE 210
SAN CLEMENTE, CA 92673

Effective as of 01-JUN-21

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-JAN-18

BAILEY, THOMAS, MD†

Provider ID: N/A

665 CAMINO LOS MARES
303
SAN CLEMENTE, CA 92672

Effective as of 01-MAR-01

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

Provider ID: N/A

1031 AVENIDA PICO STE
204
SAN CLEMENTE, CA 92673
Effective as of 01-OCT-22

RAMIREZ, SARA, MD†

Provider ID: N/A

665 CAMINO DE LOS
MARES
SAN CLEMENTE, CA 92673
Effective as of 01-SEP-10

RAMIREZ, SARA, MD†

Provider ID: N/A

665 CAMINO DE LOS
MARES
SAN CLEMENTE, CA 92673
Effective as of 01-JAN-18

SALCIDO, CRAIG, MD†

Provider ID: N/A

665 CAMINO DE LOS
MARES STE 303A
SAN CLEMENTE, CA 92673
Effective as of 01-JAN-18

SALCIDO, CRAIG, MD†

Provider ID: N/A

665 CAMINO DE LOS
MARES STE 303A
SAN CLEMENTE, CA 92673
Effective as of 01-JAN-18

OPHTHALMOLOGY

AHMAD, ASHRAF, MD†

Provider ID: N/A

665 CAMINO DE LOS
MARES STE 102
SAN CLEMENTE, CA 92673
Effective as of 01-OCT-23

AHMAD, ASHRAF, MD†

Provider ID: N/A

665 CAMINO DE LOS
MARES STE 102
SAN CLEMENTE, CA 92673
Effective as of 01-SEP-22

BANUELOS, LYDIA, MD

Provider ID: N/A

653 CAMINO DE LOS
MARES STE 103
SAN CLEMENTE, CA 92673
Effective as of 01-FEB-23

BANUELOS, LYDIA, MD†

Provider ID: N/A

653 CAMINO DE LOS
MARES STE 107
SAN CLEMENTE, CA 92673
Effective as of 01-DEC-22

DHOOT, SONIA, MD†

Provider ID: N/A

665 CAMINO DE LOS
MARES STE 102
SAN CLEMENTE, CA 92673
Effective as of 01-JAN-19

DHOOT, SONIA, MD†

Provider ID: N/A

665 CAMINO DE LOS
MARES STE 102
SAN CLEMENTE, CA 92673
Effective as of 01-JAN-19

DHOOT, SONIA, MD†

Provider ID: N/A

665 CAMINO DE LOS
MARES STE 102
SAN CLEMENTE, CA 92673
Effective as of 01-SEP-22

DHOOT, SONIA, MD†

Provider ID: N/A

665 CAMINO DE LOS
MARES STE 102
SAN CLEMENTE, CA 92673

Effective as of 01-OCT-23

GUJRAL, SATVINDER, MD†

Provider ID: N/A

665 CAMINO DE LOS
MARES STE 102
SAN CLEMENTE, CA 92673
Effective as of 01-OCT-23

GUJRAL, SATVINDER, MD†

Provider ID: N/A

665 CAMINO DE LOS
MARES STE 102
SAN CLEMENTE, CA 92673
Effective as of 01-SEP-22

GWYNN, DAVID, MD

Provider ID: N/A

653 CAMINO DE LOS
MARES STE 103
SAN CLEMENTE, CA 92673
Effective as of 01-MAR-23

GWYNN, DAVID, MD

Provider ID: N/A

653 CAMINO DE LOS
MARES STE 103
SAN CLEMENTE, CA 92673
Effective as of 01-FEB-23

GWYNN, DAVID, MD

Provider ID: N/A

653 CAMINO DE LOS
MARES STE 103
SAN CLEMENTE, CA 92673
Effective as of 01-JAN-24

GWYNN, DAVID, MD

Provider ID: N/A

653 CAMINO DE LOS
MARES STE 103
SAN CLEMENTE, CA 92673
Effective as of 01-JAN-24

GWYNN, DAVID, MD

**C1. Lista de proveedores de la red
Médico de atención especializada**

Provider ID: N/A

653 CAMINO DE LOS MARES STE 103
SAN CLEMENTE, CA 92673
Effective as of 01-JAN-24

HOVANESIAN, JOHN, MD

Provider ID: N/A

665 CAMINO DE LOS MARES STE 102
SAN CLEMENTE, CA 92673
Effective as of 01-JAN-23

HOVANESIAN, JOHN, MD

Provider ID: N/A

665 CAMINO DE LOS MARES STE 102
SAN CLEMENTE, CA 92673
Effective as of 01-OCT-23

HOVANESIAN, JOHN, MD

Provider ID: N/A

665 CAMINO DE LOS MARES STE 102
SAN CLEMENTE, CA 92673
Effective as of 01-APR-23

HOVANESIAN, JOHN, MD

Provider ID: N/A

665 CAMINO DE LOS MARES STE 102
SAN CLEMENTE, CA 92673
Effective as of 01-APR-23

JACOBS, JEFFREY, MD†

Provider ID: N/A

665 CAMINO LOS MARES 102
SAN CLEMENTE, CA 92673
Effective as of 01-APR-23

JACOBS, JEFFREY, MD†

Provider ID: N/A

665 CAMINO LOS MARES 102

SAN CLEMENTE, CA 92673
Effective as of 01-APR-23

JACOBS, JEFFREY, MD†

Provider ID: N/A

665 CAMINO LOS MARES 102
SAN CLEMENTE, CA 92673
Effective as of 01-OCT-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 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-JAN-15

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 LOS MARES 107
SAN CLEMENTE, CA 92673
Effective as of 01-MAR-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 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-OCT-17

JOSON, PETER, MD

Provider ID: N/A

653 CAMINO LOS MARES 107
SAN CLEMENTE, CA 92673
Effective as of 01-MAR-10

JOSON, PETER, MD

Provider ID: N/A

653 CAMINO LOS MARES 107
SAN CLEMENTE, CA 92673
Effective as of 01-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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-OCT-23

KERSTEN, DIANA, MD

Provider ID: N/A

665 CAMINO DE LOS
MARES STE 102
SAN CLEMENTE, CA 92673
Effective as of 01-APR-23

KERSTEN, DIANA, MD

Provider ID: N/A

665 CAMINO DE LOS
MARES STE 102
SAN CLEMENTE, CA 92673
Effective as of 01-APR-23

KIM, EDWARD, MD†

Provider ID: N/A

665 CAMINO DE LOS
MARES STE 102
SAN CLEMENTE, CA 92673
Effective as of 01-OCT-23

KIM, BRIAN, MD†

Provider ID: N/A

665 CAMINO DE LOS
MARES STE 102
SAN CLEMENTE, CA 92673
Effective as of 01-OCT-23

KIM, EDWARD, MD†

Provider ID: N/A

665 CAMINO DE LOS
MARES STE 102
SAN CLEMENTE, CA 92673
Effective as of 01-JUL-22

KIM, BRIAN, MD†

Provider ID: N/A

665 CAMINO DE LOS
MARES STE 102
SAN CLEMENTE, CA 92673
Effective as of 01-AUG-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-OCT-23

**CHOI-SIRITARATIWAT,
ISABELL, OD†**

**C1. Lista de proveedores de la red
Médico de atención especializada**

Provider ID: N/A

665 CAMINO DE LOS
MARES STE 102
SAN CLEMENTE, CA 92673
Effective as of 01-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

LEIGHT, TERRA, OD†

Provider ID: N/A

685 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

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-OCT-23

STEFANIDIS, NICOLETTA, OD†

Provider ID: N/A

665 CAMINO DE LOS
MARES STE 102
SAN CLEMENTE, CA 92673
Effective as of 01-SEP-22

STEFANIDIS, NICOLETTA, OD†

Provider ID: N/A

665 CAMINO DE LOS
MARES STE 102
SAN CLEMENTE, CA 92673
Effective as of 01-FEB-18

STEFANIDIS, NICOLETTA, OD†

Provider ID: N/A

665 CAMINO DE LOS
MARES STE 102
SAN CLEMENTE, CA 92673
Effective as of 01-FEB-18

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

CI. Lista de proveedores de la red Médico de atención especializada

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

 653 CAMINO DE LOS
MARES STE 109
SAN CLEMENTE, CA 92673
Effective as of 01-FEB-18

GIALAMAS, GUS, MD

Provider ID: N/A

 653 CAMINO DE LOS
MARES STE 109
SAN CLEMENTE, CA 92673
Effective as of 01-FEB-18

VAN DER REIS, WILLIAM, MD†

Provider ID: N/A

 653 CAMINO DE LOS
MARES STE 109
SAN CLEMENTE, CA 92673
Effective as of 01-MAY-12

VAN DER REIS, WILLIAM, MD†

Provider ID: N/A

 653 CAMINO DE LOS
MARES STE 109
SAN CLEMENTE, CA 92673
Effective as of 01-APR-11

UROLOGY

BUI, DON, MD

Provider ID: N/A

 3553 CAMINO MIRA COSTA
STE A
SAN CLEMENTE, CA 92672
Effective as of 01-OCT-23

BUI, DON, MD

Provider ID: N/A

 3553 CAMINO MIRA COSTA
STE A
SAN CLEMENTE, CA 92672
Effective as of 01-DEC-23

BUI, DON, MD

Provider ID: N/A

 3553 CAMINO MIRA COSTA

STE A
SAN CLEMENTE, CA 92672
Effective as of 01-JAN-23

ELKHOORY, FUAD, MD

Provider ID: N/A

 3553 CAMINO MIRA COSTA
STE A
SAN CLEMENTE, CA 92672
Effective as of 01-OCT-23

HO, TAMMY, MD

Provider ID: N/A

 3553 CAMINO MIRA COSTA
STE A
SAN CLEMENTE, CA 92672
Effective as of 01-OCT-23

KIM, MOSES, MD

Provider ID: N/A

 3553 CAMINO MIRA COSTA
STE A
SAN CLEMENTE, CA 92672
Effective as of 01-OCT-23

KIM, MOSES, MD

Provider ID: N/A

 3553 CAMINO MIRA COSTA
STE A
SAN CLEMENTE, CA 92672
Effective as of 01-JAN-23

MEAGLIA, JAMES, MD

Provider ID: N/A

 3553 CAMINO MIRA COSTA
STE A
SAN CLEMENTE, CA 92672
Effective as of 01-JAN-23

MEAGLIA, JAMES, MD

Provider ID: N/A

 3553 CAMINO MIRA COSTA
STE A
SAN CLEMENTE, CA 92672
Effective as of 01-OCT-23

NAKAMURA, LEAH, MD

Provider ID: N/A

 3553 CAMINO MIRA COSTA
STE A
SAN CLEMENTE, CA 92672
Effective as of 01-OCT-23

RANDALL, JOSH, MD

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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

📍 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

📍 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

***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 120
SAN DIEGO, CA 92108

Effective as of 01-SEP-22

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

COHEN, GARY, MD

Provider ID: N/A

📍 9833 PACIFIC HEIGHTS
BLVD STE J

SAN DIEGO, CA 92121

Effective as of 01-FEB-07

COHEN, GARY, MD

Provider ID: N/A

📍 9833 PACIFIC HEIGHTS
BLVD STE J

SAN DIEGO, CA 92121

Effective as of 01-OCT-95

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

C1. Lista de proveedores de la red Médico de atención especializada

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

C1. Lista de proveedores de la red Médico de atención especializada

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

C1. Lista de proveedores de la red Médico de atención especializada

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

412 WASHINGTON ST
SAN DIEGO, CA 92103

Effective as of 01-JUL-23

LERNER, JONATHAN, MD

Provider ID: N/A

292 EUCLID AVE STE 210
SAN DIEGO, CA 92114

Effective as of 01-JUL-23

MAI, TUAN, MD†

Provider ID: N/A

501 WASHINGTON ST STE
512

SAN DIEGO, CA 92103

Effective as of 01-MAR-20

MAI, TUAN, MD†

Provider ID: N/A

501 WASHINGTON ST STE
512

SAN DIEGO, CA 92103

Effective as of 01-JAN-21

PATEL, JIGAR, DO†

Provider ID: N/A

4060 4TH AVE STE 650
SAN DIEGO, CA 92103

Effective as of 01-FEB-23

PATEL, JIGAR, DO†

Provider ID: N/A

4060 4TH AVE STE 650

SAN DIEGO, CA 92103
Effective as of 01-DEC-22

SHAH, ABHISHEK, MD

Provider ID: N/A

412 WASHINGTON ST
SAN DIEGO, CA 92103

Effective as of 01-JAN-23

SHAH, ABHISHEK, MD†

Provider ID: N/A

292 EUCLID AVE STE 210
SAN DIEGO, CA 92114

Effective as of 01-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

C1. Lista de proveedores de la red Médico de atención especializada

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

📍 6402 EL CAJON BLVD STE
102
SAN DIEGO, CA 92115
Effective as of 01-JAN-21

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

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

📍 7345 LINDA VISTA RD STE A
SAN DIEGO, CA 92111
Teleservice
Effective as of 01-APR-24

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

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†

C1. Lista de proveedores de la red Médico de atención especializada

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-AUG-20

GLASSMAN, JERROLD, MD†

Provider ID: N/A

4060 4TH AVE STE 650
SAN DIEGO, CA 92103
Effective as of 01-JAN-21

C1. Lista de proveedores de la red Médico de atención especializada

GOLLAPUDI, RAGHAVA, MD†

Provider ID: N/A

3131 BERGER AVE STE 200
SAN DIEGO, CA 92123
Effective as of 01-NOV-23

HOURANI, RAYAN, MD

Provider ID: N/A

3131 BERGER AVE STE 200
SAN DIEGO, CA 92123
Teleservice
Effective as of 01-FEB-23

KERAMATI, SHAHIN, MD†

Provider ID: N/A

501 WASHINGTON ST STE
512
SAN DIEGO, CA 92103
Effective as of 01-JAN-21

KERAMATI, SHAHIN, MD†

Provider ID: N/A

501 WASHINGTON ST STE
512
SAN DIEGO, CA 92103
Effective as of 01-MAY-11

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

16776 BERNARDO CENTER

DR STE 209

SAN DIEGO, CA 92128

Teleservice

Effective as of 01-FEB-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

NARAYANAN, MEENA, MD†

Provider ID: N/A

292 EUCLID AVE STE 210
SAN DIEGO, CA 92114
Effective as of 01-APR-21

NARAYANAN, MEENA, MD†

Provider ID: N/A

292 EUCLID AVE STE 210
SAN DIEGO, CA 92114
Effective as of 01-SEP-22

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-JUL-23

NAYAK, KESHAV, MD†

Provider ID: N/A

501 WASHINGTON ST STE
512
SAN DIEGO, CA 92103
Effective as of 01-MAY-19

CI. Lista de proveedores de la red Médico de atención especializada

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, KULIN, MD†

Provider ID: N/A

292 EUCLID AVE STE 210
SAN DIEGO, CA 92114

Effective as of 01-JAN-23

SHAH, ABHISHEK, MD†

Provider ID: N/A

292 EUCLID AVE STE 210
SAN DIEGO, CA 92114

Effective as of 01-SEP-22

SHAH, KULIN, MD†

Provider ID: N/A

412 WASHINGTON ST
SAN DIEGO, CA 92103

Effective as of 01-JAN-23

SHEREV, DIMITRI, MD†

Provider ID: N/A

6402 EL CAJON BLVD STE
102

SAN DIEGO, CA 92115

Effective as of 01-FEB-21

SUDHAKAR, DEEPTHI, MD†

Provider ID: N/A

412 WASHINGTON ST
SAN DIEGO, CA 92103

Effective as of 01-JAN-23

SUDHAKAR, DEEPTHI, MD†

Provider ID: N/A

292 EUCLID AVE STE 210
SAN DIEGO, CA 92114

Effective as of 01-JAN-23

WILLIAMS, JEFFREY, MD

Provider ID: N/A

4033 3RD AVE STE 204
SAN DIEGO, CA 92103

Effective as of 01-SEP-23

ZAVARO, SUHAIL, MD

Provider ID: N/A

3131 BERGER AVE STE 200
SAN DIEGO, CA 92123

Teleservice

Effective as of 01-FEB-23

CERTIFIED

ACUPUNCTURIST

ARELLANO, JACQUELINE, LAC

Provider ID: N/A

**C1. Lista de proveedores de la red
Médico de atención especializada**

 4910 DIRECTORS PL
SAN DIEGO, CA 92121
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

 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

CALLISON, YANHUI, LAC

Provider ID: N/A

 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Teleservice
Effective as of 01-OCT-23

CALLISON, YANHUI, LAC

Provider ID: N/A

 4167 FAIRMOUNT AVE
SAN DIEGO, CA 92105

Teleservice
Effective as of 01-OCT-23

JULIAN, FIDES, LAC†

Provider ID: N/A

 330 LEWIS ST
SAN DIEGO, CA 92103
Effective as of 01-MAR-21

JULIAN, FIDES, LAC

Provider ID: N/A

 200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-FEB-24

JULIAN, FIDES, LAC†

Provider ID: N/A

 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

 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

 4910 DIRECTORS PL
SAN DIEGO, CA 92121
Effective as of 01-FEB-24

MURRAY, STEVEN, LAC†

Provider ID: N/A

 9333 GENESEE AVE STE 220
SAN DIEGO, CA 92121
Effective as of 01-AUG-21

MURRAY, STEVEN, LAC†

Provider ID: N/A

 9909 MIRA MESA BLVD STE 200
SAN DIEGO, CA 92131
Effective as of 01-AUG-21

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

C1. Lista de proveedores de la red Médico de atención especializada

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

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

4910 DIRECTORS PL
SAN DIEGO, CA 92121
Effective as of 01-FEB-24

TANG-RITCHIE, LENG, LAC†

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-DEC-21

TANG-RITCHIE, LENG, LAC†

Provider ID: N/A

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

C1. Lista de proveedores de la red Médico de atención especializada

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

CAMARGO-LOWTHERS, ANGELICA, NP

Provider ID: N/A

8010 FROST ST STE 220
SAN DIEGO, CA 92123
Effective as of 01-JUL-23

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

C1. Lista de proveedores de la red Médico de atención especializada

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

4168 FRONT ST
SAN DIEGO, CA 92103
Effective as of 01-FEB-22

ERICKSON, LISA, NP†

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-FEB-22

FEIZI, SEDI, NP†

Provider ID: N/A

995 GATEWAY CENTER
WAY STE 207
SAN DIEGO, CA 92102
Effective as of 01-JAN-21

FEROLIE, PAM, NP

Provider ID: N/A

375 CAMINO DE LA REINA
STE C
SAN DIEGO, CA 92108
Effective as of 01-DEC-23

FILIPPETTO, LAUREN, NPF

Provider ID: N/A

3863 CLAIREMONT DR
SAN DIEGO, CA 92117

C1. Lista de proveedores de la red Médico de atención especializada

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

C1. Lista de proveedores de la red Médico de atención especializada

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

📄 4168 FRONT ST
SAN DIEGO, CA 92103
Effective as of 01-DEC-23

MCGOWAN, GLAIZA ANN, NP

C1. Lista de proveedores de la red Médico de atención especializada

Provider ID: N/A

4520 EXECUTIVE DR
SAN DIEGO, CA 92121
Effective as of 01-DEC-23

MEDILO, LOVELLA, NP

Provider ID: N/A

4033 3RD AVE STE 200
SAN DIEGO, CA 92103
Teleservice
Effective as of 01-DEC-22

MEDINA, RUBELETA, NP

Provider ID: N/A

9995 CARMEL MOUNTAIN
RD STE B1011
SAN DIEGO, CA 92129
Effective as of 01-FEB-23

MELTZER, VIRGINIA, NP†

Provider ID: N/A

350 DICKINSON ST
SAN DIEGO, CA 92103
Effective as of 01-DEC-21

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

16950 VIA TAZON
SAN DIEGO, CA 92127
Effective as of 01-MAY-23

MICK, SHARON, NP

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-MAY-23

MICK, SHARON, NP

Provider ID: N/A

8899 UNIVERSITY CENTER
LN
SAN DIEGO, CA 92122
Effective as of 01-MAY-23

MOONEY, PATRICIA, NP†

Provider ID: N/A

16918 DOVE CANYON RD
STE 103
SAN DIEGO, CA 92127
Teleservice
Effective as of 01-MAY-21

MOONEY, PATRICIA, NP†

Provider ID: N/A

16918 DOVE CANYON RD
STE 103
SAN DIEGO, CA 92127
Teleservice
Effective as of 01-JAN-24

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

C1. Lista de proveedores de la red Médico de atención especializada

Teleservice

Effective as of 01-JUN-23

NOCEDA, ANA, NP†

Provider ID: N/A

7011 LINDA VISTA RD
SAN DIEGO, CA 92111

Effective as of 01-SEP-22

NOCEDA, ANA, NP†

Provider ID: N/A

4305 UNIVERSITY AVE STE
150

SAN DIEGO, CA 92105

Effective as of 01-SEP-22

OREJEL, EDITH, NP

Provider ID: N/A

6973 LINDA VISTA RD
SAN DIEGO, CA 92111

Effective as of 01-FEB-23

OREJEL, EDITH, NP

Provider ID: N/A

7011 LINDA VISTA RD
SAN DIEGO, CA 92111

Effective as of 01-FEB-23

ORPILLA, IMELDA, NP

Provider ID: N/A

9995 CARMEL MOUNTAIN
RD STE B10-B11

SAN DIEGO, CA 92129

Effective as of 01-JAN-21

ORPILLA, IMELDA, NP

Provider ID: N/A

10737 CAMINO RUIZ STE
235

SAN DIEGO, CA 92126

Effective as of 01-AUG-21

PACE, RACHELLE, NP

Provider ID: N/A

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

C1. Lista de proveedores de la red Médico de atención especializada

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

C1. Lista de proveedores de la red Médico de atención especializada

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

📍 8010 FROST ST STE 510
SAN DIEGO, CA 92123
Teleservice
Effective as of 01-AUG-23

SPAULDING, ENJOLI, NP

Provider ID: N/A

📍 6402 EL CAJON BLVD STE
100
SAN DIEGO, CA 92115
Effective as of 01-MAY-23

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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

3444 KEARNY VILLA RD
STE 202
SAN DIEGO, CA 92123

Effective as of 01-JAN-24

TOMICICH, STEPHANIE, NP

Provider ID: N/A

3444 KEARNY VILLA RD
STE 201
SAN DIEGO, CA 92123

Effective as of 01-FEB-24

TOMICICH, STEPHANIE, NP

Provider ID: N/A

4060 4TH AVE STE 310
SAN DIEGO, CA 92103

Effective as of 01-JAN-24

TOPIK, AMANDA, NP†

Provider ID: N/A

4520 EXECUTIVE DR
SAN DIEGO, CA 92121
Effective as of 01-AUG-22

TOPIK, AMANDA, NP†

Provider ID: N/A

4510 EXECUTIVE DR
SAN DIEGO, CA 92121
Effective as of 01-AUG-22

TOWNS, ARTA, NP

Provider ID: N/A

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

C1. Lista de proveedores de la red Médico de atención especializada

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JAN-24

WONG, MAYBELLE, NP

Provider ID: N/A

350 DICKINSON ST
SAN DIEGO, CA 92103
Effective as of 01-JAN-24

WOO, ANDY, NP

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JUN-23

YARTSEVA, YULIYA, NP

Provider ID: N/A

3737 MORAGA AVE STE
B103
SAN DIEGO, CA 92117
Effective as of 01-JAN-21

YEO, ALEXANDRIA, NP

Provider ID: N/A

4168 FRONT ST
SAN DIEGO, CA 92103
Effective as of 01-JUN-23

CERTIFIED REGISTERED NURSE ANESTHETIST

AMADOR, LINDSAY, CRNA[†]

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-AUG-22

CALABRIA, MEGAN, CRNA

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JUN-23

CANTRELL, SARAH, CRNA

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-DEC-23

COLE, JASON, CRNA[†]

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JUL-21

DOLLAND, STEVEN, CRNA[†]

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JUL-21

DULAY, JOTI, CRNA

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-SEP-23

EVANS, CATHERINE, CRNA

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-AUG-23

FIEDLER, DEREK, CRNA

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JUN-23

GONZALEZ, LISA, CRNA

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JUN-23

GRIFFIN, SETH, CRNA

Provider ID: N/A

200 W ARBOR DR

SAN DIEGO, CA 92103
Effective as of 01-SEP-23

JOHNSTON, RACHEL, CRNA

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-DEC-23

POLIKOWSKI, SAMANTHA, CRNA[†]

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-AUG-22

POLLOM, JESSICA, CRNA[†]

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JUL-21

RAMIREZ, NICOLE, CRNA[†]

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-AUG-22

ROADMAN, KEENE, CRNA

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JUN-23

SACKS, BRENT, CRNA[†]

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-APR-21

SNODGRASS, JULIE, CRNA[†]

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JUL-21

C1. Lista de proveedores de la red Médico de atención especializada

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

📍 16950 VIA TAZON
SAN DIEGO, CA 92127
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

📍 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

📍 4168 FRONT ST
SAN DIEGO, CA 92103
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

📍 16950 VIA TAZON
SAN DIEGO, CA 92127
Effective as of 01-DEC-23

GUNTHER, HOPE, CRNM†

Provider ID: N/A

📍 4290 POLK AVE
SAN DIEGO, CA 92105
Effective as of 01-JUL-22

MAST, ASHLEY, CRNM

Provider ID: N/A

📍 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Teleservice

Effective as of 01-OCT-23

NATHAN, CARLY, CRNM

Provider ID: N/A

📍 200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-AUG-23

NATHAN, CARLY, CRNM

Provider ID: N/A

📍 3750 CONVOY ST STE 312
SAN DIEGO, CA 92111
Effective as of 01-AUG-23

PERDION, KAREN, CRNM†

Provider ID: N/A

📍 4290 POLK AVE
SAN DIEGO, CA 92105
Effective as of 01-JUL-22

RAY, BROOKE, CRNM†

Provider ID: N/A

📍 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Teleservice
Effective as of 01-SEP-21

STRAUSS, JOANNA E, CRNM

Provider ID: N/A

📍 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Teleservice
Effective as of 01-MAY-21

TAYLOR, INGE, CRNM†

Provider ID: N/A

📍 6973 LINDA VISTA RD
SAN DIEGO, CA 92111
Effective as of 01-JUL-22

VU HILL, ERICA, NP†

Provider ID: N/A

📍 4290 POLK AVE
SAN DIEGO, CA 92105
Effective as of 01-JUL-22

C1. Lista de proveedores de la red Médico de atención especializada

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

9995 CARMEL MOUNTAIN
RD STE D

SAN DIEGO, CA 92129
Effective as of 01-AUG-22

GILIBERTO, JOSEPH, DC†

Provider ID: N/A

10737 CAMINO RUIZ STE
235
SAN DIEGO, CA 92126
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

4290 POLK AVE
SAN DIEGO, CA 92105
Effective as of 01-JUL-22

LE, BRANDON, DC

Provider ID: N/A

6973 LINDA VISTA RD
SAN DIEGO, CA 92111
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-DEC-22

ANGRA, KUNAL, MD†

Provider ID: N/A

4060 4TH AVE STE 415
SAN DIEGO, CA 92103

C1. Lista de proveedores de la red Médico de atención especializada

Teleservice

Effective as of 01-JUL-21

ANGRA, KUNAL, MD†

Provider ID: N/A

📍 4060 4TH AVE STE 415
SAN DIEGO, CA 92103

Teleservice

Effective as of 01-JUL-21

BOEN, MONICA, MD†

Provider ID: N/A

📍 9339 GENESEE AVE STE
350
SAN DIEGO, CA 92121

Effective as of 01-MAR-20

BOEN, MONICA, MD†

Provider ID: N/A

📍 9339 GENESEE AVE STE
350
SAN DIEGO, CA 92121

Effective as of 01-SEP-22

BOEN, MONICA, MD†

Provider ID: N/A

📍 9339 GENESEE AVE STE
350
SAN DIEGO, CA 92121

Effective as of 01-SEP-22

BOEN, MONICA, MD†

Provider ID: N/A

📍 9339 GENESEE AVE STE
350
SAN DIEGO, CA 92121

Effective as of 01-JAN-21

BRADSHAW, MICHAEL, MD

Provider ID: N/A

📍 9878 HIBERT ST STE 100
SAN DIEGO, CA 92131

Effective as of 01-JUL-16

BRAUN, TARA, MD

Provider ID: N/A

📍 4060 4TH AVE STE 415
SAN DIEGO, CA 92103

Teleservice

Effective as of 01-MAR-24

BROUHA, BROOK, MD

Provider ID: N/A

📍 4060 4TH AVE STE 415
SAN DIEGO, CA 92103

Effective as of 01-NOV-23

BROUHA, BROOK, MD

Provider ID: N/A

📍 4060 4TH AVE STE 415
SAN DIEGO, CA 92103

Effective as of 01-JAN-24

BROUHA, BROOK, MD†

Provider ID: N/A

📍 9339 GENESEE AVE STE
350
SAN DIEGO, CA 92121

Effective as of 01-SEP-22

BROUHA, BROOK, MD†

Provider ID: N/A

📍 9339 GENESEE AVE STE
350
SAN DIEGO, CA 92121

Effective as of 01-JUN-18

BROUHA, BROOK, MD†

Provider ID: N/A

📍 9339 GENESEE AVE STE
350
SAN DIEGO, CA 92121

Effective as of 01-JAN-21

BROUHA, BROOK, MD†

Provider ID: N/A

📍 9339 GENESEE AVE STE
350
SAN DIEGO, CA 92121

Effective as of 01-JAN-21

CALAME, ANTOANELLA, MD†

Provider ID: N/A

📍 6605 NANCY RIDGE DR
SAN DIEGO, CA 92121

Effective as of 01-JUL-22

CHEN, BRYAN, MD

Provider ID: N/A

📍 9878 HIBERT ST STE 100
SAN DIEGO, CA 92131†

Effective as of 01-JUL-16

CHEN, BRYAN, MD

Provider ID: N/A

📍 9878 HIBERT ST STE 100
SAN DIEGO, CA 92131

Effective as of 01-JUL-16

DELA ROSA, KRISTINA, MD

Provider ID: N/A

📍 9878 HIBERT ST STE 100
SAN DIEGO, CA 92131

Effective as of 01-AUG-17

DELA ROSA, KRISTINA, MD

Provider ID: N/A

📍 9878 HIBERT ST STE 100
SAN DIEGO, CA 92131

Effective as of 01-JAN-18

ERICKSON, CHRISTOPHER, MD†

Provider ID: N/A

📍 6605 NANCY RIDGE DR
SAN DIEGO, CA 92121

Effective as of 01-JUL-22

GERSTENFELD, ERIC, MD

Provider ID: N/A

📍 4060 4TH AVE STE 415
SAN DIEGO, CA 92103

Effective as of 01-JAN-21

GLADSJO, JULIE, MD

C1. Lista de proveedores de la red Médico de atención especializada

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
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

HAMMAN, MICHAEL, MD†

Provider ID: N/A

9339 GENESEE AVE STE
350
SAN DIEGO, CA 92121

Effective as of 01-JAN-21

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

C1. Lista de proveedores de la red Médico de atención especializada

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-MAR-20

RILEY, JESSICA, DO†

Provider ID: N/A

4060 4TH AVE STE 415
SAN DIEGO, CA 92103

Effective as of 01-NOV-23

SCHMIEDECKE, RUDY, MD

Provider ID: N/A

6605 NANCY RIDGE DR
SAN DIEGO, CA 92121
Teleservice
Effective as of 01-JUL-23

SHAHAN, FRED, MD

Provider ID: N/A

6367 ALVARADO CT STE
107
SAN DIEGO, CA 92120
Effective as of 01-JAN-21

SHAHAN, FRED, MD

Provider ID: N/A

6367 ALVARADO CT STE
107
SAN DIEGO, CA 92120
Effective as of 01-JAN-14

SHIELL, RONALD, MD†

Provider ID: N/A

4060 4TH AVE STE 415
SAN DIEGO, CA 92103
Effective as of 01-JAN-21

SHIELL, RONALD, MD†

Provider ID: N/A

4060 4TH AVE STE 415
SAN DIEGO, CA 92103
Effective as of 01-JAN-21

SHIELL, RONALD, MD†

Provider ID: N/A

4060 4TH AVE STE 415
SAN DIEGO, CA 92103
Effective as of 01-JAN-21

SIRICHOTIRATANA, MELISSA, MD†

Provider ID: N/A

4765 CARMEL MOUNTAIN

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-JUL-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-DEC-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-NOV-23

ZUBAIR, RAHEEL, MD

Provider ID: N/A

 9339 GENESEE AVE STE
350
SAN DIEGO, CA 92121
Effective as of 01-JAN-24

ZUBAIR, RAHEEL, MD

Provider ID: N/A

 9339 GENESEE AVE STE
350
SAN DIEGO, CA 92121
Effective as of 01-DEC-23

DERMATOLOGY

DERMATOPATHOLOGY

CALAME, ANTOANELLA, MD†

Provider ID: N/A

 6605 NANCY RIDGE DR
SAN DIEGO, CA 92121
Effective as of 01-JAN-23

**ERICKSON, CHRISTOPHER,
MD†**

Provider ID: N/A

 6605 NANCY RIDGE DR
SAN DIEGO, CA 92121
Effective as of 01-JAN-21

SHEN, HONGGANG, MD

Provider ID: N/A

 4060 4TH AVE STE 415
SAN DIEGO, CA 92103
Effective as of 01-JUL-19

EMERGENCY MEDICINE

ALKATIB, RHONDA, MD†

Provider ID: N/A

 2655 CAMINO DEL RIO N
STE 120
SAN DIEGO, CA 92108

C1. Lista de proveedores de la red Médico de atención especializada

Effective as of 01-AUG-20

CASTELLANO, TIFFANY, MD

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103

Effective as of 01-SEP-23

CHEN, ALICE, MD†

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103

Effective as of 01-NOV-21

COYNE, CHRISTOPHER, MD†

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103

Effective as of 01-DEC-23

DICKSON, MATTHEW, DO†

Provider ID: N/A

1628 PALM AVE
SAN DIEGO, CA 92154

Effective as of 01-JAN-21

GUEFEN, URI, MD

Provider ID: N/A

555 W C ST STE 102
SAN DIEGO, CA 92101

Effective as of 01-SEP-23

HARE, MARC, MD

Provider ID: N/A

6719 ALVARADO RD STE
303
SAN DIEGO, CA 92120

Effective as of 01-APR-23

HARRELL-BURDER, BEVERLY, MD†

Provider ID: N/A

950 S EUCLID AVE
SAN DIEGO, CA 92114

Effective as of 01-JUL-22

HOGUE, BRENNAN, MD

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103

Effective as of 01-SEP-23

JURKOWSKI, LEONARD, MD†

Provider ID: N/A

3830 VALLEY CENTRE DR
STE 702
SAN DIEGO, CA 92130

Effective as of 01-JAN-21

KUTZ, CRAIG, MD†

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103

Effective as of 01-AUG-21

LIOTTA, BENJAMIN, MD†

Provider ID: N/A

16950 VIA TAZON
SAN DIEGO, CA 92127

Effective as of 01-DEC-21

MUELLER, MATTHEW, DO†

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103

Effective as of 01-JUL-21

PARK, JAY, MD†

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103

Effective as of 01-SEP-21

YU, ELAINE, DO

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103

Effective as of 01-SEP-23

ENDOCRINOLOGY

METABOLISM DIABETES

EKANAYAKE, PREETHIKA, MD†

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103

Effective as of 01-SEP-21

EKANAYAKE, PREETHIKA, MD†

Provider ID: N/A

4168 FRONT ST
SAN DIEGO, CA 92103

Effective as of 01-SEP-21

FIRST, BRIAN, MD†

Provider ID: N/A

4282 GENESEE AVE STE
103
SAN DIEGO, CA 92117

Effective as of 01-JAN-14

GUERIN, CHRIS, MD†

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103

Effective as of 01-SEP-21

HOSEIN, NADEEN, MD

Provider ID: N/A

4077 5TH AVE STE 35
SAN DIEGO, CA 92103

Effective as of 01-FEB-23

IYENGAR, RAVI, MD

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103

Effective as of 01-APR-23

IYENGAR, RAVI, MD

Provider ID: N/A

4168 FRONT ST
SAN DIEGO, CA 92103

Effective as of 01-APR-23

CI. Lista de proveedores de la red Médico de atención especializada

NAGELBERG, JODI, MD†

Provider ID: N/A

☒ 330 LEWIS ST
SAN DIEGO, CA 92103
Effective as of 01-NOV-21

NAGELBERG, JODI, MD†

Provider ID: N/A

☒ 4168 FRONT ST
SAN DIEGO, CA 92103
Effective as of 01-NOV-21

NAGELBERG, JODI, MD†

Provider ID: N/A

☒ 9909 MIRA MESA BLVD
STE 200
SAN DIEGO, CA 92131
Effective as of 01-NOV-21

NAGELBERG, JODI, MD†

Provider ID: N/A

☒ 8899 UNIVERSITY CENTER
LN
SAN DIEGO, CA 92122
Effective as of 01-NOV-21

SANDLER, JEFFREY, MD

Provider ID: N/A

☒ 4060 4TH AVE STE 340
SAN DIEGO, CA 92103
Effective as of 01-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

C1. Lista de proveedores de la red Médico de atención especializada

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

KUROSACA, MOMO, MD†

Provider ID: N/A

📍 200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-AUG-22

KUROSACA, MOMO, MD†

Provider ID: N/A

📍 8899 UNIVERSITY CENTER
LN
SAN DIEGO, CA 92122
Effective as of 01-AUG-22

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

C1. Lista de proveedores de la red Médico de atención especializada

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†

C1. Lista de proveedores de la red Médico de atención especializada

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

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

1855 1ST AVE STE 200B
SAN DIEGO, CA 92101
Effective as of 01-MAR-16

THOMAS, CARLTON, MD†

Provider ID: N/A

292 EUCLID AVE STE 115
SAN DIEGO, CA 92114
Effective as of 01-SEP-15

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

**GYNECOLOGIC
ONCOLOGY**

BAHADOR, AFSHIN, MD

Provider ID: N/A

5030 CAMINO DE LA SIESTA STE 204
SAN DIEGO, CA 92108
Effective as of 01-APR-23

DUGGAN, BRIDGETTE, MD

Provider ID: N/A

5030 CAMINO DE LA SIESTA STE 204
SAN DIEGO, CA 92108
Effective as of 01-MAY-23

NYAKUDARIKA, NATSAI, MD

Provider ID: N/A

5030 CAMINO DE LA SIESTA STE 204
SAN DIEGO, CA 92108
Effective as of 01-JUL-23

GYNECOLOGY

WILLIAMS, ALISA, MD†

Provider ID: N/A

5555 RESERVOIR DR STE 307
SAN DIEGO, CA 92120
Effective as of 01-JAN-20

**HEARING AID DEALER /
SUPPLIER**

ANAYA, MANUEL, MA†

Provider ID: N/A

9340 CLAIREMONT MESA BLVD STE D
SAN DIEGO, CA 92123
Effective as of 01-JAN-21

ANDERSON, ELAINE, MA†

Provider ID: N/A

9340 CLAIREMONT MESA BLVD STE D
SAN DIEGO, CA 92123
Effective as of 01-SEP-22

ANDERSON, ELAINE, MA†

Provider ID: N/A

6367 ALVARADO CT STE 101
SAN DIEGO, CA 92120
Effective as of 01-SEP-22

ANDERSON, ELAINE, MA†

Provider ID: N/A

6367 ALVARADO CT
SAN DIEGO, CA 92120
Effective as of 01-JAN-21

DANDURAND, JOHN, MA†

Provider ID: N/A

6367 ALVARADO CT
SAN DIEGO, CA 92120
Teleservice
Effective as of 01-JAN-21

DANDURAND, JOHN, MA†

Provider ID: N/A

9340 CLAIREMONT MESA BLVD STE D
SAN DIEGO, CA 92123
Teleservice
Effective as of 01-MAY-22

DAVIS, KELLE, MA†

Provider ID: N/A

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-JUL-22

BASERI, BABAK, MD†

Provider ID: N/A

3965 5TH AVE STE 230
SAN DIEGO, CA 92103*
Effective as of 01-APR-23

BASERI, BABAK, MD†

Provider ID: N/A

3965 5TH AVE STE 230
SAN DIEGO, CA 92103

C1. Lista de proveedores de la red Médico de atención especializada

Effective as of 01-APR-24

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-SEP-15

REDFERN, CHARLES, MD†

Provider ID: N/A

☞ 3075 HEALTH CENTER DR
STE 102
SAN DIEGO, CA 92123

Effective as of 01-JAN-14

RICE, KRISTEN, MD†

Provider ID: N/A

**C1. Lista de proveedores de la red
Médico de atención especializada**

 3075 HEALTH CENTER DR
STE 102
SAN DIEGO, CA 92123
Effective as of 01-JUN-11

RICE, KRISTEN, MD†

Provider ID: N/A

 3075 HEALTH CENTER DR
STE 102
SAN DIEGO, CA 92123
Effective as of 01-SEP-15

SARWARI, NAWID, MD

Provider ID: N/A

 3965 5TH AVE STE 230
SAN DIEGO, CA 92103
Effective as of 01-JUL-23

SAUNDERS, PHILLIP, DO†

Provider ID: N/A

 3965 5TH AVE STE 230
SAN DIEGO, CA 92103
Effective as of 01-NOV-22

SAUNDERS, PHILLIP, DO†

Provider ID: N/A

 3965 5TH AVE STE 230
SAN DIEGO, CA 92103*
Effective as of 01-APR-23

SCHWERKOSKE, JOHN, MD†

Provider ID: N/A

 3965 5TH AVE STE 230
SAN DIEGO, CA 92103
Effective as of 01-SEP-22

SCHWERKOSKE, JOHN, MD†

Provider ID: N/A

 3965 5TH AVE STE 230
SAN DIEGO, CA 92103
Effective as of 01-MAY-22

SCHWERKOSKE, JOHN, MD†

Provider ID: N/A

 3965 5TH AVE STE 230

SAN DIEGO, CA 92103
Effective as of 01-JUL-23

SHAIKH, ANWER, MD†

Provider ID: N/A

 3965 5TH AVE STE 230
SAN DIEGO, CA 92103
Effective as of 01-JUL-22

SHENOY, CASIE, MD†

Provider ID: N/A

 3075 HEALTH CENTER DR
STE 102
SAN DIEGO, CA 92123
Effective as of 01-FEB-18

SHIEH, MARIE, MD†

Provider ID: N/A

 3075 HEALTH CENTER DR
STE 102
SAN DIEGO, CA 92123
Effective as of 01-DEC-16

SULLIVAN, JESSICA, DO

Provider ID: N/A

 200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-SEP-23

SULLIVAN, JESSICA, DO

Provider ID: N/A

 16950 VIA TAZON
SAN DIEGO, CA 92127
Effective as of 01-DEC-23

***HOSPICE AND PALLIATIVE
MEDICINE***

RUBENZIK, TAMARA, MD†

Provider ID: N/A

 200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-FEB-21

RUBENZIK, TAMARA, MD†

Provider ID: N/A

 4168 FRONT ST
SAN DIEGO, CA 92103
Effective as of 01-FEB-21

HOSPITALIST MD/DO

DJEKIC, KRISTINA, DO†

Provider ID: N/A

 200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-NOV-21

FIRESTEIN, CATHERINE, MD†

Provider ID: N/A

 200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JAN-21

HAMMOND, CHARLES, MD†

Provider ID: N/A

 200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-APR-21

SHINDO, YURI, MD†

Provider ID: N/A

 200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-SEP-21

TONG, ALEXANDER, MD

Provider ID: N/A

 200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JUL-23

YANG, BENJAMIN, MD

Provider ID: N/A

 200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-SEP-23

YASSIN, HAZEM, MD

Provider ID: N/A

C1. Lista de proveedores de la red Médico de atención especializada

 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

C1. Lista de proveedores de la red Médico de atención especializada

SAN DIEGO, CA 92103
Effective as of 01-SEP-23

GELBERG, ANNA, MD†

Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-NOV-21

GRUNVALD, EDUARDO, MD†

Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-DEC-21

GRUNVALD, EDUARDO, MD†

Provider ID: N/A
4303 LA JOLLA VILLAGE
DR STE 2110
SAN DIEGO, CA 92122
Effective as of 01-DEC-21

HAMMES, JOHN, MD†

Provider ID: N/A
4060 4TH AVE STE 220
SAN DIEGO, CA 92103
Effective as of 01-NOV-23

HAMMES, JOHN, MD†

Provider ID: N/A
4060 4TH AVE STE 220
SAN DIEGO, CA 92103
Effective as of 01-OCT-21

HASTIE, ELIZABETH, MD†

Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-AUG-22

JAIN, SUPRABHA, MD

Provider ID: N/A
6496 WEATHERS PL STE
100
SAN DIEGO, CA 92121

Teleservice
Effective as of 01-OCT-22

JIANG, JUN, MD†

Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-AUG-22

KATSNELSON, MARCELLA, DO

Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JUN-23

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
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

LIU, ANDREW, MD

Provider ID: N/A
4060 4TH AVE STE 220
SAN DIEGO, CA 92103
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
8010 FROST ST STE 510
SAN DIEGO, CA 92123
Effective as of 01-MAY-23

MOOLANI, UJJALA, MD

Provider ID: N/A
6402 EL CAJON BLVD STE
102
SAN DIEGO, CA 92115
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

C1. Lista de proveedores de la red Médico de atención especializada

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

6655 ALVARADO RD
SAN DIEGO, CA 92120

Effective as of 01-JAN-24

TRIVEDI, MEHUL, MD

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103

Effective as of 01-JAN-24

YANG, JENNY, MD†

Provider ID: N/A

4168 FRONT ST
SAN DIEGO, CA 92103

Effective as of 01-AUG-21

YANG, JENNY, MD†

Provider ID: N/A

4520 EXECUTIVE DR STE
P2

SAN DIEGO, CA 92121

Effective as of 01-AUG-21

INTERNAL MEDICINE

CRITICAL CARE MEDICINE

BOROK, ZEA, MD†

Provider ID: N/A

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

BOROK, ZEA, MD†

Provider ID: N/A

4168 FRONT ST
SAN DIEGO, CA 92103

Effective as of 01-SEP-21

JAFFE, GILAD, MD

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103

Effective as of 01-SEP-23

JAFFE, GILAD, MD

Provider ID: N/A

16950 VIA TAZON
SAN DIEGO, CA 92127

Effective as of 01-SEP-23

MERCANDETTI, ALEX, MD†

Provider ID: N/A

3965 5TH AVE STE 430
SAN DIEGO, CA 92103

Teleservice

Effective as of 01-APR-19

SULLIVAN, LAUREN, MD

Provider ID: N/A

4168 FRONT ST
SAN DIEGO, CA 92103

Effective as of 01-SEP-23

SULLIVAN, LAUREN, MD

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103

Effective as of 01-SEP-23

SULLIVAN, LAUREN, MD

Provider ID: N/A

4520 EXECUTIVE DR
SAN DIEGO, CA 92121

Effective as of 01-SEP-23

INTERVENTIONAL

C1. Lista de proveedores de la red Médico de atención especializada

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

C1. Lista de proveedores de la red Médico de atención especializada

SAN DIEGO, CA 92115
Teleservice
Effective as of 01-MAR-21

SCHWARTZMAN, BENJAMIN, LCSW

Provider ID: N/A
☑ 4550 KEARNY VILLA RD
STE 116
SAN DIEGO, CA 92123
Effective as of 01-DEC-22

SCHWARTZMAN, BENJAMIN, LCSW

Provider ID: N/A
☑ 4550 KEARNY VILLA RD
STE 116
SAN DIEGO, CA 92123
Effective as of 01-FEB-23

SCHWARTZMAN, BENJAMIN, LCSW

Provider ID: N/A
☑ 4550 KEARNY VILLA RD
STE 116
SAN DIEGO, CA 92123
Effective as of 01-JAN-23

SCHWARTZMAN, BENJAMIN, LCSW

Provider ID: N/A
☑ 4550 KEARNY VILLA RD
STE 116
SAN DIEGO, CA 92123
Effective as of 01-JAN-23

WEAVER, MARINEL, LCSW†

Provider ID: N/A
☑ 286 EUCLID AVE STE 302
SAN DIEGO, CA 92114
Teleservice
Effective as of 01-DEC-21

WRIGHT, STEPHANIE, LCSW

Provider ID: N/A
☑ 10737 CAMINO RUIZ STE
235
SAN DIEGO, CA 92126
Effective as of 01-JAN-24

LICENSED PROFESSIONAL CLINICAL COUNSELOR

TITOVA, ANASTASIA, LPCC

Provider ID: N/A
☑ 4550 KEARNY VILLA RD
STE 116
SAN DIEGO, CA 92123
Effective as of 01-FEB-23

TITOVA, ANASTASIA, LPCC

Provider ID: N/A
☑ 4550 KEARNY VILLA RD
STE 116
SAN DIEGO, CA 92123
Effective as of 01-JAN-23

MARRIAGE FAMILY THERAPIST

GULOTTA, SAMANTHA, MFT

Provider ID: N/A
☑ 9909 MIRA MESA BLVD
STE 200
SAN DIEGO, CA 92131
Effective as of 01-JUN-23

HOLLEMAN, KEVIN, DO

Provider ID: N/A
☑ 8775 AERO DR STE 238
SAN DIEGO, CA 92123
Effective as of 01-APR-23

KUEK, JOHN, MFT

Provider ID: N/A
☑ 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Teleservice

Effective as of 01-APR-21

LIDLAW, JOHN, MFT

Provider ID: N/A
☑ 10737 CAMINO RUIZ STE
235
SAN DIEGO, CA 92126
Effective as of 01-JAN-24

SAMORA, ANTHONY, MFT

Provider ID: N/A
☑ 438 CAMINO DEL RIO S
STE 106
SAN DIEGO, CA 92108
Effective as of 01-DEC-22

SCHLOSSER, TARA, MFT

Provider ID: N/A
☑ 330 LEWIS ST
SAN DIEGO, CA 92103
Effective as of 01-AUG-23

SUTTLE, CAROLYN, MFT†

Provider ID: N/A
☑ 200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-NOV-21

VILLAGOMEZ, JOSHUA, MFT

Provider ID: N/A
☑ 330 LEWIS ST
SAN DIEGO, CA 92103
Effective as of 01-JUN-23

ZAYAS, MARIO, MFT

Provider ID: N/A
☑ 3025 BEYER BLVD STE
E-101
SAN DIEGO, CA 92154
Effective as of 01-JAN-21

MATERNAL AND FETAL MEDICINE

AHN, JENNIFER, MD†

C1. Lista de proveedores de la red Médico de atención especializada

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

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JUN-23

EMERUWA, UKACHI, MD

Provider ID: N/A

4168 FRONT ST
SAN DIEGO, CA 92103
Effective as of 01-JUN-23

EMERUWA, UKACHI, MD

Provider ID: N/A

16950 VIA TAZON
SAN DIEGO, CA 92127
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

C1. Lista de proveedores de la red Médico de atención especializada

SAN DIEGO, CA 92123
Effective as of 01-SEP-21

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

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

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-JUL-22

FARAVARDEH, ARMAN, MD†

Provider ID: N/A

8010 FROST ST STE 510
SAN DIEGO, CA 92123
Effective as of 01-JAN-21

FARAVARDEH, ARMAN, MD†

Provider ID: N/A

8010 FROST ST STE 510
SAN DIEGO, CA 92123
Effective as of 01-JAN-21

FARAVARDEH, ARMAN, MD†

Provider ID: N/A

8010 FROST ST STE 510
SAN DIEGO, CA 92123
Effective as of 01-NOV-16

HAMMES, JOHN, MD†

Provider ID: N/A

4060 4TH AVE STE 220
SAN DIEGO, CA 92103
Effective as of 01-MAR-15

HAMMES, JOHN, MD†

Provider ID: N/A

4060 4TH AVE STE 220
SAN DIEGO, CA 92103
Effective as of 01-JUL-22

HAMMES, JOHN, MD†

Provider ID: N/A

4060 4TH AVE STE 220

SAN DIEGO, CA 92103*
Effective as of 01-JAN-24

HUSSAIN, SHAHID, MD

Provider ID: N/A

6402 EL CAJON BLVD STE
100
SAN DIEGO, CA 92115
Teleservice
Effective as of 01-AUG-23

KHAING, KATHY, MD†

Provider ID: N/A

8010 FROST ST STE 510
SAN DIEGO, CA 92123
Effective as of 01-JAN-21

LE, CHARLES, MD†

Provider ID: N/A

4440 EUCLID AVE STE A
SAN DIEGO, CA 92115
Effective as of 01-JAN-21

LE, CHARLES, MD†

Provider ID: N/A

4440 EUCLID AVE
SAN DIEGO, CA 92115
Effective as of 01-JUL-21

LUND, GUY, MD†

Provider ID: N/A

8010 FROST ST STE 510
SAN DIEGO, CA 92123
Effective as of 01-NOV-16

LUND, GUY, MD†

Provider ID: N/A

8010 FROST ST STE 510
SAN DIEGO, CA 92123
Effective as of 01-JUL-22

LUND, GUY, MD†

Provider ID: N/A

8010 FROST ST STE 510
SAN DIEGO, CA 92123

C1. Lista de proveedores de la red Médico de atención especializada

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-JUN-23

NAMAZY, DAVID, MD†

Provider ID: N/A

6402 EL CAJON BLVD STE 100
SAN DIEGO, CA 92115
Effective as of 01-APR-17

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-JUL-22

ZHONG, YAN, MD†

Provider ID: N/A

4060 4TH AVE STE 220
SAN DIEGO, CA 92103
Teleservice
Effective as of 01-MAR-22

ZHONG, YAN, MD†

Provider ID: N/A

4060 4TH AVE STE 220
SAN DIEGO, CA 92103
Teleservice
Effective as of 01-NOV-22

ZHONG, YAN, MD†

Provider ID: N/A

4060 4TH AVE STE 220
SAN DIEGO, CA 92103
Teleservice
Effective as of 01-MAY-22

NEUROLOGY

BINDAL, ANKUR, MD†

Provider ID: N/A

6496 WEATHERS PL STE 100
SAN DIEGO, CA 92121
Effective as of 01-SEP-22

BOBO, JERRY, MD†

Provider ID: N/A

C1. Lista de proveedores de la red Médico de atención especializada

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-SEP-22

MALIK, SUDHIR, MD†

Provider ID: N/A

4033 3RD AVE STE 420
SAN DIEGO, CA 92103
Effective as of 01-OCT-19

MALIK, SUDHIR, MD†

Provider ID: N/A

4033 3RD AVE STE 420
SAN DIEGO, CA 92103
Effective as of 01-DEC-20

QAYOUMI, WALI, MD

Provider ID: N/A

6655 ALVARADO RD

C1. Lista de proveedores de la red Médico de atención especializada

SAN DIEGO, CA 92120
Effective as of 01-FEB-24

QAYOUMI, WALI, MD†

Provider ID: N/A
📄 4510 EXECUTIVE DR STE
325
SAN DIEGO, CA 92121
Effective as of 01-OCT-21

RAYNOWSKA, JENELLE, MD

Provider ID: N/A
📄 16950 VIA TAZON
SAN DIEGO, CA 92127
Effective as of 01-APR-23

RAYNOWSKA, JENELLE, MD

Provider ID: N/A
📄 6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

RIGGINS, NINA, MD

Provider ID: N/A
📄 6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

SCHORR, EMILY, MD

Provider ID: N/A
📄 6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-MAR-24

SCHORR, EMILY, MD

Provider ID: N/A
📄 4510 EXECUTIVE DR
SAN DIEGO, CA 92121
Effective as of 01-MAR-24

SCHORR, EMILY, MD

Provider ID: N/A
📄 200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-MAR-24

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
📄 330 LEWIS ST
SAN DIEGO, CA 92103
Effective as of 01-APR-23

CHOI, ESTHER, MD

Provider ID: N/A
📄 200 W ARBOR DR
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

C1. Lista de proveedores de la red Médico de atención especializada

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

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-NOV-21

CARDENAS, MICHAEL, MD†

Provider ID: N/A

4168 FRONT ST
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

3750 CONVOY ST STE 312
SAN DIEGO, CA 92111
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

DRIEBE, AMY, MD†

Provider ID: N/A

6030 VILLAGE WAY
SAN DIEGO, CA 92130
Effective as of 01-AUG-22

DRIEBE, AMY, MD†

Provider ID: N/A

16950 VIA TAZON
SAN DIEGO, CA 92127
Effective as of 01-AUG-22

DRIEBE, AMY, MD†

Provider ID: N/A

3750 CONVOY ST STE 312
SAN DIEGO, CA 92111

C1. Lista de proveedores de la red Médico de atención especializada

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

📍 6030 VILLAGE WAY
SAN DIEGO, CA 92130
Effective as of 01-JUL-23

PICKETT, CHARLOTTE, MD

Provider ID: N/A

📍 16950 VIA TAZON
SAN DIEGO, CA 92127
Effective as of 01-JUL-23

C1. Lista de proveedores de la red Médico de atención especializada

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

4168 FRONT ST
SAN DIEGO, CA 92103

Effective as of 01-JUL-23

PICKETT, CHARLOTTE, MD

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103

Effective as of 01-JUL-23

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

4168 FRONT ST
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

C1. Lista de proveedores de la red Médico de atención especializada

 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

 200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-SEP-23

ARNETT, JUSTIN, MD

Provider ID: N/A

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Effective as of 01-SEP-23

ARNETT, JUSTIN, MD

Provider ID: N/A

 4060 4TH AVE STE 610

SAN DIEGO, CA 92103
Effective as of 01-SEP-23

ARYA, MALVIKA, MD

Provider ID: N/A

 4060 4TH AVE STE 610
SAN DIEGO, CA 92103
Effective as of 01-SEP-23

ARYA, MALVIKA, MD

Provider ID: N/A

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Effective as of 01-SEP-23

ARYA, MALVIKA, MD

Provider ID: N/A

 200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-SEP-23

AVALLONE, THOMAS, MD†

Provider ID: N/A

 3939 3RD AVE
SAN DIEGO, CA 92103
Effective as of 01-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

C1. Lista de proveedores de la red Médico de atención especializada

BINDER, NICHOLAS, MD†

Provider ID: N/A

4344 CONVOY ST STE C2
SAN DIEGO, CA 92111
Effective as of 01-SEP-22

BINDER, NICHOLAS, MD†

Provider ID: N/A

6945 EL CAJON BLVD
SAN DIEGO, CA 92115
Effective as of 01-SEP-22

BINDER, NICHOLAS, MD†

Provider ID: N/A

6945 EL CAJON BLVD
SAN DIEGO, CA 92115
Effective as of 01-JAN-21

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-JUL-21

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-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

3020 CHILDRENS WAY
SAN DIEGO, CA 92123
Effective as of 01-SEP-23

ESLANI, MEDI, MD

Provider ID: N/A

4060 4TH AVE STE 610
SAN DIEGO, CA 92103
Effective as of 01-SEP-23

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

C1. Lista de proveedores de la red Médico de atención especializada

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

C1. Lista de proveedores de la red Médico de atención especializada

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-NOV-21

MORTON, ASA, MD†

Provider ID: N/A

3939 3RD AVE
SAN DIEGO, CA 92103
Effective as of 01-SEP-15

MOSS, JASON, MD†

Provider ID: N/A

5555 RESERVOIR DR STE
201
SAN DIEGO, CA 92120
Effective as of 01-JAN-23

NGUYEN, VINCENT, MD

Provider ID: N/A

7695 CARDINAL CT STE S
SAN DIEGO, CA 92123
Effective as of 01-JAN-23

NGUYEN, VINCENT, MD†

Provider ID: N/A

7695 CARDINAL CT STE 100
SAN DIEGO, CA 92123

Effective as of 01-APR-20

PATEL, SARJAN, MD†

Provider ID: N/A

6945 EL CAJON BLVD
SAN DIEGO, CA 92115
Effective as of 01-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, GITANE, 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-MAR-18

PERRY, ARTHUR, MD

Provider ID: N/A

6945 EL CAJON BLVD
SAN DIEGO, CA 92115
Effective as of 01-APR-23

PHAN, RYAN, MD

Provider ID: N/A

10737 CAMINO RUIZ STE
100
SAN DIEGO, CA 92126
Effective as of 01-APR-23

PHAN, RYAN, MD

Provider ID: N/A

4844 UNIVERSITY AVE STE
A
SAN DIEGO, CA 92105
Effective as of 01-APR-23

PHAN, RYAN, MD†

Provider ID: N/A

10737 CAMINO RUIZ
SAN DIEGO, CA 92126
Effective as of 01-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-SEP-22

PRABHU, SUJATA, MD†

C1. Lista de proveedores de la red Médico de atención especializada

Provider ID: N/A

4344 CONVOY ST STE C2
SAN DIEGO, CA 92111
Effective as of 01-SEP-22

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-FEB-18

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

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

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

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

C1. Lista de proveedores de la red Médico de atención especializada

Effective as of 01-JAN-24

SHEILS, CATHERINE, MD

Provider ID: N/A

📍 200 W ARBOR DR
SAN DIEGO, CA 92103

Effective as of 01-JUN-23

SHOJI, MARISSA, MD

Provider ID: N/A

📍 200 W ARBOR DR
SAN DIEGO, CA 92103

Effective as of 01-SEP-23

SHOJI, MARISSA, MD

Provider ID: N/A

📍 4060 4TH AVE STE 610
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

📍 6945 EL CAJON BLVD
SAN DIEGO, CA 92115

Effective as of 01-SEP-22

AOTO, KIM, OD†

Provider ID: N/A

📍 6945 EL CAJON BLVD
SAN DIEGO, CA 92115

Effective as of 01-SEP-22

AOTO, KIM, OD†

Provider ID: N/A

📍 4344 CONVOY ST STE C2
SAN DIEGO, CA 92111

Effective as of 01-SEP-22

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

DOAN, DORA, OD

Provider ID: N/A

📍 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105

Teleservice

Effective as of 01-SEP-21

DYER, SHARON, OD

C1. Lista de proveedores de la red Médico de atención especializada

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

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

HO, HOANG MINH, OD

Provider ID: N/A

10737 CAMINO RUIZ STE
215-220
SAN DIEGO, CA 92126
Effective as of 01-JAN-21

JOMOC, CAITLIN, OD

Provider ID: N/A

16950 VIA TAZON

SAN DIEGO, CA 92127
Effective as of 01-FEB-24

JOMOC, CAITLIN, OD

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103
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

4344 CONVOY ST STE C2
SAN DIEGO, CA 92111
Effective as of 01-DEC-22

MARR, RYAN, OD

Provider ID: N/A

6945 EL CAJON BLVD
SAN DIEGO, CA 92115
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

C1. Lista de proveedores de la red Médico de atención especializada

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-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

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
SAN DIEGO, CA 92121
Teleservice
Effective as of 01-JAN-21

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

CHANG, EDWARD, MD
Provider ID: N/A

5405 OBERLIN DR FL 2

C1. Lista de proveedores de la red Médico de atención especializada

SAN DIEGO, CA 92121
Effective as of 01-MAR-24

COFFEY, CHARLES, MD

Provider ID: N/A

📍 16950 VIA TAZON
SAN DIEGO, CA 92127
Effective as of 01-MAY-23

COFFEY, CHARLES, MD†

Provider ID: N/A

📍 200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-MAY-23

COFFEY, CHARLES, MD

Provider ID: N/A

📍 8899 UNIVERSITY CENTER
LN
SAN DIEGO, CA 92122
Effective as of 01-MAY-23

DECONDE, ADAM, MD

Provider ID: N/A

📍 8899 UNIVERSITY CENTER
LN
SAN DIEGO, CA 92122
Effective as of 01-MAY-23

DECONDE, ADAM, MD

Provider ID: N/A

📍 200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-MAY-23

DECONDE, ADAM, MD

Provider ID: N/A

📍 16950 VIA TAZON
SAN DIEGO, CA 92127
Effective as of 01-MAY-23

DONALDSON, CHADWICK, MD†

Provider ID: N/A

📍 4033 3RD AVE STE 104

SAN DIEGO, CA 92103
Effective as of 01-OCT-21

DRISKILL, BRENT, MD†

Provider ID: N/A

📍 4033 3RD AVE STE 104
SAN DIEGO, CA 92103
Effective as of 01-OCT-21

DRISKILL, BRENT, MD†

Provider ID: N/A

📍 4033 3RD AVE STE 104
SAN DIEGO, CA 92103
Effective as of 01-JAN-21

FRIEDMAN, RICK, MD

Provider ID: N/A

📍 8899 UNIVERSITY CENTER
LN
SAN DIEGO, CA 92122
Effective as of 01-MAY-23

FRIEDMAN, RICK, MD

Provider ID: N/A

📍 200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-MAY-23

FRIEDMAN, RICK, MD

Provider ID: N/A

📍 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

📍 200 W ARBOR DR
SAN DIEGO, CA 92103
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

GREENE, JACQUELINE, MD

Provider ID: N/A

📍 8899 UNIVERSITY CENTER
LN
SAN DIEGO, CA 92122
Effective as of 01-MAY-23

GREENE, JACQUELINE, MD†

Provider ID: N/A

📍 200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-MAY-23

GREENE, JACQUELINE, MD

Provider ID: N/A

📍 16950 VIA TAZON
SAN DIEGO, CA 92127
Effective as of 01-MAY-23

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

C1. Lista de proveedores de la red Médico de atención especializada

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-MAY-22

HAUFF, SAMANTHA, MD

Provider ID: N/A

📄 4282 GENESEE AVE STE
201
SAN DIEGO, CA 92117
Effective as of 01-JAN-23

HAUFF, SAMANTHA, MD†

Provider ID: N/A

📄 4282 GENESEE AVE STE
202
SAN DIEGO, CA 92117
Effective as of 01-AUG-20

HAUFF, SAMANTHA, MD

Provider ID: N/A

📄 4282 GENESEE AVE STE
201
SAN DIEGO, CA 92117
Effective as of 01-APR-23

HAUFF, SAMANTHA, MD†

Provider ID: N/A

📄 4282 GENESEE AVE STE
202
SAN DIEGO, CA 92117
Effective as of 01-JAN-21

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

📄 200 W ARBOR DR
SAN DIEGO, CA 92103
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

📄 200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-AUG-23

HUSSEMAN, JACOB, MD

Provider ID: N/A

📄 16950 VIA TAZON

SAN DIEGO, CA 92127
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

**C1. Lista de proveedores de la red
Médico de atención especializada**

Effective as of 01-MAY-23

MAGIT, ANTHONY, MD

Provider ID: N/A

8899 UNIVERSITY CENTER
LN
SAN DIEGO, CA 92122

Effective as of 01-MAY-23

MAGIT, ANTHONY, MD

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103

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

8899 UNIVERSITY CENTER
LN
SAN DIEGO, CA 92122

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

8899 UNIVERSITY CENTER
LN
SAN DIEGO, CA 92122

Effective as of 01-MAY-23

SCHALCH LEPE, PAUL, MD†

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103

Effective as of 01-MAY-23

SCHALCH LEPE, PAUL, MD

Provider ID: N/A

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

8899 UNIVERSITY CENTER
LN
SAN DIEGO, CA 92122

Effective as of 01-MAY-23

**VAHABZADEH-HAGH,
ANDREW, MD**

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103

Effective as of 01-MAY-23

**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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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

8899 UNIVERSITY CENTER
LN
SAN DIEGO, CA 92122
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

**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

6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

DWEK, JERRY, MD†

Provider ID: N/A

330 LEWIS ST
SAN DIEGO, CA 92103
Effective as of 01-JAN-22

DWEK, JERRY, MD†

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JAN-22

KONING, JEFFREY, MD†

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JAN-22

KONING, JEFFREY, MD†

Provider ID: N/A

C1. Lista de proveedores de la red Médico de atención especializada

330 LEWIS ST STE 202
SAN DIEGO, CA 92103
Effective as of 01-JAN-22

KONING, JEFFREY, MD

Provider ID: N/A

6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

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

330 LEWIS ST STE 202
SAN DIEGO, CA 92103
Effective as of 01-OCT-21

PUGMIRE, BRIAN, MD†

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-OCT-21

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

7011 LINDA VISTA RD
SAN DIEGO, CA 92111
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

GIBONEY, JENNIFER, MD

Provider ID: N/A

4305 UNIVERSITY AVE STE
150
SAN DIEGO, CA 92105
Effective as of 01-FEB-23

GIBONEY, JENNIFER, MD

Provider ID: N/A

7011 LINDA VISTA RD
SAN DIEGO, CA 92111
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†

C1. Lista de proveedores de la red Médico de atención especializada

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

HURSCHMAN, 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

C1. Lista de proveedores de la red Médico de atención especializada

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

C1. Lista de proveedores de la red Médico de atención especializada

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-JAN-24

GUTH, CARA, PA†

Provider ID: N/A

📄 9333 GENESEE AVE STE
350
SAN DIEGO, CA 92121
Teleservice
Effective as of 01-JUL-21

GUZMAN, HORTENCIA, PA

Provider ID: N/A

📄 3490 PALM AVE
SAN DIEGO, CA 92154
Effective as of 01-JUL-23

HABBOUSH, RANA, PA

Provider ID: N/A

📄 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Teleservice

Effective as of 01-OCT-23

HABBOUSH, RANA, PA

Provider ID: N/A

📄 4171 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Teleservice
Effective as of 01-OCT-23

HARMEYER, JENNA, PA

Provider ID: N/A

📄 3750 CONVOY ST STE 201
SAN DIEGO, CA 92111
Effective as of 01-OCT-23

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

C1. Lista de proveedores de la red Médico de atención especializada

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-NOV-23

NGUYEN, THUY-VY, PA†

Provider ID: N/A

4060 4TH AVE STE 415
SAN DIEGO, CA 92103
Teleservice

Effective as of 01-MAR-22

NGUYEN, THUY-VY, PA†

Provider ID: N/A

9339 GENESEE AVE STE
350
SAN DIEGO, CA 92121
Teleservice

Effective as of 01-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

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-SEP-22

PELIO, DARREN, PA†

Provider ID: N/A

3900 5TH AVE STE 110
SAN DIEGO, CA 92103
Effective as of 01-SEP-22

PERREAULT, MARK, PA†

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-AUG-21

PERREAULT, MARK, PA†

Provider ID: N/A

4520 EXECUTIVE DR
SAN DIEGO, CA 92121
Effective as of 01-AUG-21

PHAM, JENNIFER, PA

Provider ID: N/A

3900 5TH AVE STE 220
SAN DIEGO, CA 92103
Teleservice

Effective as of 01-OCT-23

PHUNG, AIVI, PA†

C1. Lista de proveedores de la red Médico de atención especializada

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-24

PYLE, ALEXANDRA, PA

Provider ID: N/A

9333 GENESEE AVE STE
350
SAN DIEGO, CA 92121
Effective as of 01-JAN-21

QUIJANO, GLENN, PA†

Provider ID: N/A

2100 5TH AVE STE 200
SAN DIEGO, CA 92101
Teleservice
Effective as of 01-AUG-22

RAI, GEORGINA, PA†

Provider ID: N/A

3900 5TH AVE STE 110
SAN DIEGO, CA 92103
Effective as of 01-JAN-21

RALL, EMILY, PA

Provider ID: N/A

3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113
Effective as of 01-JAN-21

SCHOELLER, BIANCA, PA†

Provider ID: N/A

3180 UNIVERSITY AVE STE
120
SAN DIEGO, CA 92104
Effective as of 01-DEC-21

SEBASTIAN, TRACY, PA†

Provider ID: N/A

9333 GENESEE AVE STE
350
SAN DIEGO, CA 92121
Effective as of 01-NOV-21

SHARPE, NORMA, PA

Provider ID: N/A

316 25TH ST
SAN DIEGO, CA 92102
Teleservice
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

C1. Lista de proveedores de la red Médico de atención especializada

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

6973 LINDA VISTA RD
SAN DIEGO, CA 92111

Effective as of 01-JUL-22

ALMIRANTE, MARIA, DPM

Provider ID: N/A

4290 POLK AVE
SAN DIEGO, CA 92105

Effective as of 01-JUL-22

ALMIRANTE, MARIA, DPM

Provider ID: N/A

4305 UNIVERSITY AVE STE
150

SAN DIEGO, CA 92105

Effective as of 01-JUL-22

ALMIRANTE, MARIA, DPM

Provider ID: N/A

1016 OUTER RD

**C1. Lista de proveedores de la red
Médico de atención especializada**

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

C1. Lista de proveedores de la red Médico de atención especializada

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

📍 7011 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

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

C1. Lista de proveedores de la red Médico de atención especializada

 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-FEB-23

HANAGAMI, CORI, MD
Provider ID: N/A

 4550 KEARNY VILLA RD
STE 116
SAN DIEGO, CA 92123
Effective as of 01-JAN-23

HANAGAMI, CORI, MD
Provider ID: N/A

 4550 KEARNY VILLA RD
STE 116
SAN DIEGO, CA 92123
Effective as of 01-JAN-23

HERSEVOORT, SHAWN, MD
Provider ID: N/A

 4550 KEARNY VILLA RD
STE 116
SAN DIEGO, CA 92123
Effective as of 01-JAN-23

HERSEVOORT, SHAWN, MD
Provider ID: N/A

 4550 KEARNY VILLA RD
STE 116
SAN DIEGO, CA 92123

Effective as of 01-FEB-23

HERSEVOORT, SHAWN, MD
Provider ID: N/A

 4550 KEARNY VILLA RD
STE 116
SAN DIEGO, CA 92123
Effective as of 01-FEB-23

HERSEVOORT, SHAWN, MD
Provider ID: N/A

 4550 KEARNY VILLA RD
STE 116
SAN DIEGO, CA 92123
Effective as of 01-JAN-23

HOLLEMAN, KEVIN, DO
Provider ID: N/A

 8775 AERO DR STE 238
SAN DIEGO, CA 92123
Effective as of 01-APR-23

HOLLEMAN, KEVIN, DO
Provider ID: N/A

 8775 AERO DR STE 238
SAN DIEGO, CA 92123
Effective as of 01-APR-23

JOHN, TANNER, MD
Provider ID: N/A

 3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113
Teleservice
Effective as of 01-OCT-23

JOHN, TANNER, MD
Provider ID: N/A

 3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113
Teleservice
Effective as of 01-OCT-23

JOSHI, YASH, MD
Provider ID: N/A

 350 DICKINSON ST

C1. Lista de proveedores de la red Médico de atención especializada

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

C1. Lista de proveedores de la red Médico de atención especializada

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

C1. Lista de proveedores de la red Médico de atención especializada

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

📍 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

SALGUERO GALLAND, MARIO, MD

Provider ID: N/A

📍 4157 FAIRMOUNT AVE
SAN DIEGO, CA 92105
Teleservice

Effective as of 01-JUN-23

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-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-JAN-23

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†

C1. Lista de proveedores de la red Médico de atención especializada

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

C1. Lista de proveedores de la red Médico de atención especializada

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

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

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

C1. Lista de proveedores de la red Médico de atención especializada

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

4520 EXECUTIVE DR
SAN DIEGO, CA 92121

Effective as of 01-DEC-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

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

C1. Lista de proveedores de la red Médico de atención especializada

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-JUL-22

FULLER, DONALD, MD†

Provider ID: N/A

5395 RUFFIN RD STE 103
SAN DIEGO, CA 92123
Effective as of 01-SEP-22

FULLER, DONALD, MD†

Provider ID: N/A

5395 RUFFIN RD STE 103
SAN DIEGO, CA 92123
Effective as of 01-SEP-22

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

3366 5TH AVE
SAN DIEGO, CA 92103
Effective as of 01-JAN-21

FULLER, DONALD, MD†

Provider ID: N/A

3366 5TH AVE
SAN DIEGO, CA 92103

Effective as of 01-JAN-24

FULLER, DONALD, MD†

Provider ID: N/A

3366 5TH AVE
SAN DIEGO, CA 92103
Effective as of 01-JUL-22

HATTANGADI GLUTH, JONA, MD†

Provider ID: N/A

16918 DOVE CANYON RD
STE 103
SAN DIEGO, CA 92127
Effective as of 01-JAN-21

HOOPES, DAVID, MD†

Provider ID: N/A

16918 DOVE CANYON RD
STE 103
SAN DIEGO, CA 92127
Effective as of 01-JAN-21

HOOPES, DAVID, MD†

Provider ID: N/A

16918 DOVE CANYON RD
STE 103
SAN DIEGO, CA 92127
Effective as of 01-SEP-22

IJAZ, TAHIR, MD†

Provider ID: N/A

3366 5TH AVE
SAN DIEGO, CA 92103
Effective as of 01-JUL-22

IJAZ, TAHIR, MD†

Provider ID: N/A

3366 5TH AVE
SAN DIEGO, CA 92103*
Effective as of 01-SEP-15

IJAZ, TAHIR, MD†

Provider ID: N/A

3366 5TH AVE

C1. Lista de proveedores de la red Médico de atención especializada

SAN DIEGO, CA 92103
Effective as of 01-JAN-21

IJAZ, TAHIR, MD†

Provider ID: N/A

 5395 RUFFIN RD STE 202
SAN DIEGO, CA 92123
Effective as of 01-JAN-21

IJAZ, TAHIR, MD†

Provider ID: N/A

 5395 RUFFIN RD STE 103
SAN DIEGO, CA 92123
Effective as of 01-SEP-22

IJAZ, TAHIR, MD†

Provider ID: N/A

 5395 RUFFIN RD STE 103
SAN DIEGO, CA 92123
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-22

JABBARI, SIAVASH, MD†

Provider ID: N/A

 3075 HEALTH CENTER DR
LEVEL 0
SAN DIEGO, CA 92123
Effective as of 01-OCT-22

MACEWAN, IAIN, MD†

Provider ID: N/A

 16918 DOVE CANYON RD
STE 103
SAN DIEGO, CA 92127
Effective as of 01-JAN-21

MELL, LOREN, MD†

Provider ID: N/A

 16918 DOVE CANYON RD
STE 103

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-JUL-22

SHIRAZI, REZA, MD†

Provider ID: N/A

 5395 RUFFIN RD STE 103
SAN DIEGO, CA 92123
Effective as of 01-SEP-22

SHIRAZI, REZA, MD†

Provider ID: N/A

 5395 RUFFIN RD STE 103

SAN DIEGO, CA 92123
Effective as of 01-SEP-22

SHIRAZI, REZA, MD†

Provider ID: N/A

 5395 RUFFIN RD STE 103
SAN DIEGO, CA 92123
Effective as of 01-JAN-21

SHIRAZI, REZA, MD†

Provider ID: N/A

 3366 5TH AVE
SAN DIEGO, CA 92103
Effective as of 01-JAN-21

SHIRAZI, REZA, MD†

Provider ID: N/A

 3366 5TH AVE
SAN DIEGO, CA 92103
Effective as of 01-JUL-22

SHIRAZI, REZA, MD†

Provider ID: N/A

 3366 5TH AVE
SAN DIEGO, CA 92103
Effective as of 01-SEP-22

SIMPSON, DANIEL, MD†

Provider ID: N/A

 16918 DOVE CANYON RD
STE 103
SAN DIEGO, CA 92127
Effective as of 01-JAN-21

STRAKA, CHRISTOPHER, MD†

Provider ID: N/A

 16918 DOVE CANYON RD
STE 103
SAN DIEGO, CA 92127
Teleservice
Effective as of 01-APR-23

STRAKA, CHRISTOPHER, MD†

Provider ID: N/A

 16918 DOVE CANYON RD

C1. Lista de proveedores de la red Médico de atención especializada

STE 103
SAN DIEGO, CA 92127
Teleservice
Effective as of 01-JAN-21

TYE, KAREN, MD

Provider ID: N/A
☒ 16918 DOVE CANYON RD
STE 103
SAN DIEGO, CA 92127
Teleservice
Effective as of 01-SEP-23

TYE, KAREN, MD

Provider ID: N/A
☒ 16918 DOVE CANYON RD
STE 103
SAN DIEGO, CA 92127
Teleservice
Effective as of 01-JUN-23

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
☒ 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-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-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
☒ 8929 UNIVERSITY CENTER
LN
SAN DIEGO, CA 92122
Effective as of 01-APR-23

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
☒ 6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

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

CI. Lista de proveedores de la red Médico de atención especializada

ANDERSON, GREGORY, MD

Provider ID: N/A

9095 RIO SAN DIEGO DR
STE 150
SAN DIEGO, CA 92108
Effective as of 01-OCT-23

BOLAR, DIVYA, MD

Provider ID: N/A

408 DICKINSON ST
SAN DIEGO, CA 92103
Effective as of 01-APR-23

BOLAR, DIVYA, MD

Provider ID: N/A

8929 UNIVERSITY CENTER
LN
SAN DIEGO, CA 92122
Effective as of 01-APR-23

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

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-APR-23

BOSWELL, GILBERT, MD

Provider ID: N/A

330 LEWIS ST
SAN DIEGO, CA 92103
Effective as of 01-APR-23

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

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

CHANG, JENNIFER, MD

Provider ID: N/A

6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

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

C1. Lista de proveedores de la red Médico de atención especializada

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

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

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

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

EGHTEDARI, MOHAMMAD, MD

Provider ID: N/A

6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

FARID, NIKDOKHT, MD

Provider ID: N/A

6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

FARID, NIKDOKHT, MD

Provider ID: N/A

408 DICKINSON ST
SAN DIEGO, CA 92103
Effective as of 01-APR-23

FARID, NIKDOKHT, MD

Provider ID: N/A

8929 UNIVERSITY CENTER

**C1. Lista de proveedores de la red
Médico de atención especializada**

LN
SAN DIEGO, CA 92122
Effective as of 01-APR-23

FAZELI, SOUDABEH, MD
Provider ID: N/A
8929 UNIVERSITY CENTER
LN
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

FAZELI, SOUDABEH, MD
Provider ID: N/A
6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

FLISZAR, EVELYNE, MD
Provider ID: N/A
6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

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
408 DICKINSON ST
SAN DIEGO, CA 92103
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

FOWLER, KATHRYN, 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
8929 UNIVERSITY CENTER
LN
SAN DIEGO, CA 92122
Effective as of 01-APR-23

GENTILI, AMILCARE, MD
Provider ID: N/A
408 DICKINSON ST
SAN DIEGO, CA 92103
Effective as of 01-APR-23

GENTILI, AMILCARE, MD
Provider ID: N/A
6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

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
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JUN-23

C1. Lista de proveedores de la red Médico de atención especializada

HAWLEY, DANIEL, MD

Provider ID: N/A

330 LEWIS ST
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

330 LEWIS ST
SAN DIEGO, CA 92103
Effective as of 01-JUN-23

JACOBSON, JON, MD

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JUN-23

JACOBSON, JON, 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

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

JAFFRAY, PAUL, MD

Provider ID: N/A

330 LEWIS ST
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

330 LEWIS ST
SAN DIEGO, CA 92103

C1. Lista de proveedores de la red Médico de atención especializada

Effective as of 01-APR-23

KAROW, DAVID, MD†

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103

Effective as of 01-APR-23

KAROW, DAVID, MD

Provider ID: N/A

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

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

330 LEWIS ST STE 202
SAN DIEGO, CA 92103

Effective as of 01-AUG-21

KIM, ERIC, MD†

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103

Effective as of 01-AUG-21

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

KLIGERMAN, SETH, MD

Provider ID: N/A

6655 ALVARADO RD
SAN DIEGO, CA 92120

Effective as of 01-FEB-24

KONDILI, DHIMITER, MD†

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103

Effective as of 01-AUG-21

KONDILI, DHIMITER, MD†

Provider ID: N/A

330 LEWIS ST STE 202
SAN DIEGO, CA 92103

Effective as of 01-AUG-21

LAKE, MENORE, MD

Provider ID: N/A

330 LEWIS ST
SAN DIEGO, CA 92103

Effective as of 01-JUN-23

LAKE, MENORE, MD

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103

Effective as of 01-JUN-23

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

LEE, ROLAND, MD

Provider ID: N/A

6655 ALVARADO RD
SAN DIEGO, CA 92120

Effective as of 01-FEB-24

LIM, VIVIAN, MD

Provider ID: N/A

6655 ALVARADO RD
SAN DIEGO, CA 92120

Effective as of 01-FEB-24

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

MAREK BYKOWSKI, JULIE, MD

Provider ID: N/A

408 DICKINSON ST

C1. Lista de proveedores de la red Médico de atención especializada

SAN DIEGO, CA 92103
Effective as of 01-APR-23

MAREK BYKOWSKI, JULIE, MD

Provider ID: N/A

8929 UNIVERSITY CENTER
LN

SAN DIEGO, CA 92122
Effective as of 01-APR-23

MAREK BYKOWSKI, JULIE, MD

Provider ID: N/A

6655 ALVARADO RD
SAN DIEGO, CA 92120

Effective as of 01-FEB-24

MARKS, ROBERT, MD

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103

Effective as of 01-JUN-23

MARKS, ROBERT, MD

Provider ID: N/A

330 LEWIS ST
SAN DIEGO, CA 92103

Effective as of 01-JUN-23

MCDONALD, MARIN, MD[†]

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103

Effective as of 01-FEB-22

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

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

330 LEWIS ST
SAN DIEGO, CA 92103

Effective as of 01-FEB-22

MCMAMEE, CAIRINE, MD[†]

Provider ID: N/A

330 LEWIS ST STE 202
SAN DIEGO, CA 92103

Effective as of 01-NOV-21

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

408 DICKINSON ST
SAN DIEGO, CA 92103

Effective as of 01-APR-23

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

200 W ARBOR DR
SAN DIEGO, CA 92103

Effective as of 01-NOV-21

NORBASH, ALEXANDER, MD

Provider ID: N/A

8929 UNIVERSITY CENTER
LN

SAN DIEGO, CA 92122

Effective as of 01-APR-23

NORBASH, ALEXANDER, MD

Provider ID: N/A

408 DICKINSON ST
SAN DIEGO, CA 92103

Effective as of 01-APR-23

NORBASH, ALEXANDER, MD

Provider ID: N/A

6655 ALVARADO RD
SAN DIEGO, CA 92120

Effective as of 01-FEB-24

OBOYLE, MARY, MD

Provider ID: N/A

6655 ALVARADO RD
SAN DIEGO, CA 92120

Effective as of 01-FEB-24

OBOYLE, MARY, MD

Provider ID: N/A

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

200 W ARBOR DR
SAN DIEGO, CA 92103

Effective as of 01-FEB-22

OBOYLE, MARY, MD[†]

C1. Lista de proveedores de la red Médico de atención especializada

Provider ID: N/A

330 LEWIS ST
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

8929 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122
Effective as of 01-APR-23

OJEDA-FOURNIER, HAYDEE, MD

Provider ID: N/A

408 DICKINSON ST
SAN DIEGO, CA 92103
Effective as of 01-APR-23

OJEDA-FOURNIER, HAYDEE, MD

Provider ID: N/A

6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

PATHRIA, MINI, MD

Provider ID: N/A

6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

PATHRIA, MINI, MD

Provider ID: N/A

408 DICKINSON ST
SAN DIEGO, CA 92103
Effective as of 01-APR-23

PATHRIA, MINI, MD

Provider ID: N/A

8929 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122
Effective as of 01-APR-23

RAKOW-PENNER, REBECCA, MD

Provider ID: N/A

8929 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122
Effective as of 01-APR-23

RAKOW-PENNER, REBECCA, MD

Provider ID: N/A

408 DICKINSON ST
SAN DIEGO, CA 92103
Effective as of 01-APR-23

RAKOW-PENNER, REBECCA, MD

Provider ID: N/A

6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

RATTNER, ZACHARY, MD†

Provider ID: N/A

995 GATEWAY CENTER WAY STE 207
SAN DIEGO, CA 92102*
Effective as of 01-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-JAN-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-SEP-20

RESNICK, DONALD, MD

Provider ID: N/A

6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

RESNICK, DONALD, MD

Provider ID: N/A

408 DICKINSON ST
SAN DIEGO, CA 92103
Effective as of 01-APR-23

RESNICK, DONALD, MD

Provider ID: N/A

8929 UNIVERSITY CENTER LN
SAN DIEGO, CA 92122
Effective as of 01-APR-23

RITCHIE, DAVID, MD

Provider ID: N/A

330 LEWIS ST
SAN DIEGO, CA 92103
Effective as of 01-JUN-23

**C1. Lista de proveedores de la red
Médico de atención especializada**

RITCHIE, DAVID, MD

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
 200 W ARBOR DR
 SAN DIEGO, CA 92103
 Effective as of 01-JUN-23

SADAT, SAYED, DO

Provider ID: N/A
 330 LEWIS ST
 SAN DIEGO, CA 92103
 Effective as of 01-JUN-23

SADAT, SAYED, DO

Provider ID: N/A
 6655 ALVARADO RD
 SAN DIEGO, CA 92120
 Effective as of 01-FEB-24

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
 330 LEWIS ST
 SAN DIEGO, CA 92103
 Effective as of 01-JUN-23

SEARLEMAN, ADAM, MD

Provider ID: N/A
 200 W ARBOR DR
 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
 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

SMITAMAN, EDWARD, MD

Provider ID: N/A
 6655 ALVARADO RD
 SAN DIEGO, CA 92120
 Effective as of 01-FEB-24

SPENGLER, NATHAN, MD

Provider ID: N/A
 6655 ALVARADO RD
 SAN DIEGO, CA 92120
 Effective as of 01-FEB-24

SPENGLER, NATHAN, MD

Provider ID: N/A
 200 W ARBOR DR
 SAN DIEGO, CA 92103
 Effective as of 01-DEC-23

SPENGLER, NATHAN, MD

Provider ID: N/A
 330 LEWIS ST
 SAN DIEGO, CA 92103
 Effective as of 01-DEC-23

STRAKA, CHRISTOPHER, MD†

Provider ID: N/A
 16918 DOVE CANYON RD
 STE 103
 SAN DIEGO, CA 92127
 Teleservice
 Effective as of 01-FEB-21

SWEET, JASON, MD

Provider ID: N/A
 6655 ALVARADO RD

C1. Lista de proveedores de la red Médico de atención especializada

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-AUG-23

WONG, FELIX, MD

Provider ID: N/A

9095 RIO SAN DIEGO DR

STE 150
SAN DIEGO, CA 92108
Effective as of 01-OCT-23

WONG, FELIX, MD†

Provider ID: N/A

3939 RUFFIN RD
SAN DIEGO, CA 92123
Effective as of 01-MAY-22

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

YORK, JOHN, MD

Provider ID: N/A

6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

ZINK BRODY, GORDON, MD†

Provider ID: N/A

3939 RUFFIN RD STE 102
SAN DIEGO, CA 92123
Effective as of 01-DEC-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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-APR-21

DRIVICK, VALERIE, RD

Provider ID: N/A

☐ 3900 5TH AVE STE 110
SAN DIEGO, CA 92103

Teleservice

Effective as of 01-SEP-22

FISHER, JENNIFER, RD

Provider ID: N/A

☐ 200 W ARBOR DR
SAN DIEGO, CA 92103

Effective as of 01-DEC-21

FISHER, JENNIFER, RD

Provider ID: N/A

☐ 4303 LA JOLLA VILLAGE
DR STE 2110
SAN DIEGO, CA 92122

Effective as of 01-DEC-21

FISHER, JENNIFER, RD

Provider ID: N/A

☐ 4520 EXECUTIVE DR
SAN DIEGO, CA 92121

Effective as of 01-JAN-24

GONZALEZ, KRISTEN, RDN

Provider ID: N/A

☐ 4168 FRONT ST
SAN DIEGO, CA 92103

Effective as of 01-JUN-23

RUBENSTEIN, KELLY, RD

Provider ID: N/A

☐ 4303 LA JOLLA VILLAGE
DR STE 2110
SAN DIEGO, CA 92122

Effective as of 01-JAN-24

RUBENSTEIN, KELLY, RD

Provider ID: N/A

☐ 200 W ARBOR DR
SAN DIEGO, CA 92103

Effective as of 01-JAN-24

SALCEDO, ALEXANDRA, RD

Provider ID: N/A

☐ 4168 FRONT ST
SAN DIEGO, CA 92103

Effective as of 01-JAN-24

SALCEDO, CARLA, RD

Provider ID: N/A

☐ 4910 DIRECTORS PL
SAN DIEGO, CA 92121

Effective as of 01-JAN-24

SALCEDO, CARLA, RD

Provider ID: N/A

☐ 16950 VIA TAZON
SAN DIEGO, CA 92127

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

C1. Lista de proveedores de la red Médico de atención especializada

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

200 W ARBOR DR
SAN DIEGO, CA 92103
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

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

CI. Lista de proveedores de la red Médico de atención especializada

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

📍 200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-APR-23

HUYNH, DOQUYEN, MD

Provider ID: N/A

📍 4520 EXECUTIVE DR
SAN DIEGO, CA 92121
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

📍 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

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

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

📍 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

CLARK, MELISSA, SP

Provider ID: N/A

📍 9655 GRANITE RIDGE DR
STE 200
SAN DIEGO, CA 92123
Effective as of 01-APR-22

**C1. Lista de proveedores de la red
Médico de atención especializada**

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

DOCKTER, ANDI, SP†

Provider ID: N/A

8899 UNIVERSITY CENTER
LN
SAN DIEGO, CA 92122
Effective as of 01-MAY-23

**GONZALEZ MELENDEZ,
ADALICE, SP**

Provider ID: N/A

7510 CLAIREMONT MESA
BLVD STE 103
SAN DIEGO, CA 92111
Effective as of 01-JUN-22

**GONZALEZ MELENDEZ,
ADALICE, SP**

Provider ID: N/A

9655 GRANITE RIDGE DR
STE 200
SAN DIEGO, CA 92123
Effective as of 01-JUN-22

GONZALEZ MELENDEZ,

ADALICE, SP

Provider ID: N/A

11440 W BERNARDO CT
STE 300
SAN DIEGO, CA 92127
Effective as of 01-JUN-22

KOUKEYAN, KARIN, SP

Provider ID: N/A

11440 W BERNARDO CT
STE 300
SAN DIEGO, CA 92127
Effective as of 01-JAN-23

KOUKEYAN, KARIN, SP

Provider ID: N/A

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

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-DEC-21

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

C1. Lista de proveedores de la red Médico de atención especializada

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

📍 4303 LA JOLLA VILLAGE
DR STE 2110
SAN DIEGO, CA 92122

Effective as of 01-DEC-21

LOPEZ, NICOLE, MD†

Provider ID: N/A

📍 200 W ARBOR DR
SAN DIEGO, CA 92103

Effective as of 01-DEC-21

PARRY, LISA, MD†

Provider ID: N/A

📍 4303 LA JOLLA VILLAGE
DR STE 2110
SAN DIEGO, CA 92122

Effective as of 01-DEC-21

PARRY, LISA, MD†

Provider ID: N/A

📍 16950 VIA TAZON
SAN DIEGO, CA 92127

Effective as of 01-APR-21

RAMAMOORTHY, SONIA, MD†

Provider ID: N/A

📍 4303 LA JOLLA VILLAGE
DR STE 2110
SAN DIEGO, CA 92122

Effective as of 01-DEC-21

TOMAN, JEFFREY, MD†

Provider ID: N/A

📍 4060 4TH AVE STE 510
SAN DIEGO, CA 92103

Effective as of 01-SEP-15

SURGERY CRITICAL CARE

ADAMS, LAURA, MD†

Provider ID: N/A

📍 200 W ARBOR DR
SAN DIEGO, CA 92103

Effective as of 01-SEP-21

OLSON, ERIK, MD†

Provider ID: N/A

📍 200 W ARBOR DR
SAN DIEGO, CA 92103

Effective as of 01-AUG-22

VENTRO, GEORGE, MD†

Provider ID: N/A

📍 200 W ARBOR DR
SAN DIEGO, CA 92103

Effective as of 01-SEP-21

SURGERY GENERAL

ALVORD, PAUL, MD†

Provider ID: N/A

📍 4033 3RD AVE STE 204
SAN DIEGO, CA 92103

Effective as of 01-JAN-19

ARMANI, AVA, MD†

Provider ID: N/A

📍 200 W ARBOR DR

SAN DIEGO, CA 92103

Effective as of 01-JUL-21

BARNES, RYAN, DO†

Provider ID: N/A

📍 7910 FROST ST STE 250
SAN DIEGO, CA 92123

Effective as of 01-JAN-21

BATRA, MUNISH, MD

Provider ID: N/A

📍 12264 EL CAMINO REAL
STE 101

SAN DIEGO, CA 92130

Effective as of 01-SEP-17

BATRA, MUNISH, MD

Provider ID: N/A

📍 12264 EL CAMINO REAL
STE 101

SAN DIEGO, CA 92130

Effective as of 01-SEP-17

BATRA, MUNISH, MD

Provider ID: N/A

📍 12264 EL CAMINO REAL
STE 101

SAN DIEGO, CA 92130

Effective as of 01-SEP-17

BATRA, MUNISH, MD

Provider ID: N/A

📍 12264 EL CAMINO REAL
STE 101

SAN DIEGO, CA 92130

Effective as of 01-SEP-17

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

C1. Lista de proveedores de la red Médico de atención especializada

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-DEC-21

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-JAN-21

HALLDORSON, JEFFREY, MD†
Provider ID: N/A

8010 FROST ST STE 510
SAN DIEGO, CA 92123
Effective as of 01-JAN-21

HALLDORSON, JEFFREY, MD†
Provider ID: N/A

8010 FROST ST STE 510
SAN DIEGO, CA 92123
Effective as of 01-DEC-17

HALLDORSON, JEFFREY, MD†
Provider ID: N/A

8010 FROST ST STE 510
SAN DIEGO, CA 92123
Effective as of 01-FEB-18

HALLDORSON, JEFFREY, MD†
Provider ID: N/A

8010 FROST ST STE 510
SAN DIEGO, CA 92123
Effective as of 01-JUL-22

HART, MARQUIS, MD†
Provider ID: N/A

8010 FROST ST STE 510
SAN DIEGO, CA 92123
Effective as of 01-SEP-22

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

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

C1. Lista de proveedores de la red Médico de atención especializada

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

6719 ALVARADO RD STE
303
SAN DIEGO, CA 92120

Teleservice

Effective as of 01-MAR-24

SALLOUM, ALEXANDER, MD

Provider ID: N/A

6402 EL CAJON BLVD STE
102
SAN DIEGO, CA 92115

Effective as of 01-JUN-23

SALLOUM, ALEXANDER, MD†

Provider ID: N/A

6402 EL CAJON BLVD STE
100
SAN DIEGO, CA 92115

Effective as of 01-JAN-23

SISE, MICHAEL, MD†

Provider ID: N/A

550 WASHINGTON ST STE
641
SAN DIEGO, CA 92103

Effective as of 01-JAN-14

SISE, MICHAEL, MD†

Provider ID: N/A

550 WASHINGTON ST STE
641
SAN DIEGO, CA 92103

Effective as of 01-FEB-07

SURGERY HAND

RICKARDS, ENASS, MD†

Provider ID: N/A

9333 GENESEE AVE STE
350
SAN DIEGO, CA 92121

Effective as of 01-JAN-21

***SURGERY HAND
ORTHOPEDIC***

STEPHENSON, SAMUEL, MD†

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-OCT-21

SURGERY

NEUROLOGICAL

AMMIRATI, MARIO, MD†

Provider ID: N/A

11199 SORRENTO VALLEY
RD STE 203
SAN DIEGO, CA 92121

Effective as of 01-AUG-21

FLORES, BRUNO, MD†

Provider ID: N/A

11199 SORRENTO VALLEY
RD STE 203
SAN DIEGO, CA 92121

Effective as of 01-JAN-23

FLORES, BRUNO, MD†

Provider ID: N/A

5395 RUFFIN RD STE 102
SAN DIEGO, CA 92123
Effective as of 01-APR-22

FLORES, BRUNO, MD†

Provider ID: N/A

5395 RUFFIN RD STE 102
SAN DIEGO, CA 92123
Effective as of 01-FEB-21

GOEL, GUNJAN, MD†

Provider ID: N/A

3750 CONVOY ST STE 301
SAN DIEGO, CA 92111
Effective as of 01-JUL-19

LEVINE, REED, MD

Provider ID: N/A

3434 MIDWAY DR STE 2001

SAN DIEGO, CA 92110
Effective as of 01-FEB-24

OSTRUP, RICHARD, MD†

Provider ID: N/A

3750 CONVOY ST STE 301
SAN DIEGO, CA 92111*
Effective as of 01-SEP-20

UDANI, VIKRAM, MD

Provider ID: N/A

11199 SORRENTO VALLEY
RD STE 203
SAN DIEGO, CA 92121
Effective as of 01-JAN-23

ZACHARIAH, MARCUS, MD

Provider ID: N/A

3750 CONVOY ST STE 301
SAN DIEGO, CA 92111
Effective as of 01-MAY-23

SURGERY ORTHOPEDIC

ABITBOL, JEAN JACQUES, MD†

Provider ID: N/A

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

CI. Lista de proveedores de la red Médico de atención especializada

 7910 FROST ST STE 340
SAN DIEGO, CA 92123
Effective as of 01-MAR-24

BAWA, MANEESH, MD†

Provider ID: N/A

 4060 4TH AVE STE 700
SAN DIEGO, CA 92103
Effective as of 01-SEP-15

BEHR, CHRISTOPHER, MD†

Provider ID: N/A

 4060 4TH AVE STE 700
SAN DIEGO, CA 92103
Effective as of 01-SEP-15

BLAIS, MICAH, MD

Provider ID: N/A

 200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JUL-23

BOURLAND, BRYAN, DO

Provider ID: N/A

 4910 DIRECTORS PL STE
350
SAN DIEGO, CA 92121*
Effective as of 01-SEP-23

BOURLAND, BRYAN, DO

Provider ID: N/A

 4910 DIRECTORS PL STE
350
SAN DIEGO, CA 92121
Effective as of 01-OCT-23

BRERETON, DANIEL, DO†

Provider ID: N/A

 4910 DIRECTORS PL STE
350
SAN DIEGO, CA 92121
Effective as of 01-NOV-22

BUKATA, SUSAN, MD†

Provider ID: N/A

 200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-MAR-21

BUKATA, SUSAN, MD

Provider ID: N/A

 6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

BURNIKEL, DAVID, MD†

Provider ID: N/A

 6719 ALVARADO RD STE
200
SAN DIEGO, CA 92120
Effective as of 01-JAN-21

BURNIKEL, DAVID, MD†

Provider ID: N/A

 6719 ALVARADO RD STE
200
SAN DIEGO, CA 92120
Effective as of 01-SEP-23

BURNIKEL, DAVID, MD†

Provider ID: N/A

 6719 ALVARADO RD STE
200
SAN DIEGO, CA 92120
Effective as of 01-FEB-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

 4910 DIRECTORS PL STE
350
SAN DIEGO, CA 92121
Effective as of 01-JAN-24

DUTTON, PASCUAL, MD

Provider ID: N/A

C1. Lista de proveedores de la red Médico de atención especializada

6719 ALVARADO RD STE
200
SAN DIEGO, CA 92120
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

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

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

HOFMEISTER, ERIC, MD

Provider ID: N/A

3444 KEARNY VILLA RD
STE 401
SAN DIEGO, CA 92123
Effective as of 01-SEP-23

JAIN, RINA, MD†

Provider ID: N/A

3750 CONVOY ST STE 201
SAN DIEGO, CA 92111
Effective as of 01-JAN-21

KANSARA, DEVANSHU, MD†

Provider ID: N/A

7485 MISSION VALLEY RD
STE 104A
SAN DIEGO, CA 92108
Effective as of 01-MAY-22

KANSARA, DEVANSHU, MD†

Provider ID: N/A

7485 MISSION VALLEY RD
STE 104A
SAN DIEGO, CA 92108
Effective as of 01-JUN-22

KASIR, RAFID, MD

Provider ID: N/A

4060 4TH AVE STE 700
SAN DIEGO, CA 92103
Effective as of 01-DEC-23

KIM, PAUL, MD†

Provider ID: N/A

6719 ALVARADO RD STE
308
SAN DIEGO, CA 92120
Effective as of 01-JAN-14

KIM, PAUL, MD†

Provider ID: N/A

6719 ALVARADO RD STE
308
SAN DIEGO, CA 92120
Effective as of 01-SEP-22

KIMBALL, MICHAEL, MD†

Provider ID: N/A

9333 GENESEE AVE STE
350
SAN DIEGO, CA 92121
Effective as of 01-JAN-21

KIMBALL, MICHAEL, MD†

Provider ID: N/A

9333 GENESEE AVE STE
350
SAN DIEGO, CA 92121
Effective as of 01-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

C1. Lista de proveedores de la red Médico de atención especializada

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-JAN-14

MOHLER, LESTER, MD†

Provider ID: N/A

7485 MISSION VALLEY RD
STE 104A
SAN DIEGO, CA 92108
Effective as of 01-FEB-07

MULDOON, MICHAEL, MD†

Provider ID: N/A

3750 CONVOY ST STE 201
SAN DIEGO, CA 92111
Effective as of 01-AUG-23

MULDOON, MICHAEL, MD†

Provider ID: N/A

3750 CONVOY ST STE 201
SAN DIEGO, CA 92111
Effective as of 01-NOV-21

MYER, JONATHAN, MD†

Provider ID: N/A

4910 DIRECTORS PL STE
350
SAN DIEGO, CA 92121
Effective as of 01-NOV-21

MYER, JONATHAN, MD†

Provider ID: N/A

4910 DIRECTORS PL STE
350
SAN DIEGO, CA 92121
Effective as of 01-AUG-23

POMERANTZ, MICHAEL, MD

Provider ID: N/A

3444 KEARNY VILLA RD
STE 401
SAN DIEGO, CA 92123
Effective as of 01-SEP-23

RAISZADEH, RAMIN, MD†

Provider ID: N/A

6719 ALVARADO RD STE
308
SAN DIEGO, CA 92120
Effective as of 01-JAN-23

RAISZADEH, RAMIN, MD†

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-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

C1. Lista de proveedores de la red Médico de atención especializada

350
SAN DIEGO, CA 92121
Effective as of 01-JUL-23

RICKARDS, ENASS, MD†

Provider ID: N/A
9333 GENESEE AVE STE
350
SAN DIEGO, CA 92121
Effective as of 01-JAN-21

RICKARDS, ENASS, MD†

Provider ID: N/A
9333 GENESEE AVE STE
350
SAN DIEGO, CA 92121
Effective as of 01-SEP-22

ROBKER, JERRICK, DO†

Provider ID: N/A
4910 DIRECTORS PL STE
350
SAN DIEGO, CA 92121
Effective as of 01-AUG-23

ROBKER, JERRICK, DO†

Provider ID: N/A
4910 DIRECTORS PL STE
350
SAN DIEGO, CA 92121
Effective as of 01-MAY-22

ROSENFELD, ALAN, MD†

Provider ID: N/A
9333 GENESEE AVE STE
350A
SAN DIEGO, CA 92121*
Effective as of 01-SEP-20

ROSENFELD, ALAN, MD†

Provider ID: N/A
9333 GENESEE AVE STE
350
SAN DIEGO, CA 92121
Effective as of 01-JAN-21

ROSENFELD, ALAN, MD†

Provider ID: N/A
9333 GENESEE AVE STE
350
SAN DIEGO, CA 92121
Effective as of 01-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

ROSENFELD, ALAN, MD†

Provider ID: N/A
9333 GENESEE AVE STE
350A
SAN DIEGO, CA 92121
Effective as of 01-JAN-21

SCHULTZ, JEFFREY, MD†

Provider ID: N/A
7485 MISSION VALLEY RD
STE 104A
SAN DIEGO, CA 92108
Effective as of 01-JAN-14

SCHULTZ, JEFFREY, MD†

Provider ID: N/A

7485 MISSION VALLEY RD
STE 104A
SAN DIEGO, CA 92108
Effective as of 01-FEB-07

SCHULTZEL, MARK, MD†

Provider ID: N/A
3750 CONVOY ST STE 201
SAN DIEGO, CA 92111
Effective as of 01-NOV-21

SHAH, KALPIT, MD†

Provider ID: N/A
200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-AUG-22

SHILLITO, MATTHEW, MD†

Provider ID: N/A
6719 ALVARADO RD STE
200
SAN DIEGO, CA 92120
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

C1. Lista de proveedores de la red Médico de atención especializada

SIROTA, MICHAEL, MD†

Provider ID: N/A

6719 ALVARADO RD STE
200
SAN DIEGO, CA 92120
Effective as of 01-AUG-23

SULLIVAN, THOMAS, MD

Provider ID: N/A

6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

SUN, MICHAEL, MD

Provider ID: N/A

7485 MISSION VALLEY RD
STE 104A
SAN DIEGO, CA 92108
Effective as of 01-DEC-23

TANAKA, SCOTT, MD†

Provider ID: N/A

4060 4TH AVE STE 700
SAN DIEGO, CA 92103
Effective as of 01-AUG-17

TASTO, JAMES, MD†

Provider ID: N/A

6719 ALVARADO RD STE
200
SAN DIEGO, CA 92120*
Effective as of 01-AUG-23

TASTO, JAMES, MD†

Provider ID: N/A

6719 ALVARADO RD STE
200
SAN DIEGO, CA 92120
Effective as of 01-JAN-21

TASTO, JAMES, MD†

Provider ID: N/A

6719 ALVARADO RD STE
200
SAN DIEGO, CA 92120

Effective as of 01-SEP-23

TAYLOR, MARIO, MD

Provider ID: N/A

6655 ALVARADO RD
SAN DIEGO, CA 92120
Effective as of 01-FEB-24

TAYLOR, MARIO, MD

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-JUN-23

TAYYAB, NEIL, MD†

Provider ID: N/A

9333 GENESEE AVE STE
350A
SAN DIEGO, CA 92121
Effective as of 01-JAN-21

TAYYAB, NEIL, MD†

Provider ID: N/A

9333 GENESEE AVE STE
350A
SAN DIEGO, CA 92121
Effective as of 01-AUG-23

TAYYAB, NEIL, MD†

Provider ID: N/A

9333 GENESEE AVE STE
350
SAN DIEGO, CA 92121
Effective as of 01-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

C1. Lista de proveedores de la red Médico de atención especializada

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-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

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

200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-NOV-21

GOSMAN, AMANDA, MD†
Provider ID: N/A

4520 EXECUTIVE DR
SAN DIEGO, CA 92121
Effective as of 01-NOV-21

HANDLER, BARRY, MD†
Provider ID: N/A

6699 ALVARADO RD STE
2305
SAN DIEGO, CA 92120
Effective as of 01-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

C1. Lista de proveedores de la red Médico de atención especializada

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 201
SAN DIEGO, CA 92123
Effective as of 01-JAN-24

BUTLER, PHILIP, MD

Provider ID: N/A

☑ 3444 KEARNY VILLA RD
STE 202
SAN DIEGO, CA 92123
Effective as of 01-JAN-24

BUTLER, PHILIP, MD

Provider ID: N/A

☑ 11770 BERNARDO PLAZA
CT STE 270
SAN DIEGO, CA 92128
Effective as of 01-JAN-24

CHEN, TONY, MD†

Provider ID: N/A

☑ 200 W ARBOR DR
SAN DIEGO, CA 92103
Effective as of 01-AUG-21

COHEN, EDWARD, MD†

Provider ID: N/A

☑ 3444 KEARNY VILLA RD
STE 201
SAN DIEGO, CA 92123
Effective as of 01-SEP-21

COHEN, EDWARD, MD

Provider ID: N/A

☑ 3444 KEARNY VILLA RD
STE 202
SAN DIEGO, CA 92123
Effective as of 01-FEB-24

COHEN, EDWARD, MD

Provider ID: N/A

☑ 4060 4TH AVE STE 310
SAN DIEGO, CA 92103
Effective as of 01-FEB-24

COHEN, EDWARD, MD†

Provider ID: N/A

☑ 3444 KEARNY VILLA RD
STE 201
SAN DIEGO, CA 92123
Effective as of 01-JAN-24

COHEN, EDWARD, MD†

Provider ID: N/A

☑ 3444 KEARNY VILLA RD
STE 201
SAN DIEGO, CA 92123
Effective as of 01-JAN-21

COHEN, EDWARD, MD†

Provider ID: N/A

☑ 11770 BERNARDO PLAZA
CT STE 270
SAN DIEGO, CA 92128
Effective as of 01-NOV-22

COHEN, EDWARD, MD†

Provider ID: N/A

☑ 11770 BERNARDO PLAZA
CT STE 270
SAN DIEGO, CA 92128
Effective as of 01-JAN-24

DATO, PAUL, MD

Provider ID: N/A

☑ 11770 BERNARDO PLAZA
CT STE 270
SAN DIEGO, CA 92128
Effective as of 01-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-NOV-21

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

☑ 3444 KEARNY VILLA RD
STE 201
SAN DIEGO, CA 92123
Effective as of 01-FEB-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†

CI. Lista de proveedores de la red Médico de atención especializada

Provider ID: N/A

4060 4TH AVE STE 310
SAN DIEGO, CA 92103
Effective as of 01-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

DICKS, BRIAN, MD

Provider ID: N/A

3444 KEARNY VILLA RD
STE 202
SAN DIEGO, CA 92123
Effective as of 01-JAN-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

4060 4TH AVE STE 310
SAN DIEGO, CA 92103
Effective as of 01-JAN-24

JUMA, SAAD, MD

Provider ID: N/A

3444 KEARNY VILLA RD
STE 202
SAN DIEGO, CA 92123
Effective as of 01-FEB-24

JUMA, SAAD, MD

Provider ID: N/A

11770 BERNARDO PLAZA
CT STE 270
SAN DIEGO, CA 92128
Effective as of 01-FEB-24

KATZ, JONATHAN, MD

Provider ID: N/A

16950 VIA TAZON
SAN DIEGO, CA 92127
Effective as of 01-JUN-23

KEILLER, DANNY, MD

Provider ID: N/A

11770 BERNARDO PLAZA
CT STE 270
SAN DIEGO, CA 92128
Effective as of 01-JAN-24

KEILLER, DANNY, MD

Provider ID: N/A

3444 KEARNY VILLA RD
STE 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

KEILLER, DANNY, MD

Provider ID: N/A

4060 4TH AVE STE 310
SAN DIEGO, CA 92103
Effective as of 01-FEB-24

NEUSTEIN, PAUL, MD

Provider ID: N/A

4060 4TH AVE STE 310
SAN DIEGO, CA 92103
Effective as of 01-JAN-24

NEUSTEIN, PAUL, MD

Provider ID: N/A

3444 KEARNY VILLA RD
STE 202
SAN DIEGO, CA 92123
Effective as of 01-FEB-24

NEUSTEIN, PAUL, 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

3444 KEARNY VILLA RD
STE 201
SAN DIEGO, CA 92123

C1. Lista de proveedores de la red Médico de atención especializada

Effective as of 01-FEB-24

NGUYEN, HUNG, MD

Provider ID: N/A

3444 KEARNY VILLA RD
STE 202
SAN DIEGO, CA 92123

Effective as of 01-FEB-24

NGUYEN, HUNG, MD

Provider ID: N/A

4060 4TH AVE STE 310
SAN DIEGO, CA 92103

Effective as of 01-FEB-24

NGUYEN, HUNG, MD†

Provider ID: N/A

11770 BERNARDO PLAZA
CT STE 270
SAN DIEGO, CA 92128

Teleservice

Effective as of 01-NOV-22

NGUYEN, HUNG, MD†

Provider ID: N/A

11770 BERNARDO PLAZA
CT STE 270
SAN DIEGO, CA 92128

Teleservice

Effective as of 01-SEP-21

NGUYEN, HUNG, MD†

Provider ID: N/A

11770 BERNARDO PLAZA
CT STE 270
SAN DIEGO, CA 92128

Teleservice

Effective as of 01-JAN-24

PE, MARK-RALLY, MD

Provider ID: N/A

11770 BERNARDO PLAZA
CT STE 270
SAN DIEGO, CA 92128

Effective as of 01-JAN-24

PE, MARK-RALLY, MD

Provider ID: N/A

3444 KEARNY VILLA RD
STE 202
SAN DIEGO, CA 92123

Effective as of 01-JAN-24

PE, MARK-RALLY, MD

Provider ID: N/A

3444 KEARNY VILLA RD
STE 201
SAN DIEGO, CA 92123

Effective as of 01-FEB-24

ROBERTS, JAMES, MD†

Provider ID: N/A

3444 KEARNY VILLA RD
STE 201
SAN DIEGO, CA 92123

Effective as of 01-SEP-22

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-JAN-21

ROBERTS, JAMES, MD

Provider ID: N/A

11770 BERNARDO PLAZA
CT STE 270
SAN DIEGO, CA 92128

Effective as of 01-JAN-24

SAIDIAN, AVA, MD†

Provider ID: N/A

200 W ARBOR DR

SAN DIEGO, CA 92103

Effective as of 01-SEP-21

SALEM, CAROL, MD†

Provider ID: N/A

4060 4TH AVE STE 310
SAN DIEGO, CA 92103

Effective as of 01-OCT-19

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

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-JUL-22

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

SALEM, CAROL, MD†

Provider ID: N/A

4060 4TH AVE STE 310
SAN DIEGO, CA 92103
Effective as of 01-SEP-22

SALEM, CAROL, MD

Provider ID: N/A

3444 KEARNY VILLA RD
STE 202
SAN DIEGO, CA 92123
Effective as of 01-JAN-24

SALEM, CAROL, MD

Provider ID: N/A

11770 BERNARDO PLAZA
CT STE 270
SAN DIEGO, CA 92128
Effective as of 01-JAN-24

SALMASI, AMIRALI, MD

Provider ID: N/A

11770 BERNARDO PLAZA
CT STE 270
SAN DIEGO, CA 92128
Effective as of 01-JAN-24

SALMASI, AMIRALI, MD

Provider ID: N/A

4060 4TH AVE STE 310
SAN DIEGO, CA 92103
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

SANTOMAURO, MICHAEL, MD

Provider ID: N/A

4060 4TH AVE STE 310
SAN DIEGO, CA 92103
Effective as of 01-AUG-23

SANTOMAURO, MICHAEL, MD†

Provider ID: N/A

3444 KEARNY VILLA RD
STE 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 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-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

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-SEP-22

UNTERBERG, STEPHEN, MD†

Provider ID: N/A

4060 4TH AVE STE 310
SAN DIEGO, CA 92103

C1. Lista de proveedores de la red Médico de atención especializada

Teleservice

Effective as of 01-JAN-21

UNTERBERG, STEPHEN, MD†

Provider ID: N/A

11770 BERNARDO PLAZA
CT STE 270
SAN DIEGO, CA 92128

Effective as of 01-SEP-22

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

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-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-JAN-24

VAPNEK, EVAN, MD†

Provider ID: N/A

3444 KEARNY VILLA RD
STE 202
SAN DIEGO, CA 92123

Effective as of 01-JAN-23

VAPNEK, EVAN, MD†

Provider ID: N/A

4033 3RD AVE STE 400
SAN DIEGO, CA 92103

Effective as of 01-JAN-21

VAPNEK, EVAN, MD

Provider ID: N/A

4060 4TH AVE STE 310
SAN DIEGO, CA 92103

Effective as of 01-JAN-24

VAPNEK, EVAN, MD†

Provider ID: N/A

3444 KEARNY VILLA RD
STE 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

230 PROSPECT PL STE 210
SAN DIEGO, CA 92118

Effective as of 01-JAN-24

WANG, LUKE, MD

Provider ID: N/A

200 W ARBOR DR
SAN DIEGO, CA 92103

Effective as of 01-JUN-23

YUH, BENJAMIN, MD†

Provider ID: N/A

3444 KEARNY VILLA RD
STE 201
SAN DIEGO, CA 92123

Effective as of 01-JAN-24

YUH, BENJAMIN, MD†

Provider ID: N/A

11770 BERNARDO PLAZA
CT STE 270
SAN DIEGO, CA 92128

Effective as of 01-JAN-24

ADDICTIVE MEDICINE

NAFICY, K, MD†

Provider ID: N/A

30448 RANCHO VIEJO RD
STE 150
SAN JUAN CAPISTRANO,
CA 92675

Teleservice

Effective as of 01-MAY-21

**C1. Lista de proveedores de la red
Médico de atención especializada**

CLINICAL

NEUROPSYCHOLOGIST

KALINIAN, HAYGOUSH, PhD

Provider ID: N/A

31001 RANCHO VIEJO RD
STE 200
SAN JUAN CAPISTRANO,
CA 92675

Effective as of 01-AUG-23

KALINIAN, HAYGOUSH, PhD

Provider ID: N/A

31001 RANCHO VIEJO RD
STE 200
SAN JUAN CAPISTRANO,
CA 92675

Effective as of 01-AUG-23

EMERGENCY MEDICINE

REZVAN, KAVEH, DO†

Provider ID: N/A

31001 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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-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

KALE, RAHUL, 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-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

C1. Lista de proveedores de la red Médico de atención especializada

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-NOV-19

KALE, RAHUL, 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-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,

C1. Lista de proveedores de la red Médico de atención especializada

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-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-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-OCT-22

PATEL, JAY, MD†

Provider ID: N/A

30230 RANCHO VIEJO RD
STE 200
SAN JUAN CAPISTRANO,
CA 92675

Teleservice

Effective as of 01-JUN-23

REZVAN, KAVEH, DO†

Provider ID: N/A

30230 RANCHO VIEJO RD
STE 200
SAN JUAN CAPISTRANO,
CA 92675

Effective as of 01-AUG-18

REZVAN, KAVEH, DO†

Provider ID: N/A

30230 RANCHO VIEJO RD
STE 200
SAN JUAN CAPISTRANO,
CA 92675

Effective as of 01-AUG-18

REZVAN, KAVEH, DO†

Provider ID: N/A

30230 RANCHO VIEJO RD
STE 200
SAN JUAN CAPISTRANO,
CA 92675

Effective as of 01-OCT-20

SOONG, YEN-HUI, MD†

Provider ID: N/A

30230 RANCHO VIEJO RD
STE 200
SAN JUAN CAPISTRANO,
CA 92675

Effective as of 01-JAN-23

SOONG, YEN-HUI, MD†

Provider ID: N/A

30230 RANCHO VIEJO RD
STE 200
SAN JUAN CAPISTRANO,
CA 92675

Effective as of 01-FEB-21

SOONG, YEN-HUI, MD†

Provider ID: N/A

30230 RANCHO VIEJO RD
STE 200
SAN JUAN CAPISTRANO,
CA 92675

Effective as of 01-FEB-21

SOONG, YEN-HUI, MD†

Provider ID: N/A

30230 RANCHO VIEJO RD
STE 200
SAN JUAN CAPISTRANO,
CA 92675

Effective as of 01-DEC-20

SOONG, YEN-HUI, MD†

Provider ID: N/A

30230 RANCHO VIEJO RD
STE 200
SAN JUAN CAPISTRANO,
CA 92675

Effective as of 01-MAY-21

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,

C1. Lista de proveedores de la red
Médico de atención especializada

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-AUG-20

GVOZDYEV, BORYS, MD†

Provider ID: N/A
31920 DEL OBISPO ST STE
170
SAN JUAN CAPISTRANO,
CA 92675
Effective as of 01-JAN-23

GVOZDYEV, BORYS, MD†

Provider ID: N/A
31920 DEL OBISPO ST STE
170
SAN JUAN CAPISTRANO,
CA 92675
Effective as of 01-OCT-23

GVOZDYEV, BORYS, MD†

Provider ID: N/A
31920 DEL OBISPO ST STE
170
SAN JUAN CAPISTRANO,
CA 92675
Effective as of 01-AUG-20

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
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

C1. Lista de proveedores de la red Médico de atención especializada

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-OCT-23

KIM-ORDEN, MICHAEL, MD

Provider ID: N/A

31920 DEL OBISPO ST STE
170
SAN JUAN CAPISTRANO,
CA 92675

Effective as of 01-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

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

C1. Lista de proveedores de la red Médico de atención especializada

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 VALPRED A RD
SAN MARCOS, CA 92069
Effective as of 01-SEP-22

SUDHAKAR, DEEPTHI, MD†

Provider ID: N/A

📄 150 VALPRED A 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-APR-21

NARAYANAN, MEENA, MD†

Provider ID: N/A

📄 955 BOARDWALK STE 100
SAN MARCOS, CA 92078
Effective as of 01-SEP-22

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

CI. Lista de proveedores de la red Médico de atención especializada

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

C1. Lista de proveedores de la red Médico de atención especializada

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 VALPRED A 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

☐ 150 VALPRED A RD
SAN MARCOS, CA 92069

Effective as of 01-JUL-22

TRAINER, JASON, DC

Provider ID: N/A

☐ 1595 GRAND AVE STE 100
SAN MARCOS, CA 92078

Effective as of 01-MAR-24

DERMATOLOGY

ANGRA, KUNAL, MD†

Provider ID: N/A

☐ 838 NORDAHL RD STE 250
SAN MARCOS, CA 92069

Effective as of 01-DEC-21

GILBOA, RUTH, MD†

Provider ID: N/A

☐ 838 NORDAHL RD STE 250
SAN MARCOS, CA 92069

Effective as of 01-AUG-21

SIRICHOTIRATANA, MELISSA, MD†

Provider ID: N/A

☐ 838 NORDAHL RD STE 250
SAN MARCOS, CA 92069

Effective as of 01-JAN-23

VENKAT, ARUN, MD†

Provider ID: N/A

☐ 838 NORDAHL RD STE 250
SAN MARCOS, CA 92069

Effective as of 01-JUL-22

VENKAT, ARUN, MD†

Provider ID: N/A

☐ 838 NORDAHL RD STE 250
SAN MARCOS, CA 92069

Effective as of 01-MAR-17

VENKAT, ARUN, MD†

Provider ID: N/A

☐ 838 NORDAHL RD STE 250
SAN MARCOS, CA 92069

Effective as of 01-AUG-20

VENKAT, ARUN, MD†

Provider ID: N/A

☐ 838 NORDAHL RD STE 250
SAN MARCOS, CA 92069

Effective as of 01-SEP-22

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 VALPRED A 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 VALPRED A 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-NOV-21

BESSUDO, ALBERTO, MD†

Provider ID: N/A

☐ 838 NORDAHL RD STE 300
SAN MARCOS, CA 92069

Teleservice

Effective as of 01-JAN-21

KOSMO, MICHAEL, MD†

Provider ID: N/A

☐ 838 NORDAHL RD STE 300
SAN MARCOS, CA 92069

Teleservice

Effective as of 01-JAN-21

SINCLAIR, JAMES, MD†

Provider ID: N/A

C1. Lista de proveedores de la red Médico de atención especializada

838 NORDAHL RD STE 300
SAN MARCOS, CA 92069
Effective as of 01-JAN-21

SULLIVAN, JESSICA, DO⁺
Provider ID: N/A

838 NORDAHL RD STE 300
SAN MARCOS, CA 92069
Effective as of 01-OCT-22

INTERNAL MEDICINE

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⁺
Provider ID: N/A

955 BOARDWALK STE 100
SAN MARCOS, CA 92078
Effective as of 01-MAY-23

RUBIO GARCIA, MANOLO, MD⁺
Provider ID: N/A

955 BOARDWALK STE 100
SAN MARCOS, CA 92078
Effective as of 01-DEC-22

SHAH, KULIN, MD⁺
Provider ID: N/A

955 BOARDWALK STE 100
SAN MARCOS, CA 92078
Effective as of 01-APR-23

SUDHAKAR, DEEPTHI, MD⁺
Provider ID: N/A

955 BOARDWALK STE 100
SAN MARCOS, CA 92078
Effective as of 01-APR-23

LICENSED CLINICAL SOCIAL WORKER

MARTINEZ, NORAYMA, LCSW⁺
Provider ID: N/A

1510 E MISSION RD STE
RV035
SAN MARCOS, CA 92069
Effective as of 01-NOV-22

NEONATAL / PERINATAL MEDICINE

IMRIE, DRU, MD⁺
Provider ID: N/A

150 VALPREDA RD
SAN MARCOS, CA 92069
Effective as of 01-JUL-22

MEIXEL, ANTONIE, MD⁺
Provider ID: N/A

150 VALPREDA RD
SAN MARCOS, CA 92069
Effective as of 01-JUL-22

NEPHROLOGY

AFSHAR, MASOUD, MD⁺
Provider ID: N/A

960 W SAN MARCOS BLVD
STE 210
SAN MARCOS, CA 92078
Teleservice
Effective as of 01-OCT-23

AFSHAR, MASOUD, MD⁺
Provider ID: N/A

960 W SAN MARCOS BLVD

STE 210
SAN MARCOS, CA 92078
Teleservice
Effective as of 01-MAY-22

KAYAL, ANAS, MD⁺
Provider ID: N/A

960 W SAN MARCOS BLVD
STE 210
SAN MARCOS, CA 92078
Effective as of 01-MAY-22

KAYAL, ANAS, MD⁺
Provider ID: N/A

960 W SAN MARCOS BLVD
STE 210
SAN MARCOS, CA 92078
Effective as of 01-OCT-23

NEUROLOGY

ANDER, AZIZ, MD⁺
Provider ID: N/A

838 NORDAHL RD STE 310
SAN MARCOS, CA 92069
Effective as of 01-NOV-21

ANDER, AZIZ, MD⁺
Provider ID: N/A

838 NORDAHL RD STE 310
SAN MARCOS, CA 92069
Effective as of 01-JUL-22

FARHIDVASH, FARIBA, MD⁺
Provider ID: N/A

838 NORDAHL RD STE 200
SAN MARCOS, CA 92069
Effective as of 01-DEC-22

GRATIANNE, ROBERTO, MD⁺
Provider ID: N/A

838 NORDAHL RD STE 200
SAN MARCOS, CA 92069
Effective as of 01-JUN-22

**C1. Lista de proveedores de la red
Médico de atención especializada**

GUPTA, MONIKA, MD†

Provider ID: N/A

838 NORDAHL RD STE 200
SAN MARCOS, CA 92069
Effective as of 01-JUN-22

**HOSSEIN ZADEH MALEKI,
ANA, MD**

Provider ID: N/A

838 NORDAHL RD STE 200
SAN MARCOS, CA 92069
Teleservice
Effective as of 01-MAR-24

**HOSSEIN ZADEH MALEKI,
ANA, MD**

Provider ID: N/A

838 NORDAHL RD STE 200
SAN MARCOS, CA 92069
Teleservice
Effective as of 01-MAR-24

HUISA-GARATE, BRANKO, MD†

Provider ID: N/A

838 NORDAHL RD STE 200
SAN MARCOS, CA 92069
Effective as of 01-MAR-24

HUISA-GARATE, BRANKO, MD†

Provider ID: N/A

838 NORDAHL RD STE 200
SAN MARCOS, CA 92069
Effective as of 01-JUN-22

KAYAL, ANAS, MD†

Provider ID: N/A

334 VIA VERA CRUZ STE 251
SAN MARCOS, CA 92078
Teleservice
Effective as of 01-SEP-22

MAREK, MAKSYM, MD

Provider ID: N/A

838 NORDAHL RD STE 200

SAN MARCOS, CA 92069

Teleservice

Effective as of 01-MAR-24

MAREK, MAKSYM, MD

Provider ID: N/A

838 NORDAHL RD STE 200
SAN MARCOS, CA 92069
Teleservice

Effective as of 01-OCT-23

MCGEHRIN, KEVIN, MD

Provider ID: N/A

838 NORDAHL RD STE 200
SAN MARCOS, CA 92069
Teleservice
Effective as of 01-MAR-24

MCGEHRIN, KEVIN, MD

Provider ID: N/A

838 NORDAHL RD STE 200
SAN MARCOS, CA 92069
Teleservice
Effective as of 01-AUG-23

OLENSKI, KLARI, DO†

Provider ID: N/A

838 NORDAHL RD STE 200
SAN MARCOS, CA 92069
Effective as of 01-JUN-22

PHAM, ALISE, DO

Provider ID: N/A

838 NORDAHL RD STE 200
SAN MARCOS, CA 92069
Teleservice
Effective as of 01-MAR-24

PHAM, ALISE, DO

Provider ID: N/A

838 NORDAHL RD STE 200
SAN MARCOS, CA 92069
Teleservice
Effective as of 01-AUG-23

SILVER, BRENT, MD†

Provider ID: N/A

838 NORDAHL RD STE 200
SAN MARCOS, CA 92069
Teleservice
Effective as of 01-DEC-22

SORIA LOPEZ, JOSE, MD†

Provider ID: N/A

838 NORDAHL RD STE 200
SAN MARCOS, CA 92069
Effective as of 01-JUN-22

WU, MELANIE, DO†

Provider ID: N/A

838 NORDAHL RD STE 200
SAN MARCOS, CA 92069
Effective as of 01-JAN-23

***OBSTETRICS /
GYNECOLOGY***

CIZMAR, BRANISLAV, MD

Provider ID: N/A

120 CRAVEN RD STE 101
SAN MARCOS, CA 92078
Effective as of 01-JAN-24

POUNTNEY, MARLENE, MD†

Provider ID: N/A

150 VALPRED A RD
SAN MARCOS, CA 92069
Effective as of 01-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

C1. Lista de proveedores de la red Médico de atención especializada

☐ 838 NORDAHL RD STE 300 SAN MARCOS, CA 92069
SAN MARCOS, CA 92069

Teleservice

Effective as of 01-OCT-22

FRAKES, LAURIE, MD†

Provider ID: N/A

☐ 838 NORDAHL RD STE 300 SAN MARCOS, CA 92069
SAN MARCOS, CA 92069

Teleservice

Effective as of 01-JAN-21

MCCLAY, EDWARD, MD†

Provider ID: N/A

☐ 838 NORDAHL RD STE 300 SAN MARCOS, CA 92069
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 106
SAN MARCOS, CA 92078

Effective as of 01-FEB-23

BERNARDO, RACHELLE, PA

Provider ID: N/A

☐ 1595 GRAND AVE STE 106
SAN MARCOS, CA 92078

Effective as of 01-MAR-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

C1. Lista de proveedores de la red Médico de atención especializada

Effective as of 01-AUG-23

MCGEHRIN, KEVIN, MD

Provider ID: N/A

838 NORDAHL RD STE 200
SAN MARCOS, CA 92069

Teleservice

Effective as of 01-MAR-24

MCGEHRIN, KEVIN, MD

Provider ID: N/A

838 NORDAHL RD STE 200
SAN MARCOS, CA 92069

Teleservice

Effective as of 01-AUG-23

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 VALPRED A RD
SAN MARCOS, CA 92069

Effective as of 01-JUL-22

WALKER, SHAYNA, MD†

Provider ID: N/A

150 VALPRED A 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

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

334 VIA VERA CRUZ STE 251
SAN MARCOS, CA 92078

Teleservice

Effective as of 01-JUL-22

AL NAHLAWI, BASMA, MD†

Provider ID: N/A

960 W SAN MARCOS BLVD
STE 210

SAN MARCOS, CA 92078

Effective as of 01-MAY-22

AL NAHLAWI, BASMA, MD†

C1. Lista de proveedores de la red Médico de atención especializada

Provider ID: N/A

☐ 334 VIA VERA CRUZ STE 251
SAN MARCOS, CA 92078

Teleservice

Effective as of 01-OCT-21

AL NAHLAWI, BASMA, MD†

Provider ID: N/A

☐ 960 W SAN MARCOS BLVD
STE 210

SAN MARCOS, CA 92078

Effective as of 01-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

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

C1. Lista de proveedores de la red Médico de atención especializada

 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

C1. Lista de proveedores de la red Médico de atención especializada

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-JUL-22

GOLDSTEIN, EDWARD, MD†

Provider ID: N/A

4050 BEYER BLVD
SAN YSIDRO, CA 92173

Effective as of 01-JAN-21

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

C1. Lista de proveedores de la red Médico de atención especializada

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

C1. Lista de proveedores de la red Médico de atención especializada

 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-DEC-22

KELCHNER, MATTHEW, DC†

Provider ID: N/A

 120 TOWN CENTER PKWY
SANTEE, CA 92071
Effective as of 01-JUL-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

C1. Lista de proveedores de la red Médico de atención especializada

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-JAN-23

AGUIRRE, KRISTEN, 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 D
SOLANA BEACH, CA 92075

Effective as of 01-JUN-22

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

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

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

 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 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-SEP-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 8
SOLANA BEACH, CA 92075
Effective as of 01-FEB-21

***ENDOCRINOLOGY
METABOLISM DIABETES***

ARGOUD, GEORGES, MD†
Provider ID: N/A

 530 LOMAS SANTA FE DR
STE 8
SOLANA BEACH, CA 92075
Effective as of 01-JAN-21

ARGOUD, GEORGES, MD†
Provider ID: N/A

 530 LOMAS SANTA FE DR
STE 8

SOLANA BEACH, CA 92075
Effective as of 01-JUL-22

ARGOUD, GEORGES, MD†
Provider ID: N/A

 530 LOMAS SANTA FE DR
STE 8
SOLANA BEACH, CA 92075
Effective as of 01-MAR-15

ARGOUD, GEORGES, MD†
Provider ID: N/A

 530 LOMAS SANTA FE DR
STE 8
SOLANA BEACH, CA 92075
Effective as of 01-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-JAN-24

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

C1. Lista de proveedores de la red Médico de atención especializada

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

C1. Lista de proveedores de la red Médico de atención especializada

 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-JAN-16

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

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

C1. Lista de proveedores de la red Médico de atención especializada

TEMECULA, CA 92591
Effective as of 01-SEP-23

GUIANG, RAINIER, MD†

Provider ID: N/A
31515 RANCHO PUEBLO RD
STE 103
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

MESSINGER, 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
27450 YNEZ RD STE 109
TEMECULA, CA 92591
Effective as of 01-MAR-22

ALFAY, WISAM, MD

Provider ID: N/A
28780 SINGLE OAK DR STE
290
TEMECULA, CA 92590
Effective as of 01-JAN-22

AMIN, JATIN, MD†

Provider ID: N/A
31515 RANCHO PUEBLO RD
STE 103
TEMECULA, CA 92592
Effective as of 01-JUN-23

ATTIA, NADER, DO†

Provider ID: N/A
31515 RANCHO PUEBLO RD
STE 103
TEMECULA, CA 92592
Effective as of 01-JUN-23

ATTIA, NADER, DO†

Provider ID: N/A
31515 RANCHO PUEBLO RD
STE 103
TEMECULA, CA 92592
Effective as of 01-JUN-23

ATTIA, NADER, DO†

Provider ID: N/A
31515 RANCHO PUEBLO RD
STE 103
TEMECULA, CA 92592
Effective as of 01-JUL-22

BISWAS, MIMI, MD

Provider ID: N/A
31515 RANCHO PUEBLO RD
STE 103
TEMECULA, CA 92592
Effective as of 01-JUN-23

COX, JEREMY, DO

Provider ID: N/A
31515 RANCHO PUEBLO RD
STE 103
TEMECULA, CA 92592
Effective as of 01-MAR-24

COX, JEREMY, DO

Provider ID: N/A
31515 RANCHO PUEBLO RD
STE 103
TEMECULA, CA 92592
Effective as of 01-MAR-24

PAREKH, NIRAJ, MD†

Provider ID: N/A
31515 RANCHO PUEBLO RD
STE 103
TEMECULA, CA 92592
Effective as of 01-MAY-21

PAREKH, NIRAJ, MD†

Provider ID: N/A
31515 RANCHO PUEBLO RD
STE 103
TEMECULA, CA 92592
Effective as of 01-JUN-23

PAREKH, NIRAJ, MD†

Provider ID: N/A

**C1. Lista de proveedores de la red
Médico de atención especializada**

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-JUL-22

FARSHLER, ANTHONY, DC†

Provider ID: N/A

41840 ENTERPRISE CIR N
TEMECULA, CA 92590
Effective as of 01-NOV-23

MYREN, DONALD, DC

Provider ID: N/A

26790 YNEZ CT STE 2B

CI. Lista de proveedores de la red Médico de atención especializada

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

KHERADMANT, SHIVA, DO†

Provider ID: N/A

 44605 AVENIDA DE
MISSIONES STE 202
TEMECULA, CA 92592
Effective as of 01-JAN-22

KHERADMANT, SHIVA, DO†

Provider ID: N/A

 44605 AVENIDA DE
MISSIONES STE 202
TEMECULA, CA 92592
Effective as of 01-APR-22

KHERADMANT, SHIVA, DO†

Provider ID: N/A

 44605 AVENIDA DE
MISSIONES STE 202
TEMECULA, CA 92592
Effective as of 01-APR-22

KHERADMANT, SHIVA, DO†

Provider ID: N/A

 44605 AVENIDA DE
MISSIONES STE 202
TEMECULA, CA 92592
Effective as of 01-DEC-21

KHERADMANT, SHIVA, DO†

Provider ID: N/A

 44605 AVENIDA DE
MISSIONES STE 202
TEMECULA, CA 92592
Effective as of 01-DEC-21

KHERADMANT, SHIVA, DO†

Provider ID: N/A

 44605 AVENIDA DE
MISSIONES STE 202
TEMECULA, CA 92592
Effective as of 01-DEC-21

KHERADMANT, SHIVA, DO†

Provider ID: N/A

 44605 AVENIDA DE
MISSIONES STE 202
TEMECULA, CA 92592
Effective as of 01-DEC-21

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

C1. Lista de proveedores de la red Médico de atención especializada

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

C1. Lista de proveedores de la red Médico de atención especializada

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-JUL-21

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-APR-24

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-APR-23

**VALDEZ-HERNANDEZ, ISRAEL,
LCSW†**

Provider ID: N/A
29645 RANCHO
CALIFORNIA RD STE 213
TEMECULA, CA 92591
Effective as of 01-APR-23

**VALDEZ-HERNANDEZ, ISRAEL,
LCSW†**

Provider ID: N/A
29645 RANCHO
CALIFORNIA RD STE 213
TEMECULA, CA 92591
Effective as of 01-JAN-23

VALDEZ-HERNANDEZ, ISRAEL,

LCSW†

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-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†

C1. Lista de proveedores de la red Médico de atención especializada

Provider ID: N/A

☒ 31537 RANCHO PUEBLO
RD STE 201
TEMECULA, CA 92592
Effective as of 01-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

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

NANDI, SHANKHA, DO†

Provider ID: N/A

☒ 31537 RANCHO PUEBLO
RD STE 201

TEMECULA, CA 92592
Effective as of 01-DEC-23

NANDI, SHANKHA, DO†

Provider ID: N/A

☒ 31537 RANCHO PUEBLO
RD STE 201
TEMECULA, CA 92592
Effective as of 01-DEC-23

NANDI, SHANKHA, DO†

Provider ID: N/A

☒ 31537 RANCHO PUEBLO
RD STE 201
TEMECULA, CA 92592
Effective as of 01-DEC-23

NANDI, SHANKHA, DO†

Provider ID: N/A

☒ 31537 RANCHO PUEBLO
RD STE 201
TEMECULA, CA 92592
Effective as of 01-AUG-20

NANDI, SHANKHA, DO†

Provider ID: N/A

☒ 31537 RANCHO PUEBLO
RD STE 201
TEMECULA, CA 92592
Effective as of 01-DEC-23

YAN, ERIC, MD†

Provider ID: N/A

☒ 31537 RANCHO PUEBLO
RD STE 201
TEMECULA, CA 92592

Teleservice

Effective as of 01-JUL-18

YAN, ERIC, MD†

Provider ID: N/A

☒ 31537 RANCHO PUEBLO
RD STE 201
TEMECULA, CA 92592

Teleservice

Effective as of 01-JUL-18

YAN, ERIC, MD†

Provider ID: N/A

☒ 31537 RANCHO PUEBLO
RD STE 201
TEMECULA, CA 92592
Teleservice
Effective as of 01-JUL-18

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

 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

C1. Lista de proveedores de la red Médico de atención especializada

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, 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-NOV-20

BEKENDAM, PETER, MD†

Provider ID: N/A

41877 ENTERPRISE CIR N
STE 110
TEMECULA, CA 92590
Effective as of 01-JUL-23

BEKENDAM, PETER, MD†

Provider ID: N/A

41877 ENTERPRISE CIR N
STE 110
TEMECULA, CA 92590
Effective as of 01-AUG-20

BEKENDAM, PAMELA, MD†

Provider ID: N/A

41877 ENTERPRISE CIR N
STE 110
TEMECULA, CA 92590
Effective as of 01-AUG-20

BIRO, NICOLAS, MD

Provider ID: N/A

41877 ENTERPRISE CIR N
STE 110
TEMECULA, CA 92590
Effective as of 01-JUN-23

BIRO, NICOLAS, MD

Provider ID: N/A

41877 ENTERPRISE CIR N
STE 110
TEMECULA, CA 92590
Effective as of 01-JUN-23

BURNS, RICHARD, MD†

Provider ID: N/A

41637 MARGARITA RD STE
100
TEMECULA, CA 92591
Effective as of 01-JUL-23

BURNS, RICHARD, MD†

Provider ID: N/A

41637 MARGARITA RD STE

C1. Lista de proveedores de la red Médico de atención especializada

100
TEMECULA, CA 92591
Effective as of 01-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-SEP-17

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

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, LOUIS, MD†

Provider ID: N/A
41877 ENTERPRISE CIR N
STE 110
TEMECULA, CA 92590
Effective as of 01-NOV-20

SAVAR, AARON, MD†

Provider ID: N/A
41877 ENTERPRISE CIR N
STE 110
TEMECULA, CA 92590
Effective as of 01-NOV-20

C1. Lista de proveedores de la red Médico de atención especializada

SHEILS, CATHERINE, MD

Provider ID: N/A

41877 ENTERPRISE CIR N
STE 110
TEMECULA, CA 92590
Effective as of 01-JAN-24

SHELTON, RAYMOND, MD

Provider ID: N/A

41637 MARGARITA RD STE
100
TEMECULA, CA 92591
Effective as of 01-MAY-23

SMITH, WILLIAM, MD†

Provider ID: N/A

41877 ENTERPRISE CIR N
STE 110
TEMECULA, CA 92590
Effective as of 01-NOV-20

SONI, NISHANT, MD†

Provider ID: N/A

41877 ENTERPRISE CIR N
STE 110
TEMECULA, CA 92590
Effective as of 01-NOV-20

SONI, NISHANT, MD†

Provider ID: N/A

41877 ENTERPRISE CIR N
STE 110
TEMECULA, CA 92590
Effective as of 01-AUG-20

SONI, NISHANT, MD†

Provider ID: N/A

41877 ENTERPRISE CIR N
STE 110
TEMECULA, CA 92590
Effective as of 01-AUG-23

SORENSEN, ROBERT, MD†

Provider ID: N/A

31950 US HWY 79 S B7
TEMECULA, CA 92592
Effective as of 01-JUL-23

WARNER, MICHAEL, MD†

Provider ID: N/A

41637 MARGARITA RD STE
100
TEMECULA, CA 92591
Teleservice

Effective as of 01-JUL-23

YUNG, EDWARD, MD†

Provider ID: N/A

41877 ENTERPRISE CIR N
STE 110
TEMECULA, CA 92590
Effective as of 01-NOV-20

YUNG, EDWARD, MD†

Provider ID: N/A

41877 ENTERPRISE CIR N
STE 110
TEMECULA, CA 92590
Effective as of 01-AUG-20

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-JUN-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-JUL-23

LANE, KEVIN, OD†

Provider ID: N/A

41637 MARGARITA RD STE
100

TEMECULA, CA 92591
Effective as of 01-JUL-23

LANE, KEVIN, OD†

Provider ID: N/A

41637 MARGARITA RD STE
100

TEMECULA, CA 92591
Effective as of 01-FEB-11

LANE, KEVIN, OD†

Provider ID: N/A

41637 MARGARITA RD STE
100

TEMECULA, CA 92591
Effective as of 01-SEP-09

LARSON, BRETT, OD†

Provider ID: N/A

31950 TEMECULA PKWY

STE B-7

TEMECULA, CA 92592
Effective as of 01-AUG-20

LARSON, BRETT, OD†

Provider ID: N/A

31950 TEMECULA PKWY
STE B-7

TEMECULA, CA 92592
Effective as of 01-FEB-22

MC DIARMID, JOHN, OD†

Provider ID: N/A

31950 TEMECULA PKWY
STE B-7

TEMECULA, CA 92592
Effective as of 01-FEB-22

MCINTYRE, DEBRA, OD†

Provider ID: N/A

41637 MARGARITA RD STE
100

TEMECULA, CA 92591
Effective as of 01-DEC-17

MCINTYRE, DEBRA, OD†

Provider ID: N/A

41637 MARGARITA RD STE
100

TEMECULA, CA 92591
Effective as of 01-DEC-17

MCINTYRE, DEBRA, OD†

Provider ID: N/A

41637 MARGARITA RD STE
100

TEMECULA, CA 92591
Effective as of 01-DEC-17

MCINTYRE, DEBRA, OD†

Provider ID: N/A

41637 MARGARITA RD STE
100

TEMECULA, CA 92591
Effective as of 01-JUL-23

C1. Lista de proveedores de la red Médico de atención especializada

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

C1. Lista de proveedores de la red Médico de atención especializada

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-NOV-23

JAKKULA, JAGAN, 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-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-OCT-23

KANUKUNTLA, TULASI, MD†

Provider ID: N/A

29645 RANCHO CALIFORNIA RD STE 213
TEMECULA, CA 92591

C1. Lista de proveedores de la red Médico de atención especializada

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

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

WERNER, KRISTINE, PhD

Provider ID: N/A

27699 JEFFERSON AVE STE
201
TEMECULA, CA 92590

Effective as of 01-MAY-18

WERNER, KRISTINE, PhD

Provider ID: N/A

27699 JEFFERSON AVE STE
201
TEMECULA, CA 92590

Effective as of 01-MAY-18

WOODWORTH, JENNIFER, PSYD

Provider ID: N/A

41840 ENTERPRISE CIR N
TEMECULA, CA 92590

**C1. Lista de proveedores de la red
Médico de atención especializada**

Effective as of 01-JAN-21

**WOODWORTH, JENNIFER,
PSYD**

Provider ID: N/A

43385 BUSINESS PARK DR
STE 110
TEMECULA, CA 92590

Effective as of 01-JAN-21

**WOODWORTH, JENNIFER,
PSYD**

Provider ID: N/A

41840 ENTERPRISE CIR N
TEMECULA, CA 92590

Effective as of 01-JAN-21

**WOODWORTH, JENNIFER,
PSYD**

Provider ID: N/A

43385 BUSINESS PARK DR
STE 110
TEMECULA, CA 92590

Effective as of 01-JAN-21

PULMONARY DISEASES

CHUA, WILLY, MD

Provider ID: N/A

44605 AVENIDA DE
MISSIONES STE 206
TEMECULA, CA 92592

Effective as of 01-APR-22

HADDADIN, HASSAN, MD†

Provider ID: N/A

27699 JEFFERSON AVE STE
204
TEMECULA, CA 92590

Effective as of 01-APR-22

HADDADIN, HASSAN, MD†

Provider ID: N/A

27699 JEFFERSON AVE STE
204

TEMECULA, CA 92590

Effective as of 01-APR-22

HADDADIN, HASSAN, MD†

Provider ID: N/A

27699 JEFFERSON AVE STE
204
TEMECULA, CA 92590

Effective as of 01-JUL-22

VEGA, RICARDO, MD†

Provider ID: N/A

27699 JEFFERSON AVE STE
204
TEMECULA, CA 92590

Effective as of 01-AUG-22

VEGA, RICARDO, MD†

Provider ID: N/A

27699 JEFFERSON AVE STE
204
TEMECULA, CA 92590

Effective as of 01-AUG-22

VEGA, RICARDO, MD†

Provider ID: N/A

27699 JEFFERSON AVE STE
204
TEMECULA, CA 92590

Effective as of 01-AUG-22

***REGISTERED PHYSICAL
THERAPIST***

AGENA, CYAN, PT†

Provider ID: N/A

27699 JEFFERSON AVE STE
202
TEMECULA, CA 92590

Effective as of 01-NOV-21

AGENA, CYAN, PT†

Provider ID: N/A

27699 JEFFERSON AVE STE
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

**C1. Lista de proveedores de la red
Médico de atención especializada**

BURRUEL, KAYLA, PT

Provider ID: N/A

27699 JEFFERSON AVE STE
202
TEMECULA, CA 92590
Effective as of 01-SEP-23

BURRUEL, KAYLA, PT

Provider ID: N/A

27699 JEFFERSON AVE STE
202
TEMECULA, CA 92590
Effective as of 01-SEP-23

BURRUEL, KAYLA, PT

Provider ID: N/A

31515 RANCHO PUEBLO RD
STE 101
TEMECULA, CA 92592
Effective as of 01-SEP-23

BURRUEL, KAYLA, PT

Provider ID: N/A

31515 RANCHO PUEBLO RD
STE 101
TEMECULA, CA 92592
Effective as of 01-SEP-23

ESTELLE, KIRA, PT

Provider ID: N/A

31515 RANCHO PUEBLO RD
STE 101
TEMECULA, CA 92592
Effective as of 01-MAY-23

ESTELLE, KIRA, PT

Provider ID: N/A

31515 RANCHO PUEBLO RD
STE 101
TEMECULA, CA 92592
Effective as of 01-MAY-23

ESTELLE, KIRA, PT

Provider ID: N/A

27699 JEFFERSON AVE STE

202

TEMECULA, CA 92590

Effective as of 01-MAY-23

ESTELLE, KIRA, PT

Provider ID: N/A

27699 JEFFERSON AVE STE
202
TEMECULA, CA 92590
Effective as of 01-MAY-23

HANSON, ADRIENNE, PT

Provider ID: N/A

31515 RANCHO PUEBLO RD
STE 101
TEMECULA, CA 92592
Effective as of 01-JUL-23

HANSON, ADRIENNE, PT

Provider ID: N/A

31515 RANCHO PUEBLO RD
STE 101
TEMECULA, CA 92592
Effective as of 01-JUL-23

HANSON, ADRIENNE, PT

Provider ID: N/A

27699 JEFFERSON AVE STE
202
TEMECULA, CA 92590
Effective as of 01-JUL-23

HANSON, ADRIENNE, PT

Provider ID: N/A

27699 JEFFERSON AVE STE
202
TEMECULA, CA 92590
Effective as of 01-JUL-23

HORN, TREVOR, PT†

Provider ID: N/A

31515 RANCHO PUEBLO RD
STE 101
TEMECULA, CA 92592
Effective as of 01-APR-20

HORN, TREVOR, PT†

Provider ID: N/A

31515 RANCHO PUEBLO RD
STE 101
TEMECULA, CA 92592
Effective as of 01-APR-20

HORN, TREVOR, PT†

Provider ID: N/A

27699 JEFFERSON AVE STE
202
TEMECULA, CA 92590
Effective as of 01-APR-20

HORN, TREVOR, PT†

Provider ID: N/A

27699 JEFFERSON AVE STE
202
TEMECULA, CA 92590
Effective as of 01-APR-20

ROLTSCH, IAN, PT

Provider ID: N/A

27699 JEFFERSON AVE STE
202
TEMECULA, CA 92590
Effective as of 01-MAY-23

ROLTSCH, IAN, PT

Provider ID: N/A

27699 JEFFERSON AVE STE
202
TEMECULA, CA 92590
Effective as of 01-MAY-23

ROLTSCH, IAN, PT

Provider ID: N/A

31515 RANCHO PUEBLO RD
STE 101
TEMECULA, CA 92592
Effective as of 01-MAY-23

ROLTSCH, IAN, PT

Provider ID: N/A

**C1. Lista de proveedores de la red
Médico de atención especializada**

31515 RANCHO PUEBLO RD Effective as of 01-NOV-21
STE 101
TEMECULA, CA 92592
Effective as of 01-MAY-23

SABIN, SCOTT, PT†
Provider ID: N/A

31515 RANCHO PUEBLO RD Effective as of 01-NOV-21
STE 101
TEMECULA, CA 92592
Effective as of 01-FEB-19

SABIN, SCOTT, PT†
Provider ID: N/A

31515 RANCHO PUEBLO RD Effective as of 01-NOV-21
STE 101
TEMECULA, CA 92592
Effective as of 01-FEB-19

SIVA, ANDREW, PT†
Provider ID: N/A

27699 JEFFERSON AVE STE Effective as of 01-JUN-21
202
TEMECULA, CA 92590
Effective as of 01-NOV-21

SIVA, ANDREW, PT†
Provider ID: N/A

31515 RANCHO PUEBLO RD Effective as of 01-JUN-21
STE 101
TEMECULA, CA 92592
Effective as of 01-JUN-21

SIVA, ANDREW, PT†
Provider ID: N/A

31515 RANCHO PUEBLO RD Effective as of 01-JUN-20
STE 101
TEMECULA, CA 92592
Effective as of 01-JUN-21

SIVA, ANDREW, PT†
Provider ID: N/A

27699 JEFFERSON AVE STE Effective as of 01-JUN-20
202
TEMECULA, CA 92590

SIVA, ANDREW, PT†
Provider ID: N/A

29645 RANCHO CALIFORNIA RD STE 234
TEMECULA, CA 92591

SIVA, ANDREW, PT†
Provider ID: N/A

29645 RANCHO CALIFORNIA RD STE 234
TEMECULA, CA 92591

SIVA, ANDREW, PT†
Provider ID: N/A

29645 RANCHO CALIFORNIA RD STE 4
TEMECULA, CA 92591

SIVA, ANDREW, PT†
Provider ID: N/A

29645 RANCHO CALIFORNIA RD STE 4
TEMECULA, CA 92591

VIZCARRA, DAVID, PT†
Provider ID: N/A

29645 RANCHO CALIFORNIA RD STE 234
TEMECULA, CA 92591

VIZCARRA, DAVID, PT†
Provider ID: N/A

29645 RANCHO CALIFORNIA RD STE 234
TEMECULA, CA 92591

VIZCARRA, DAVID, PT†

Provider ID: N/A

31515 RANCHO PUEBLO RD
STE 101
TEMECULA, CA 92592
Effective as of 01-JUN-20

VIZCARRA, DAVID, PT†
Provider ID: N/A

31515 RANCHO PUEBLO RD
STE 101
TEMECULA, CA 92592
Effective as of 01-JUN-20

RHEUMATOLOGY

AL HARASH, ABDALHAMID, MD†
Provider ID: N/A

31565 RANCHO PUEBLO RD STE 205
TEMECULA, CA 92592
Effective as of 01-AUG-23

AL HARASH, ABDALHAMID, MD†
Provider ID: N/A

31565 RANCHO PUEBLO RD STE 205
TEMECULA, CA 92592
Effective as of 01-AUG-23

BRAVO, ARLENE, MD†
Provider ID: N/A

31515 RANCHO PUEBLO RD
STE 203
TEMECULA, CA 92592
Effective as of 01-APR-21

COLBURN, KEITH, MD†
Provider ID: N/A

31515 RANCHO PUEBLO RD
STE 203
TEMECULA, CA 92592
Effective as of 01-MAR-21

**C1. Lista de proveedores de la red
Médico de atención especializada**

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, AMAL, MD†

Provider ID: N/A

31515 RANCHO PUEBLO RD
STE 203
TEMECULA, CA 92592
Effective as of 01-JUL-23

MEHTA, CHANDRAKANT, MD†

Provider ID: N/A

31515 RANCHO PUEBLO RD
STE 203
TEMECULA, CA 92592
Effective as of 01-MAR-21

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

Effective as of 01-NOV-20

**SURGERY COLON
SURGERY**

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

GORSKI, TITO, MD†

Provider ID: N/A

31537 RANCHO PUEBLO
RD STE 202
TEMECULA, CA 92592
Effective as of 01-APR-15

SURGERY GENERAL

BARRERA, KAYLENE, MD†

Provider ID: N/A

31537 RANCHO PUEBLO
RD STE 202
TEMECULA, CA 92592
Effective as of 01-APR-22

BARRERA, KAYLENE, MD†

Provider ID: N/A

31537 RANCHO PUEBLO
RD STE 202
TEMECULA, CA 92592
Effective as of 01-MAY-22

BARRERA, KAYLENE, MD†

Provider ID: N/A

31537 RANCHO PUEBLO

C1. Lista de proveedores de la red Médico de atención especializada

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-SEP-22

CORDERO, RAYMUND, MD†

Provider ID: N/A

 31537 RANCHO PUEBLO
RD STE 202
TEMECULA, CA 92592
Effective as of 01-MAY-22

CORDERO, RAYMUND, MD†

Provider ID: N/A

 31537 RANCHO PUEBLO
RD STE 202
TEMECULA, CA 92592
Effective as of 01-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-16

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-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

ESSIEN, FRANCIS, 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-APR-22

GORSKI, TITO, MD†

Provider ID: N/A

 31537 RANCHO PUEBLO
RD STE 202
TEMECULA, CA 92592
Effective as of 01-AUG-16

GORSKI, TITO, MD†

Provider ID: N/A

 31537 RANCHO PUEBLO
RD STE 202
TEMECULA, CA 92592
Effective as of 01-SEP-22

GORSKI, YARA, MD†

Provider ID: N/A

 31537 RANCHO PUEBLO
RD STE 202
TEMECULA, CA 92592
Effective as of 01-SEP-22

GORSKI, YARA, MD†

Provider ID: N/A

 31537 RANCHO PUEBLO
RD STE 202
TEMECULA, CA 92592

C1. Lista de proveedores de la red Médico de atención especializada

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-SEP-16

JOHNSEN, HEGE, MD†

Provider ID: N/A

31537 RANCHO PUEBLO
RD STE 202
TEMECULA, CA 92592

Effective as of 01-SEP-22

JOHNSEN, HEGE, MD†

Provider ID: N/A

31537 RANCHO PUEBLO
RD STE 202
TEMECULA, CA 92592

Effective as of 01-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-AUG-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

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-AUG-18

TIU, BRIAN, MD†

Provider ID: N/A

31537 RANCHO PUEBLO
RD STE 202
TEMECULA, CA 92592

Effective as of 01-SEP-22

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

C1. Lista de proveedores de la red Médico de atención especializada

Provider ID: N/A

27699 JEFFERSON AVE STE 305
TEMECULA, CA 92590
Effective as of 01-APR-23

WANG, XIUJIE, MD†

Provider ID: N/A

31537 RANCHO PUEBLO RD STE 202
TEMECULA, CA 92592
Effective as of 01-SEP-19

WANG, NAN, MD†

Provider ID: N/A

31573 RANCHO PUEBLO RD STE 210
TEMECULA, CA 92592
Effective as of 01-JUL-22

WANG, XIUJIE, MD†

Provider ID: N/A

31537 RANCHO PUEBLO RD STE 202
TEMECULA, CA 92592
Effective as of 01-MAR-20

WANG, NAN, MD†

Provider ID: N/A

31573 RANCHO PUEBLO RD STE 210
TEMECULA, CA 92592
Effective as of 01-AUG-22

WANG, XIUJIE, MD†

Provider ID: N/A

31537 RANCHO PUEBLO RD STE 202
TEMECULA, CA 92592
Effective as of 01-DEC-21

SURGERY GENERAL VASCULAR

GORSKI, YARA, MD†

Provider ID: N/A

31537 RANCHO PUEBLO RD STE 202
TEMECULA, CA 92592
Effective as of 01-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-DEC-21

NAFIU, BOLAJI, MD†

Provider ID: N/A

31537 RANCHO PUEBLO RD STE 202
TEMECULA, CA 92592
Effective as of 01-MAY-22

TIU, BRIAN, MD†

Provider ID: N/A

31537 RANCHO PUEBLO RD STE 202
TEMECULA, CA 92592
Effective as of 01-MAY-22

TIU, BRIAN, MD†

Provider ID: N/A

31537 RANCHO PUEBLO RD STE 202
TEMECULA, CA 92592
Effective as of 01-APR-22

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-MAY-22

C1. Lista de proveedores de la red Médico de atención especializada

WANG, XIUJIE, MD†

Provider ID: N/A

31537 RANCHO PUEBLO
RD STE 202
TEMECULA, CA 92592
Effective as of 01-OCT-20

WANG, XIUJIE, MD†

Provider ID: N/A

31537 RANCHO PUEBLO
RD STE 202
TEMECULA, CA 92592
Effective as of 01-OCT-20

SURGERY HAND

KIM, KEVIN, DO

Provider ID: N/A

28780 SINGLE OAK DR STE
270
TEMECULA, CA 92590
Effective as of 01-FEB-23

KIM, KEVIN, DO

Provider ID: N/A

28780 SINGLE OAK DR STE
270
TEMECULA, CA 92590
Effective as of 01-FEB-23

KIM, KEVIN, DO

Provider ID: N/A

28780 SINGLE OAK DR STE
270
TEMECULA, CA 92590
Effective as of 01-FEB-23

KIM, KEVIN, DO

Provider ID: N/A

28780 SINGLE OAK DR STE
270
TEMECULA, CA 92590
Effective as of 01-FEB-23

MONEYHON, MICHAEL, MD

Provider ID: N/A

28780 SINGLE OAK DR STE
270
TEMECULA, CA 92590
Effective as of 01-FEB-23

MONEYHON, MICHAEL, MD

Provider ID: N/A

28780 SINGLE OAK DR STE
270
TEMECULA, CA 92590
Effective as of 01-FEB-23

MONEYHON, MICHAEL, MD

Provider ID: N/A

28780 SINGLE OAK DR STE
270
TEMECULA, CA 92590
Effective as of 01-FEB-23

MONEYHON, MICHAEL, MD

Provider ID: N/A

28780 SINGLE OAK DR STE
270
TEMECULA, CA 92590
Effective as of 01-FEB-23

TRAN, TUAN, MD

Provider ID: N/A

28780 SINGLE OAK DR STE
270
TEMECULA, CA 92590
Effective as of 01-FEB-23

TRAN, TUAN, MD

Provider ID: N/A

28780 SINGLE OAK DR STE
270
TEMECULA, CA 92590
Effective as of 01-APR-23

TRAN, TUAN, MD

Provider ID: N/A

28780 SINGLE OAK DR STE
270

TEMECULA, CA 92590
Effective as of 01-APR-23

TRAN, TUAN, MD

Provider ID: N/A

28780 SINGLE OAK DR STE
270
TEMECULA, CA 92590
Effective as of 01-APR-23

SURGERY ORTHOPEDIC

ABITBOL, JEAN JACQUES, MD†

Provider ID: N/A

28975 OLD TOWN FRONT
ST STE 200
TEMECULA, CA 92590
Effective as of 01-JUN-22

AMERI, BIJAN, DO

Provider ID: N/A

28780 SINGLE OAK DR STE
270
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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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

C1. Lista de proveedores de la red Médico de atención especializada

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

 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-OCT-19

MUDGE, BRADLEY, MD†

Provider ID: N/A

 44605 AVENIDA DE
MISSIONES STE 202
TEMECULA, CA 92592

Teleservice

Effective as of 01-NOV-19

URIAS, DANIEL, MD

Provider ID: N/A

 27699 JEFFERSON AVE STE

C1. Lista de proveedores de la red Médico de atención especializada

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-MAY-23

BANSAL, NEERAJ, MD

Provider ID: N/A

 31573 RANCHO PUEBLO
RD STE 210
TEMECULA, CA 92592
Effective as of 01-APR-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

C1. Lista de proveedores de la red Médico de atención especializada

28477 LIZARD ROCKS RD
VALLEY CENTER, CA
92082*

Effective as of 01-FEB-24

PATEL, RAKESH, MD

Provider ID: N/A

28477 LIZARD ROCKS RD
VALLEY CENTER, CA
92082*

Effective as of 01-FEB-24

SCHULTZ, JAMES, MD

Provider ID: N/A

28477 LIZARD ROCKS RD
VALLEY CENTER, CA
92082*

Effective as of 01-FEB-24

PHYSICIANS ASSISTANT

AGUEY, OMAR, PA†

Provider ID: N/A

28477 LIZARD ROCKS RD
VALLEY CENTER, CA
92082*

Effective as of 01-FEB-24

AGUEY, OMAR, PA†

Provider ID: N/A

28477 LIZARD ROCKS RD
VALLEY CENTER, CA 92082

Effective as of 01-DEC-20

WICKWARE, TRACY, PA

Provider ID: N/A

28477 LIZARD ROCKS RD
VALLEY CENTER, CA 92082

Effective as of 01-MAY-23

ALLERGY IMMUNOLOGY

VOLPP, HEATHER, MD†

Provider ID: N/A

2067 W VISTA WAY

VISTA, CA 92083

Effective as of 01-MAR-14

VOLPP, HEATHER, MD†

Provider ID: N/A

2067 W VISTA WAY
VISTA, CA 92083

Effective as of 01-JAN-24

ZIERING, ROBERT, MD†

Provider ID: N/A

2067 W VISTA WAY STE 140
VISTA, CA 92083

Effective as of 01-AUG-20

ZIERING, ROBERT, MD†

Provider ID: N/A

2067 W VISTA WAY STE 140
VISTA, CA 92083

Effective as of 01-JUL-01

ZIERING, ROBERT, MD†

Provider ID: N/A

2067 W VISTA WAY STE 140
VISTA, CA 92083

Effective as of 01-SEP-21

ZIERING, ROBERT, MD†

Provider ID: N/A

2067 W VISTA WAY STE 140
VISTA, CA 92083

Effective as of 01-SEP-22

CARDIAC

ELECTROPHYSIOLOGY

BUI, HANH, MD

Provider ID: N/A

906 SYCAMORE AVE STE
104
VISTA, CA 92081

Teleservice

Effective as of 01-MAY-23

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

C1. Lista de proveedores de la red Médico de atención especializada

906 SYCAMORE AVE STE
104
VISTA, CA 92081

Teleservice

Effective as of 01-MAY-23

DO, HULBERT, MD†

Provider ID: N/A

1000 VALE TERRACE DR
VISTA, CA 92084

Effective as of 01-JUL-22

DO, HULBERT, MD†

Provider ID: N/A

1000 VALE TERRACE DR
VISTA, CA 92084

Effective as of 01-JUL-22

MOUSSAVIAN, MEHRAN, DO†

Provider ID: N/A

1000 VALE TERRACE DR
VISTA, CA 92084

Effective as of 01-OCT-21

MOUSSAVIAN, MEHRAN, DO†

Provider ID: N/A

134 GRAPEVINE RD
VISTA, CA 92083

Effective as of 01-OCT-21

PARIKH, MILIND, DO†

Provider ID: N/A

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†

Provider ID: N/A

910 SYCAMORE AVE STE
270
VISTA, CA 92081

Effective as of 01-AUG-22

CHAMBERLIN, KALIANA, NP

Provider ID: N/A

1000 VALE TERRACE DR
VISTA, CA 92084

Effective as of 01-JAN-21

CHATHAM, OLIVIA, NP†

Provider ID: N/A

950 CIVIC CENTER DR STE
A
VISTA, CA 92083

Teleservice

Effective as of 01-NOV-22

CHATHAM, OLIVIA, NP†

Provider ID: N/A

C1. Lista de proveedores de la red Médico de atención especializada

950 CIVIC CENTER DR STE
A
VISTA, CA 92083

Teleservice

Effective as of 01-MAY-21

CHILAKA, SAMUEL, NP

Provider ID: N/A

134 GRAPEVINE RD
VISTA, CA 92083

Effective as of 01-JAN-24

CHILAKA, SAMUEL, NP

Provider ID: N/A

1000 VALE TERRACE DR
VISTA, CA 92084

Effective as of 01-JAN-24

CHRISTY, TYLER, NPF

Provider ID: N/A

1000 VALE TERRACE DR
VISTA, CA 92084

Effective as of 01-JAN-24

CHRISTY, TYLER, NPF

Provider ID: N/A

134 GRAPEVINE RD
VISTA, CA 92083

Effective as of 01-JAN-24

CHRISTY, TYLER, NPF

Provider ID: N/A

105 DURIAN ST STE A
VISTA, CA 92083

Effective as of 01-JAN-24

CHRISTY, TYLER, NPF

Provider ID: N/A

517 N HORNE ST
VISTA, CA 92083

Effective as of 01-JAN-24

CLARK, CYNTHIA, NP†

Provider ID: N/A

134 GRAPEVINE RD

VISTA, CA 92083

Effective as of 01-JAN-21

CORY, ALLISON, NP

Provider ID: N/A

134 GRAPEVINE RD
VISTA, CA 92083

Effective as of 01-JAN-21

CORY, ALLISON, NP

Provider ID: N/A

105 DURIAN ST STE B
VISTA, CA 92083

Effective as of 01-FEB-24

CORY, ALLISON, NP

Provider ID: N/A

1000 VALE TERRACE DR
VISTA, CA 92084

Effective as of 01-JAN-24

CROTTEAU, ALEX, NP

Provider ID: N/A

204 S SANTA FE AVE
VISTA, CA 92084

Effective as of 01-MAY-21

DEKKERS-O'HARE, INGRID, NP†

Provider ID: N/A

1000 VALE TERRACE DR
VISTA, CA 92084

Effective as of 01-JAN-21

DO, JACKIE, NP

Provider ID: N/A

134 GRAPEVINE RD
VISTA, CA 92083

Effective as of 01-JAN-24

EKLUND, BONNIE, NP†

Provider ID: N/A

134 GRAPEVINE RD
VISTA, CA 92083

Effective as of 01-JAN-24

EKLUND, BONNIE, NP†

Provider ID: N/A

1000 VALE TERRACE DR
VISTA, CA 92084

Effective as of 01-JAN-24

HALGEDAHL, YI, NP

Provider ID: N/A

1000 VALE TERRACE DR
VISTA, CA 92084

Effective as of 01-JAN-21

HALGEDAHL, YI, NP

Provider ID: N/A

134 GRAPEVINE RD
VISTA, CA 92083

Effective as of 01-JAN-24

HOWELL, AMANDA, NP

Provider ID: N/A

134 GRAPEVINE RD
VISTA, CA 92083

Effective as of 01-JAN-24

HOWELL, AMANDA, NP

Provider ID: N/A

105 DURIAN ST STE A
VISTA, CA 92083

Effective as of 01-JAN-24

HOWELL, AMANDA, NP

Provider ID: N/A

1000 VALE TERRACE DR
VISTA, CA 92084

Effective as of 01-JAN-24

JONES, STACY, NP

Provider ID: N/A

204 S SANTA FE AVE
VISTA, CA 92084

Effective as of 01-MAY-21

KAYE, ALYSON, NP

Provider ID: N/A

C1. Lista de proveedores de la red Médico de atención especializada

1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-OCT-21

KAYE, ALYSON, NP

Provider ID: N/A

105 DURIAN ST
VISTA, CA 92083
Effective as of 01-FEB-24

KELLEHER, BRIDGET, NP

Provider ID: N/A

105 DURIAN ST STE B
VISTA, CA 92083
Effective as of 01-FEB-24

KESSLER, JENNIFER, NP

Provider ID: N/A

134 GRAPEVINE RD
VISTA, CA 92083
Effective as of 01-DEC-23

KESSLER, JENNIFER, NP

Provider ID: N/A

1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-DEC-23

KORMANIK, PATRICIA, NP†

Provider ID: N/A

910 SYCAMORE AVE STE
102
VISTA, CA 92081
Effective as of 01-JUL-21

MERRITT, MARISA, NP

Provider ID: N/A

204 S SANTA FE AVE
VISTA, CA 92084
Teleservice

Effective as of 01-AUG-22

NAVA, PETER, NP

Provider ID: N/A

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

C1. Lista de proveedores de la red Médico de atención especializada

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-JAN-24

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

134 GRAPEVINE RD
VISTA, CA 92083

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

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-JUL-22

JU, NATHANIEL, DC†

Provider ID: N/A

134 GRAPEVINE RD
VISTA, CA 92083

Effective as of 01-JAN-24

JU, NATHANIEL, DC†

Provider ID: N/A

134 GRAPEVINE RD
VISTA, CA 92083

Effective as of 01-JUL-22

JU, NATHANIEL, DC†

Provider ID: N/A

1000 VALE TERRACE DR
VISTA, CA 92084

Effective as of 01-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

C1. Lista de proveedores de la red Médico de atención especializada

GRUSHCHAK, SOLOMIYA, MD

Provider ID: N/A

134 VIA CTR STE B
VISTA, CA 92081

Effective as of 01-JAN-24

GRUSHCHAK, SOLOMIYA, MD

Provider ID: N/A

134 VIA CTR STE B
VISTA, CA 92081

Effective as of 01-JAN-24

HENDERSON, GREGORY, MD†

Provider ID: N/A

134 VIA CTR STE B
VISTA, CA 92081

Effective as of 01-SEP-21

HENDERSON, GREGORY, MD†

Provider ID: N/A

2395 S MELROSE DR
VISTA, CA 92081

Effective as of 01-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

134 GRAPEVINE RD
VISTA, CA 92083*

Effective as of 01-NOV-23

DONNELL, MARTI, MD

Provider ID: N/A

1000 VALE TERRACE DR
VISTA, CA 92084*

Effective as of 01-NOV-23

HIKES, RYAN, MD

Provider ID: N/A

1000 VALE TERRACE DR
VISTA, CA 92084

Effective as of 01-AUG-22

MARTINEZ, LESLY, MD

Provider ID: N/A

1000 VALE TERRACE DR
VISTA, CA 92084*

Effective as of 01-APR-23

MARTINEZ, LESLY, MD

Provider ID: N/A

134 GRAPEVINE RD
VISTA, CA 92083*

Effective as of 01-APR-23

PUDOL, CHRISTOPHER, DO

Provider ID: N/A

1000 VALE TERRACE DR
VISTA, CA 92084*

Teleservice

Effective as of 01-MAR-24

PUDOL, CHRISTOPHER, DO

Provider ID: N/A

134 GRAPEVINE RD
VISTA, CA 92083*

Teleservice

Effective as of 01-MAR-24

TRAN, DAO, DO

Provider ID: N/A

1000 VALE TERRACE DR
VISTA, CA 92084

Effective as of 01-MAY-23

TRAN, DAO, DO

Provider ID: N/A

134 GRAPEVINE RD
VISTA, CA 92083

Effective as of 01-MAY-23

VIDAL, MONICA, DO†

Provider ID: N/A

134 GRAPEVINE RD
VISTA, CA 92083

Effective as of 01-AUG-22

VIDAL, MONICA, DO†

Provider ID: N/A

1000 VALE TERRACE DR
VISTA, CA 92084

Effective as of 01-AUG-22

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†

Provider ID: N/A

910 SYCAMORE AVE STE
102

VISTA, CA 92081

Effective as of 01-JUL-21

HEMATOLOGY /

ONCOLOGY

ANDREY, JEFFREY, MD†

Provider ID: N/A

C1. Lista de proveedores de la red Médico de atención especializada

2067 W VISTA WAY STE 295
VISTA, CA 92083
Effective as of 01-SEP-22

ANDREY, JEFFREY, MD†
Provider ID: N/A

2067 W VISTA WAY STE 295
VISTA, CA 92083*
Effective as of 01-APR-23

BASERI, BABAK, MD†
Provider ID: N/A

2067 W VISTA WAY STE 295
VISTA, CA 92083*
Effective as of 01-APR-23

BASERI, BABAK, MD†
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

1250 SUNSET DR STE 101
VISTA, CA 92081
Effective as of 01-APR-24

MARJON, PHILIP, MD†
Provider ID: N/A

2067 W VISTA WAY STE 295
VISTA, CA 92083
Effective as of 01-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-NOV-22

SAUNDERS, PHILLIP, DO†
Provider ID: N/A

2067 W VISTA WAY STE 295
VISTA, CA 92083*
Effective as of 01-APR-23

SCHWERKOSKE, JOHN, MD†
Provider ID: N/A

2067 W VISTA WAY STE 295
VISTA, CA 92083
Effective as of 01-JUL-23

SCHWERKOSKE, JOHN, MD†
Provider ID: N/A

2067 W VISTA WAY STE 295
VISTA, CA 92083
Effective as of 01-SEP-22

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

C1. Lista de proveedores de la red Médico de atención especializada

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-JAN-21

CRUZ, VANESSA, LCSW

Provider ID: N/A

1000 VALE TERRACE DR
VISTA, CA 92084

Effective as of 01-JUN-23

DOUGHERTY, CHRISTINE, LCSW

Provider ID: N/A

1000 VALE TERRACE DR
VISTA, CA 92084

Effective as of 01-FEB-24

DOUGHERTY, CHRISTINE, LCSW

Provider ID: N/A

1000 VALE TERRACE DR
VISTA, CA 92084

Effective as of 01-JAN-24

DOUGHERTY, CHRISTINE, LCSW

Provider ID: N/A

134 GRAPEVINE RD
VISTA, CA 92083

Effective as of 01-JAN-24

GODINEZ, BRENDA, LCSW

Provider ID: N/A

134 GRAPEVINE RD
VISTA, CA 92083

Effective as of 01-JAN-24

GODINEZ, BRENDA, LCSW

Provider ID: N/A

1000 VALE TERRACE DR
VISTA, CA 92084

Effective as of 01-JAN-24

MENDEZ, ADRIANA, LCSW

Provider ID: N/A

1000 VALE TERRACE DR
VISTA, CA 92084

Effective as of 01-JAN-24

MENDEZ, ADRIANA, LCSW

Provider ID: N/A

134 GRAPEVINE RD
VISTA, CA 92083

Effective as of 01-JAN-24

NEVILLE, MARGARET, LCSW

Provider ID: N/A

134 GRAPEVINE RD
VISTA, CA 92083

Teleservice

Effective as of 01-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

C1. Lista de proveedores de la red Médico de atención especializada

ZAPPONE, ALIDA, LCSW

Provider ID: N/A

134 GRAPEVINE RD
VISTA, CA 92083

Teleservice

Effective as of 01-JAN-24

MARRIAGE FAMILY THERAPIST

GROVE, VICKI, MFT

Provider ID: N/A

2385 S MELROSE DR
VISTA, CA 92081

Effective as of 01-JAN-24

MEYERHOF, GRETA, MFT†

Provider ID: N/A

134 GRAPEVINE RD
VISTA, CA 92083

Effective as of 01-JAN-24

MEYERHOF, GRETA, MFT†

Provider ID: N/A

1000 VALE TERRACE DR
VISTA, CA 92084

Effective as of 01-JAN-24

OBSTETRICS / GYNECOLOGY

ARRIETA, IRIS, MD†

Provider ID: N/A

1000 VALE TERRACE DR
VISTA, CA 92084

Effective as of 01-JUL-22

ARRIETA, IRIS, MD†

Provider ID: N/A

1000 VALE TERRACE DR
VISTA, CA 92084

Effective as of 01-OCT-21

ARRIETA, IRIS, MD†

Provider ID: N/A

1000 VALE TERRACE DR
VISTA, CA 92084

Effective as of 01-JAN-24

BINDER, PRATIBHA, MD†

Provider ID: N/A

910 SYCAMORE AVE STE
102
VISTA, CA 92081

Effective as of 01-JUL-21

DIETERICH, FREDERICK, MD

Provider ID: N/A

1000 VALE TERRACE DR
VISTA, CA 92084

Effective as of 01-JAN-24

HAWKINS, MELISSA, MD†

Provider ID: N/A

1000 VALE TERRACE DR
VISTA, CA 92084

Effective as of 01-SEP-14

HAWKINS, MELISSA, MD†

Provider ID: N/A

1000 VALE TERRACE DR
VISTA, CA 92084

Effective as of 01-JAN-24

HAWKINS, MELISSA, MD†

Provider ID: N/A

1000 VALE TERRACE DR
VISTA, CA 92084

Effective as of 01-JUL-22

KARANIKKIS, CHRISTOS, DO†

Provider ID: N/A

1000 VALE TERRACE DR
VISTA, CA 92084

Effective as of 01-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

C1. Lista de proveedores de la red Médico de atención especializada

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

C1. Lista de proveedores de la red Médico de atención especializada

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

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-SEP-22

GEE, JENNIFER, OD

Provider ID: N/A

1000 VALE TERRACE DR
VISTA, CA 92084

Effective as of 01-OCT-21

GEE, JENNIFER, OD

Provider ID: N/A

134 GRAPEVINE RD
VISTA, CA 92083

Effective as of 01-SEP-22

GEE, JENNIFER, OD

Provider ID: N/A

1000 VALE TERRACE DR
VISTA, CA 92084

Effective as of 01-JUL-22

KASAI, SARAH, OD

Provider ID: N/A

1000 VALE TERRACE DR
VISTA, CA 92084

Effective as of 01-JAN-24

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

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

134 GRAPEVINE RD
VISTA, CA 92083

Teleservice

Effective as of 01-JAN-21

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

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

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-JUL-22

MORA, WENDY, OD

Provider ID: N/A

1000 VALE TERRACE DR
VISTA, CA 92084

Teleservice

Effective as of 01-JAN-21

RICH, RYAN, OD

Provider ID: N/A

1000 VALE TERRACE DR
VISTA, CA 92084

Effective as of 01-JAN-21

RICH, RYAN, OD

Provider ID: N/A

1000 VALE TERRACE DR
VISTA, CA 92084

Effective as of 01-JUL-22

RICH, RYAN, OD

Provider ID: N/A

**C1. Lista de proveedores de la red
Médico de atención especializada**

134 GRAPEVINE RD
VISTA, CA 92083
Effective as of 01-JAN-24

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

134 GRAPEVINE RD
VISTA, CA 92083
Effective as of 01-JAN-24

TAM, EMILY, OD
Provider ID: N/A

1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-SEP-22

TAM, EMILY, OD
Provider ID: N/A

1000 VALE TERRACE DR
VISTA, CA 92084
Effective as of 01-JUL-22

TANG, ASHLEY, OD†
Provider ID: N/A

2067 W VISTA WAY STE 120
VISTA, CA 92083
Teleservice
Effective as of 01-NOV-21

TRAN, JESSICA, OD
Provider ID: N/A

1000 VALE TERRACE DR
VISTA, CA 92084

Effective as of 01-DEC-23

***OTOLARYNGOLOGY /
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

C1. Lista de proveedores de la red Médico de atención especializada

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

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

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

CHRISTIANSON, WARREN, DO

Provider ID: N/A

1000 VALE TERRACE DR
VISTA, CA 92084

Effective as of 01-AUG-21

CHRISTIANSON, WARREN, DO

Provider ID: N/A

134 GRAPEVINE RD
VISTA, CA 92083

Effective as of 01-AUG-21

CHRISTIANSON, WARREN, DO

Provider ID: N/A

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

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

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

PREVENTATIVE MEDICINE

WALKER, BRADLEY, MD

Provider ID: N/A

1000 VALE TERRACE DR
VISTA, CA 92084

Effective as of 01-MAY-23

PULMONARY DISEASES

HSING, ANDREW, MD

Provider ID: N/A

2067 W VISTA WAY STE 160
VISTA, CA 92083

Effective as of 01-JAN-24

HSING, ANDREW, MD

Provider ID: N/A

2067 W VISTA WAY STE 160
VISTA, CA 92083

Effective as of 01-FEB-23

MAGANA, MARISA, MD

Provider ID: N/A

2067 W VISTA WAY STE 160
VISTA, CA 92083

Effective as of 01-FEB-24

PINO, ALEJANDRO, MD

Provider ID: N/A

2067 W VISTA WAY STE 160
VISTA, CA 92083

Effective as of 01-FEB-23

ZHANG, MICHELLE, MD

Provider ID: N/A

2067 W VISTA WAY STE D
VISTA, CA 92083

Effective as of 01-SEP-23

RADIOLOGY DIAGNOSTIC

PATEL, NIKHIL, MD

Provider ID: N/A

906 SYCAMORE AVE STE

100
VISTA, CA 92081

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

C1. Lista de proveedores de la red Médico de atención especializada

VISTA, CA 92083
Teleservice
Effective as of 01-JUL-21

BEJKO, ETLVA, MD†

Provider ID: N/A
2023 W VISTA WAY STE H
VISTA, CA 92083
Teleservice
Effective as of 01-DEC-21

BRION, PAUL, MD†

Provider ID: N/A
2023 W VISTA WAY STE H
VISTA, CA 92083
Effective as of 01-SEP-21

BRION, PAUL, MD†

Provider ID: N/A
2023 W VISTA WAY STE H
VISTA, CA 92083
Effective as of 01-JUL-21

SURGERY GENERAL

ARMANI, AVA, MD†

Provider ID: N/A
910 SYCAMORE AVE STE
102
VISTA, CA 92081
Effective as of 01-JUL-21

GROVE, JAY, MD†

Provider ID: N/A
2385 S MELROSE DR
VISTA, CA 92081
Effective as of 01-JAN-21

GROVE, JAY, MD†

Provider ID: N/A
2385 S MELROSE DR
VISTA, CA 92081
Effective as of 01-SEP-21

GROVE, JAY, MD†

Provider ID: N/A
2385 S MELROSE DR
VISTA, CA 92081
Effective as of 01-DEC-14

HANNA, KAREN, MD†

Provider ID: N/A
2385 S MELROSE DR
VISTA, CA 92081
Teleservice
Effective as of 01-JAN-21

HANNA, KAREN, MD†

Provider ID: N/A
2385 S MELROSE DR
VISTA, CA 92081
Teleservice
Effective as of 01-DEC-14

SURGERY GENERAL VASCULAR

BUNKE, NISHA, MD

Provider ID: N/A
906 SYCAMORE AVE STE
100
VISTA, CA 92081
Teleservice
Effective as of 01-JUN-23

SURGERY

NEUROLOGICAL

STERN, MARK, MD

Provider ID: N/A
326 S MELROSE DR STE
200
VISTA, CA 92081
Effective as of 01-SEP-23

SURGERY THORACIC

GREWAL, NAVROSE, MD†

Provider ID: N/A

161 THUNDER DR
VISTA, CA 92083
Effective as of 01-DEC-21

ANESTHESIOLOGY

KRAUSE, MARTIN, MD†

Provider ID: N/A
36485 INLAND VALLEY DR
WILDOMAR, CA 92595
Effective as of 01-FEB-22

ANESTHESIOLOGY

CRITICAL CARE MEDICINE

RODRIGUEZ-MINETTE, JESSICA, MD†

Provider ID: N/A
36485 INLAND VALLEY DR
WILDOMAR, CA 92595
Effective as of 01-JAN-21

CERTIFIED NURSE PRACTITIONER

IHEMEDU, AMARACHI, NPF

Provider ID: N/A
36320 INLAND VALLEY DR
STE 303
WILDOMAR, CA 92595
Effective as of 01-JAN-23

IHEMEDU, AMARACHI, NPF

Provider ID: N/A
36320 INLAND VALLEY DR
STE 303
WILDOMAR, CA 92595
Effective as of 01-JAN-23

IHEMEDU, MAGNUS, NPF

Provider ID: N/A
36320 INLAND VALLEY DR
STE 303
WILDOMAR, CA 92595

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-21

YU, JERRY, MD†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 308
WILDOMAR, CA 92595

Effective as of 01-MAR-19

YU, JERRY, MD

Provider ID: N/A

36320 INLAND VALLEY DR
STE 307
WILDOMAR, CA 92595

Effective as of 01-DEC-23

YU, JERRY, MD

Provider ID: N/A

36320 INLAND VALLEY DR
STE 307
WILDOMAR, CA 92595

Effective as of 01-DEC-23

YU, JERRY, MD

Provider ID: N/A

36320 INLAND VALLEY DR
STE 307
WILDOMAR, CA 92595

Effective as of 01-DEC-23

YU, JERRY, MD

Provider ID: N/A

36320 INLAND VALLEY DR
STE 307
WILDOMAR, CA 92595

Effective as of 01-DEC-23

**INTERNAL MEDICINE
CRITICAL CARE MEDICINE**

**C1. Lista de proveedores de la red
Médico de atención especializada**

JAFFE, GILAD, MD

Provider ID: N/A

36485 INLAND VALLEY DR
WILDOMAR, CA 92595

Effective as of 01-SEP-23

PATEL, SAGAR, MD†

Provider ID: N/A

36485 INLAND VALLEY DR
WILDOMAR, CA 92595

Effective as of 01-AUG-21

**LICENSED CLINICAL
SOCIAL WORKER**

JONES, VALORIA, LCSW†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 303
WILDOMAR, CA 92595

Effective as of 01-JUL-23

JONES, VALORIA, LCSW†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 303
WILDOMAR, CA 92595

Effective as of 01-JUL-23

JONES, VALORIA, LCSW†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 303
WILDOMAR, CA 92595

Effective as of 01-JUL-23

JONES, VALORIA, LCSW†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 303
WILDOMAR, CA 92595

Effective as of 01-JAN-23

NEPHROLOGY

CHANG, DAVID, MD†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 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-15

CHANG, DAVID, MD†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 308

WILDOMAR, CA 92595

Effective as of 01-MAY-09

CHANG, DAVID, MD

Provider ID: N/A

36320 INLAND VALLEY DR
STE 307

WILDOMAR, CA 92595

Effective as of 01-DEC-23

CHANG, DAVID, MD

Provider ID: N/A

36320 INLAND VALLEY DR
STE 307

WILDOMAR, CA 92595

Effective as of 01-DEC-23

CHANG, DAVID, MD

Provider ID: N/A

36320 INLAND VALLEY DR
STE 307

WILDOMAR, CA 92595

Effective as of 01-DEC-23

CHANG, DAVID, MD

Provider ID: N/A

36320 INLAND VALLEY DR
STE 307

WILDOMAR, CA 92595

Effective as of 01-DEC-23

CHANG, DAVID, MD

Provider ID: N/A

36320 INLAND VALLEY DR
STE 307

WILDOMAR, CA 92595

Effective as of 01-DEC-23

CHANG, DAVID, MD

Provider ID: N/A

36320 INLAND VALLEY DR
STE 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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-NOV-16

LAC, PETER, MD†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 308
WILDOMAR, CA 92595

Effective as of 01-NOV-19

LAC, PETER, MD†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 308
WILDOMAR, CA 92595

Effective as of 01-JUL-23

LAC, PETER, MD†

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-JUN-15

NANDI, SHANKHA, DO†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 308
WILDOMAR, CA 92595

Effective as of 01-JUN-15

NANDI, SHANKHA, DO†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 308
WILDOMAR, CA 92595

Effective as of 01-JUN-15

NANDI, SHANKHA, DO†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 308
WILDOMAR, CA 92595

Effective as of 01-MAR-21

NANDI, SHANKHA, DO†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 308
WILDOMAR, CA 92595

Effective as of 01-MAR-19

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 308
WILDOMAR, CA 92595

Effective as of 01-AUG-20

NANDI, SHANKHA, DO

Provider ID: N/A

36320 INLAND VALLEY DR
STE 307
WILDOMAR, CA 92595

Effective as of 01-DEC-23

NANDI, SHANKHA, DO

Provider ID: N/A

36320 INLAND VALLEY DR
STE 307
WILDOMAR, CA 92595

Effective as of 01-DEC-23

NANDI, SHANKHA, DO

Provider ID: N/A

36320 INLAND VALLEY DR
STE 307
WILDOMAR, CA 92595

Effective as of 01-DEC-23

NANDI, SHANKHA, DO

Provider ID: N/A

36320 INLAND VALLEY DR
STE 307
WILDOMAR, CA 92595

Effective as of 01-DEC-23

NANDI, SHANKHA, DO

Provider ID: N/A

36320 INLAND VALLEY DR
STE 307
WILDOMAR, CA 92595

Effective as of 01-DEC-23

**C1. Lista de proveedores de la red
Médico de atención especializada**

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 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-MAY-15

WANG, WENG-LIH, MD†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 308
WILDOMAR, CA 92595
Effective as of 01-MAY-15

WANG, WENG-LIH, MD†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 308
WILDOMAR, CA 92595
Effective as of 01-MAY-09

WANG, WENG-LIH, MD†

Provider ID: N/A

36320 INLAND VALLEY DR

STE 308

WILDOMAR, CA 92595

Effective as of 01-JAN-20

WANG, WENG-LIH, MD†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 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

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-JUL-22

JAKKULA, JAGAN, MD†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 303
WILDOMAR, CA 92595
Effective as of 01-NOV-23

KANUKUNTLA, TULASI, MD†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 303
WILDOMAR, CA 92595
Effective as of 01-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

KUNAM, SYAM, MD

Provider ID: N/A

36320 INLAND VALLEY DR
STE 303
WILDOMAR, CA 92595
Effective as of 01-NOV-23

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-SEP-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-JUN-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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-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-MAY-22

ATCHISON, MARVIN, MD†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101A
WILDOMAR, CA 92595
Effective as of 01-DEC-20

ATCHISON, MARVIN, MD†

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

36320 INLAND VALLEY DR
STE 101A
WILDOMAR, CA 92595

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-DEC-20

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

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

BARRERA, KAYLENE, MD†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101
WILDOMAR, CA 92595

Effective as of 01-APR-22

BARRERA, KAYLENE, MD†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101
WILDOMAR, CA 92595

Effective as of 01-MAY-22

BARRERA, KAYLENE, MD†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101
WILDOMAR, CA 92595

Effective as of 01-SEP-22

BARRERA, KAYLENE, MD†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101

WILDOMAR, CA 92595
Effective as of 01-MAY-22

CORDERO, RAYMUND, MD†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101
WILDOMAR, CA 92595

Effective as of 01-SEP-16

CORDERO, RAYMUND, MD†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101
WILDOMAR, CA 92595

Effective as of 01-SEP-22

CORDERO, RAYMUND, MD†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101
WILDOMAR, CA 92595

Effective as of 01-MAR-19

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

**C1. Lista de proveedores de la red
Médico de atención especializada**

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101
WILDOMAR, CA 92595
Effective as of 01-MAR-24

DADA, STEPHEN, MD

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101A
WILDOMAR, CA 92595
Effective as of 01-NOV-23

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 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

ESSIEN, FRANCIS, MD†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101
WILDOMAR, CA 92595
Effective as of 01-SEP-16

ESSIEN, FRANCIS, MD†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101
WILDOMAR, CA 92595
Effective as of 01-SEP-16

GORSKI, YARA, MD†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101
WILDOMAR, CA 92595
Effective as of 01-SEP-22

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, TITO, MD†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101
WILDOMAR, CA 92595
Effective as of 01-DEC-23

GORSKI, TITO, MD†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101
WILDOMAR, CA 92595
Effective as of 01-DEC-23

HUSTED, JOHN, MD†

Provider ID: N/A

36243 INLAND VALLEY DR
STE 280
WILDOMAR, CA 92595
Effective as of 01-MAR-13

JOHNSEN, HEGE, MD†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101A
WILDOMAR, CA 92595
Effective as of 01-MAR-19

JOHNSEN, HEGE, MD†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101A
WILDOMAR, CA 92595
Effective as of 01-MAY-22

JOHNSEN, HEGE, MD†

Provider ID: N/A

36320 INLAND VALLEY DR

**C1. Lista de proveedores de la red
Médico de atención especializada**

STE 101
WILDOMAR, CA 92595
Effective as of 01-SEP-22

JOHNSEN, HEGE, MD†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101
WILDOMAR, CA 92595
Effective as of 01-SEP-16

JOHNSEN, HEGE, MD†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101
WILDOMAR, CA 92595
Effective as of 01-SEP-16

JOHNSEN, HEGE, MD†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101A
WILDOMAR, CA 92595
Effective as of 01-MAY-22

JOHNSEN, HEGE, MD†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101A
WILDOMAR, CA 92595
Effective as of 01-APR-22

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-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-APR-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

**C1. Lista de proveedores de la red
Médico de atención especializada**

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-MAR-20

WANG, XIUJIE, MD†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101A
WILDOMAR, CA 92595

Effective as of 01-DEC-21

WANG, XIUJIE, MD†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101
WILDOMAR, CA 92595

Effective as of 01-SEP-19

***SURGERY GENERAL
VASCULAR***

GORSKI, YARA, MD†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101A
WILDOMAR, CA 92595

Effective as of 01-MAR-19

GORSKI, YARA, MD†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101A
WILDOMAR, CA 92595

Effective as of 01-MAY-22

GORSKI, YARA, MD†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101A
WILDOMAR, CA 92595

Effective as of 01-MAY-22

GORSKI, YARA, MD†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101
WILDOMAR, CA 92595

Effective as of 01-SEP-16

GORSKI, YARA, MD†

Provider ID: N/A

36320 INLAND VALLEY DR
STE 101
WILDOMAR, CA 92595

Effective as of 01-SEP-16

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

C1. Lista de proveedores de la red Médico de atención especializada

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-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 101A

WILDOMAR, CA 92595
Effective as of 01-MAY-22

TIU, BRIAN, MD†

Provider ID: N/A

 36320 INLAND VALLEY DR
STE 101

WILDOMAR, CA 92595
Effective as of 01-MAR-19

TIU, BRIAN, MD†

Provider ID: N/A

 36320 INLAND VALLEY DR
STE 101

WILDOMAR, CA 92595
Effective as of 01-MAY-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-MAY-22

WANG, XIUJIE, MD†

Provider ID: N/A

 36320 INLAND VALLEY DR
STE 101A

WILDOMAR, CA 92595
Effective as of 01-OCT-20

C3. Centros de enfermería especializada (SNF)

CAPISTRANO BEACH CARE CENTER

 35410 DEL REY
CAPISTRANO BEACH, CA
92624
 (949) 496-5786
Effective as of 01-AUG-14

CAPISTRANO BEACH EXTENDED CARE AND LIVING CTR

 35410 DEL REY
CAPISTRANO BEACH, CA
92624
 (949) 496-5786
Effective as of 01-JAN-12

BAYSHIRE CARLSBAD

 3140 EL CAMINO REAL
CARLSBAD, CA 92008
 (760) 720-9898
Effective as of 01-JUL-22

LAS VILLAS DE CARLSBAD OPERATIONS LLC

 1088 LAGUNA DR
CARLSBAD, CA 92008
 (760) 434-7116
Effective as of 01-FEB-13

SOUTH BAY POST ACUTE CARE

 553 F ST
CHULA VISTA, CA 91910
 (619) 426-8611
Effective as of 01-NOV-19

AVOCADO POST ACUTE

 510 E WASHINGTON AVE
EL CAJON, CA 92020
 (619) 440-1211
Effective as of 01-JAN-20

BRADLEY COURT SPECIAL CARE CENTER

 675 E BRADLEY AVE
EL CAJON, CA 92021
 (619) 448-6633
Effective as of 01-DEC-21

COTTONWOOD CANYON HEALTHCARE CENTER

 1391 E MADISON AVE
EL CAJON, CA 92021
 (619) 444-1107
Effective as of 01-OCT-11

COUNTRY HILLS POST ACUTE

 1580 BROADWAY
EL CAJON, CA 92021
 (619) 441-8745
Effective as of 15-NOV-20

MAGNOLIA POST ACUTE CARE

 635 S MAGNOLIA AVE
EL CAJON, CA 92020
 (616) 442-8826
Effective as of 01-NOV-19

MAGNOLIA SPECIAL CARE CENTER

 635 S MAGNOLIA AVE
EL CAJON, CA 92020
 (619) 442-8826
Effective as of 01-JAN-12

MAGNOLIA SPECIAL CARE CTR

 635 S MAGNOLIA AVE
EL CAJON, CA 92020
 (619) 442-8826
Effective as of 01-JAN-12

PARKSIDE HEALTH AND WELLNESS CENTER

 444 W LEXINGTON AVE
EL CAJON, CA 92020
 (619) 442-7744
Effective as of 01-NOV-19

PARKSIDE SPECIAL CARE

CENTER

 444 W LEXINGTON AVE
EL CAJON, CA 92020
 (619) 442-7744
Effective as of 01-JAN-12

SAN DIEGO POST ACUTE CENTER

 1201 S ORANGE AVE
EL CAJON, CA 92020
 (619) 441-1988
Effective as of 01-SEP-14

SOMERSET SUBACUTE AND CARE

 151 CLAYDELLE AVE
EL CAJON, CA 92020
 (619) 442-0245
Effective as of 01-NOV-19

VICTORIA POST ACUTE CARE

 654 S ANZA ST
EL CAJON, CA 92020
 (619) 440-5005
Effective as of 01-NOV-19

VICTORIA SPECIAL CARE CTR

 654 S ANZA ST
EL CAJON, CA 92020
 (619) 440-5005
Effective as of 01-JAN-12

VILLA LAS PALMAS HEALTHCARE CTR

 622 S ANZA ST
EL CAJON, CA 92020
 (619) 442-0544
Effective as of 01-OCT-11

AVIARA HEALTHCARE CENTER

 944 REGAL RD
ENCINITAS, CA 92024
 (760) 944-0331
Effective as of 01-OCT-11

ENCINITAS NURSING AND

C3. Centros de enfermería especializada (SNF)

REHAB CTR

 900 SANTA FE DR
ENCINITAS, CA 92024
 (760) 753-6423
Effective as of 01-DEC-12

ESCONDIDO CARE CENTER

 421 E MISSION AVE
ESCONDIDO, CA 92025
 (760) 747-0430
Effective as of 01-MAY-13

LIFE CARE CENTER OF ESCONDIDO

 1980 FELICITA RD
ESCONDIDO, CA 92025
 (760) 741-6109
Effective as of 01-JAN-12

PALOMAR HEIGHTS CARE CTR

 1260 E OHIO AVE
ESCONDIDO, CA 92027
 (760) 746-1100
Effective as of 01-JAN-12

PALOMAR VISTA HEALTHCARE CTR

 201 N FIG ST
ESCONDIDO, CA 92025
 (760) 746-0303
Effective as of 01-NOV-11

REDWOOD TERRACE

 710 W 13TH AVE
ESCONDIDO, CA 92025
 (760) 291-2736
Effective as of 01-NOV-17

VALLE VISTA POST ACUTE

 1025 W 2ND AVE
ESCONDIDO, CA 92025
 (760) 745-1842
Effective as of 01-DEC-12

FALLBROOK SKILLED NURSING

 325 POTTER ST
FALLBROOK, CA 92028
 (760) 728-2330
Effective as of 01-FEB-20

DEVONSHIRE CARE CENTER

 1350 E DEVONSHIRE AVE
HEMET, CA 92544
 (951) 925-2571
Effective as of 01-JAN-12

HEMET GLOBAL MEDICAL CENTER

 1117 E DEVONSHIRE AVE
HEMET, CA 92543
 (951) 652-2811
Effective as of 01-JAN-20

MANORCARE HEALTH

SERVICES HEMET

 1717 W STETSON AVE
HEMET, CA 92545
 (951) 925-9171
Effective as of 01-JAN-12

RAMONA REHAB AND POST ACUTE CTR

 485 W JOHNSTON AVE
HEMET, CA 92543
 (951) 652-0011
Effective as of 15-APR-19

SAN JACINTO HEALTHCARE

 275 N SAN JACINTO ST
HEMET, CA 92543
 (951) 658-9441
Effective as of 01-MAR-13

THE VILLAGE HEALTHCARE CENTER

 2400 W ACACIA AVE
HEMET, CA 92545
 (951) 766-5116
Effective as of 01-JAN-12

LA JOLLA NURSING AND

REHAB CTR

 2552 TORREY PINES RD
LA JOLLA, CA 92037
 (858) 453-5810
Effective as of 01-DEC-12

THE COVE AT LA JOLLA

 7160 FAY AVE
LA JOLLA, CA 92037
 (858) 459-4361
Effective as of 01-NOV-19

ARBOR HILLS NURSING CENTER

 7800 PARKWAY DR
LA MESA, CA 91942
 (619) 460-2330
Effective as of 01-DEC-20

COMMUNITY CARE CENTER

 8665 LA MESA BLVD
LA MESA, CA 91942
 (619) 465-0702
Effective as of 01-APR-16

COUNTRY MANOR LA MESA HEALTHCARE CENTER

 5696 LAKE MURRAY BLVD
LA MESA, CA 91942
 (619) 460-7871
Effective as of 01-AUG-14

GROSSMONT POST ACUTE CARE

 8787 CENTER DR
LA MESA, CA 91942
 (619) 460-4444
Effective as of 01-NOV-19

LA MESA HEALTHCARE CTR

 3780 MASSACHUSETTS
AVE
LA MESA, CA 91941
 (619) 465-1313
Effective as of 01-OCT-11

C3. Centros de enfermería especializada (SNF)

PARKWAY HILLS NURSING & REHAB

7760 PARKWAY DR
LA MESA, CA 91942
(619) 469-0124
Effective as of 01-APR-20

LAGUNA HILLS HEALTH AND REHAB CTR

24452 HEALTH CENTER DR
LAGUNA HILLS, CA 92653
(949) 837-8000
Effective as of 01-APR-18

PALM TERRACE HLTHCARE AND REHAB CTR

24962 CALLE ARAGON
LAGUNA WOODS, CA
92637
(949) 587-9000
Effective as of 01-NOV-11

FREEDOM VILLAGE HEALTHCARE CTR

23442 EL TORO RD
LAKE FOREST, CA 92630
(949) 472-8353
Effective as of 01-JAN-12

LAKE FOREST NURSING CENTER

25652 OLD TRABUCO RD
LAKE FOREST, CA 92630
(949) 380-9380
Effective as of 01-JAN-12

BELLA VISTA HEALTH CENTER

7922 PALM ST
LEMON GROVE, CA 91945
(619) 644-1000
Effective as of 01-SEP-13

LEMON GROVE CARE AND REHAB CTR

8351 BROADWAY

LEMON GROVE, CA 91945
(619) 463-0294
Effective as of 01-NOV-11

MURRIETA HEALTH AND REHABILITATION CENTER

24100 MONROE AVE
MURRIETA, CA 92562
(951) 600-4640
Effective as of 01-JAN-12

CASTLE MANOR NURSING AND REHABILITATION CTR

541 S V AVE
NATIONAL CITY, CA 91950
(619) 791-7900
Effective as of 01-DEC-20

FRIENDSHIP MANOR NURSING AND REHABILITATION CTR

902 EUCLID AVE
NATIONAL CITY, CA 91950
(619) 791-7700
Effective as of 01-DEC-20

PARADISE VALLEY HEALTH CARE CENTER

2575 E 8TH ST
NATIONAL CITY, CA 91950
(619) 470-6700
Effective as of 01-OCT-20

WINDSOR GARDENS CONV CTR OF SAN DIEGO

220 E 24TH ST
NATIONAL CITY, CA 91950
(619) 474-6741
Effective as of 01-JAN-12

LA PALOMA HEALTHCARE CTR

3232 THUNDER DR
OCEANSIDE, CA 92056
(760) 724-2193
Effective as of 01-OCT-11

BOULDER CREEK POST ACUTE

12696 MONTE VISTA RD
POWAY, CA 92064
(858) 487-6242
Effective as of 01-APR-20

POWAY HEALTHCARE CENTER

15632 POMERADO RD
POWAY, CA 92064
(858) 485-5153
Effective as of 01-OCT-11

THE VILLAS AT POWAY

15615 POMERADO RD
POWAY, CA 92064
(858) 613-4545
Effective as of 01-JAN-12

VILLA MONTE VISTA

12696 MONTE VISTA RD
POWAY, CA 92064
(858) 487-6242
Effective as of 01-JAN-12

ARROYO VISTA NURSING CTR

3022 45TH ST
SAN DIEGO, CA 92105
(619) 283-5855
Effective as of 01-NOV-11

BRIGHTON PLACE SAN DIEGO

1350 EUCLID AVE
SAN DIEGO, CA 92105
(619) 263-2166
Effective as of 01-JAN-12

CARMEL MOUNTAIN REHAB AND HEALTHCARE CTR

11895 AVENUE OF
INDUSTRY
SAN DIEGO, CA 92128
(858) 673-0101
Effective as of 01-NOV-11

C3. Centros de enfermería especializada (SNF)

CLAIREMONT HEALTHCARE AND WELLNESS CENTER LLC

8060 FROST ST
SAN DIEGO, CA 92123
(858) 278-4750
Effective as of 01-NOV-17

GOLDEN HILL POST ACUTE

1201 34TH ST
SAN DIEGO, CA 92102
(619) 232-2946
Effective as of 01-MAY-23

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

C3. Centros de enfermería especializada (SNF)

 (951) 466-0200
Effective as of 02-MAR-22

LA FUENTE POST ACUTE

 247 E BOBIER DR
VISTA, CA 92084
 (760) 945-3033
Effective as of 01-DEC-21

LIFE CARE CENTER OF VISTA

 304 N MELROSE DR
VISTA, CA 92083
 (760) 724-8222
Effective as of 01-JAN-12

RANCHO VISTA

 760 E BOBIER DR
VISTA, CA 92084
 (760) 941-1480
Effective as of 01-FEB-13

VISTA HEALTHCARE CENTER

 247 E BOBIER DR
VISTA, CA 92084
 (760) 945-3033
Effective as of 01-OCT-13

VISTA KNOLL SPECIALIZED CARE FACILITY

 2000 WESTWOOD RD
VISTA, CA 92083
 (760) 630-2273
Effective as of 01-NOV-11

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

ALPINE

SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE

Provider ID: 517802

 1620 ALPINE BLVD STE 110 ALPINE, CA 91901-1103

 Phone: 619-662-4100

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

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

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

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.org

SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE

Provider ID: 517802

 1620 ALPINE BLVD STE 110 ALPINE, CA 91901-1103

 Phone: 619-445-6200

 After Hours Phone: 619-445-6200

License Number: 20A17296

Accepting New Patients: YES

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE

 Website: www.mtnhealth.org

SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE

Provider ID: 517802

 1620 ALPINE BLVD STE 110 ALPINE, CA 91901-1103

 Phone: 619-662-4100

 After Hours Phone: 619-662-4100

License Number: 90000681

Accepting New Patients: YES

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

<p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE</p> <p> Website: www.mtnhealth.org</p> <p>SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE</p> <p>Provider ID: 517802</p> <p> 1620 ALPINE BLVD STE 110 ALPINE, CA 91901-1103</p> <p> Phone: 619-662-4100</p> <p> After Hours Phone: 619-662-4100</p> <p>License Number: A158569</p> <p>Accepting New Patients: YES</p> <p><input type="checkbox"/> Site English Spoken: Yes</p> <p>Cultural Competency: No</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE</p> <p> Website: www.mtnhealth.org</p> <p>SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE</p> <p>Provider ID: 517802</p> <p> 1620 ALPINE BLVD STE 110 ALPINE, CA 91901-1103</p> <p> Phone: 619-662-4100</p> <p> After Hours Phone: 619-662-4100</p> <p>License Number: NP95005999</p> <p>Accepting New Patients: YES</p> <p><input type="checkbox"/> Site English Spoken: Yes</p>	<p>Cultural Competency: No</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE</p> <p> Website: www.mtnhealth.org</p> <p>SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE</p> <p>Provider ID: 517802</p> <p> 1620 ALPINE BLVD STE 110 ALPINE, CA 91901-1103</p> <p> Phone: 619-662-4100</p> <p> After Hours Phone: 619-662-4100</p> <p>License Number: NP95006360</p> <p>Accepting New Patients: YES</p> <p><input type="checkbox"/> Site English Spoken: Yes</p> <p>Cultural Competency: No</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE</p> <p> Website: www.mtnhealth.org</p> <p>SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE</p> <p>Provider ID: 517802</p> <p> 1620 ALPINE BLVD STE 110 ALPINE, CA 91901-1103</p> <p> Phone: 619-662-4100</p> <p> After Hours Phone: 619-662-4100</p> <p>License Number: A97270</p>	<p>Accepting New Patients: YES</p> <p><input type="checkbox"/> Site English Spoken: Yes</p> <p>Cultural Competency: No</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE</p> <p> Website: www.mtnhealth.org</p> <p>SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE</p> <p>Provider ID: 517802</p> <p> 1620 ALPINE BLVD STE 110 ALPINE, CA 91901-1103</p> <p> Phone: 619-662-4100</p> <p> After Hours Phone: 619-662-4100</p> <p>License Number: PA20490</p> <p>Accepting New Patients: YES</p> <p><input type="checkbox"/> Site English Spoken: Yes</p> <p>Cultural Competency: No</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE</p> <p> Website: www.mtnhealth.org</p> <p>SAN YSIDRO HEALTH ALPINE FAMILY MEDICINE</p> <p>Provider ID: 517802</p> <p> 1620 ALPINE BLVD STE 110 ALPINE, CA 91901</p> <p> Phone: (619) 662-4100</p> <p> Fax: (619) 320-3347</p>
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D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 After Hours Phone: (619)
662-4100

License Number: 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

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

 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: 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

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: 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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 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 92008-1950

 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

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

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

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: 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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
 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: 20A13225
Accepting 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

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
 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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: A123604
Accepting 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
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: SAN
YSIDRO HEALTH CHULA VISTA
 Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322
 678 3RD AVE
CHULA VISTA, CA
91910-5736
 Phone: 619-662-4100
 After Hours Phone:
619-662-4100
License Number: A138534
Accepting New Patients: YES
 Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: SAN
YSIDRO HEALTH CHULA VISTA
 Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322
 678 3RD AVE
CHULA VISTA, CA

91910-5736
 Phone: 619-662-4100
 After Hours Phone:
619-662-4100
License Number: A159831
Accepting 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: A134303
Accepting 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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: 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: 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: A120672
Accepting 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
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: SAN
YSIDRO HEALTH CHULA VISTA
 Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322
 678 3RD AVE
CHULA VISTA, CA
91910-5736
 Phone: 619-662-4100
 After Hours Phone:
619-662-4100
License Number: A106103
Accepting 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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: 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: A114893
Accepting 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: 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: 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: 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE
CHULA VISTA, CA
91910-2628

 Phone: 619-515-2500

 After Hours Phone:
619-515-2500

License Number: 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

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: 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

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: 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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 Site English Spoken: Yes
 Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: CHULA VISTA FAMILY HLTH CTR
 Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE
CHULA VISTA, CA
91910-2628

 Phone: 619-515-2500

 After Hours Phone: 619-515-2500

License Number: 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: 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

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: 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

251 LANDIS AVE
CHULA VISTA, CA
91910-2628

Phone: 619-515-2500

After Hours Phone:
619-515-2500

License Number: 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: 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

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

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

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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

Site English Spoken: Yes
 Site Languages(s) Spoken: Spanish

Cultural Competency: No

American Sign Language (ASL):
N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: CHULA VISTA FAMILY HLTH CTR

Website: www.fhcsd.org

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

251 LANDIS AVE
CHULA VISTA, CA
91910-2628

Phone: 619-515-2500

After Hours Phone:
619-515-2500

License Number: 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

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

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

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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE
CHULA VISTA, CA
91910-2628

 Phone: 619-515-2500

 After Hours Phone:
619-515-2500

License Number: 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: 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

 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

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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 *Site English Spoken: Yes*
 *Site Languages(s) Spoken: Spanish*
Cultural Competency: No
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: CHULA VISTA FAMILY HLTH CTR
 *Website: www.fhcsd.org*

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

 251 LANDIS AVE
CHULA VISTA, CA
91910-2628

 *Phone: 619-515-2500*

 *After Hours Phone: 619-515-2500*

License Number: 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: 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*

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*

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

CHULA VISTA FAMILY HLTH CTR

Provider ID: 206355

251 LANDIS AVE
CHULA VISTA, CA
91910-2628

Phone: 619-515-2500

After Hours Phone:
619-515-2500

License Number: 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

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

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

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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

Medical Group/IPA: SAN
YSIDRO HEALTH CHULA VISTA
 Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322
 678 3RD AVE
CHULA VISTA, CA
91910-5736
 Phone: 619-662-4100
 After Hours Phone:
619-662-4100
License Number: 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

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

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: 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE
CHULA VISTA, CA
91910-5736

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: G80234

Accepting 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

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: SAN
YSIDRO HEALTH CHULA VISTA

 Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE
CHULA VISTA, CA
91910-5736

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: G57243

Accepting New Patients: YES

Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: SAN
YSIDRO HEALTH CHULA VISTA

 Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE
CHULA VISTA, CA
91910-5736

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: G59670

Accepting New Patients: YES

Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: SAN
YSIDRO HEALTH CHULA VISTA

 Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE
CHULA VISTA, CA
91910-5736

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: DPM2930

Accepting New Patients: YES

Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: SAN
YSIDRO HEALTH CHULA VISTA

 Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE
CHULA VISTA, CA
91910-5736

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: DDS102880

Accepting New Patients: YES

Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: SAN
YSIDRO HEALTH CHULA VISTA

 Website: www.ihpsocal.org

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE
CHULA VISTA, CA
91910-5736

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: DC31963

Accepting New Patients: YES

Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: SAN
YSIDRO HEALTH CHULA VISTA

 Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE
CHULA VISTA, CA
91910-5736

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: A93785

Accepting 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: C55563

Accepting New Patients: YES

Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: SAN
YSIDRO HEALTH CHULA VISTA

 Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE
CHULA VISTA, CA
91910-5736

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: A87650

Accepting New Patients: YES

Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: SAN
YSIDRO HEALTH CHULA VISTA

 Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE
CHULA VISTA, CA
91910-5736

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: DC20760

Accepting New Patients: YES

Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: SAN
YSIDRO HEALTH CHULA VISTA

 Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE
CHULA VISTA, CA
91910-5736

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: A50477

Accepting New Patients: YES

Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: SAN
YSIDRO HEALTH CHULA VISTA

 Website: www.ihpsocal.org

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE
CHULA VISTA, CA
91910-5736

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: 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

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

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

 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

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

 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE
CHULA VISTA, CA
91910-5736

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: 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

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: 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: A164392

Accepting 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

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: SAN
YSIDRO HEALTH CHULA VISTA

 Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHULA VISTA

Provider ID: 427322

 678 3RD AVE
CHULA VISTA, CA
91910-5736

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: A66903

Accepting New Patients: YES

Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: SAN
YSIDRO HEALTH CHULA VISTA

 Website: www.ihpsocal.org

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

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

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

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

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

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

FAMILY HLTH CTR SAN

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

DIEGO-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

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

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

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):
N

Accessibility: CONTACT

PROVIDER

Medical Group/IPA: Family
Health Centers of San Diego

Website: www.fhcsd.org

Email: 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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 *Site Languages(s) Spoken:*
Spanish

Cultural Competency: N

American Sign Language (ASL): Provider ID: 478971

N

 *Accessibility:* CONTACT PROVIDER

Medical Group/IPA: Family Health Centers of San Diego

 *Website:* www.fhcsd.org

Email:

MARTHAO@FHCS.D.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): American Sign Language (ASL):

N

 *Accessibility:* CONTACT PROVIDER

Medical Group/IPA: IHP of Southern Cal-PHP

 *Website:* www.syhealth.org/clinics/chula-vista-medical-plaza

EL CAJON

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): Medical Group/IPA: CENTRO MEDICO EL CAJON

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): 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): 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): 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:*

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

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: 619-873-8940
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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: CENTRO
MEDICO EL CAJON

 Website: N/A

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:
619-515-2498

License Number: 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

 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

Accepting New Patients: YES

Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HLTH CTR SAN DIEGO-EL
CAJON

 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

Fax: 619-269-0191

 After Hours Phone:
619-515-2498

License Number: 20A19473

Accepting 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 Website: www.fhcsd.org

FAMILY HLTH CTR 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
PROVIDER

Medical Group/IPA: FAMILY
HLTH CTR SAN DIEGO-EL
CAJON

 Website: www.fhcsd.org

 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: 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

 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:
619-515-2498

License Number: NP15444

Accepting New Patients: YES

 Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HLTH CTR SAN DIEGO-EL
CAJON

 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:
619-515-2498

License Number: PT292482

Accepting 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

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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 Website: www.fhcsd.org

FAMILY HLTH CTR 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
HLTH CTR SAN DIEGO-EL
CAJON

 Website: www.fhcsd.org

 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:
619-515-2498

License Number: NP95009180

Accepting 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

 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:
619-515-2498

License Number: NP95013978

Accepting New Patients: YES

 Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HLTH CTR SAN DIEGO-EL
CAJON

 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:
619-515-2498

License Number: NP95007000

Accepting 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

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
PROVIDER

Medical Group/IPA: FAMILY
HLTH CTR SAN DIEGO-EL
CAJON

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
PROVIDER

Medical Group/IPA: FAMILY
HLTH CTR SAN DIEGO-EL
CAJON

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:
619-515-2498

License Number: PA20396

Accepting 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

 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:
619-515-2498

License Number: A154298

Accepting 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

 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:
619-515-2498

License Number: A148014

Accepting New Patients: YES

 Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HLTH CTR SAN DIEGO-EL
CAJON

 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:
619-515-2498

License Number: A175325

Accepting 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

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
PROVIDER

Medical Group/IPA: FAMILY
HLTH CTR SAN DIEGO-EL
CAJON

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
PROVIDER

Medical Group/IPA: FAMILY
HLTH CTR SAN DIEGO-EL
CAJON

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:
619-515-2498

License Number: A138815

Accepting 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

 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: A146838

Accepting 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

 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:
619-515-2498

License Number: A68463

Accepting New Patients: YES

 Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HLTH CTR SAN DIEGO-EL
CAJON

 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:
619-515-2498

License Number: A144974

Accepting 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

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
PROVIDER

Medical Group/IPA: FAMILY
HLTH CTR SAN DIEGO-EL
CAJON

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
PROVIDER

Medical Group/IPA: FAMILY
HLTH CTR SAN DIEGO-EL
CAJON

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:
619-515-2498

License Number: A72005

Accepting 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

 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:
619-515-2498

License Number: DC33869

Accepting 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

 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:
619-515-2498

License Number: DPM5661

Accepting New Patients: YES

 Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HLTH CTR SAN DIEGO-EL
CAJON

 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:
619-515-2498

License Number: A83390

Accepting 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

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
PROVIDER

Medical Group/IPA: FAMILY
HLTH CTR SAN DIEGO-EL
CAJON

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
PROVIDER

Medical Group/IPA: FAMILY
HLTH CTR SAN DIEGO-EL
CAJON

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 Website: www.fhcsd.org

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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
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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
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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
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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

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: 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

g	 Website: www.fhcsd.org	 Website: www.fhcsd.org
<p>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</p>	<p>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 PROVIDER Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON  Website: www.fhcsd.org</p>	<p>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</p>
<p>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 PROVIDER Medical Group/IPA: FAMILY HLTH CTR SAN DIEGO-EL CAJON</p>	<p>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</p>	<p>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</p>

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 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

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

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

 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

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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

Accepting New Patients: YES

Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HLTH CTR SAN DIEGO-EL
CAJON

 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:
619-515-2498

License Number: 20A13745

Accepting New Patients: YES

Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HLTH CTR SAN DIEGO-EL
CAJON

 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:
619-515-2498

License Number: 20A7241

Accepting New Patients: YES

Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HLTH CTR SAN DIEGO-EL
CAJON

 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:
619-515-2498

License Number: 20A14919

Accepting New Patients: YES

Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HLTH CTR SAN DIEGO-EL
CAJON

 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:
619-515-2498

License Number: A108228

Accepting New Patients: YES

Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HLTH CTR SAN DIEGO-EL
CAJON

 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

 525 E MAIN ST
EL CAJON, CA 92020-4007

 Phone: 619-515-2498

 After Hours Phone:
619-515-2498

License Number: A107093

Accepting 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: A114181

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

Accepting New Patients: YES

Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL):
N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY
HLTH CTR SAN DIEGO-EL
CAJON

Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

525 E MAIN ST
EL CAJON, CA 92020-4007

Phone: 619-515-2498

After Hours Phone:
619-515-2498

License Number: 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
CAJON

Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-EL CAJON

Provider ID: 418340

525 E MAIN ST
EL CAJON, CA 92020-4007

Phone: 619-515-2498

After Hours Phone:
619-515-2498

License Number: A113001

Accepting New Patients: YES

Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL):
N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY
HLTH CTR SAN DIEGO-EL
CAJON

Website: www.fhcsd.org

LA MAESTRA CHC EL CAJON BROADWAY

Provider ID: 418501

1032 BROADWAY
EL CAJON, CA 92021-7416

Phone: 619-795-5991

Fax: 619-795-5992

After Hours Phone:
619-795-5991

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

CHASE AVENUE FAMILY HEALTH CTRS INC

Provider ID: 206354

1111 W CHASE AVE
EL CAJON, CA 92020-5710

Phone: 619-515-2499

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 After Hours Phone:
619-515-2499
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

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: 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: 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: 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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: 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: 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: 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: 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

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):

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

N
 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: 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: 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*

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: 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: 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*
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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish, Tagalog

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: 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: 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: 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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 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: 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: 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
 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
 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: 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 Website: www.lamaestra.org

SAN YSIDRO HEALTH EL CAJON

Provider ID: 569910

 875 EL CAJON BLVD
EL CAJON, CA 92020

 Phone: (619) 662-4100

Fax: (619) 785-3356

 After Hours Phone: (619)
662-4100

License Number: 550002514

NPI: 1568845741

Accepting New Patients: 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

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

Email: jaquelinca@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

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

Email:

aschmaltz@lamaestra.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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

8:30AM-5:30PM
SA 8:30AM-5:30PM
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: Family Health Centers of San Diego
 Website: www.fhcsd.org
Email: janellek@fhcsd.org

CENTRO MEDICO EL CAJON

Provider ID: 478971
 133 W MAIN ST STE 100
EL CAJON, CA 92020
 Phone: (619) 873-8940
Fax: (619) 401-0522
 After Hours Phone: (619) 873-8940
License Number: 550000430
NPI: 1154480069
Accepting New Patients: 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 FOUNDTION
 Website: N/A
Email:
iselaocchoa@borregohealth.org

ENCINITAS

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
 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
92024-5008

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
 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
 After Hours Phone:
760-753-7842
License Number: A103940

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

Accepting New Patients: YES N

 Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL): Medical Group/IPA: TRUECARE
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: 760-736-6767

 After Hours Phone:
760-736-6767

License Number: 20A17306

Accepting New Patients: YES

 Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL): Medical Group/IPA: TRUECARE
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: 760-736-6767

 After Hours Phone:
760-736-6767

License Number: DC29074

Accepting New Patients: YES

 Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL): Medical Group/IPA: TRUECARE
N

 Accessibility: CONTACT
PROVIDER

 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): Medical Group/IPA: TRUECARE
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): Medical Group/IPA: TRUECARE
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

Accepting New Patients: YES

 Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL): Medical Group/IPA: TRUECARE
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): Medical Group/IPA: TRUECARE
N

 Accessibility: CONTACT
PROVIDER

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

Medical Group/IPA: IHP of
Southern Cal-PHP
 Website: N/A

ESCONDIDO

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: 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: 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 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 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 ESCONDIDO

Provider ID: 206270

 460 N ELM ST

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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: 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: 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: 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

**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: 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 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 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

 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: 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: 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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: 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: 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: 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 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 PEDIATRICS AND PRENATAL

Provider ID: 424775
 426 N DATE ST
ESCONDIDO, CA
92025-3409
 Phone: 760-690-5900
Fax: 360-462-2747

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 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

 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

 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 PEDIATS 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 PEDIATS
AND PRENATAL

 Website: www.ihpsocal.org

NEIGHBORHOOD HEALTHCARE PEDIATS 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 PEDIATS
AND PRENATAL

 Website: www.ihpsocal.org

NEIGHBORHOOD HEALTHCARE PEDIATS 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

American Sign Language (ASL):  N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA:
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 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

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 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):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA:

NEIGHBORHOOD
HEALTHCARE GRAND AVE

 Website: www.ihpsocal.org

NEIGHBORHOOD

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

HEALTHCARE 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: 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: 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 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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

PROVIDER
Medical Group/IPA:
NEIGHBORHOOD
HEALTHCARE ESCONDIDO
 *Website: www.ihpsocal.org*

NEIGHBORHOOD HEALTHCARE ESCONDIDO

Provider ID: 206270
 460 N ELM ST
ESCONDIDO, CA
92025-3002
 *Phone: 760-520-8100*
 *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*

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*

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*

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):
N
 *Accessibility: CONTACT*
PROVIDER
Medical Group/IPA:
NEIGHBORHOOD
HEALTHCARE ESCONDIDO
 *Website: www.ihpsocal.org*

NEIGHBORHOOD HEALTHCARE ESCONDIDO

Provider ID: 206270
 460 N ELM ST
ESCONDIDO, CA
92025-3002
 *Phone: 760-520-8100*
 *After Hours Phone:*
760-520-8100
License Number: G61829
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*
Fax: 360-462-2749
 *After Hours Phone:*
760-520-8200

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

License Number: 80000483

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

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

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: A56054

Accepting New Patients: YES

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

Medical Group/IPA:
**NEIGHBORHOOD
HEALTHCARE PEDIATRICS
AND PRENATAL**
 *Website: N/A*

SAN YSIDRO HEALTH ESCONDIDO FAMILY MEDICINE

Provider ID: 588941
 704 E GRAND AVE
ESCONDIDO, CA
92025-4405
 *Phone: 619-662-4100*
Fax: 619-662-7952
 *After Hours Phone:*
619-662-4100
Accepting 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*
 *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: 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 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

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

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
FOUNDATION

 Website: N

Email:
iselaocha@borregohealth.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

NEIGHBORHOOD HEALTHCARE VALLEY PARKWAY

Provider ID: 206271

 728 E VALLEY PKWY
ESCONDIDO, CA 92025

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 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

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

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:
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

FALLBROOK FAMILY HLTH CTR

Provider ID: 183910

 1328 S MISSION RD
FALLBROOK, CA
92028-4006

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 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
 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.escobedo@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: 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

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: 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 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.vistacommu-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: 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.vistacommu-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: 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.vistacommu-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: 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.vistacommu-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.vistacommu-nityclinic.org

VISTA COMMUNITY CLINIC

Provider ID: 624122

 321 E ALVARADO ST
FALLBROOK, CA 92028

 Phone: (760) 723-6200

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 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

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

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

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

LA MESA

LA MESA PEDIATRICS

Provider ID: 480827

 8881 FLETCHER PKWY STE
200

LA MESA, CA 91942-3135

 Phone: 619-464-6434

Fax: 619-464-5109

 After Hours Phone:
619-464-6434

License Number: C133872

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:

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

619-464-6434
License Number: A113241
Accepting New Patients: YES
 Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: LA MESA PEDIATRICS
 Website: N/A

LA MESA PEDIATRICS

Provider ID: 480827
 8881 FLETCHER PKWY STE 200
LA MESA, CA 91942-3135
 Phone: 619-464-6434
Fax: 619-464-5109
 After Hours Phone: 619-464-6434
License Number: A89865
Accepting New Patients: YES
 Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
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
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
 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
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: LA MESA PEDIATRICS
 Website: N/A

LA MESA PEDIATRICS

Provider ID: 480827
 8881 FLETCHER PKWY STE 200
LA MESA, CA 91942
 Phone: (619) 464-6434
Fax: (619) 464-5109
 After Hours Phone: (619) 464-6434
License Number: 550000430

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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:
iselaocha@borregohealth.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: 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
 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

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
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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

HEALTHCARE LAKESIDE

Provider ID: 353843

10039 VINE ST
LAKESIDE, CA 92040-3120

Phone: 858-218-3000

After Hours Phone:
858-218-3000

License Number: A152372

Accepting New Patients: YES

Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Medical Group/IPA:

NEIGHBORHOOD

HEALTHCARE LAKESIDE

Website: www.ihpsocal.org

NEIGHBORHOOD

HEALTHCARE LAKESIDE

Provider ID: 353843

10039 VINE ST
LAKESIDE, CA 92040

Phone: (858) 218-3000

Fax: (360) 462-2744

After Hours Phone: (858)
218-3000

License Number: 080000483

NPI: 1932384120

Accepting New Patients: 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

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: 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: 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: 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: 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: 619-515-2500

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: 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 *After Hours Phone:*
619-515-2550
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: 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: 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: 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: 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

HEALTH CENTER

Provider ID: 419139

 7592 BROADWAY
LEMON GROVE, CA
91945-1604

 Phone: 619-515-2550

 After Hours Phone:
619-515-2550

License Number: 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

 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: 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

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

 After Hours Phone:
619-515-2550

License Number: NP95013978

Accepting New Patients: YES

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

Medical Group/IPA: 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: 619-515-2550

 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: 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
91945-1604

 Phone: 619-515-2550

 After Hours Phone:
619-515-2550

License Number: NP95001050

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

Accepting New Patients: YES

 Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: 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: 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: 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: 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

 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

NATIONAL CITY

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

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

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

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

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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

<p>American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: SAN YSIDRO HEALTH SOUTH BAY  Website: www.ihpsocal.org</p>	<p>American Sign Language (ASL): N  Accessibility: CONTACT PROVIDER Medical Group/IPA: SAN YSIDRO HEALTH SOUTH BAY  Website: www.ihpsocal.org</p>	<p>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>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</p>	<p>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</p>	<p>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</p>
<p>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</p>	<p>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</p>	<p>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</p>

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

Accepting New Patients: YES

 Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: SAN

YSIDRO HEALTH NATIONAL CITY

 Website: www.ihpsocal.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

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

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

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

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:

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

Tagalog, Lao, Spanish
Cultural Competency: No
American Sign Language (ASL):
N
 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA:
OPERATION SAMAHAN - NATIONAL C
 *Website: www.operationsamahan.org*

OPERATION SAMAHAN GRANGER SCHOOL BASED

Provider ID: 418302
 2101 GRANGER AVE
NATIONAL CITY, CA
91950-6208
 *Phone: 844-200-2426*
Fax: 619-434-8999
 *After Hours Phone:*
844-200-2426
Accepting New Patients: YES
 *Site English Spoken: Yes*
Cultural Competency: No
American Sign Language (ASL):
N
 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA:
OPERATION SAMAHAN GRANGER SCHOOL BASED
 *Website: www.operationsamahan.org*

OPERATION SAMAHAN GRANGER SCHOOL BASED

Provider ID: 418302
 2101 GRANGER AVE
NATIONAL CITY, CA
91950-6208
 *Phone: 844-200-2426*

Fax: 619-434-8999
 *After Hours Phone:*
844-200-2426
License Number: 550002622
Accepting New Patients: YES
 *Site English Spoken: Yes*
Cultural Competency: No
American Sign Language (ASL):
N
 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA:
OPERATION SAMAHAN GRANGER SCHOOL BASED
 *Website: www.operationsamahan.org*

OPERATION SAMAHAN GRANGER SCHOOL BASED

Provider ID: 418302
 2101 GRANGER AVE
NATIONAL CITY, CA
91950-6208
 *Phone: 844-200-2426*
 *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*

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 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 Language(s) Spoken:*
Tagalog, Spanish
Cultural Competency: No
American Sign Language (ASL):
N
 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: SAN YSIDRO HEALTH PARADISE

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

HILLS

 Website: www.ihpsocal.org

SAN YSIDRO HEALTH

PARADISE HILLS

Provider ID: 227418

 2400 E 8TH ST STE A
NATIONAL CITY, CA
91950-2956

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: G88347

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:
Tagalog, Spanish

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: SAN
YSIDRO HEALTH PARADISE
HILLS

 Website: www.ihpsocal.org

SAN YSIDRO HEALTH

PARADISE HILLS

Provider ID: 227418

 2400 E 8TH ST STE A
NATIONAL CITY, CA
91950-2956

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: A157488

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:
Tagalog, Spanish

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: SAN
YSIDRO HEALTH PARADISE
HILLS

 Website: www.ihpsocal.org

SAN YSIDRO HEALTH

PARADISE HILLS

Provider ID: 227418

 2400 E 8TH ST STE A
NATIONAL CITY, CA
91950-2956

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: A146819

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: 619-259-2806

 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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 Language(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: 619-662-4100

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: 619-336-2323

 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

 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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

Cultural Competency: No

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

Medical Group/IPA: SAN YSIDRO HEALTH NATIONAL CITY

 *Website: www.ihpsocal.org*

SAN YSIDRO HEALTH PARADISE HILLS

Provider ID: 227418

 2400 E 8TH ST STE A
NATIONAL CITY, CA
91950-2956

 *Phone: 619-662-4100*

Fax: 619-259-2807

 *After Hours Phone: 619-662-4100*

Accepting New Patients: YES

 *Site English Spoken: Yes*

 *Site Language(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: 619-662-4100*

 *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*

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*

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*

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*

FAMILY HEALTH CTR SD NATIONAL CITY

Provider ID: 418930

 1000 EUCLID AVE
NATIONAL CITY, CA

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

**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

**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

**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

**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

**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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

PROVIDER
Medical Group/IPA: FAMILY
HEALTH CTR SD NATIONAL
CITY
 Website: www.fhcsd.org

FAMILY HEALTH CTR SD NATIONAL CITY

Provider ID: 418930
 1000 EUCLID AVE
NATIONAL CITY, CA
91950-3856
 Phone: 619-515-2399
Fax: 619-269-0053
 After Hours Phone:
619-515-2399
Accepting New Patients: YES
 Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: FAMILY
HEALTH CTR SD NATIONAL
CITY
 Website: www.fhcsd.org

FAMILY HEALTH CTR SD NATIONAL CITY

Provider ID: 418930
 1000 EUCLID AVE
NATIONAL CITY, CA
91950-3856
 Phone: 619-515-2399
 After Hours Phone:
619-515-2399
License Number: 20A18460
Accepting New Patients: YES
 Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL):

N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: FAMILY
HEALTH CTR SD NATIONAL
CITY
 Website: www.fhcsd.org

FAMILY HEALTH CTR SD NATIONAL CITY

Provider ID: 418930
 1000 EUCLID AVE
NATIONAL CITY, CA
91950-3856
 Phone: 619-515-2399
 After Hours Phone:
619-515-2399
License Number: 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

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 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

<p><i>s/paradise- hills- family- clinic</i></p> <p>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/clinics/national-city-family-clinic-1</p>	<p>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.operationsamahan.org</p> <p>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.operationsamahan.org</p>	<p><i>mahan.org</i></p> <p>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 Email: aschmaltz@lamaestra.org</p> <p>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:</p>
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D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

Spanish, Tagalog
Cultural Competency: Y
🕒 Hours: M-F
8:00AM-5:00PM
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
Medical Group/IPA: IHP of
Southern Cal-PHP
🌐 Website: www.syhealth.org
Email:
dinah.pierce@syhealth.org

OCEANSIDE

VISTA COMMUNITY CLINIC

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

VISTA COMMUNITY CLINIC

Provider ID: 206341
📍 4700 N RIVER RD
OCEANSIDE, CA 2057-6043
☎ Phone: 760-631-5000

Fax: 760-414-3731
🕒 After Hours Phone:
760-631-5000
License Number: A130883
Accepting New Patients: YES
📄 Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
Medical Group/IPA: VISTA
COMMUNITY CLINIC
🌐 Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC

Provider ID: 206341
📍 4700 N RIVER RD
OCEANSIDE, CA 2057-6043
☎ Phone: 760-631-5000
🕒 After Hours Phone:
760-631-5000
License Number: NP95009284
Accepting New Patients: YES
📄 Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
Medical Group/IPA: VISTA
COMMUNITY CLINIC
🌐 Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC

Provider ID: 206341
📍 4700 N RIVER RD
OCEANSIDE, CA 2057-6043
☎ Phone: 760-631-5000
🕒 After Hours Phone:

760-631-5000
License Number: NP95003571
Accepting New Patients: YES
📄 Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
Medical Group/IPA: VISTA
COMMUNITY CLINIC
🌐 Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC

Provider ID: 206341
📍 4700 N RIVER RD
OCEANSIDE, CA 2057-6043
☎ Phone: 760-631-5000
🕒 After Hours Phone:
760-631-5000
License Number: 20A18374
Accepting New Patients: YES
📄 Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER
Medical Group/IPA: VISTA
COMMUNITY CLINIC
🌐 Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC

Provider ID: 206341
📍 4700 N RIVER RD
OCEANSIDE, CA 2057-6043
☎ Phone: 760-631-5000
🕒 After Hours Phone:
760-631-5000
License Number: A149340

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

Accepting New Patients: YES

 Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: VISTA
COMMUNITY CLINIC

 Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC

Provider ID: 206341

 4700 N RIVER RD
OCEANSIDE, CA 2057-6043

 Phone: 760-631-5000

 After Hours Phone:
760-631-5000

License Number: 20A8949

Accepting New Patients: YES

 Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: VISTA
COMMUNITY CLINIC

 Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC 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

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 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 HORNE STREET

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

 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: 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

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

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

 After Hours Phone:
760-433-3155

License Number: PA19825

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 Phone: 760-736-6767
 After Hours Phone:
760-736-6767
License Number: 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: 760-433-3155
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: 760-433-3155
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
Medical Group/IPA: TRUECARE
 Website: N/A

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):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: TRUECARE
 Website: www.ihpsocal.org

TRUECARE

Provider ID: 296476
 605 CROUCH ST BLDG C
OCEANSIDE, CA
92054-4415
 Phone: 760-757-4566
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):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: TRUECARE
 Website: www.ihpsocal.org

TRUECARE

Provider ID: 296476
 605 CROUCH ST BLDG C
OCEANSIDE, CA
92054-4415
 Phone: 760-757-4566
 After Hours Phone:
760-757-4566
License Number: PA22667
Accepting New Patients: YES
 Site English Spoken: Yes
 Site Languages(s) Spoken:
Spanish
Cultural Competency: No
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: TRUECARE
 Website: www.ihpsocal.org

TRUECARE

Provider ID: 296476
 605 CROUCH ST BLDG C
OCEANSIDE, CA
92054-4415
 Phone: 760-757-4566
 After Hours Phone:
760-757-4566
License Number: C152937
Accepting New Patients: YES
 Site English Spoken: Yes

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 *Site Languages(s) Spoken:* Spanish
Cultural Competency: No
American Sign Language (ASL): N
 *Accessibility:* CONTACT PROVIDER
Medical Group/IPA: TRUECARE
 *Website:* www.ihpsocal.org

Cultural Competency: No
American Sign Language (ASL): N
 *Accessibility:* CONTACT PROVIDER
Medical Group/IPA: TRUECARE
 *Website:* www.ihpsocal.org

 *Site Languages(s) Spoken:* Spanish
Cultural Competency: No
American Sign Language (ASL): N
 *Accessibility:* CONTACT PROVIDER
Medical Group/IPA: TRUECARE
 *Website:* www.ihpsocal.org

TRUECARE

Provider ID: 296476
 605 CROUCH ST BLDG C
OCEANSIDE, CA
92054-4415
 *Phone:* 760-757-4566
 *After Hours Phone:*
760-757-4566
License Number: 20A15689
Accepting New Patients: YES
 *Site English Spoken:* Yes
 *Site Languages(s) Spoken:*
Spanish
Cultural Competency: No
American Sign Language (ASL): N
 *Accessibility:* CONTACT PROVIDER
Medical Group/IPA: TRUECARE
 *Website:* www.ihpsocal.org

TRUECARE

Provider ID: 296479
 605 CROUCH ST BLDG C
OCEANSIDE, CA
92054-4415
 *Phone:* 760-757-4566
 *After Hours Phone:*
760-757-4566
License Number: A64435
Accepting New Patients: YES
 *Site English Spoken:* Yes
 *Site Languages(s) Spoken:*
Spanish
Cultural Competency: No
American Sign Language (ASL): N
 *Accessibility:* CONTACT PROVIDER
Medical Group/IPA: TRUECARE
 *Website:* www.ihpsocal.org

TRUECARE

Provider ID: 296478
 605 CROUCH ST BLDG C
OCEANSIDE, CA
92054-4415
 *Phone:* 760-757-4566
 *After Hours Phone:*
760-757-4566
License Number: 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: 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:*

TRUECARE

Provider ID: 296477
 605 CROUCH ST BLDG C
OCEANSIDE, CA
92054-4415
 *Phone:* 760-757-4566
Fax: 760-757-3004
 *After Hours Phone:*
760-757-4566
License Number: A116562
Accepting New Patients: YES
 *Site English Spoken:* Yes

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

Site English Spoken: Yes
 Site Languages(s) Spoken: Spanish
Cultural Competency: No
American Sign Language (ASL): N
N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: TRUECARE
 Website: www.ihpsocal.org

TRUECARE

Provider ID: 296476
 605 CROUCH ST BLDG C
OCEANSIDE, CA
92054-4415
 Phone: 760-757-4566
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
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: 20A7241
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: 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
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

VISTA COMMUNITY CLINIC

Provider ID: 206341
 4700 N RIVER RD
OCEANSIDE, CA 92057
 Phone: (760) 631-5000
Fax: (760) 414-3892
 After Hours Phone: (760) 631-5000
License Number: 550004110
NPI: 1851300123
Accepting New Patients: 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
N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP of Southern Cal-PHP
 Website: www.vistacommu
nityclinic.org

VISTA COMMUNITY CLINIC

Provider ID: 206341
 4700 N RIVER RD
OCEANSIDE, CA 92057
 Phone: (760) 631-5000
Fax: (760) 414-3892

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

☎ 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):
N

♿ Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP of
Southern Cal-PHP

🌐 Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC

Provider ID: 206341

📍 4700 N RIVER RD
OCEANSIDE, CA 92057
📞 Phone: (760) 631-5000
Fax: (760) 414-3892

☎ After Hours Phone: (760) 631-5000

License Number: 550003781
NPI: 1851300123

Accepting New Patients: 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: 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

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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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 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 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

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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 *Site English Spoken: Y*
Cultural Competency: Y
 *Hours: M-F*
8:00AM-5:00PM
SA 9:00AM-4:00PM
American Sign Language (ASL):
N
 *Accessibility: CONTACT*
PROVIDER
Medical Group/IPA: IHP of
Southern Cal-PHP
 *Website: www.vistacommunityclinic.org*

VISTA COMMUNITY CLINIC

Provider ID: 206341
 4700 N RIVER RD
OCEANSIDE, CA 92057
 *Phone: (760) 631-5000*
Fax: (760) 414-3892
 *After Hours Phone: (760)*
631-5000
License Number: 080000002
NPI: 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*

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
License Number: 80000611
Accepting New Patients: YES
 *Site English Spoken: Yes*
Cultural Competency: No

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

American Sign Language (ASL): *Accepting New Patients: Y*
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*

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

Min/Max Age: 0\150

 *Site English Spoken: Y*
Cultural Competency: N

 *Hours: M-F*
8:00AM-4:30PM

American Sign Language (ASL):
N

 *Accessibility: CONTACT PROVIDER*

Medical Group/IPA: IHP of
Southern Cal-PHP

 *Website: www.ihpsocal.org*

POWAY

NEIGHBORHOOD

HEALTHCARE GOLD FAMILY

HEALTH CENTER

Provider ID: 481187

 13010 POWAY RD
POWAY, CA 92064-4520

 *Phone: 858-218-3000*

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 92064-4520

 *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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

 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

 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

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.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: 417101

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 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	 Website: www.operationsamahan.org OPERATION SAMAHAN - MIRA MESA Provider ID: 432308  9855 ERMA RD STE 105 SAN DIEGO, CA 92131-1007  Phone: 844-200-2426  After Hours Phone: 844-200-2426 License Number: NP22974 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	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
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	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	

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

Accepting New Patients: YES

- Site English Spoken: yes
- Site Languages(s) Spoken: Spanish, Tagalog

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: 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

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

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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 Website: www.fhcsd.org

FAMILY HLTH CTR 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

 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

 3705 MISSION BLVD
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:
619-515-2444

License Number: A108228

Accepting 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

 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

 3705 MISSION BLVD
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:
619-515-2444

License Number: A118095

Accepting New Patients: YES

Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HLTH CTR SAN DIEGO-BEACH
AREA

 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

 3705 MISSION BLVD
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:
619-515-2444

License Number: A113001

Accepting New Patients: YES

Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HLTH CTR SAN DIEGO-BEACH
AREA

FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

 3705 MISSION BLVD
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:
619-515-2444

License Number: 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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 Website: www.fhcsd.org

FAMILY HLTH CTR 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

 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

 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
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

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

FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

 3705 MISSION BLVD
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:
619-515-2444

License Number: C174771

Accepting 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 Website: www.fhcsd.org

FAMILY HLTH CTR 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

 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

 3705 MISSION BLVD
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:
619-515-2444

License Number: A178499

Accepting 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

 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

 3705 MISSION BLVD
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:
619-515-2444

License Number: C53623

Accepting New Patients: YES

Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HLTH CTR SAN DIEGO-BEACH
AREA

 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

 3705 MISSION BLVD
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:
619-515-2444

License Number: A163464

Accepting New Patients: YES

Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: FAMILY
HLTH CTR SAN DIEGO-BEACH
AREA

FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

 3705 MISSION BLVD
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:
619-515-2444

License Number: 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

FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

 3705 MISSION BLVD
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:
619-515-2444

License Number: DC20729

Accepting 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 Website: www.fhcsd.org

FAMILY HLTH CTR SAN DIEGO-BEACH AREA

Provider ID: 402851

 3705 MISSION BLVD
SAN DIEGO, CA 92109-7104

 Phone: 619-515-2444

 After Hours Phone:
619-515-2444

License Number: G78814

Accepting 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

 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: 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

 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

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

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

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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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.operationsamahan.org

OPERATION SAMAHAN RANCHO PENASQUITOS

Provider ID: 418535

 9995 CARMEL MOUNTAIN
RD STE B10 AND B11
SAN DIEGO, CA 92129-2889

 Phone: 844-200-2426

 After Hours Phone:
844-200-2426

License Number: DC29074

Accepting New Patients: 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

Accepting New Patients: YES

Site English Spoken: yes

Site Languages(s) Spoken:
Spanish

Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA:

OPERATION SAMAHAN
RANCHO PENASQUITOS

 Website: www.operationsamahan.org

OPERATION SAMAHAN RANCHO PENASQUITOS

Provider ID: 418535

 9995 CARMEL MOUNTAIN
RD STE B10 AND B11
SAN DIEGO, CA 92129-2889

 Phone: 844-200-2426

 After Hours Phone:
844-200-2426

License Number: NP22974

Accepting New Patients: 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

<p><i>mahan.org</i></p> <p>OPERATION SAMAHAN RANCHO PENASQUITOS</p> <p>Provider ID: 418535</p> <p> 9995 CARMEL MOUNTAIN RD STE B10 AND B11 SAN DIEGO, CA 92129-2889</p> <p> Phone: 844-200-2426</p> <p> After Hours Phone: 844-200-2426</p> <p>License Number: NP95003211</p> <p>Accepting New Patients: YES</p> <p><input type="checkbox"/> Site English Spoken: yes</p> <p><input type="checkbox"/> Site Languages(s) Spoken: Spanish</p> <p>Cultural Competency: No</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: OPERATION SAMAHAN RANCHO PENASQUITOS</p> <p> Website: www.operationsamahan.org</p>	<p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: OPERATION SAMAHAN - MIRA MESA</p> <p> Website: www.operationsamahan.org</p> <p>OPERATION SAMAHAN RANCHO PENASQUITOS</p> <p>Provider ID: 418535</p> <p> 9995 CARMEL MOUNTAIN RD STE B10 AND B11 SAN DIEGO, CA 92129-2889</p> <p> Phone: 844-200-2426</p> <p>Fax: 858-695-9074</p> <p> After Hours Phone: 844-200-2426</p> <p>License Number: 550003857</p> <p>Accepting New Patients: YES</p> <p><input type="checkbox"/> Site English Spoken: yes</p> <p><input type="checkbox"/> Site Languages(s) Spoken: Spanish</p> <p>Cultural Competency: No</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: OPERATION SAMAHAN RANCHO PENASQUITOS</p> <p> Website: www.operationsamahan.org</p>	<p> Phone: 844-200-2426</p> <p>Fax: 858-695-9074</p> <p> After Hours Phone: 844-200-2426</p> <p>License Number: 550002478</p> <p>Accepting New Patients: YES</p> <p><input type="checkbox"/> Site English Spoken: yes</p> <p><input type="checkbox"/> Site Languages(s) Spoken: Spanish</p> <p>Cultural Competency: No</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: OPERATION SAMAHAN RANCHO PENASQUITOS</p> <p> Website: www.operationsamahan.org</p>
<p>OPERATION SAMAHAN - MIRA MESA</p> <p>Provider ID: 417101</p> <p> 10737 CAMINO RUIZ STE 235 SAN DIEGO, CA 92126-2375</p> <p> Phone: 844-200-2426</p> <p> After Hours Phone: 844-200-2426</p> <p>License Number: A161105</p> <p>Accepting New Patients: YES</p> <p><input type="checkbox"/> Site English Spoken: yes</p> <p><input type="checkbox"/> Site Languages(s) Spoken: Spanish, Tagalog</p> <p>Cultural Competency: No</p>	<p>FAMILY HLTH CTR SD HILLCREST</p> <p>Provider ID: 417937</p> <p> 4094 4TH AVE SAN DIEGO, CA 92103-2143</p> <p> Phone: 619-515-2545</p> <p> After Hours Phone: 619-515-2545</p> <p>License Number: 20A12504</p> <p>Accepting New Patients: YES</p> <p><input type="checkbox"/> Site English Spoken: Yes</p> <p>Cultural Competency: No</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST</p> <p> Website: www.fhcsd.org</p>	<p>FAMILY HLTH CTR SD HILLCREST</p>

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

Provider ID: 417937

 4094 4TH AVE
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone:
619-515-2545

License Number: 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: 619-515-2400

 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

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: 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: 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: 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

<p>.org</p> <p>SAN DIEGO FAMILY CARE Provider ID: 482070</p> <p>7011 LINDA VISTA RD SAN DIEGO, CA 92111-6307</p> <p>Phone: 858-810-8700 After Hours Phone: 858-810-8700</p> <p>License Number: NP23847 Accepting New Patients: YES</p> <p>Site English Spoken: yes Site Languages(s) Spoken: Lithuanian, Vietnamese, Spanish, Chinese</p> <p>Cultural Competency: No American Sign Language (ASL): N</p> <p>Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: SAN DIEGO FAMILY CARE</p> <p>Website: www.sdfamilycare .org</p>	<p>Medical Group/IPA: SAN DIEGO FAMILY CARE</p> <p>Website: www.sdfamilycare .org</p> <p>SAN DIEGO FAMILY CARE Provider ID: 482070</p> <p>7011 LINDA VISTA RD SAN DIEGO, CA 92111-6307</p> <p>Phone: 858-810-8700 After Hours Phone: 858-810-8700</p> <p>License Number: G70886 Accepting New Patients: YES</p> <p>Site English Spoken: yes Site Languages(s) Spoken: Lithuanian, Vietnamese, Spanish, Chinese</p> <p>Cultural Competency: No American Sign Language (ASL): N</p> <p>Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: SAN DIEGO FAMILY CARE</p> <p>Website: www.sdfamilycare .org</p>	<p>American Sign Language (ASL): N</p> <p>Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: LINDA VISTA HEALTH CARE CTR</p> <p>Website: www.sdfamilycare .org</p> <p>LINDA VISTA HEALTH CARE CTR Provider ID: 206046</p> <p>6973 LINDA VISTA RD SAN DIEGO, CA 92111-6342</p> <p>Phone: 858-279-0925 After Hours Phone: 858-279-0925</p> <p>License Number: A144372 Accepting New Patients: YES</p> <p>Site English Spoken: Yes Site Languages(s) Spoken: Vietnamese, Spanish, Chinese, Lithuanian</p> <p>Cultural Competency: No American Sign Language (ASL): N</p> <p>Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: LINDA VISTA HEALTH CARE CTR</p> <p>Website: www.sdfamilycare .org</p>
<p>SAN DIEGO FAMILY CARE Provider ID: 482070</p> <p>7011 LINDA VISTA RD SAN DIEGO, CA 92111-6307</p> <p>Phone: 858-810-8700 After Hours Phone: 858-810-8700</p> <p>License Number: NP16433 Accepting New Patients: YES</p> <p>Site English Spoken: yes Site Languages(s) Spoken: Lithuanian, Vietnamese, Spanish, Chinese</p> <p>Cultural Competency: No American Sign Language (ASL): N</p> <p>Accessibility: CONTACT PROVIDER</p>	<p>LINDA VISTA HEALTH CARE CTR Provider ID: 206046</p> <p>6973 LINDA VISTA RD SAN DIEGO, CA 92111-6342</p> <p>Phone: 858-279-0925 After Hours Phone: 858-279-0925</p> <p>License Number: A119010 Accepting New Patients: YES</p> <p>Site English Spoken: Yes Site Languages(s) Spoken: Vietnamese, Spanish, Chinese, Lithuanian</p> <p>Cultural Competency: No</p>	<p>LINDA VISTA HEALTH CARE CTR Provider ID: 206046</p> <p>6973 LINDA VISTA RD SAN DIEGO, CA 92111-6342</p> <p>Phone: 858-279-0925 After Hours Phone: 858-279-0925</p> <p>License Number: C174985</p>

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken: Vietnamese, Spanish, Chinese, Lithuanian

Cultural Competency: No

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: LINDA VISTA HEALTH CARE CTR

Website: www.sdfamilycare.org

LINDA VISTA HEALTH CARE CTR

Provider ID: 206046

6973 LINDA VISTA RD
SAN DIEGO, CA 92111-6342

Phone: 858-279-0925

After Hours Phone: 858-279-0925

License Number: G41532

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken: Vietnamese, Spanish, Chinese, Lithuanian

Cultural Competency: No

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: LINDA VISTA HEALTH CARE CTR

Website: www.sdfamilycare.org

LINDA VISTA HEALTH CARE CTR

Provider ID: 206046

6973 LINDA VISTA RD
SAN DIEGO, CA 92111-6342

Phone: 858-279-0925

After Hours Phone: 858-279-0925

License Number: DPM4434

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken: Vietnamese, Spanish, Chinese, Lithuanian

Cultural Competency: No

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: LINDA VISTA HEALTH CARE CTR

Website: www.sdfamilycare.org

LINDA VISTA HEALTH CARE CTR

Provider ID: 206046

6973 LINDA VISTA RD
SAN DIEGO, CA 92111-6342

Phone: 858-810-8700

After Hours Phone: 858-810-8700

License Number: 20A12402

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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

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

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

LINDA VISTA HEALTH CARE CTR

Provider ID: 206046

 6973 LINDA VISTA RD

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

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

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

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

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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

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: 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: 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: 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: 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:

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

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

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

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

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

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

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):

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST</i></p> <p> <i>Website: www.fhcsd.org</i></p> <p>FAMILY HLTH CTR SD HILLCREST</p> <p><i>Provider ID: 417937</i></p> <p> 4094 4TH AVE SAN DIEGO, CA 92103-2143</p> <p> <i>Phone: 619-515-2545</i></p> <p> <i>After Hours Phone: 619-515-2545</i></p> <p><i>License Number: A180044</i></p> <p><i>Accepting New Patients: YES</i></p> <p> <i>Site English Spoken: Yes</i></p> <p><i>Cultural Competency: No</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST</i></p> <p> <i>Website: www.fhcsd.org</i></p> <p>FAMILY HLTH CTR SD HILLCREST</p> <p><i>Provider ID: 417937</i></p> <p> 4094 4TH AVE SAN DIEGO, CA 92103-2143</p> <p> <i>Phone: 619-515-2545</i></p> <p> <i>After Hours Phone: 619-515-2545</i></p> <p><i>License Number: A80153</i></p> <p><i>Accepting New Patients: YES</i></p> <p> <i>Site English Spoken: Yes</i></p> <p><i>Cultural Competency: No</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT</i></p>	<p><i>PROVIDER</i></p> <p><i>Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST</i></p> <p> <i>Website: www.fhcsd.org</i></p> <p>FAMILY HLTH CTR SD HILLCREST</p> <p><i>Provider ID: 417937</i></p> <p> 4094 4TH AVE SAN DIEGO, CA 92103-2143</p> <p> <i>Phone: 619-515-2545</i></p> <p> <i>After Hours Phone: 619-515-2545</i></p> <p><i>License Number: A80461</i></p> <p><i>Accepting New Patients: YES</i></p> <p> <i>Site English Spoken: Yes</i></p> <p><i>Cultural Competency: No</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST</i></p> <p> <i>Website: www.fhcsd.org</i></p> <p>FAMILY HLTH CTR SD HILLCREST</p> <p><i>Provider ID: 417937</i></p> <p> 4094 4TH AVE SAN DIEGO, CA 92103-2143</p> <p> <i>Phone: 619-515-2545</i></p> <p> <i>After Hours Phone: 619-515-2545</i></p> <p><i>License Number: C52451</i></p> <p><i>Accepting New Patients: YES</i></p> <p> <i>Site English Spoken: Yes</i></p> <p><i>Cultural Competency: No</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA: FAMILY</i></p>	<p><i>HLTH CTR SD HILLCREST</i></p> <p> <i>Website: www.fhcsd.org</i></p> <p>FAMILY HLTH CTR SD HILLCREST</p> <p><i>Provider ID: 417937</i></p> <p> 4094 4TH AVE SAN DIEGO, CA 92103-2143</p> <p> <i>Phone: 619-515-2545</i></p> <p> <i>After Hours Phone: 619-515-2545</i></p> <p><i>License Number: DC31024</i></p> <p><i>Accepting New Patients: YES</i></p> <p> <i>Site English Spoken: Yes</i></p> <p><i>Cultural Competency: No</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST</i></p> <p> <i>Website: www.fhcsd.org</i></p> <p>FAMILY HLTH CTR SD HILLCREST</p> <p><i>Provider ID: 417937</i></p> <p> 4094 4TH AVE SAN DIEGO, CA 92103-2143</p> <p> <i>Phone: 619-515-2545</i></p> <p> <i>After Hours Phone: 619-515-2545</i></p> <p><i>License Number: DC33150</i></p> <p><i>Accepting New Patients: YES</i></p> <p> <i>Site English Spoken: Yes</i></p> <p><i>Cultural Competency: No</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST</i></p> <p> <i>Website: www.fhcsd.org</i></p>
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D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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: 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

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

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: G16236

Accepting 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: 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

FAMILY HLTH CTR SD

HILLCREST

Provider ID: 417937

 4094 4TH AVE
SAN DIEGO, CA 92103-2143

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 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

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

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

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: C174771
Accepting New Patients: YES
 Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS
 Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831
 3514 30TH ST
SAN DIEGO, CA 92104-4120
 Phone: 619-515-2424
 After Hours Phone: 619-515-2424
License Number: NP95013978
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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

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

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

 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

 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: 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):
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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 *After Hours Phone:*
619-515-2424
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: NORTH
PARK FAMILY HEALTH
CENTERS
 *Website:* www.fhcsd.org

 *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

 *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
 *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
 *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: A51318
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

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831
 3514 30TH ST
SAN DIEGO, CA 92104-4120
 *Phone:* 619-515-2424

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831
 3514 30TH ST
SAN DIEGO, CA 92104-4120
 *Phone:* 619-515-2424

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 *After Hours Phone:*
619-515-2424
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

 *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

 *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

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):
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: 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

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):
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

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362
 3544 30TH ST
SAN DIEGO, CA 92104-4120
 *Phone:* 619-515-2424

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362
 3544 30TH ST
SAN DIEGO, CA 92104-4120
 *Phone:* 619-515-2424

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 After Hours Phone:
619-515-2424
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: NORTH
PARK FAMILY HEALTH
CENTERS
 Website: www.fhcsd.org

 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
Medical Group/IPA: NORTH
PARK FAMILY HEALTH
CENTERS
 Website: www.fhcsd.org

 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

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

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
Medical Group/IPA: NORTH
PARK FAMILY HEALTH
CENTERS
 Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362
 3544 30TH ST
SAN DIEGO, CA 92104-4120
 Phone: 619-515-2424
 After Hours Phone:
619-515-2424
License Number: A114181
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

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362
 3544 30TH ST
SAN DIEGO, CA 92104-4120
 Phone: 619-515-2424

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362
 3544 30TH ST
SAN DIEGO, CA 92104-4120
 Phone: 619-515-2424

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 After Hours Phone:
619-515-2424
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

 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
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: NORTH
PARK FAMILY HEALTH
CENTERS
 Website: www.fhcsd.org

 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
 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: 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: 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

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362
 3544 30TH ST
SAN DIEGO, CA 92104-4120
 Phone: 619-515-2424

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362
 3544 30TH ST
SAN DIEGO, CA 92104-4120
 Phone: 619-515-2424

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831
 3514 30TH ST
SAN DIEGO, CA 92104-4120
 Phone: 619-515-2424

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 *After Hours Phone:*
619-515-2424
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

 *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

 *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

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):
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):
N
 *Accessibility:* CONTACT
PROVIDER
Medical Group/IPA: NORTH
PARK FAMILY HEALTH
CENTERS
 *Website:* www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831
 3514 30TH ST
SAN DIEGO, CA 92104-4120
 *Phone:* 619-515-2424
 *After Hours Phone:*
619-515-2424
License Number: A116680
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

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831
 3514 30TH ST
SAN DIEGO, CA 92104-4120
 *Phone:* 619-515-2424

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 416831
 3514 30TH ST
SAN DIEGO, CA 92104-4120
 *Phone:* 619-515-2424

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 *After Hours Phone:*
619-515-2424
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: 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: 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

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

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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

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

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: 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
Accepting 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

FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 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

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: 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: 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: PT25155

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

Accepting New Patients: YES

 Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL):  N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST

 Website: www.fhcsd.org

FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone: 619-515-2545

License Number: PA23231

Accepting New Patients: YES

 Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HLTH CTR SD HILLCREST

 Website: www.fhcsd.org

FAMILY HLTH CTR SD HILLCREST

Provider ID: 417937

 4094 4TH AVE
SAN DIEGO, CA 92103-2143

 Phone: 619-515-2545

 After Hours Phone: 619-515-2545

License Number: PT12930

Accepting 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 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

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: PA58098

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

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

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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 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

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

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

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608

 Phone: 619-255-9155

Fax: 619-284-4731

 After Hours Phone:
619-255-9155

License Number: 20A6433

Accepting New Patients: YES

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: LA

Medical Group/IPA: LA

MAESTRA FAMILY CLINIC INC

 Website: www.lamaestra.org

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608

 Phone: 619-255-9155

 After Hours Phone:
619-255-9155

License Number: PA21625

Accepting New Patients: YES

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: LA

MAESTRA FAMILY CLINIC INC

 Website: www.lamaestra.org

FAMILY 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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: 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: 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: 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: 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: 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

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608

 Phone: 619-255-9155

 After Hours Phone:
619-255-9155

License Number: A111170

Accepting New Patients: YES

 Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: LA
MAESTRA FAMILY CLINIC INC

 Website: www.lamaestra.org

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268

 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608

 Phone: 619-255-9154

 After Hours Phone:

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

619-255-9154
License Number: A163693
Accepting New Patients: YES
 Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: LA
MAESTRA FAMILY CLINIC INC
 Website: www.lamaestra.org

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268
 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
 Phone: 619-255-9154
 After Hours Phone:
619-255-9154
License Number: 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

MID-CITY COMMUNITY CLINIC

Provider ID: 233532
 4305 UNIVERSITY AVE STE
150
SAN DIEGO, CA 92105-1690
 Phone: 619-280-2058
 After Hours Phone:

619-280-2058
License Number: NP95019446
Accepting New Patients: YES
 Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: MID-CITY
COMMUNITY CLINIC
 Website: www.sdfamilycare.org

MID-CITY COMMUNITY CLINIC

Provider ID: 233532
 4305 UNIVERSITY AVE STE
150
SAN DIEGO, CA 92105-1690
 Phone: 619-280-2058
 After Hours Phone:
619-280-2058
License Number: A72833
Accepting New Patients: YES
 Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: MID-CITY
COMMUNITY CLINIC
 Website: www.sdfamilycare.org

MID-CITY COMMUNITY CLINIC

Provider ID: 233532
 4305 UNIVERSITY AVE STE
150
SAN DIEGO, CA 92105-1690
 Phone: 619-280-2058
 After Hours Phone:

619-280-2058
License Number: A94449
Accepting New Patients: YES
 Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: MID-CITY
COMMUNITY CLINIC
 Website: www.sdfamilycare.org

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268
 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
 Phone: 619-255-9155
 After Hours Phone:
619-255-9155
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

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268
 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
 Phone: 619-255-9155
 After Hours Phone:

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

619-255-9155
License Number: G87837
Accepting New Patients: YES
 Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: LA
MAESTRA FAMILY CLINIC INC
 Website: www.lamaestra.org

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268
 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
 Phone: 619-255-9155
 After Hours Phone:
619-255-9155
License Number: NP95013257
Accepting New Patients: YES
 Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: LA
MAESTRA FAMILY CLINIC INC
 Website: www.lamaestra.org

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268
 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
 Phone: 619-255-9155
 After Hours Phone:

619-255-9155
License Number: PA13694
Accepting New Patients: YES
 Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: LA
MAESTRA FAMILY CLINIC INC
 Website: www.lamaestra.org

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268
 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
 Phone: 619-255-9155
 After Hours Phone:
619-255-9155
License Number: DC28966
Accepting New Patients: YES
 Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: LA
MAESTRA FAMILY CLINIC INC
 Website: www.lamaestra.org

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268
 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
 Phone: 619-255-9155
 After Hours Phone:

619-255-9155
License Number: C55979
Accepting New Patients: YES
 Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: LA
MAESTRA FAMILY CLINIC INC
 Website: www.lamaestra.org

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268
 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
 Phone: 619-255-9155
 After Hours Phone:
619-255-9155
License Number: A75533
Accepting New Patients: YES
 Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: LA
MAESTRA FAMILY CLINIC INC
 Website: www.lamaestra.org

LA MAESTRA FAMILY CLINIC INC

Provider ID: 185268
 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105-1608
 Phone: 619-255-9155
 After Hours Phone:

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

619-255-9155
License Number: A82639
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

619-280-2058
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

619-280-2058
License Number: A152267
Accepting New Patients: YES
 Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: MID-CITY
COMMUNITY CLINIC
 Website: www.sdfamilycare.org

MID-CITY COMMUNITY CLINIC

Provider ID: 233532
 4305 UNIVERSITY AVE STE
150
SAN DIEGO, CA 92105-1690
 Phone: 619-280-2058
 After Hours Phone:
619-280-2058
License Number: A61238
Accepting New Patients: YES
 Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: MID-CITY
COMMUNITY CLINIC
 Website: www.sdfamilycare.org

MID-CITY COMMUNITY CLINIC

Provider ID: 233532
 4305 UNIVERSITY AVE STE
150
SAN DIEGO, CA 92105-1690
 Phone: 619-280-2058
 After Hours Phone:
619-280-2058
License Number: A112176
Accepting New Patients: YES
 Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: MID-CITY
COMMUNITY CLINIC
 Website: www.sdfamilycare.org

MID-CITY COMMUNITY CLINIC

Provider ID: 233597
 4290 POLK AVE
SAN DIEGO, CA 92105-1524
 Phone: 619-563-0250
 After Hours Phone:
619-563-0250
License Number: G60630
Accepting New Patients: YES
 Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: MID-CITY
COMMUNITY CLINIC
 Website: www.sdfamilycare.org

MID-CITY COMMUNITY CLINIC

Provider ID: 233532
 4305 UNIVERSITY AVE STE
150
SAN DIEGO, CA 92105-1690
 Phone: 619-280-2058
 After Hours Phone:

MID-CITY COMMUNITY CLINIC

Provider ID: 233532
 4305 UNIVERSITY AVE STE
150
SAN DIEGO, CA 92105-1690
 Phone: 619-280-2058
 After Hours Phone:

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

Accepting New Patients: YES

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: 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

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):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: MID-CITY COMMUNITY CLINIC

Website: www.sdfamilycare.org

MID-CITY COMMUNITY CLINIC

Provider ID: 233597

4290 POLK AVE
SAN DIEGO, CA 92105-1524

Phone: 619-563-0250

After Hours Phone:
619-563-0250

License Number: A163512

Accepting New Patients: YES

Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL):

Accessibility: CONTACT PROVIDER

Medical Group/IPA: MID-CITY COMMUNITY CLINIC

Website: www.sdfamilycare.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362

3544 30TH ST
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:
619-515-2424

License Number: NP95006792

Accepting New Patients: YES

Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS

Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362

3544 30TH ST
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:
619-515-2424

License Number: PA17220

Accepting New Patients: YES

Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL):

Accessibility: CONTACT PROVIDER

Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS

Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362

3544 30TH ST
SAN DIEGO, CA 92104-4120

Phone: 619-515-2424

After Hours Phone:
619-515-2424

License Number: NP95002226

Accepting New Patients: YES

Site English Spoken: Yes
Cultural Competency: No

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

American Sign Language (ASL): N

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS

 Website: www.fhcsd.org

NORTH PARK FAMILY HEALTH CENTERS

Provider ID: 206362

 3544 30TH ST
SAN DIEGO, CA 92104-4120

 Phone: 619-515-2424

 After Hours Phone:
619-515-2424

License Number: G78814

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):

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: MID-CITY COMMUNITY CLINIC

 Website: www.sdfamilycare.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

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

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: NORTH PARK FAMILY HEALTH CENTERS

 Website: www.fhcsd.org

DOWNTOWN FAMILY CTR AT CONNECTIONS

Provider ID: 417782

 1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368

 Phone: 619-515-2430

Fax: 619-578-2410

 After Hours Phone:
619-515-2430

Accepting New Patients: YES

Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: DOWNTOWN FAMILY CTR AT CONNECTIONS

 Website: www.fhcsd.org

DOWNTOWN FAMILY CTR AT CONNECTIONS

Provider ID: 417782

 1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368

 Phone: 619-515-2430

Fax: 619-578-2410

 After Hours Phone:
619-515-2430

License Number: 550002251

Accepting New Patients: YES

Site English Spoken: Yes
Cultural Competency: No

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

American Sign Language (ASL): American Sign Language (ASL): American Sign Language (ASL):

N
 *Accessibility: CONTACT PROVIDER*

Medical Group/IPA:
DOWNTOWN FAMILY CTR AT CONNECTIONS

 *Website: www.fhcsd.org*

N
 *Accessibility: CONTACT PROVIDER*

Medical Group/IPA:
DOWNTOWN FAMILY CTR AT CONNECTIONS

 *Website: www.fhcsd.org*

N
 *Accessibility: CONTACT PROVIDER*

Medical Group/IPA: FAMILY HLTH CTR SAN DIEGOCITY COLLEGE

 *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): American Sign Language (ASL): American Sign Language (ASL):

N
 *Accessibility: CONTACT PROVIDER*

Medical Group/IPA:
DOWNTOWN FAMILY CTR AT CONNECTIONS

 *Website: www.fhcsd.org*

FAMILY HLTH CTR SAN DIEGOCITY COLLEGE

Provider ID: 417429

 *1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713*

 *Phone: 619-515-2525*

 *After Hours Phone:
619-515-2525*

License Number: A128091

Accepting New Patients: YES

 *Site English Spoken: Yes
Cultural Competency: No*

American Sign Language (ASL): American Sign Language (ASL): American Sign Language (ASL):

N
 *Accessibility: CONTACT PROVIDER*

Medical Group/IPA: FAMILY HLTH CTR SAN DIEGOCITY COLLEGE

 *Website: www.fhcsd.org*

FAMILY HLTH CTR SAN DIEGOCITY COLLEGE

Provider ID: 417429

 *1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713*

 *Phone: 619-515-2525*

 *After Hours Phone:
619-515-2525*

License Number: NP95010814

Accepting New Patients: YES

 *Site English Spoken: Yes
Cultural Competency: No*

American Sign Language (ASL): American Sign Language (ASL): American Sign Language (ASL):

N
 *Accessibility: CONTACT PROVIDER*

Medical Group/IPA: FAMILY HLTH CTR SAN DIEGOCITY COLLEGE

 *Website: www.fhcsd.org*

DOWNTOWN FAMILY CTR AT CONNECTIONS

Provider ID: 417782

 *1250 6TH AVE STE 100
SAN DIEGO, CA 92101-4368*

 *Phone: 619-515-2430*

 *After Hours Phone:
619-515-2430*

License Number: PA58826

Accepting New Patients: YES

 *Site English Spoken: Yes
Cultural Competency: No*

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*

FAMILY HLTH CTR SAN DIEGOCITY COLLEGE

Provider ID: 417429

 *1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713*

 *Phone: 619-515-2525*

 *After Hours Phone:
619-515-2525*

License Number: A76785

Accepting New Patients: YES

 *Site English Spoken: Yes
Cultural Competency: No*

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

American Sign Language (ASL): American Sign Language (ASL): *Cultural Competency: No*
N
 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: FAMILY HLTH CTR SAN DIEGOCITY COLLEGE
 *Website: www.fhcsd.org*

FAMILY HLTH CTR SAN DIEGOCITY COLLEGE

Provider ID: 417429
 1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
 *Phone: 619-515-2525*
 *After Hours Phone: 619-515-2525*

License Number: A163977
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: 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*
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: FAMILY HLTH CTR SAN DIEGOCITY COLLEGE
 *Website: www.fhcsd.org*

FAMILY HLTH CTR SAN DIEGOCITY COLLEGE

Provider ID: 417429
 1550 BROADWAY STE 2
SAN DIEGO, CA 92101-5713
 *Phone: 619-515-2525*
 *After Hours Phone: 619-515-2525*

License Number: PA22762
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: 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*

American Sign Language (ASL): 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: G29879
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: 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*

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

Cultural Competency: No

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

Medical Group/IPA: ST

VINCENT DE PAUL VILLAGE

FAMILY HEALTH CENTER

 *Website: N/A*

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*

Cultural Competency: No

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

Medical Group/IPA: ST

VINCENT DE PAUL VILLAGE

FAMILY HEALTH CENTER

 *Website: N/A*

ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583

 1501 IMPERIAL AVE
SAN DIEGO, CA 92101-7638

 *Phone: 619-233-8500*

 *After Hours Phone:*
619-233-8500

License Number: A82123

Accepting New Patients: YES

 *Site English Spoken: yes*

Cultural Competency: No

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

Medical Group/IPA: ST

VINCENT DE PAUL VILLAGE

FAMILY HEALTH CENTER

 *Website: N/A*

ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583

 1501 IMPERIAL AVE
SAN DIEGO, CA 92101-7638

 *Phone: 619-233-8500*

 *After Hours Phone:*
619-233-8500

License Number: G72486

Accepting New Patients: YES

 *Site English Spoken: yes*

Cultural Competency: No

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

Medical Group/IPA: ST

VINCENT DE PAUL VILLAGE

FAMILY HEALTH CENTER

 *Website: N/A*

ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583

 1501 IMPERIAL AVE
SAN DIEGO, CA 92101-7638

 *Phone: 619-233-8500*

 *After Hours Phone:*
619-233-8500

License Number: PA54617

Accepting New Patients: YES

 *Site English Spoken: yes*

Cultural Competency: No

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

Medical Group/IPA: ST

VINCENT DE PAUL VILLAGE

FAMILY HEALTH CENTER

 *Website: N/A*

ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583

 1501 IMPERIAL AVE
SAN DIEGO, CA 92101-7638

 *Phone: 619-233-8500*

 *After Hours Phone:*
619-233-8500

License Number: A67762

Accepting New Patients: YES

 *Site English Spoken: yes*

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*

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*

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

Cultural Competency: No

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

Medical Group/IPA: ST

VINCENT DE PAUL VILLAGE

FAMILY HEALTH CENTER

 *Website: N/A*

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*

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: 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: A109828

Accepting New Patients: YES

 *Site English Spoken: yes*

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*

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*

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

Cultural Competency: No
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER
 *Website: N/A*

ST VINCENT DE PAUL VILLAGE FAMILY HEALTH CENTER

Provider ID: 403583
 1501 IMPERIAL AVE
SAN DIEGO, CA 92101-7638
 *Phone: 619-233-8500*
 *After Hours Phone: 619-233-8500*
License Number: 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*

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*

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: 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*

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*

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:*

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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
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

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

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

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

SHERMAN HEIGHTS FAMILY HLTH CTRS INC

Provider ID: 356145

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 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

 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

 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

 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

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

SHERMAN HEIGHTS FAMILY HLTH CTRS INC

Provider ID: 356145

 2391 ISLAND AVE
SAN DIEGO, CA 92102-2941
 Phone: 619-515-2435
Fax: 619-515-2435
 After Hours Phone:
619-515-2435

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

SAN YSIDRO HEALTH 25TH ST FAMILY MEDICINE

Provider ID: 517403

SHERMAN HEIGHTS FAMILY HLTH CTRS INC

Provider ID: 356145

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 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

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: 619-428-4463
 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: 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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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: 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

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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: 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*

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*

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*
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*

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

NEIGHBORHOODS FAMILY
HLTH CTRS INC

 Website: www.fhcsd.org

NEIGHBORHOODS FAMILY
HLTH CTRS INC

 Website: www.fhcsd.org

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: 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: 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: PA58081

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

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: DIAMOND

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

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: DIAMOND

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

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

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: DIAMOND
NEIGHBORHOODS FAMILY
HLTH CTRS INC

 Website: www.fhcsd.org

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: 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

NEIGHBORHOODS FAMILY
HLTH CTRS INC

 Website: www.fhcsd.org

**DIAMOND NEIGHBORHOODS
FAMILY HLTH CTRS INC**

Provider ID: 206363

 4725 MARKET ST
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:
619-515-2560

License Number: A178499

Accepting New Patients: YES

Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: DIAMOND
NEIGHBORHOODS FAMILY
HLTH CTRS INC

 Website: www.fhcsd.org

**DIAMOND NEIGHBORHOODS
FAMILY HLTH CTRS INC**

Provider ID: 206363

 4725 MARKET ST
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:
619-515-2560

License Number: PA60864

Accepting New Patients: YES

Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: DIAMOND

**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

**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

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: DIAMOND

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

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

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: DIAMOND
NEIGHBORHOODS FAMILY
HLTH CTRS INC

 Website: www.fhcsd.org

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

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

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: DIAMOND

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

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: DIAMOND

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: DIAMOND
NEIGHBORHOODS FAMILY
HLTH CTRS INC

 Website: www.fhcsd.org

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

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: NP10146

Accepting New Patients: YES

Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: DIAMOND

**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

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: DIAMOND

**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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: DIAMOND
NEIGHBORHOODS FAMILY
HLTH CTRS INC

 Website: www.fhcsd.org

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: A120447

Accepting 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

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: A153414

Accepting 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: A112379

Accepting New Patients: YES

Site English Spoken: yes
Cultural Competency: No

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: SAN

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

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

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: DIAMOND

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

NEIGHBORHOODS FAMILY
HLTH CTRS INC

 Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2420

 After Hours Phone:
619-515-2420

License Number: A154298

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: 619-595-0258

 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

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

 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

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

 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

Medical Group/IPA: SAN
YSIDRO HEALTH 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

Medical Group/IPA: SAN
YSIDRO HEALTH CHC - OCEAN
VIEW

 Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHC - OCEAN VIEW

Provider ID: 227409

 3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113-1432

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: C54198

Accepting 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

Medical Group/IPA: SAN
YSIDRO HEALTH CHC - OCEAN
VIEW

 Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHC - OCEAN VIEW

Provider ID: 227409

 3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113-1432

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: DC33300

Accepting New Patients: YES

Site English Spoken: yes
Cultural Competency: No

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: SAN
YSIDRO HEALTH CHC - OCEAN
VIEW

 Website: www.ihpsocal.org

SAN YSIDRO HEALTH CHC - OCEAN VIEW

Provider ID: 227409

 3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113-1432

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: A157505

Accepting New Patients: YES

Site English Spoken: yes
Cultural Competency: No

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

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

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:
619-515-2560

License Number: 20A14772

Accepting New Patients: YES

Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

 Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2420

 After Hours Phone:
619-515-2420

License Number: A68463

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

Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

 Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:
619-515-2560

License Number: 20A14919

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

Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

 Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:
619-515-2560

License Number: A113448

Accepting New Patients: YES

Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

 Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:
619-515-2560

License Number: 20A13745

Accepting New Patients: YES

Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:
619-515-2560

License Number: 20A15471

Accepting New Patients: YES

Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:
619-515-2560

License Number: A108228

Accepting New Patients: YES

Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

 Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:
619-515-2560

License Number: A114181

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

Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

 Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:
619-515-2560

License Number: A118095

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

Medical Group/IPA: DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

 Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:
619-515-2560

License Number: A116680

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: A115598

Accepting New Patients: YES

Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:
619-515-2560

License Number: A119689

Accepting New Patients: YES

Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

Medical Group/IPA: DIAMOND
NEIGHBORHOODS FAMILY
HLTH CTRS INC

 Website: www.fhcsd.org

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 After Hours Phone:
619-515-2560

License Number: A140912

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

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

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: A137260

Accepting New Patients: YES

Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

DIAMOND NEIGHBORHOODS FAMILY HLTH CTRS INC

Provider ID: 206363

 4725 MARKET ST
SAN DIEGO, CA 92102-4715

 Phone: 619-515-2560

 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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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: 20A14919

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
Cultural Competency: No

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER

 Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:
619-515-2300

License Number: 20A17478

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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*
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: 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: 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: A136616

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*

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER

 Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:
619-515-2300

License Number: A146111

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: A114181

Accepting New Patients: YES

Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER

 Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:
619-515-2300

License Number: A118095

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: A121451

Accepting New Patients: YES

Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

Medical Group/IPA: 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

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
Cultural Competency: No

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER

 Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:
619-515-2300

License Number: PA61677

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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: 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: NP95011254

Accepting New Patients: YES

Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

Medical Group/IPA: 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
Cultural Competency: No

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER

 Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:
619-515-2300

License Number: NP2286

Accepting New Patients: YES

Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER

 Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:
619-515-2300

License Number: NP95001705

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: NP95015780

Accepting New Patients: YES

Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER

 Website: www.fhcsd.org

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113

 Phone: 619-515-2300

 After Hours Phone:
619-515-2300

License Number: NP95022452

Accepting New Patients: YES

Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

Medical Group/IPA: 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

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

Fax: 619-794-2696

 After Hours Phone:
619-515-2454

License Number: 550003556

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

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

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

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: FAMILY HEALTH CTR SAN DIEGO-OAK PARK

 Website: www.fhcsd.org

FAMILY HEALTH CTR SAN DIEGO-OAK PARK

Provider ID: 418142

 5160 FEDERAL BLVD
SAN DIEGO, CA 92105-5429

 Phone: 619-515-2454

 After Hours Phone:
619-515-2454

License Number: 20A12796

Accepting New Patients: YES

Site English Spoken: Yes

Cultural Competency: No

American Sign Language (ASL):

N

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: 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

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*
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):

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: 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*
 *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*

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):

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

N
 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: 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):

N
 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
 *Website: www.fhcsd.org*

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360
 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
 *Phone: 619-515-2300*
 *After Hours Phone: 619-515-2300*
License Number: PT30272
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: G78814
Accepting New Patients: YES
 *Site English Spoken: Yes*
Cultural Competency: No
American Sign Language (ASL):

N
 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
 *Website: www.fhcsd.org*

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360
 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
 *Phone: 619-515-2300*
 *After Hours Phone: 619-515-2300*
License Number: C174771
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):

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

N
 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
 *Website: www.fhcsd.org*

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360
 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
 *Phone: 619-515-2300*
 *After Hours Phone: 619-515-2300*
License Number: NM792
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: NP95000602
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: 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: NP11778
Accepting New Patients: YES
 *Site English Spoken: Yes*
Cultural Competency: No
American Sign Language (ASL):

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

N
 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: 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: A95577
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: A93385
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*
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):

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

N
 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: 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: A68463
Accepting New Patients: YES
 *Site English Spoken: Yes*
Cultural Competency: No
American Sign Language (ASL):

N
 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
 *Website: www.fhcsd.org*

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360
 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
 *Phone: 619-515-2300*
 *After Hours Phone: 619-515-2300*
License Number: A72005
Accepting New Patients: YES
 *Site English Spoken: Yes*
Cultural Competency: No
American Sign Language (ASL):

N
 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
 *Website: www.fhcsd.org*

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360
 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
 *Phone: 619-515-2300*
 *After Hours Phone: 619-515-2300*
License Number: A154298
Accepting New Patients: YES
 *Site English Spoken: Yes*
Cultural Competency: No
American Sign Language (ASL):

N
 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
 *Website: www.fhcsd.org*

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360
 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
 *Phone: 619-515-2300*
 *After Hours Phone: 619-515-2300*
License Number: A76785
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: A163978
Accepting New Patients: YES
 *Site English Spoken: Yes*
Cultural Competency: No
American Sign Language (ASL):

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

N
 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
 *Website: www.fhcsd.org*

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360
 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
 *Phone: 619-515-2300*
 *After Hours Phone: 619-515-2300*
License Number: A163183
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*

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
 *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: 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*

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):

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

N
 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
 *Website: www.fhcsd.org*

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360
 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
 *Phone: 619-515-2300*
 *After Hours Phone: 619-515-2300*
License Number: A178499
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: 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: A61687
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: A164859
Accepting New Patients: YES
 *Site English Spoken: Yes*
Cultural Competency: No
American Sign Language (ASL):

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

N
 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: LOGAN HEIGHTS FAMILY HEALTH CENTER
 *Website: www.fhcsd.org*

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360
 1809 NATIONAL AVE
SAN DIEGO, CA 92113-2113
 *Phone: 619-515-2300*
 *After Hours Phone: 619-515-2300*
License Number: A164889
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*
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*

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*
 *After Hours Phone: 619-429-3733*
License Number: A112781
Accepting New Patients: YES
 *Site English Spoken: Yes*
 *Site Languages(s) Spoken:*

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

Spanish
Cultural Competency: No
American Sign Language (ASL):
N
 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: 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: A165398
Accepting New Patients: 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.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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 Hours: M-TU
8:30AM-5:30PM
W 10:00AM-7:00PM
TH-F 8:30AM-5:30PM

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: Operation
Samahan

 Website: www.operationsamahan.org

OPERATION SAMAHAN - MIRA MESA

Provider ID: 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

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 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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

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

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

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

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):

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

N
 **Accessibility: CONTACT PROVIDER**
Medical Group/IPA: 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**

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**

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
F 8:00AM-5:00PM**
American Sign Language (ASL):

N
 **Accessibility: CONTACT PROVIDER**
Medical Group/IPA: Family Health Centers of San Diego
 **Website: www.fhcsd.org**
Email: fabianm@fhcsd.org

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

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

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

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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

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
Email:

aschmaltz@lamaestra.org

SAN DIEGO AMERICAN INDIAN HEALTH CENTER

Provider ID: 207382

2630 1ST AVE
SAN DIEGO, CA 92103

Phone: (619) 234-2158

Fax: (619) 234-0206

After Hours Phone: (619)
234-2158

License Number: 090000168

NPI: 1003902917

Accepting New Patients: 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

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
Email: avaldez@ibclinic.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

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: 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

LOGAN HEIGHTS FAMILY HEALTH CENTER

Provider ID: 206360

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 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

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>

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

Email: nancyl@fhcsd.org

KING CHAVEZ HEALTH CENTER

Provider ID: 451167

 950 S EUCLID AVE
SAN DIEGO, CA 92114

 Phone: (619) 662-4100

Fax: (619) 205-1952

 After Hours Phone: (619)
662-4100

NPI: 1538262092

Accepting New Patients: 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

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: 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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: 20A17306
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: 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
 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: 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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken: Spanish

Cultural Competency: No

American Sign Language (ASL): N

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: TRUECARE Website: www.ihpsocal.org

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

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

N

Accessibility: CONTACT PROVIDER

Medical Group/IPA: TRUECARE Website: www.ihpsocal.org

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

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

Website: www.ihpsocal.org

TRUECARE

Provider ID: 625875

1595 GRAND AVE STE 100
SAN MARCOS, CA
92069-2973

Phone: 760-736-6767

After Hours Phone:
760-736-6767

License Number: NM235844

Accepting New Patients: 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: 625875

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:

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

Spanish
Cultural Competency: No
American Sign Language (ASL): N
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
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
N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: TRUECARE
 Website: www.ihpsocal.org

TRUECARE

Provider ID: 625875
 1595 GRAND AVE STE 100
SAN MARCOS, CA
92069-2973
 Phone: 760-736-6767
 After Hours Phone:
760-736-6767
License Number: NP21368
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: NP95002545
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: NP95001653
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: NP95003903
Accepting New Patients: YES
 Site English Spoken: Yes
 Site Languages(s) Spoken:
Spanish
Cultural Competency: No
American Sign Language (ASL): N

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

<p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: TRUECARE  Website: www.ihpsocal.org</p> <p> Website: www.ihpsocal.org</p>	<p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: TRUECARE  Website: www.ihpsocal.org</p>	<p>PROVIDER</p> <p>Medical Group/IPA: TRUECARE  Website: www.ihpsocal.org</p>
<p>TRUECARE</p> <p>Provider ID: 625875</p> <p> 1595 GRAND AVE STE 100 SAN MARCOS, CA 92069-2973</p> <p> Phone: 760-736-6767</p> <p> After Hours Phone: 760-736-6767</p> <p>License Number: PA17101</p> <p>Accepting New Patients: YES</p> <p><input type="checkbox"/> Site English Spoken: Yes</p> <p><input type="checkbox"/> Site Languages(s) Spoken: Spanish</p> <p>Cultural Competency: No</p> <p>American Sign Language (ASL): N</p>	<p>TRUECARE</p> <p>Provider ID: 625875</p> <p> 1595 GRAND AVE STE 100 SAN MARCOS, CA 92069-2973</p> <p> Phone: 760-736-6767</p> <p> After Hours Phone: 760-736-6767</p> <p>License Number: PA21723</p> <p>Accepting New Patients: YES</p> <p><input type="checkbox"/> Site English Spoken: Yes</p> <p><input type="checkbox"/> Site Languages(s) Spoken: Spanish</p> <p>Cultural Competency: No</p> <p>American Sign Language (ASL): N</p>	<p>TRUECARE</p> <p>Provider ID: 625875</p> <p> 1595 GRAND AVE STE 100 SAN MARCOS, CA 92069-2973</p> <p> Phone: 760-736-6767</p> <p> After Hours Phone: 760-736-6767</p> <p>License Number: PA51867</p> <p>Accepting New Patients: YES</p> <p><input type="checkbox"/> Site English Spoken: Yes</p> <p><input type="checkbox"/> Site Languages(s) Spoken: Spanish</p> <p>Cultural Competency: No</p> <p>American Sign Language (ASL): N</p>
<p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: TRUECARE  Website: www.ihpsocal.org</p> <p> Website: www.ihpsocal.org</p>	<p> Accessibility: CONTACT PROVIDER</p> <p>Medical Group/IPA: TRUECARE  Website: www.ihpsocal.org</p>	<p>PROVIDER</p> <p>Medical Group/IPA: TRUECARE  Website: www.ihpsocal.org</p>
<p>TRUECARE</p> <p>Provider ID: 625875</p> <p> 1595 GRAND AVE STE 100 SAN MARCOS, CA 92069-2973</p> <p> Phone: 760-736-6767</p> <p> After Hours Phone: 760-736-6767</p> <p>License Number: PA19825</p> <p>Accepting New Patients: YES</p> <p><input type="checkbox"/> Site English Spoken: Yes</p> <p><input type="checkbox"/> Site Languages(s) Spoken: Spanish</p> <p>Cultural Competency: No</p> <p>American Sign Language (ASL): N</p>	<p>TRUECARE</p> <p>Provider ID: 625875</p> <p> 1595 GRAND AVE STE 100 SAN MARCOS, CA 92069-2973</p> <p> Phone: 760-736-6767</p> <p> After Hours Phone: 760-736-6767</p> <p>License Number: PA22667</p> <p>Accepting New Patients: YES</p> <p><input type="checkbox"/> Site English Spoken: Yes</p> <p><input type="checkbox"/> Site Languages(s) Spoken: Spanish</p> <p>Cultural Competency: No</p> <p>American Sign Language (ASL): N</p>	<p>TRUECARE</p> <p>Provider ID: 625875</p> <p> 1595 GRAND AVE STE 100 SAN MARCOS, CA 92069-2973</p> <p> Phone: 760-736-6767</p> <p>Fax: 760-736-8740</p> <p> After Hours Phone: 760-736-6767</p> <p>Accepting New Patients: YES</p> <p><input type="checkbox"/> Site English Spoken: Yes</p> <p><input type="checkbox"/> Site Languages(s) Spoken: Spanish</p> <p>Cultural Competency: No</p> <p>American Sign Language (ASL): N</p>
<p>N</p> <p> Accessibility: CONTACT PROVIDER</p>	<p> Accessibility: CONTACT PROVIDER</p>	<p> Accessibility: CONTACT PROVIDER</p>

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

Medical Group/IPA: TRUECARE  Website: www.ihpsocal.org
 Website: www.ihpsocal.org

TRUECARE

Provider ID: 625875
 1595 GRAND AVE STE 100
SAN MARCOS, CA
92069-2973
 Phone: 760-736-6767
Fax: 760-736-8740
 After Hours Phone:
760-736-6767
License Number: 80000167
Accepting New Patients: YES
 Site English Spoken: Yes
 Site Language(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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 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: 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

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: IHP of
Southern Cal-PHP

 Website: www.ihpsocal.org

TRUECARE

Provider ID: 206426

 150 VALPRED A RD
SAN MARCOS, CA 92069
 Phone: (760) 736-6767
Fax: (760) 736-8740
 After Hours Phone: (760)
736-6767
License Number: 080000167
NPI: 1598484255
Accepting New Patients: Y
Min/Max Age: 0\150
 Site English Spoken: Y
 Site Languages(s) Spoken:
Spanish
Cultural Competency: N

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 Hours: M-F
8:00AM-5:00PM
SA 8:00AM-5:00PM
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: IHP of
Southern Cal-PHP
 Website: www.ihpsocal.org

TRUECARE

Provider ID: 206426
 150 VALPRED A RD
SAN MARCOS, CA 92069
 Phone: (760) 736-6767
Fax: (760) 736-8740
 After Hours Phone: (760)
736-6767
License Number: 080000167
NPI: 1811617939
Accepting New Patients: 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 A RD
SAN MARCOS, CA 92069

 Phone: (760) 736-6767
Fax: (760) 736-8740
 After Hours Phone: (760)
736-6767
License Number: 080000167
NPI: 1245246917
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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

YSIDRO HLTH SAN DIEGO

PACE SENIOR HLTH SVS

 Website: *www.ihpsocal.org*

YSIDRO HLTH SAN DIEGO

PACE SENIOR HLTH SVS

 Website: *www.ihpsocal.org*

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: 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: A167529

Accepting New Patients: YES

Site English Spoken: Yes
Cultural Competency: No

*American Sign Language (ASL):
N*

 Accessibility: *CONTACT
PROVIDER*

Medical Group/IPA: SAN

**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

**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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

YSIDRO HLTH SAN DIEGO

PACE SENIOR HLTH SVS

 Website: *www.ihpsocal.org*

YSIDRO HLTH SAN DIEGO

PACE SENIOR HLTH SVS

 Website: *www.ihpsocal.org*

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: 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: 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: NP95001960

Accepting New Patients: YES

Site English Spoken: Yes
Cultural Competency: No

*American Sign Language (ASL):
N*

 Accessibility: CONTACT
PROVIDER

Medical Group/IPA: SAN

**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

**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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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: 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 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: 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

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: A111118

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

Accepting New Patients: YES

☐ Site English Spoken: Yes
Cultural Competency: No

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

Medical Group/IPA: SAN
YSIDRO HEALTH MATERNAL
AND CHILD HEALTH CTR

🌐 Website: www.ihpsocal.org

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

📍 4050 BEYER BLVD
SAN YSIDRO, CA
92173-2007

☎ Phone: 619-662-4100

🕒 After Hours Phone:
619-662-4100

License Number: A113914

Accepting 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

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

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: 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

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

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 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: 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 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 HLTH SAN DIEGO PACE SENIOR HLTH SVS

SAN YSIDRO HLTH SAN DIEGO PACE SENIOR HLTH SVS

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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):
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: 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: 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 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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
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
 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

**SAN YSIDRO HEALTH
MATERNAL AND CHILD
HEALTH CTR**
Provider ID: 227411

 4050 BEYER BLVD
SAN YSIDRO, CA
92173-2007
 Phone: 619-662-4100
 After Hours Phone:
619-662-4100
License Number: A157505
Accepting New Patients: YES
 Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: SAN
YSIDRO HEALTH MATERNAL

AND CHILD HEALTH CTR
 Website: www.ihpsocal.org

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411
 4050 BEYER BLVD
SAN YSIDRO, CA
92173-2007
 Phone: 619-662-4100
 After Hours Phone:
619-662-4100
License Number: A169577
Accepting New Patients: YES
 Site English Spoken: Yes
Cultural Competency: No
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: SAN
YSIDRO HEALTH MATERNAL
AND CHILD HEALTH CTR
 Website: www.ihpsocal.org

**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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR
 *Website: www.ihpsocal.org*

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

 4050 BEYER BLVD
SAN YSIDRO, CA
92173-2007

 *Phone: 619-662-4100*

 *After Hours Phone: 619-662-4100*

License Number: A178949

Accepting New Patients: YES

 *Site English Spoken: Yes Cultural Competency: No*

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

Medical Group/IPA: SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

 *Website: www.ihpsocal.org*

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR

Provider ID: 227411

 4050 BEYER BLVD
SAN YSIDRO, CA
92173-2007

 *Phone: 619-662-4100*

 *After Hours Phone: 619-662-4100*

License Number: A47906

Accepting 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: 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 SAN YSIDRO HEALTH CENTER

Provider ID: 206292

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 4004 BEYER BLVD SAN YSIDRO, CA 92173-2007  Phone: 619-662-4100  After Hours Phone: 619-662-4100 License Number: 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	<i>YSIDRO HEALTH SAN YSIDRO HEALTH CENTER</i>  Website: www.ihpsocal.org	<i>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</i>
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	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	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
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:	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	SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER Provider ID: 206292  4004 BEYER BLVD SAN YSIDRO, CA

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

**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

**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

**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

**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

**SAN YSIDRO HEALTH SAN
YSIDRO HEALTH CENTER**
Provider ID: 206292
 4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007
 Phone: 619-662-4100

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 After Hours Phone:
619-662-4100
License Number: 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: 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

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

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

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

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:

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

619-662-4100
License Number: 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

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

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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 <i>Site Languages(s) Spoken:</i> Spanish, Tagalog, Portuguese <i>Cultural Competency:</i> No <i>American Sign Language (ASL):</i> N  <i>Accessibility:</i> CONTACT PROVIDER <i>Medical Group/IPA:</i> SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER  <i>Website:</i> www.ihpsocal.org	SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER <i>Provider ID:</i> 206292  4004 BEYER BLVD SAN YSIDRO, CA 92173-2007  <i>Phone:</i> 619-662-4100  <i>After Hours Phone:</i> 619-662-4100 <i>License Number:</i> A131021 <i>Accepting New Patients:</i> YES  <i>Site English Spoken:</i> Yes  <i>Site Languages(s) Spoken:</i> Spanish, Tagalog, Portuguese <i>Cultural Competency:</i> No <i>American Sign Language (ASL):</i> N  <i>Accessibility:</i> CONTACT PROVIDER <i>Medical Group/IPA:</i> SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER  <i>Website:</i> www.ihpsocal.org	SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER <i>Provider ID:</i> 206292  4004 BEYER BLVD SAN YSIDRO, CA 92173-2007  <i>Phone:</i> 619-662-4100  <i>After Hours Phone:</i> 619-662-4100 <i>License Number:</i> A132982 <i>Accepting New Patients:</i> YES  <i>Site English Spoken:</i> Yes  <i>Site Languages(s) Spoken:</i> Spanish, Tagalog, Portuguese <i>Cultural Competency:</i> No <i>American Sign Language (ASL):</i> N  <i>Accessibility:</i> CONTACT PROVIDER <i>Medical Group/IPA:</i> SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER  <i>Website:</i> www.ihpsocal.org	HEALTH CENTER  <i>Website:</i> www.ihpsocal.org
SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER <i>Provider ID:</i> 206292  4004 BEYER BLVD SAN YSIDRO, CA 92173-2007  <i>Phone:</i> 619-662-4100  <i>After Hours Phone:</i> 619-662-4100 <i>License Number:</i> A131021 <i>Accepting New Patients:</i> YES  <i>Site English Spoken:</i> Yes  <i>Site Languages(s) Spoken:</i> Spanish, Tagalog, Portuguese <i>Cultural Competency:</i> No <i>American Sign Language (ASL):</i> N  <i>Accessibility:</i> CONTACT PROVIDER <i>Medical Group/IPA:</i> SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER  <i>Website:</i> www.ihpsocal.org	SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER <i>Provider ID:</i> 206292  4004 BEYER BLVD SAN YSIDRO, CA 92173-2007  <i>Phone:</i> 619-662-4100  <i>After Hours Phone:</i> 619-662-4100 <i>License Number:</i> A131952 <i>Accepting New Patients:</i> YES  <i>Site English Spoken:</i> Yes  <i>Site Languages(s) Spoken:</i> Spanish, Tagalog, Portuguese <i>Cultural Competency:</i> No <i>American Sign Language (ASL):</i> N  <i>Accessibility:</i> CONTACT PROVIDER <i>Medical Group/IPA:</i> SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER  <i>Website:</i> www.ihpsocal.org	SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER <i>Provider ID:</i> 206292  4004 BEYER BLVD SAN YSIDRO, CA 92173-2007  <i>Phone:</i> 619-662-4100  <i>After Hours Phone:</i> 619-662-4100 <i>License Number:</i> A145008 <i>Accepting New Patients:</i> YES  <i>Site English Spoken:</i> Yes  <i>Site Languages(s) Spoken:</i> Spanish, Tagalog,	SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER <i>Provider ID:</i> 206292  4004 BEYER BLVD SAN YSIDRO, CA 92173-2007  <i>Phone:</i> 619-662-4100  <i>After Hours Phone:</i> 619-662-4100 <i>License Number:</i> A138568 <i>Accepting New Patients:</i> YES  <i>Site English Spoken:</i> Yes  <i>Site Languages(s) Spoken:</i> Spanish, Tagalog, Portuguese <i>Cultural Competency:</i> No <i>American Sign Language (ASL):</i> N  <i>Accessibility:</i> CONTACT PROVIDER <i>Medical Group/IPA:</i> SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER  <i>Website:</i> www.ihpsocal.org

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

Portuguese
Cultural Competency: No
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
 Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

 Phone: 619-662-4100

 After Hours Phone:
619-662-4100

License Number: 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: 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: 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: A169694

Accepting New Patients: YES

 Site English Spoken: Yes
 Site Languages(s) Spoken:
Spanish, Tagalog,
Portuguese

Cultural Competency: No

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
 Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292
 4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007
 Phone: 619-662-4100
 After Hours Phone:
619-662-4100
License Number: 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
 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: 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: 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: G80107
Accepting New Patients: YES
 Site English Spoken: Yes
 Site Languages(s) Spoken:
Spanish, Tagalog,
Portuguese
Cultural Competency: No
American Sign Language (ASL):

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER</i></p> <p> <i>Website: www.ihpsocal.org</i></p>	<p> <i>After Hours Phone: 619-662-4100</i></p> <p><i>License Number: A55469</i></p> <p><i>Accepting New Patients: YES</i></p> <p> <i>Site English Spoken: Yes</i></p> <p> <i>Site Languages(s) Spoken: Spanish, Tagalog, Portuguese</i></p> <p><i>Cultural Competency: No</i></p> <p><i>American Sign Language (ASL): N</i></p>	<p>SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER</p> <p><i>Provider ID: 206292</i></p> <p> 4004 BEYER BLVD SAN YSIDRO, CA 92173-2007</p> <p> <i>Phone: 619-662-4100</i></p> <p> <i>After Hours Phone: 619-662-4100</i></p> <p><i>License Number: PA17162</i></p> <p><i>Accepting New Patients: YES</i></p> <p> <i>Site English Spoken: Yes</i></p> <p> <i>Site Languages(s) Spoken: Spanish, Tagalog, Portuguese</i></p> <p><i>Cultural Competency: No</i></p> <p><i>American Sign Language (ASL): N</i></p>
<p>SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER</p> <p><i>Provider ID: 206292</i></p> <p> 4004 BEYER BLVD SAN YSIDRO, CA 92173-2007</p> <p> <i>Phone: 619-662-4100</i></p> <p><i>Fax: 619-205-6341</i></p> <p> <i>After Hours Phone: 619-662-4100</i></p> <p><i>License Number: A164201</i></p> <p><i>Accepting New Patients: YES</i></p> <p> <i>Site English Spoken: Yes</i></p> <p> <i>Site Languages(s) Spoken: Spanish, Tagalog, Portuguese</i></p> <p><i>Cultural Competency: No</i></p> <p><i>American Sign Language (ASL): N</i></p>	<p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER</i></p> <p> <i>Website: www.ihpsocal.org</i></p>	<p>SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER</p> <p><i>Provider ID: 206292</i></p> <p> 4004 BEYER BLVD SAN YSIDRO, CA 92173-2007</p> <p> <i>Phone: 619-662-4100</i></p> <p> <i>After Hours Phone: 619-662-4100</i></p> <p><i>License Number: NP95003355</i></p> <p><i>Accepting New Patients: YES</i></p> <p> <i>Site English Spoken: Yes</i></p> <p> <i>Site Languages(s) Spoken: Spanish, Tagalog, Portuguese</i></p> <p><i>Cultural Competency: No</i></p> <p><i>American Sign Language (ASL): N</i></p>
<p>SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER</p> <p><i>Provider ID: 206292</i></p> <p> 4004 BEYER BLVD SAN YSIDRO, CA 92173-2007</p> <p> <i>Phone: 619-662-4100</i></p> <p><i>Fax: 619-205-6341</i></p>	<p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER</i></p> <p> <i>Website: www.ihpsocal.org</i></p>	<p>SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER</p> <p><i>Provider ID: 206292</i></p> <p> 4004 BEYER BLVD SAN YSIDRO, CA 92173-2007</p> <p> <i>Phone: 619-662-4100</i></p> <p> <i>After Hours Phone: 619-662-4100</i></p> <p><i>License Number: PA20490</i></p> <p><i>Accepting New Patients: YES</i></p> <p> <i>Site English Spoken: Yes</i></p> <p> <i>Site Languages(s) Spoken: Spanish, Tagalog, Portuguese</i></p> <p><i>Cultural Competency: No</i></p>

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

American Sign Language (ASL):  N

 Accessibility: CONTACT PROVIDER

Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

 Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

 Phone: 619-662-4100

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

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

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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 *Accessibility: CONTACT PROVIDER*
Medical Group/IPA: SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER
 *Website: www.ihpsocal.org*

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

 4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

 *Phone: 619-662-4100*

 *After Hours Phone: 619-662-4100*

License Number: 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: 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: 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*

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*

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*

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

Medical Group/IPA: SAN
YSIDRO HEALTH SAN YSIDRO
HEALTH CENTER
 Website: www.ihpsocal.org

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292
 4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007
 Phone: 619-662-4100
 After Hours Phone:
619-662-4100

License Number: 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

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: 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: 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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: 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: 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: 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 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: 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

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: 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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA
92173-2007

Phone: 619-662-4100

After Hours Phone:
619-662-4100

License Number: 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

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): Fax: (619) 205-6305

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.syhealth.org/locations>

SAN YSIDRO HEALTH SAN YSIDRO HEALTH CENTER

Provider ID: 206292

4004 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

8:00AM-5:00PM
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER
Medical Group/IPA: IHP of Southern Cal-PHP
Website: syhealth.org/clinics/maternal-child-health-center

SPRING VALLE

GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361
8788 JAMACHA RD
SPRING VALLE, CA
91977-4035
Phone: 619-515-2555
After Hours Phone: 619-515-2555
License Number: 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

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: 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

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

GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 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

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: 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: 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: 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: 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

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

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

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: A148014

Accepting New Patients: YES

 Site English Spoken: Yes

Cultural Competency: No

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

American Sign Language (ASL):  N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA:
GROSSMONT SPRING VALLEY
FAMILY HLTH CTRS INC
 Website: www.fhcsd.org

GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361
 8788 JAMACHA RD
SPRING VALLE, CA
91977-4035
 Phone: 619-515-2555
 After Hours Phone:
619-515-2555
License Number: A68463

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: 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

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

SPRING VALLEY

GROSSMONT SPRING VALLEY FAMILY HLTH CTRS INC

Provider ID: 206361
 8788 JAMACHA RD

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

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

 135 GRAPEVINE RD

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

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: 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

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

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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

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

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: 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

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

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: A80635

Accepting New Patients: YES

Site English Spoken: Yes

Site Languages(s) Spoken:
Spanish

Cultural Competency: No

American Sign Language (ASL):

N

Accessibility: CONTACT

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

PROVIDER
Medical Group/IPA: VISTA
COMMUNITY CLINIC
 Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR
VISTA, CA 92084-5218
 Phone: 760-631-5000
 After Hours Phone:
760-631-5000

License Number: 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: 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: 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

VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR
VISTA, CA 92084-5218
 Phone: 760-631-5000
 After Hours Phone:
760-631-5000

License Number: G86902

Accepting New Patients: 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:

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

Spanish
Cultural Competency: No
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER
Medical Group/IPA: 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

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: 760-414-3892
 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

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

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

VISTA COMMUNITY CLINIC

Provider ID: 206338
 1000 VALE TERRACE DR
VISTA, CA 92084-5218

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

 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

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.vistacommunityclinic.org

VISTA COMMUNITY CLINIC

Provider ID: 206338

 1000 VALE TERRACE DR
VISTA, CA 92084-5218
 Phone: 760-631-5000
 After Hours Phone:
760-631-5000
License Number: 20A13745
Accepting New Patients: YES
 Site English Spoken: Yes
 Site Languages(s) Spoken:
Spanish
Cultural Competency: No
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: VISTA
COMMUNITY CLINIC
 Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC

Provider ID: 206338
 1000 VALE TERRACE DR
VISTA, CA 92084-5218
 Phone: 760-631-5000
 After Hours Phone:
760-631-5000
License Number: 20A8949
Accepting New Patients: YES
 Site English Spoken: Yes
 Site Languages(s) Spoken:
Spanish
Cultural Competency: No
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: VISTA
COMMUNITY CLINIC
 Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC

Provider ID: 206338
 1000 VALE TERRACE DR
VISTA, CA 92084-5218
 Phone: 760-631-5000
 After Hours Phone:
760-631-5000
License Number: 20A7241
Accepting New Patients: YES
 Site English Spoken: Yes
 Site Languages(s) Spoken:
Spanish
Cultural Competency: No
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: VISTA
COMMUNITY CLINIC
 Website: www.vistacommunityclinic.org

VISTA COMMUNITY CLINIC

Provider ID: 206338
 1000 VALE TERRACE DR
VISTA, CA 92084-5218
 Phone: 760-631-5000
 After Hours Phone:
760-631-5000
License Number: A125026
Accepting New Patients: YES
 Site English Spoken: Yes
 Site Languages(s) Spoken:
Spanish
Cultural Competency: No
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Medical Group/IPA: VISTA
COMMUNITY CLINIC
 Website: www.vistacommunityclinic.org

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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: 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

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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 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: 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

D. Lista de proveedores de la red de Blue Shield Promise Medi-Cal

D1. Clínicas de salud con calificación federal

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

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

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

Email: credentialing@vcc.org

VCC DURIAN

Provider ID: 411518

 105 DURIAN ST STE A
VISTA, CA 92083

 Phone: (844) 308-5003

Fax: (760) 414-3892

 After Hours Phone: (844)
308-5003

License Number: 080000328

NPI: 1851300123

Accepting New Patients: 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

D2. Directorio de atención primaria

ALPINE

CERTIFIED NURSE PRACTITIONER

KAHL, NICHOLAS

Provider ID: 517802

Provider Gender: Male

License Number: NP95006360

NPI: 1821306598

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

 1620 ALPINE BLVD STE 110
ALPINE, CA 91901

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.mtnhealth.org

Medi-Cal Open Panel: 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

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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

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

D2. Directorio de atención primaria

PRACTITIONER

TODD, MIKAYLA

Provider ID: 517802

Provider Gender: Female

License Number: NP95005999

NPI: 1316478092

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 1620 ALPINE BLVD STE 110
ALPINE, CA 91901

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.mtnhealth.org

Medi-Cal Open Panel: 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

D2. Directorio de atención primaria

FAMILY PRACTICE

BAUTISTA, LUIS

Provider ID: 517802

Provider Gender: Male

License Number: A97270

NPI: 1295712206

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

COMMUNITY REGIONAL
MEDICAL CENTER-FRESNO,
ST AGNES MEDICAL CENTER

Board Certified Specialty: No

 1620 ALPINE BLVD STE 110
ALPINE, CA 91901

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.mtnhealth.org

Medi-Cal Open Panel: 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: 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

D2. Directorio de atención primaria

☎ 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

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

☎ 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

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

D2. Directorio de atención primaria

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: 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

PEDIATRICS

STENSMAN, LARS

Provider ID: 517802

Provider Gender: Male

D2. Directorio de atención primaria

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.or
g

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.or
g

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): Website: www.mtnhealth.or
g

Accessibility: CONTACT
PROVIDER

PHYSICIANS ASSISTANT

BAISLEY, SHAWN

Provider ID: 517802

Provider Gender: Male

License Number: PA52347

NPI: 1376936120

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

1620 ALPINE BLVD STE 110
ALPINE, CA 91901

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.mtnhealth.or
g

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
ALPINE, CA 91901

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

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.or
g

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

D2. Directorio de atención primaria

 1620 ALPINE BLVD STE 110
ALPINE, CA 91901
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100
 Website: www.mtnhealth.org
Medi-Cal Open Panel: 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

D2. Directorio de atención primaria

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

D2. Directorio de atención primaria

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

D2. Directorio de atención primaria

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

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 *Website: N/A*

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

*American Sign Language (ASL):
N*

 *Accessibility: CONTACT
PROVIDER*

D2. Directorio de atención primaria

Hours: M-F 8:00AM-5:00PM
SA 8:00AM-2:00PM

CHULA VISTA

ALLERGY IMMUNOLOGY

REDDY, SUMANA

Provider ID: 427322

Provider Gender: Female

License Number: C52581

NPI: 1053300251

Provider English Spoken: Y

Provider Language(s)
Spoken: Cambodian, Hindi,
Spanish, Telugu

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL

Board Certified Specialty: No

678 3RD AVE

CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org/clinics/chula-vista-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

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

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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

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

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

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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

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

D2. Directorio de atención primaria

Board Certified Specialty: No

 251 LANDIS AVE
CHULA VISTA, CA 91910
 Phone: (619) 515-2500
 After Hours Phone: (619)
515-2500
 Website: www.fhcsd.org

Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: 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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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

IBARRA, MARTHA

Provider ID: 427322

Provider Gender: Female

License Number: NP12112

NPI: 1114957289

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA

Board Certified Specialty: No

 678 3RD AVE
CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100
 Website: www.syhealth.org/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: 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-medical-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

 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

D2. Directorio de atención primaria

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

 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

CERTIFIED NURSE

PRACTITIONER

OWEN, MICHAEL

Provider ID: 206355
Provider Gender: Female
License Number: NP95001492
NPI: 1073869145

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
 251 LANDIS AVE
CHULA VISTA, CA 91910
 Phone: (619) 515-2500
 After Hours Phone: (619)
515-2500
 Website: www.fhcsd.org
Email:
MARTHAO@FHCS.D.ORG
Medi-Cal Open Panel: 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

 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

CERTIFIED NURSE

PRACTITIONER

QUILALANG, SUSAN

Provider ID: 427322
Provider Gender: Female
License Number: NP5579
NPI: 1841200482
 Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No

 678 3RD AVE
CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100
 Website: www.syhealth.org
/clinics/chula- vista- medic
al- plaza
Medi-Cal Open Panel: 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
 678 3RD AVE

D2. Directorio de atención primaria

CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org/clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: 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
 678 3RD AVE
CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org/clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: 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
 678 3RD AVE
CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org/clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: 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
 678 3RD AVE
CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org/clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Y
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER

SICKLES, MAGGIE

D2. Directorio de atención primaria

Provider ID: 427322

Provider Gender: Female

License Number: NP22000

NPI: 1821346826

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

 678 3RD AVE
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: 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

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 After Hours Phone: (619)
662-4100

 Website: 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
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

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
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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

CERTIFIED NURSE PRACTITIONER

WILLIAMS, TAKISHA

Provider ID: 206355

Provider Gender: Female

License Number: NP95013978

NPI: 1881727386

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 251 LANDIS AVE
CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619)
515-2500

 Website: www.fhcsd.org
Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):
N

D2. Directorio de atención primaria

 *Accessibility: CONTACT PROVIDER*

CERTIFIED NURSE PRACTITIONER

WILLIAMS, TAKISHA

Provider ID: 206355

Provider Gender: Female

License Number: NP95013978

NPI: 1881727386

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 251 LANDIS AVE
CHULA VISTA, CA 91910

 *Phone: (619) 515-2500*

 *After Hours Phone: (619) 515-2500*

 *Website: www.fhcsd.org*

Email:

MARTHAO@FHCSO.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

 *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*

CERTIFIED REGISTERED NURSE MIDWIFE

BOSTON, LAURA

Provider ID: 206355

Provider Gender: Female

License Number: NM792

NPI: 1174553259

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 251 LANDIS AVE
CHULA VISTA, CA 91910

 *Phone: (619) 515-2500*

 *After Hours Phone: (619) 515-2500*

 *Website: www.fhcsd.org*

Email:

MARTHAO@FHCSO.ORG

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

D2. Directorio de atención primaria

Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL CHULA
VISTA

Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: 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

 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

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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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

CHULA VISTA, CA 91910



Phone: (619) 662-4100



After Hours Phone: (619)
662-4100



Website: www.syhealth.org/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: 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

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100



Website: www.syhealth.org/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Hours: M-F 8:00AM-5:00PM

CHIROPRACTOR

D2. Directorio de atención primaria

PLANTE, CHARLES

Provider ID: 427322

Provider Gender: Male

License Number: DC31963

NPI: 1760464960

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: 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

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: 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

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

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 Website: 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

Medi-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

D2. Directorio de atención primaria

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)
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Website: 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

CRUZ, MICHAEL

Provider ID: 427322

Provider Gender: Male

License Number: A138772

NPI: 1265851133

Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP
MEMORIAL HOSPITAL

Board Certified Specialty: No

678 3RD AVE
CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: 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

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: 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

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

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Website: www.syhealth.org/clinics/chula-vista-medical-plaza

D2. Directorio de atención primaria

al- 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- 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

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
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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

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- 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 8:30AM-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
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

D2. Directorio de atención primaria

Hours: M-F 8:30AM-5:30PM
SA 8:00AM-2:30PM

FAMILY PRACTICE

ARCE GOMEZ, LAURA

Provider ID: 427322

Provider Gender: Female

License Number: A123604

NPI: 1053532986

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: CHULA

VISTA COMM HOSP

Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: 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

Medi-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

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

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

D2. Directorio de atención primaria

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
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 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](http://www.syhealth.org/clinics/chula-vista-medic-al-plaza)
/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

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 After Hours Phone: (619)
662-4100

 Website: [www.syhealth.org](http://www.syhealth.org/clinics/chula-vista-medic-al-plaza)
/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

D2. Directorio de atención primaria

Min/Max Age: 0\150

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

HUBLEY, PAUL

Provider ID: 206355

Provider Gender: Male

License Number: A73172

NPI: 1568496974

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 251 LANDIS AVE
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 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, KRYSTAL

Provider ID: 427322

Provider Gender: Female

License Number: A159831

NPI: 1922531250

 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 678 3RD AVE
CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100
 Website: www.syhealth.org
/clinics/chula- vista- medic
al- plaza

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Hours: M-F 8:00AM-5:00PM

FAMILY PRACTICE

JIMENEZ, KRYSTAL

Provider ID: 427322

Provider Gender: Female

License Number: A159831

NPI: 1922531250

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

 678 3RD AVE
CHULA VISTA, CA 91910
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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

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
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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

D2. Directorio de atención primaria

 Website: 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

LAW, KAREN

Provider ID: 427322

Provider Gender: Female

License Number: A138534

NPI: 1205253150

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: CHULA
VISTA COMM HOSP

Board Certified Specialty: No

 678 3RD AVE
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: 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
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662-4100

 Website: 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

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

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

D2. Directorio de atención primaria

FAMILY PRACTICE

MENON, POOJA

Provider ID: 427322

Provider Gender: Female

License Number: A123263

NPI: 1053600064

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: 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-medical-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-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

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-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

MOYA, MARY

Provider ID: 427322

Provider Gender: Female

License Number: A80185

NPI: 1093844417

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No

D2. Directorio de atención primaria

 678 3RD AVE
CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100
 Website: www.syhealth.org/clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: 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
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
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
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

D2. Directorio de atención primaria

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-medical-plaza

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

 Accessibility: CONTACT
PROVIDER

Hours: M-F 8:00AM-5:00PM

FAMILY PRACTICE

PALOMINO, MARY

Provider ID: 427322

Provider Gender: Female

License Number: A115699

NPI: 1770718975

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: 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-medical-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

D2. Directorio de atención primaria

Hospital Affiliation: SHARP
CORONADO HOSP AND
HEALTHCARE CTR

Board Certified Specialty: No

 678 3RD AVE
CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100
 Website: www.syhealth.org/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: 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

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
 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

PIEROS, JANELLE

Provider ID: 427322

Provider Gender: Female

License Number: 20A13225

NPI: 1386935914

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Faroese, Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No

 678 3RD AVE
CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100
 Website: www.syhealth.org/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: 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

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

D2. Directorio de atención primaria

American Sign Language (ASL): *Cultural Competency: N*
N

 *Accessibility: CONTACT PROVIDER*
Hours: M-F 8:00AM-5:00PM

FAMILY PRACTICE

PINA, RAQUEL

Provider ID: 206355
Provider Gender: Female
License Number: A177698
NPI: 1255893368

Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No

 251 LANDIS AVE
CHULA VISTA, CA 91910
 *Phone: (619) 515-2500*
 *After Hours Phone: (619) 515-2500*
 *Website: www.fhcsd.org*
Email:

MARTHAO@FHCSO.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

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*

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

D2. Directorio de atención primaria

CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org/clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: 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
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 MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, SHARP CHULA VISTA MED CTR, SCRIPPS MEMORIAL HOSPITAL
Board Certified Specialty: No
678 3RD AVE
CHULA VISTA, CA 91910
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org/clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: 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
Medi-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
Medi-Cal Open Panel: Y

D2. Directorio de atención primaria

Min/Max Age: 0\150

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

SHAHTAJI, ALAN

Provider ID: 427322

Provider Gender: Male

License Number: 20A11087

NPI: 1972751089

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON

Board Certified Specialty: No

 678 3RD AVE
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: 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-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-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-medical-plaza

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

D2. Directorio de atención primaria

FAMILY PRACTICE

TALAVERA, GREGORY

Provider ID: 427322

Provider Gender: Male

License Number: A40061

NPI: 1740337161

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: 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

Medi-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

Medi-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

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

D2. Directorio de atención primaria

Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL,
SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

 678 3RD AVE
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: 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

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

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

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

D2. Directorio de atención primaria

 Website: 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

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

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662-4100

 Website: 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

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

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

FQHC

D2. Directorio de atención primaria

CHULA VISTA FAMILY HLTH CTR,

Provider ID: 206355

NPI: 1346480837

 Provider English Spoken: Y
Cultural Competency: N

 251 LANDIS AVE
CHULA VISTA, CA 91910

 Phone: (619) 515-2500
Fax: (619) 397-1161

 After Hours Phone: (619)
515-2500

 Website: www.fhcsd.org
Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: 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

D2. Directorio de atención primaria

Medi-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-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
SA 8:00AM-4:00PM

FQHC

SAN YSIDRO HEALTH CHULA VISTA,

Provider ID: 427322
NPI: 1326486861
 Provider English Spoken: Y
Cultural Competency: N
 678 3RD AVE

CHULA VISTA, CA 91910
 Phone: (619) 662-4100
Fax: (619) 425-6941
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org/clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: 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-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

GENERAL DENTISTRY

PHAM, QUYNH

Provider ID: 427322
Provider Gender: Female
License Number: DDS102880
NPI: 1366917353
 Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
 678 3RD AVE
CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org/clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: 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

D2. Directorio de atención primaria

/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](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

HEMATOLOGY / ONCOLOGY

QUIROZ, ELISA

Provider ID: 427322

Provider Gender: Female

License Number: A162816

NPI: 1932558301

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Portuguese,
Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS
GREEN HOSPITAL, SCRIPPS
MERCY HOSPITAL, SCRIPPS
MERCY HOSPITAL CHULA
VISTA

Board Certified Specialty: No

 678 3RD AVE
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: [www.syhealth.org
/clinics/chula- vista- medic
al- plaza](http://www.syhealth.org/clinics/chula- vista- medic al- plaza)

Medi-Cal Open Panel: 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

 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

Hours: M-F 8:00AM-5:00PM

INTERNAL MEDICINE

CHEN, TSUH YIN

Provider ID: 427322

Provider Gender: Female

License Number: C55563

NPI: 1093803520

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Portuguese,
Spanish

Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Board Certified Specialty: No

 678 3RD AVE
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: [www.syhealth.org
/clinics/chula- vista- medic
al- plaza](http://www.syhealth.org/clinics/chula- vista- medic al- plaza)

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

D2. Directorio de atención primaria

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE

CHEN, TSUH YIN

Provider ID: 427322

Provider Gender: Female

License Number: C55563

NPI: 1093803520

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Portuguese,
Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN
DIEGO

Board Certified Specialty: No

 678 3RD AVE

CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: 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

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: 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

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: 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

Medi-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

D2. Directorio de atención primaria

NPI: 1467884098

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND
HEALTHCARE CTR, SANTA
BARBARA COTTAGE HOSP,
GOLETA VALLEY COTTAGE
HOSP

Board Certified Specialty: No

678 3RD AVE
CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: 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-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

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

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662-4100

Website: 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

UWEDJOJEVWE, LETICIA

Provider ID: 380242

Provider Gender: Female

NPI: 1891882221

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS
MERCY HOSPITAL CHULA
VISTA

Board Certified Specialty: No

340 4TH AVE STE 10
CHULA VISTA, CA 91910

Phone: (619) 934-2215

Fax: (619) 500-5955

After Hours Phone: (619)
934-2215

Website: N/A

Medi-Cal Open Panel: 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

D2. Directorio de atención primaria

VISTA

Board Certified Specialty: No

678 3RD AVE

CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: www.syhealth.org/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: 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-medical-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-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

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

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CHULA VISTA, CA 91910

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Website: 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

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

D2. Directorio de atención primaria

Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

ALIMONOS, LYSISTRATI

Provider ID: 206355

Provider Gender: Female

License Number: 20A14919

NPI: 1619397031

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

 251 LANDIS AVE
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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

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):

D2. Directorio de atención primaria

N

 *Accessibility: CONTACT PROVIDER*
Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

CARTER, KHALIL

Provider ID: 206355
Provider Gender: Male
License Number: A113001
NPI: 1225231582

 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Spanish*
Cultural Competency: N

Hospital Affiliation: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL, TRI CITY MEDICAL CTR
Board Certified Specialty: No

 251 LANDIS AVE
CHULA VISTA, CA 91910
 *Phone: (619) 515-2500*
 *After Hours Phone: (619) 515-2500*

 *Website: www.fhcsd.org*
Email:

MARTHAO@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*
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 *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

D2. Directorio de atención primaria

American Sign Language (ASL): Cultural Competency: N

N

 Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY

CHAKRABARTI, PRIYA

Provider ID: 206355

Provider Gender: Female

License Number: A163464

NPI: 1326531401

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

 251 LANDIS AVE
CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619) 515-2500

 Website: www.fhcsd.org

Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: 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

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 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

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 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

D2. Directorio de atención primaria

Board Certified Specialty: No

 251 LANDIS AVE
CHULA VISTA, CA 91910
 Phone: (619) 515-2500
 After Hours Phone: (619)
515-2500

 Website: www.fhcsd.org

Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: 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

D2. Directorio de atención primaria

Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, Sharp
Grossmont Hospital
Board Certified Specialty: No

251 LANDIS AVE
CHULA VISTA, CA 91910
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)
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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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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

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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

OBSTETRICS / GYNECOLOGY

LOEFFLER, ALLISON

Provider ID: 206355

Provider Gender: Female

License Number: A116680

NPI: 1700073962

Provider English Spoken: Y

D2. Directorio de atención primaria

 *Provider Language(s)*
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SCRIPPS MERCY HOSPITAL
CHULA VISTA

Board Certified Specialty: No

 251 LANDIS AVE
CHULA VISTA, CA 91910

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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*

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

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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*

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*

D2. Directorio de atención primaria

<p><i>PROVIDER</i></p> <p><u>OBSTETRICS / GYNECOLOGY</u></p> <p>MENDEZ, DIEGO</p> <p>Provider ID: 427322</p> <p>Provider Gender: Male</p> <p>License Number: A47906</p> <p>NPI: 1437181922</p> <p><input type="checkbox"/> Provider English Spoken: Y</p> <p><input type="checkbox"/> Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: MERCY GENERAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, BAKERSFIELD MEMORIAL HOSP, SHARP MEMORIAL HOSPITAL, SAN JOAQUIN COMM HOSP, SCRIPPS MERCY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, KERN MEDICAL CENTER</p> <p>Board Certified Specialty: No</p> <p><input type="checkbox"/> 678 3RD AVE CHULA VISTA, CA 91910</p> <p><input type="checkbox"/> Phone: (619) 662-4100</p> <p><input type="checkbox"/> After Hours Phone: (619) 662-4100</p> <p><input type="checkbox"/> Website: www.syhealth.org/clinics/chula-vista-medical-plaza</p> <p>Medi-Cal Open Panel: Y</p> <p>Min/Max Age: 0\150</p> <p>American Sign Language (ASL): N</p> <p><input type="checkbox"/> Accessibility: CONTACT PROVIDER</p> <p><u>OBSTETRICS / GYNECOLOGY</u></p>	<p>RODRIGUEZ JEREZ, ROBERTO</p> <p>Provider ID: 206355</p> <p>Provider Gender: Male</p> <p>License Number: A154298</p> <p>NPI: 1710316450</p> <p><input type="checkbox"/> Provider English Spoken: Y</p> <p><input type="checkbox"/> Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, GROSSMONT HOSPITAL</p> <p>Board Certified Specialty: No</p> <p><input type="checkbox"/> 251 LANDIS AVE CHULA VISTA, CA 91910</p> <p><input type="checkbox"/> Phone: (619) 515-2500</p> <p><input type="checkbox"/> After Hours Phone: (619) 515-2500</p> <p><input type="checkbox"/> Website: www.fhcsd.org</p> <p>Email: MARTHAO@FHCS.D.ORG</p> <p>Medi-Cal Open Panel: Y</p> <p>Min/Max Age: 0\150</p> <p>American Sign Language (ASL): N</p> <p><input type="checkbox"/> Accessibility: CONTACT PROVIDER</p> <p>Hours: M-F 8:30AM-5:30PM</p> <p><u>OBSTETRICS / GYNECOLOGY</u></p> <p>RODRIGUEZ JEREZ, ROBERTO</p> <p>Provider ID: 206355</p> <p>Provider Gender: Male</p> <p>License Number: A154298</p> <p>NPI: 1710316450</p> <p><input type="checkbox"/> Provider English Spoken: Y</p> <p><input type="checkbox"/> Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: N</p>	<p>Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, GROSSMONT HOSPITAL</p> <p>Board Certified Specialty: No</p> <p><input type="checkbox"/> 251 LANDIS AVE CHULA VISTA, CA 91910</p> <p><input type="checkbox"/> Phone: (619) 515-2500</p> <p><input type="checkbox"/> After Hours Phone: (619) 515-2500</p> <p><input type="checkbox"/> Website: www.fhcsd.org</p> <p>Email: MARTHAO@FHCS.D.ORG</p> <p>Medi-Cal Open Panel: Y</p> <p>Min/Max Age: 0\150</p> <p>American Sign Language (ASL): N</p> <p><input type="checkbox"/> Accessibility: CONTACT PROVIDER</p> <p>Hours: M-F 8:30AM-5:30PM</p> <p><u>OBSTETRICS / GYNECOLOGY</u></p> <p>SAPRA, SONIA</p> <p>Provider ID: 206355</p> <p>Provider Gender: Female</p> <p>License Number: A164859</p> <p>NPI: 1952751711</p> <p><input type="checkbox"/> Provider English Spoken: Y</p> <p><input type="checkbox"/> Provider Language(s) Spoken: Hindi</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: SCRIPPS MERCY HOSPITAL</p> <p>Board Certified Specialty: No</p> <p><input type="checkbox"/> 251 LANDIS AVE CHULA VISTA, CA 91910</p> <p><input type="checkbox"/> Phone: (619) 515-2500</p> <p><input type="checkbox"/> After Hours Phone: (619) 515-2500</p> <p><input type="checkbox"/> Website: www.fhcsd.org</p> <p>Email:</p>
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D2. Directorio de atención primaria

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: 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@FHCS.D.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

D2. Directorio de atención primaria

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, ABIADÉ**

Provider ID: 427322
Provider Gender: Male
License Number: A114893
NPI: 1750559589
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: PARADISE
VALLEY HOSPITAL, SHARP
CHULA VISTA MED CTR,
SCRIPPS MERCY HOSPITAL
CHULA VISTA, SCRIPPS MERCY
HOSPITAL
Board Certified Specialty: No

 678 3RD AVE
CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100
 Website: www.syhealth.org/clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: 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

 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

STABEN, REBECCA

Provider ID: 206355
Provider Gender: Female
License Number: 20A13958
NPI: 1932269198
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: Sharp
Grossmont Hospital
Board Certified Specialty: No

 251 LANDIS AVE
CHULA VISTA, CA 91910
 Phone: (619) 515-2500

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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

OBSTETRICS / GYNECOLOGY

TRUJILLO, JENNIFER

Provider ID: 427322
Provider Gender: Female
License Number: 20A8204
NPI: 1053407593
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL CHULA
VISTA, SHARP CHULA VISTA
MED CTR
Board Certified Specialty: No

 678 3RD AVE
CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100
 Website: www.syhealth.org/clinics/chula-vista-medical-plaza
Medi-Cal Open Panel: Y
Min/Max Age: 0\150
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER

D2. Directorio de atención primaria

OBSTETRICS / GYNECOLOGY

TRUJILLO, JENNIFER

Provider ID: 427322

Provider Gender: Female

License Number: 20A8204

NPI: 1053407593

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA
VISTA, SHARP CHULA VISTA
MED CTR

Board Certified Specialty: No

678 3RD AVE
CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: 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

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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

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

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CHULA VISTA, CA 91910

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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):

D2. Directorio de atención primaria

N

 **Accessibility: CONTACT PROVIDER**
Hours: M-F 8:00AM-5:00PM

OBSTETRICS / GYNECOLOGY

ZIEG, ALAN

Provider ID: 206355

Provider Gender: Male

License Number: G78814

NPI: 1699790634

 **Provider English Spoken: Y**
Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SHARP CORONADO HOSP
AND HEALTHCARE CTR,
SCRIPPS MERCY HOSPITAL
CHULA VISTA

Board Certified Specialty: No

 251 LANDIS AVE
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 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-medical-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-medical-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)

D2. Directorio de atención primaria

662-4100
 Website: 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

Medi-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

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
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: 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

D2. Directorio de atención primaria

HOSPITAL

Board Certified Specialty: No

678 3RD AVE

CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: www.syhealth.org/clinics/chula-vista-medic-al-plaza

Medi-Cal Open Panel: 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-medic-al-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)

D2. Directorio de atención primaria

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

D2. Directorio de atención primaria

 Website: 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

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

D2. Directorio de atención primaria

PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-0:00PM

PEDIATRICS

FRESNO, BLANCA

Provider ID: 102434

Provider Gender: Female

NPI: 1346258787

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: PARADISE
VALLEY HOSPITAL, SHARP

CHULA VISTA MED CTR

Board Certified Specialty: No

1741 EASTLAKE PKWY STE
107

CHULA VISTA, CA 91915

Phone: (619) 482-1700

Fax: (619) 475-4578

After Hours Phone: (619)
482-1700

Website: N/A

Medi-Cal Open Panel: 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

D2. Directorio de atención primaria

 *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):

N

 *Accessibility: CONTACT PROVIDER*

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):

N

 *Accessibility: CONTACT*

PROVIDER
Hours: M-F 8:00AM-5:00PM

PEDIATRICS

ISAIAS, AGNELA

Provider ID: 482034

Provider Gender: Female

License Number: A82912

NPI: 1790772572

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: GROSSMONT HOSPITAL, ALVARADO HOSPITAL LLC, SHARP CORONADO HOSP AND HEALTHCARE CTR

Board Certified Specialty: No

 *855 3RD AVE STE 2200 CHULA VISTA, CA 91911*

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: www.ihpsocal.org*

Medi-Cal Open Panel: 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

D2. Directorio de atención primaria

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

D2. Directorio de atención primaria

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: 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

MOSQUERA, DIANA

Provider ID: 371232

Provider Gender: Female

NPI: 1144238098

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Board Certified Specialty: No

 769 MEDICAL CENTER CT
STE 300

CHULA VISTA, CA 91911

 Phone: (619) 482-3090

Fax: (619) 482-7350

 After Hours Phone: (619)
482-3090

 Website: N/A

Medi-Cal Open Panel: 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

D2. Directorio de atención primaria

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-medical-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-medical-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@FHCSD.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

D2. Directorio de atención primaria

CHULA VISTA, CA 91910
Phone: (619) 515-2500
After Hours Phone: (619) 515-2500
Website: www.fhcsd.org
Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: 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
NPI: 1396812236

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-medical-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

Provider English Spoken: Y

Provider Language(s)

Spoken: Gujarati, Hindi, Urdu

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

678 3RD AVE
CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: www.syhealth.org/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: 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

D2. Directorio de atención primaria

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):
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

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):
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

D2. Directorio de atención primaria

American Sign Language (ASL): License Number: PA54404
N

 Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM

PHYSICIANS ASSISTANT **INDA, PRISCILLA**

Provider ID: 427322

Provider Gender: Female

License Number: PA54404

NPI: 1679008379

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Arabic, Russian,
Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA
VISTA

Board Certified Specialty: No

 678 3RD AVE
CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100
 Website: www.syhealth.org/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: 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
CHULA VISTA, CA 91910
 Phone: (619) 662-4100
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662-4100
 Website: www.syhealth.org/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: 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-medical-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

 678 3RD AVE
CHULA VISTA, CA 91910
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100
 Website: www.syhealth.org/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: 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

D2. Directorio de atención primaria

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*

PHYSICIANS ASSISTANT

QUICK, ELISABETH

Provider ID: 206355

Provider Gender: Female

License Number: PA21591

NPI: 1790055010

 *Provider English Spoken: Y*

 *Provider Language(s)
Spoken: Spanish*

Cultural Competency: N

Board Certified Specialty: No

 251 LANDIS AVE

CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619)
515-2500

 Website: www.fhcsd.org

Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: 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

Email: 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

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 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*

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](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

D2. Directorio de atención primaria

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

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

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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

REGISTERED NURSE LICENSED

VOCATIONAL NURSE

QUILALANG, SUSAN

Provider ID: 427322

Provider Gender: Female

License Number: NP5579

NPI: 1841200482

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

 678 3RD AVE
CHULA VISTA, CA 91910

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: 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-medical-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

D2. Directorio de atención primaria

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 PHYSICAL THERAPIST

AMAYA, RICARDO

Provider ID: 206355

Provider Gender: Male

License Number: PT37189

NPI: 1437445566

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

 251 LANDIS AVE

CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619)
515-2500

 Website: www.fhcsd.org
Email:

MARTHAO@FHCSD.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
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

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@FHCSD.ORG

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

REGISTERED PHYSICAL THERAPIST

D2. Directorio de atención primaria

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

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

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

Phone: (619) 515-2500

After Hours Phone: (619)
515-2500

D2. Directorio de atención primaria

 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

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

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 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

MIGNEA, DAVID

Provider ID: 206355

Provider Gender: Male

License Number: PT293536

NPI: 1043736879

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

 251 LANDIS AVE
CHULA VISTA, CA 91910

 Phone: (619) 515-2500

 After Hours Phone: (619) 515-2500

 Website: www.fhcsd.org

Email:

MARTHAO@FHCS.D.ORG

Medi-Cal Open Panel: 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

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

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

Email:

MARTHAO@FHCS.D.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,

D2. Directorio de atención primaria

SCRIPPS MERCY HOSPITAL,
SHARP MEMORIAL HOSPITAL,
SCRIPPS MEMORIAL
HOSPITAL, SCRIPPS
MEMORIAL HOSPITAL
ENCINITAS

Board Certified Specialty: No

678 3RD AVE

CHULA VISTA, CA 91910

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org/clinics/chula-vista-medical-plaza

Medi-Cal Open Panel: 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

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

Medi-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

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After Hours Phone: (619)
662-4100

Website: 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

D2. Directorio de atención primaria

 Website: 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
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
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

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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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

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
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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

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

D2. Directorio de atención primaria

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

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
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American Sign Language (ASL):

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GARCIA, JOHNNY

Provider ID: 418340
Provider Gender: Male
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NPI: 1932622156

 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
Hours: M-F 8:30AM-5:30PM

CERTIFIED NURSE

PRACTITIONER

HAMID, WAHIDA

Provider ID: 569910
Provider Gender: Female
License Number: NP95001707
NPI: 1164812293

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish

Cultural Competency: N
Board Certified Specialty: No

 875 EL CAJON BLVD
EL CAJON, CA 92020
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100

 Website: www.syhealth.org
Medi-Cal Open Panel: 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
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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

CERTIFIED NURSE

PRACTITIONER

HARPEL, SHERYL

Provider ID: 569910
Provider Gender: Female
License Number: NP95009329
NPI: 1780177147

 Provider English Spoken: Y

D2. Directorio de atención primaria

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

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

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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

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

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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

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

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

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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*

CERTIFIED NURSE

PRACTITIONER

JENSEN, ADRIENNE

Provider ID: 569910

Provider Gender: Female

License Number: NP95023148

NPI: 1184389934

D2. Directorio de atención primaria

 *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
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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

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

 *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

ODA, THAGHAR

Provider ID: 418340

Provider Gender: Female

D2. Directorio de atención primaria

License Number: NP95000205
NPI: 1063835692

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Amharic, Arabic

Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)
515-2498

 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

 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

ODA, THAGHAR

Provider ID: 418340

Provider Gender: Female

License Number: NP95000205

NPI: 1063835692

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Amharic, Arabic

Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)
515-2498

 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

 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

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

D2. Directorio de atención primaria

 *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

 *875 EL CAJON BLVD 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*

CERTIFIED NURSE

PRACTITIONER

SMITH, SHARON

Provider ID: 418340
Provider Gender: Female
License Number: NP15444
NPI: 1780603597

 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Spanish*
Cultural Competency: N

Board Certified Specialty: No

 *525 E MAIN ST EL CAJON, CA 92020*

 *Phone: (619) 515-2498*
 *After Hours Phone: (619) 515-2498*

 *Website: www.fhcsd.org*
Email: janellek@fhcsd.org

Medi-Cal Open Panel: 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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 *Phone: (619) 515-2498*
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Email: janellek@fhcsd.org

D2. Directorio de atención primaria

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

 525 E MAIN ST

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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

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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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

WILLIAMS, TAKISHA

Provider ID: 418340

Provider Gender: Female

License Number: NP95013978

NPI: 1881727386

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST
EL CAJON, CA 92020

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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

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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Email: 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

 525 E MAIN ST
EL CAJON, CA 92020

 Phone: (619) 515-2498

D2. Directorio de atención primaria

 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 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

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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

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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

SOSA, DAVID

Provider ID: 206354

Provider Gender: Male

License Number: DC33150

NPI: 1013308675

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

 1111 W CHASE AVE
EL CAJON, CA 92020

 Phone: (619) 515-2499

 After Hours Phone: (619) 515-2499

 Website: www.fhcsd.org
Email: 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

 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

D2. Directorio de atención primaria

 *Accessibility: CONTACT PROVIDER*

CHIROPRACTOR

UY, ASHLEY

Provider ID: 418340

Provider Gender: Female

License Number: DC33869

NPI: 1174059760

 *Provider English Spoken: Y*

 *Provider Language(s)
Spoken: Chinese*

Cultural Competency: N

Board Certified Specialty: No

 *525 E MAIN ST*

EL CAJON, CA 92020

 *Phone: (619) 515-2498*

 *After Hours Phone: (619)
515-2498*

 *Website: www.fhcsd.org*

Email: janellek@fhcsd.org

Medi-Cal Open Panel: 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

 *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*

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

 *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

D2. Directorio de atención primaria

 *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

 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

BRUHN, JOSHUA

Provider ID: 418340
Provider Gender: Male
License Number: A186694
NPI: 1447888284

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST
EL CAJON, CA 92020

 *Phone: (619) 515-2498*

 *After Hours Phone: (619) 515-2498*

 *Website: www.fhcsd.org*
Email: janellek@fhcsd.org

Medi-Cal Open Panel: 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

 525 E MAIN ST
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 *Phone: (619) 515-2498*

 *After Hours Phone: (619) 515-2498*

 *Website: www.fhcsd.org*
Email: janellek@fhcsd.org

Medi-Cal Open Panel: 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

D2. Directorio de atención primaria

FAMILY PRACTICE

CORMAN, DANIEL

Provider ID: 418340

Provider Gender: Male

License Number: 20A13060

NPI: 1629339593

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST

EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)
515-2498

 Website: www.fhcsd.org

Email: janellek@fhcsd.org

Medi-Cal Open Panel: 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

 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

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

 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

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

D2. Directorio de atención primaria

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

 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

GORDON, CHRISTOPHER

Provider ID: 418340

Provider Gender: Male

License Number: A83390

NPI: 1477711521

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 525 E MAIN ST
EL CAJON, CA 92020

 Phone: (619) 515-2498

 After Hours Phone: (619)
515-2498

 Website: www.fhcsd.org

Email: janellek@fhcsd.org

Medi-Cal Open Panel: 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

 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

HASTANAN, CAROL

Provider ID: 206354

Provider Gender: Female

License Number: A110192

NPI: 1861648461

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 1111 W CHASE AVE
EL CAJON, CA 92020

 Phone: (619) 515-2499

 After Hours Phone: (619)
515-2499

 Website: www.fhcsd.org

Email: jaquelininc@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

HASTANAN, CAROL

Provider ID: 206354

Provider Gender: Female

License Number: A110192

NPI: 1861648461

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 1111 W CHASE AVE
EL CAJON, CA 92020

 Phone: (619) 515-2499

 After Hours Phone: (619)
515-2499

 Website: www.fhcsd.org

Email: jaquelininc@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

D2. Directorio de atención primaria

 *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: jaquelin@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: jaquelin@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*

D2. Directorio de atención primaria

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

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

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
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

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

D2. Directorio de atención primaria

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:
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

D2. Directorio de atención primaria

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: jaquelininc@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

FQHC

CHASE AVENUE FAMILY

HEALTH CTRS INC,

Provider ID: 206354

NPI: 1104861681

 Provider English Spoken: Y
Cultural Competency: N

 1111 W CHASE AVE
EL CAJON, CA 92020

 Phone: (619) 515-2499

Fax: (619) 593-7164

 After Hours Phone: (619)
515-2499

 Website: www.fhcsd.org
Email: jaquelininc@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

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

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

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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

FQHC

LA MAESTRA CHC EL CAJON

BROADWAY,

Provider ID: 418501

NPI: 1134590086

 Provider English Spoken: Y
Cultural Competency: N

 1032 BROADWAY

D2. Directorio de atención primaria

EL CAJON, CA 92021
☎ Phone: (619) 795-5991
Fax: (619) 795-5992
📞 After Hours Phone: (619) 795-5991
🌐 Website: www.lamaestra.org
Medi-Cal Open Panel: 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
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
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-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
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-TU 8:00AM-5:00PM
TH-F 8:00AM-5:00PM

FQHC

SAN YSIDRO HEALTH EL CAJON,

Provider ID: 569910
NPI: 1568845741
☎ Provider English Spoken: Y
Cultural Competency: N
📍 875 EL CAJON BLVD
EL CAJON, CA 92020
☎ Phone: (619) 662-4100
Fax: (619) 785-3356
📞 After Hours Phone: (619) 662-4100
🌐 Website: www.syhealth.org
Medi-Cal Open Panel: 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

D2. Directorio de atención primaria

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): Provider ID: 185267

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

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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:

iselaocha@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

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 Phone: (619) 401-0404

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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

AWDISHO, ALAN

D2. Directorio de atención primaria

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

D2. Directorio de atención primaria

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):

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

Cultural Competency: N
Hospital Affiliation: ST AGNES
MEDICAL CENTER, CITY OF
HOPE NATIONAL MED CTR,
JOHN F KENNEDY MEMORIAL
HOSP, SUTTER MEDICAL
CENTER SACRAMENTO,
PIONEERS MEMORIAL
HOSPITAL, SCRIPPS MERCY
HOSPITAL, SCRIPPS MERCY
HOSPITAL CHULA VISTA,
SCRIPPS MERCY HOSPITAL
CHULA VISTA

Board Certified Specialty: No

 1032 BROADWAY
EL CAJON, CA 92021

 Phone: (619) 795-5991

 After Hours Phone: (619)
795-5991

 Website: www.lamaestra.org

Medi-Cal Open Panel: 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

D2. Directorio de atención primaria

HOPE NATIONAL MED CTR,
JOHN F KENNEDY MEMORIAL
HOSP, SUTTER MEDICAL
CENTER SACRAMENTO,
PIONEERS MEMORIAL
HOSPITAL, SCRIPPS MERCY
HOSPITAL, SCRIPPS MERCY
HOSPITAL CHULA VISTA,
SCRIPPS MERCY HOSPITAL
CHULA VISTA

Board Certified Specialty: No

1032 BROADWAY
EL CAJON, CA 92021
Phone: (619) 795-5991
After Hours Phone: (619)
795-5991
Website: www.lamaestra.org

Medi-Cal Open Panel: 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

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

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

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

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

INTERNAL MEDICINE

MICHAEL, RAMI

D2. Directorio de atención primaria

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

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

D2. Directorio de atención primaria

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

D2. Directorio de atención primaria

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: 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, 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

D2. Directorio de atención primaria

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, 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)

D2. Directorio de atención primaria

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

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
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

INTERNAL MEDICINE

TCHAKMAKJIAN, LEVON

Provider ID: 569910
Provider Gender: Male
License Number: C144411
NPI: 1790744795

Provider English Spoken: Y
Provider Language(s) Spoken: Armenian, Hebrew
Cultural Competency: N
Hospital Affiliation: NORTH BAY VACAVALLEY HOSPITAL
Board Certified Specialty: No
875 EL CAJON BLVD
EL CAJON, CA 92020
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org
Medi-Cal Open Panel: 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
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
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

D2. Directorio de atención primaria

 *Provider Language(s)*
*Spoken: Arabic, Chinese,
Mandarin, Persian, Tagalog*

Cultural Competency: N

*Hospital Affiliation: RIVERSIDE
COMMUNITY HOSP*

Board Certified Specialty: No

 133 W MAIN ST STE 100
EL CAJON, CA 92020

 *Phone: (619) 401-0404*

 *After Hours Phone: (619)
401-0404*

 *Website: N/A*

Email:

iselaocha@borregohealth.org

Medi-Cal Open Panel: 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

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*

D2. Directorio de atención primaria

 *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

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*

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

BUECHNER, CHARLENE

Provider ID: 418340

Provider Gender: Female

License Number: A68463

NPI: 1376663831

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SHARP MARY

BIRCH HOSP FOR WOMEN

AND NEWBORNS

Board Certified Specialty: No

 *525 E MAIN ST*

EL CAJON, CA 92020

 *Phone: (619) 515-2498*

 *After Hours Phone: (619) 515-2498*

 *Website: www.fhcsd.org*

Email: janellek@fhcsd.org

D2. Directorio de atención primaria

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): License Number: A113241

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:

iselaocha@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:

iselaocha@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

D2. Directorio de atención primaria

PROVIDER
Hours: M-F 8:30AM-5:30PM
SA 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

CARTER, KHALIL

Provider ID: 418340
Provider Gender: Male
License Number: A113001
NPI: 1225231582

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL,
GROSSMONT HOSPITAL, TRI
CITY MEDICAL CTR

Board Certified Specialty: No

 525 E MAIN ST
EL CAJON, CA 92020
 Phone: (619) 515-2498
 After Hours Phone: (619)
515-2498
 Website: www.fhcsd.org
Email: janellek@fhcsd.org

Medi-Cal Open Panel: 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
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

CERVANTES, SANDRA

Provider ID: 418340
Provider Gender: Female
License Number: A118095
NPI: 1073701041

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish

Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, SHARP
CORONADO HOSP AND
HEALTHCARE CTR,
GROSSMONT HOSPITAL

Board Certified Specialty: No

 525 E MAIN ST
EL CAJON, CA 92020
 Phone: (619) 515-2498
 After Hours Phone: (619)
515-2498

 Website: www.fhcsd.org
Email: janellek@fhcsd.org
Medi-Cal Open Panel: 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

D2. Directorio de atención primaria

 *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)*

D2. Directorio de atención primaria

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

HANLEY, LAUREN

Provider ID: 418340
Provider Gender: Female
License Number: C174771
NPI: 1053392035
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, Sharp
Grossmont Hospital
Board Certified Specialty: No
 525 E MAIN ST
EL CAJON, CA 92020
 Phone: (619) 515-2498
 After Hours Phone: (619)
515-2498
 Website: www.fhcsd.org
Email: janellek@fhcsd.org
Medi-Cal Open Panel: 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
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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

HO, MYLIEN

Provider ID: 478971
Provider Gender: Female
License Number: A48215
NPI: 1851464606
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Vietnamese
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL
Board Certified Specialty: No
 133 W MAIN ST STE 100

EL CAJON, CA 92020
 Phone: (619) 873-8940
 After Hours Phone: (619)
873-8940
 Website: N/A
Email:
iselaocha@borregohealth.org
Medi-Cal Open Panel: 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
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 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

D2. Directorio de atención primaria

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

g

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

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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: 418340

Provider Gender: Female

License Number: A72005

NPI: 1649208711

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND
HEALTHCARE CTR, SCRIPPS
MERCY HOSPITAL,
GROSSMONT HOSPITAL

Board Certified Specialty: No

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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)

D2. Directorio de atención primaria

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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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

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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

MELENDEZ BERRIOS, IARA

DEL

Provider ID: 418340

Provider Gender: Female

License Number: A114181

NPI: 1740514249

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,
GROSSMONT HOSPITAL

Board Certified Specialty: No

 525 E MAIN ST

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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

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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

MENDEZ, DIEGO

Provider ID: 569910

Provider Gender: Male

License Number: A47906

D2. Directorio de atención primaria

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

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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

Hours: M-F 8:00AM-5:00PM

OBSTETRICS / GYNECOLOGY

PAPA, RHETT

Provider ID: 478971

Provider Gender: Male

License Number: 20A11733

NPI: 1063642312

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL

Board Certified Specialty: No

 133 W MAIN ST STE 100

EL CAJON, CA 92020

 Phone: (619) 873-8940

 After Hours Phone: (619)
873-8940

 Website: N/A

Email:

iselaocha@borregohealth.org

Medi-Cal Open Panel: 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)
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 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

OBSTETRICS / GYNECOLOGY

D2. Directorio de atención primaria

RODRIGUEZ JEREZ, ROBERTO

Provider ID: 418340

Provider Gender: Male

License Number: A154298

NPI: 1710316450

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

CORONADO HOSP AND

HEALTHCARE CTR,

GROSSMONT HOSPITAL

Board Certified Specialty: No

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

EL CAJON, CA 92020

Phone: (619) 515-2498

After Hours Phone: (619)
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Website: www.fhcsd.org

Email: janellek@fhcsd.org

Medi-Cal Open Panel: 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

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

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

D2. Directorio de atención primaria

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

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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

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

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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

ZIEG, ALAN

Provider ID: 418340

Provider Gender: Male

License Number: G78814

NPI: 1699790634

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,

D2. Directorio de atención primaria

SCRIPPS MERCY HOSPITAL,
SHARP CORONADO HOSP
AND HEALTHCARE CTR,
SCRIPPS MERCY HOSPITAL
CHULA VISTA

Board Certified Specialty: No

525 E MAIN ST

EL CAJON, CA 92020

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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

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

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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

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

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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

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

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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

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

D2. Directorio de atención primaria

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

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

D2. Directorio de atención primaria

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

PAPASTERGIU, GEORGIOS

Provider ID: 569910
Provider Gender: Male
License Number: A127706
NPI: 1790054393
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Arabic, Farsi, French, Greek, Italian, Spanish
Cultural Competency: N
Hospital Affiliation: EL CENTRO REGIONAL MEDICAL CENTER, SCRIPPS MEMORIAL HOSPITAL, SHARP MEMORIAL HOSPITAL
Board Certified Specialty: No
 875 EL CAJON BLVD
EL CAJON, CA 92020
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org
Medi-Cal Open Panel: 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
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
 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

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

D2. Directorio de atención primaria

 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

SKAF, AYHAM

Provider ID: 569910

Provider Gender: Male

License Number: A120584

NPI: 1285888628

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Arabic, Spanish

Cultural Competency: N

Hospital Affiliation: EL CENTRO REGIONAL MEDICAL CENTER, SHARP MEMORIAL HOSPITAL, SCRIPPS MEMORIAL

HOSPITAL

Board Certified Specialty: No

 875 EL CAJON BLVD
EL CAJON, CA 92020

 Phone: (619) 662-4100

 After Hours Phone: (619) 662-4100

 Website: www.syhealth.org
Medi-Cal Open Panel: 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

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: 185267

Provider Gender: Female

License Number: A81682

NPI: 1992847263

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Arabic, Spanish

Cultural Competency: N

Board Certified Specialty: No

 165 S 1ST ST
EL CAJON, CA 92019

 Phone: (619) 280-4213

 After Hours Phone: (619) 280-4213

 Website: www.lamaestra.org

g

Email:

aschmaltz@lamaestra.org

Medi-Cal Open Panel: 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

Email:

aschmaltz@lamaestra.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

D2. Directorio de atención primaria

PEDIATRICS

CONE, STEPHANIE

Provider ID: 185267

Provider Gender: Female

License Number: A123929

NPI: 1437444858

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA, RADY CHILDRENS

HOSPITAL SAN DIEGO

Board Certified Specialty: No

165 S 1ST ST
EL CAJON, CA 92019

Phone: (619) 312-0347

After Hours Phone: (619)
312-0347

Website: www.lamaestra.org

Email:

aschmaltz@lamaestra.org

Medi-Cal Open Panel: 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

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

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

D2. Directorio de atención primaria

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:
iselaocchoa@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):
N
 Accessibility: CONTACT
PROVIDER
Hours: M-F 8:30AM-5:30PM

PEDIATRICS

HOANG, VY

Provider ID: 546310
Provider Gender: Female
NPI: 1649575135
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation:

GROSSMONT HOSPITAL,
SHARP MARY BIRCH HOSP
FOR WOMEN AND
NEWBORNS, RADY
CHILDRENS HOSPITAL SAN
DIEGO
Board Certified Specialty: No
 844 JACKMAN ST
EL CAJON, CA 92020
 Phone: (619) 442-2560
Fax: (619) 442-7836
 After Hours Phone: (619)
442-2560
 Website: N/A
Medi-Cal Open Panel: 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

D2. Directorio de atención primaria

American Sign Language (ASL): License Number: 20A14119
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

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)

D2. Directorio de atención primaria

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

D2. Directorio de atención primaria

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
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
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

D2. Directorio de atención primaria

 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 8:30AM-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

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

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
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
Medi-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

D2. Directorio de atención primaria

 875 EL CAJON BLVD
EL CAJON, CA 92020
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100
 Website: www.syhealth.org
Medi-Cal Open Panel: 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
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

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
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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

PHYSICIANS ASSISTANT

ZAMBRANA, GEORGE

Provider ID: 478971
Provider Gender: Male
License Number: PA16673
NPI: 1104836659
 Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No

 133 W MAIN ST STE 100
EL CAJON, CA 92020
 Phone: (619) 873-8940
 After Hours Phone: (619)
873-8940
 Website: N/A

Email:
iselaocha@borregohealth.org
Medi-Cal Open Panel: 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
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

D2. Directorio de atención primaria

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

D2. Directorio de atención primaria

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

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Phone: (619) 515-2498

After Hours Phone: (619)
515-2498

Website: www.fhcsd.org

Email: janellek@fhcsd.org

Medi-Cal Open Panel: 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

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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

D2. Directorio de atención primaria

 *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

D2. Directorio de atención primaria

 *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

ENCINITAS

CERTIFIED NURSE

PRACTITIONER

MACIAS, ALISSA

Provider ID: 480243
Provider Gender: Female
License Number: NP21368
NPI: 1952658445

 *Provider English Spoken: Y*
Cultural Competency: N
Board Certified Specialty: No

 1130 2ND ST
ENCINITAS, CA 92024
 *Phone: (760) 736-6767*
 *After Hours Phone: (760) 736-6767*

 *Website: N/A*
Medi-Cal Open Panel: 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*

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

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*

D2. Directorio de atención primaria

PROVIDER
Hours: M-TH 8:00AM-5:00PM
F 8:30AM-5:30PM

FAMILY PRACTICE

NATH, DEVARSHI

Provider ID: 480243
Provider Gender: Male
License Number: C54157
NPI: 1275630618

Provider English Spoken: Y
 Provider Language(s)
Spoken: Bengali

Cultural Competency: N
Board Certified Specialty: No

1130 2ND ST
ENCINITAS, CA 92024
 Phone: (760) 753-7842
 After Hours Phone: (760)
753-7842

Website: N/A
Medi-Cal Open Panel: 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

D2. Directorio de atención primaria

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

D2. Directorio de atención primaria

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

D2. Directorio de atención primaria

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

D2. Directorio de atención primaria

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):
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♿ 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

D2. Directorio de atención primaria

License Number: NP95003024 N

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):

 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

D2. Directorio de atención primaria

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

D2. Directorio de atención primaria

 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

 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

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

D2. Directorio de atención primaria

 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

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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

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

D2. Directorio de atención primaria

 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

D2. Directorio de atención primaria

 *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*

D2. Directorio de atención primaria

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

D2. Directorio de atención primaria

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: 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: 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

D2. Directorio de atención primaria

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

D2. Directorio de atención primaria

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: 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: 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

SCHULTZ, JAMES

Provider ID: 206270

D2. Directorio de atención primaria

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
Medi-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

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

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

D2. Directorio de atención primaria

 *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*

D2. Directorio de atención primaria

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

D2. Directorio de atención primaria

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

D2. Directorio de atención primaria

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

D2. Directorio de atención primaria

 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: 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

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

D2. Directorio de atención primaria

American Sign Language (ASL): 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

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

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

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: 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

CHOW, BYRON

Provider ID: 206270

Provider Gender: Male

License Number: A78116

D2. Directorio de atención primaria

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

 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

NPI: 1750579108

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, PALOMAR MEDICAL
CENTER

Board Certified Specialty: No

 625 CITRACADO PKWY STE
100

ESCONDIDO, CA 92025

 Phone: (760) 746-2641

Fax: (760) 740-2178

 After Hours Phone: (760)
746-2641

 Website: N/A

Medi-Cal Open Panel: 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

D2. Directorio de atención primaria

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

D2. Directorio de atención primaria

NPI: 1306852934

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Arabic

Cultural Competency: N

Hospital Affiliation: POMONA
VALLEY HOSP MED CTR, SAN
ANTONIO COMM HOSP

Board Certified Specialty: No

 1121 E WASHINGTON AVE
ESCONDIDO, CA 92025

 Phone: (760) 871-0606

 After Hours Phone: (760)
871-0606

 Website: N

Email:

iselaocha@borregohealth.org

Medi-Cal Open Panel: 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:

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

PEDIATRICS

MALEKSHAMRAN, KEYVAN

Provider ID: 419344

Provider Gender: Male

License Number: A94845

NPI: 1952466112

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Farsi, Persian,
Spanish

Cultural Competency: N

Hospital Affiliation: PIONEERS
MEMORIAL HOSPITAL,
DESERT REGIONAL MED CTR

Board Certified Specialty: No

 1121 E WASHINGTON AVE
ESCONDIDO, CA 92025

 Phone: (760) 871-0606

 After Hours Phone: (760)
871-0606

 Website: N

Email:

iselaocha@borregohealth.org

Medi-Cal Open Panel: 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:

iselaocha@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: 646488

Provider Gender: Female

NPI: 1801329990

D2. Directorio de atención primaria

 *Provider English Spoken: Y* *Hours: M-F 8:00AM-5:00PM*
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

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

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: 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

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

 *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*

D2. Directorio de atención primaria

PROVIDER
Hours: M-F 8:00AM-5:00PM
SA 8:00AM-0:00PM

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

D2. Directorio de atención primaria

Min/Max Age: 0\999 M-F 8:00AM-8:00PM

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:

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

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

D2. Directorio de atención primaria

 *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): 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): 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*

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*

FALLBROOK

CERTIFIED NURSE

PRACTITIONER

D2. Directorio de atención primaria

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

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723-6200

 Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):
N

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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

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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

D2. Directorio de atención primaria

 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
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nityclinic.org)
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PROVIDER
Hours: M 8:00AM-4:00PM
TU 8:00AM-0:30PM
W-TH 8:00AM-5:00PM

CERTIFIED NURSE PRACTITIONER **RACKHAM, KELLY**

Provider ID: 624122
Provider Gender: Male
License Number: NP95015717
NPI: 1801497284
 Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No

 321 E ALVARADO ST
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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

D2. Directorio de atención primaria

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

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Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):
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Hours: M 8:00AM-4:00PM

TU 8:00AM-0:30PM

W-TH 8:00AM-5:00PM

CERTIFIED NURSE

PRACTITIONER

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Provider ID: 624122

Provider Gender: Male

License Number: NP95015717

NPI: 1801497284

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Cultural Competency: N

Board Certified Specialty: No

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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 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

D2. Directorio de atención primaria

<p>PROVIDER</p> <p><u>FAMILY PRACTICE</u></p> <p>ZAMPELLO, LISA</p> <p>Provider ID: 624122</p> <p>Provider Gender: Female</p> <p>License Number: A145924</p> <p>NPI: 1477933026</p> <p>☐ Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Board Certified Specialty: No</p> <p>📍 321 E ALVARADO ST FALLBROOK, CA 92028</p> <p>☎ Phone: (760) 723-6200</p> <p>🕒 After Hours Phone: (760) 723-6200</p> <p>🌐 Website: <a href="http://www.vistacommu
nityclinic.org">www.vistacommu nityclinic.org</p> <p>Medi-Cal Open Panel: Y</p> <p>Min/Max Age: 0\999</p> <p>American Sign Language (ASL): N</p> <p>♿ Accessibility: CONTACT PROVIDER</p>	<p>Min/Max Age: 0\999</p> <p>American Sign Language (ASL): N</p> <p>♿ Accessibility: CONTACT PROVIDER</p> <p><u>FAMILY PRACTICE</u></p> <p>ZAMPELLO, LISA</p> <p>Provider ID: 624122</p> <p>Provider Gender: Female</p> <p>License Number: A145924</p> <p>NPI: 1477933026</p> <p>☐ Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Board Certified Specialty: No</p> <p>📍 321 E ALVARADO ST FALLBROOK, CA 92028</p> <p>☎ Phone: (760) 723-6200</p> <p>🕒 After Hours Phone: (760) 723-6200</p> <p>🌐 Website: <a href="http://www.vistacommu
nityclinic.org">www.vistacommu nityclinic.org</p> <p>Medi-Cal Open Panel: Y</p> <p>Min/Max Age: 0\999</p> <p>American Sign Language (ASL): N</p> <p>♿ Accessibility: CONTACT PROVIDER</p>	<p>🕒 After Hours Phone: (760) 723-6200</p> <p>🌐 Website: <a href="http://www.vistacommu
nityclinic.org">www.vistacommu nityclinic.org</p> <p>Medi-Cal Open Panel: Y</p> <p>Min/Max Age: 0\999</p> <p>American Sign Language (ASL): N</p> <p>♿ Accessibility: CONTACT PROVIDER</p> <p><u>FQHC</u></p> <p>FALLBROOK FAMILY HLTH CTR,</p> <p>Provider ID: 183910</p> <p>NPI: 1982756086</p> <p>☐ Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>📍 1328 S MISSION RD FALLBROOK, CA 92028</p> <p>☎ Phone: (760) 451-4720</p> <p>Fax: (760) 451-4700</p> <p>🕒 After Hours Phone: (760) 451-4720</p> <p>🌐 Website: N/A</p> <p>Email: a.escobeclo@chsica.org</p> <p>Medi-Cal Open Panel: Y</p> <p>Min/Max Age: 0\999</p> <p>American Sign Language (ASL): N</p> <p>♿ Accessibility: CONTACT PROVIDER</p> <p>Hours: M-F 8:00AM-5:00PM SA 8:00AM-5:00PM</p>
<p><u>FAMILY PRACTICE</u></p> <p>ZAMPELLO, LISA</p> <p>Provider ID: 624122</p> <p>Provider Gender: Female</p> <p>License Number: A145924</p> <p>NPI: 1477933026</p> <p>☐ Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Board Certified Specialty: No</p> <p>📍 321 E ALVARADO ST FALLBROOK, CA 92028</p> <p>☎ Phone: (760) 723-6200</p> <p>🕒 After Hours Phone: (760) 723-6200</p> <p>🌐 Website: <a href="http://www.vistacommu
nityclinic.org">www.vistacommu nityclinic.org</p> <p>Medi-Cal Open Panel: Y</p>	<p><u>FAMILY PRACTICE</u></p> <p>ZAMPELLO, LISA</p> <p>Provider ID: 624122</p> <p>Provider Gender: Female</p> <p>License Number: A145924</p> <p>NPI: 1477933026</p> <p>☐ Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Board Certified Specialty: No</p> <p>📍 321 E ALVARADO ST FALLBROOK, CA 92028</p> <p>☎ Phone: (760) 723-6200</p>	

D2. Directorio de atención primaria

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: 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: 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: 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: 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):

D2. Directorio de atención primaria

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): Board Certified Specialty: No

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

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

D2. Directorio de atención primaria

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

D2. Directorio de atención primaria

 *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

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
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

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*

D2. Directorio de atención primaria

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

D2. Directorio de atención primaria

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:

iselaocha@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

D2. Directorio de atención primaria

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:

iselaocha@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:

iselaocha@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:

iselaocha@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:

iselaocha@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:

iselaocha@borregohealth.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\21

American Sign Language (ASL):

N

Accessibility: CONTACT PROVIDER

OBSTETRICS / GYNECOLOGY

PAPA, RHETT

D2. Directorio de atención primaria

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:
iselaocha@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
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iselaocha@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:
iselaocha@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: 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

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
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 Website: N/A
Email:
iselaocha@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: 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

D2. Directorio de atención primaria

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): Provider English Spoken: Y
N

 Accessibility: CONTACT
PROVIDER

Hours: M-TU 7:30AM-6:00PM

W-F 7:30AM-6:30PM

SA 8:30AM-5:00PM

PEDIATRICS

ALSHEIKH, HUDA

Provider ID: 451191

Provider Gender: Female

NPI: 1487746855

Provider English Spoken: Y

Provider Language(s)
Spoken: Arabic

Cultural Competency: N

Board Certified Specialty: No

 8881 FLETCHER PKWY STE
205

LA MESA, CA 91942

 Phone: (619) 464-6434

Fax: (619) 464-5109

 After Hours Phone: (619)
464-6434

 Website: N/A

Medi-Cal Open Panel: 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

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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

D2. Directorio de atención primaria

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

D2. Directorio de atención primaria

 *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: 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

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)*

D2. Directorio de atención primaria

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

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
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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

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):
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 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
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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

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

D2. Directorio de atención primaria

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)
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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

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

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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

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

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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

D2. Directorio de atención primaria

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

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

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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

Hours: M-F 9:00AM-5:00PM

CERTIFIED NURSE

PRACTITIONER

ARVIZU, PALOMA

Provider ID: 419139

Provider Gender: Female

License Number: NP95008782

NPI: 1689139396

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 7592 BROADWAY
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)
515-2550

 Website: N/A

Email: valeriade@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):
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 Accessibility: CONTACT
PROVIDER

Hours: M-F 9:00AM-5:00PM

CERTIFIED NURSE

PRACTITIONER

ARVIZU, PALOMA

Provider ID: 419139

Provider Gender: Female

License Number: NP95008782

NPI: 1689139396

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 7592 BROADWAY
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)
515-2550

 Website: N/A

Email: valeriade@fhcsd.org

Medi-Cal Open Panel: 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

D2. Directorio de atención primaria

 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

 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):
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 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

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

 7592 BROADWAY
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

D2. Directorio de atención primaria

 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): Cultural Competency: N

N

 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE

PRACTITIONER

WILLIAMS, TAKISHA

Provider ID: 419139

Provider Gender: Female

License Number: NP95013978

NPI: 1881727386

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 7592 BROADWAY
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619) 515-2550

 Website: N/A

Email: valeriade@fhcsd.org

Medi-Cal Open Panel: 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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 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

FAMILY PRACTICE

DORN, TIA

Provider ID: 419139

Provider Gender: Female

License Number: C172318

NPI: 1285074740

 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 7592 BROADWAY
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619) 515-2550

 Website: N/A

Email: valeriade@fhcsd.org

Medi-Cal Open Panel: 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

 Phone: (619) 515-2550

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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

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

D2. Directorio de atención primaria

 Phone: (619) 515-2550
 After Hours Phone: (619) 515-2550

 Website: N/A
Email: valeriade@fhcsd.org

Medi-Cal Open Panel: 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

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

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

 Phone: (619) 515-2550

Fax: (619) 825-9577

 After Hours Phone: (619) 515-2550

 Website: N/A

Email: valeriade@fhcsd.org

Medi-Cal Open Panel: 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

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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

INTERNAL MEDICINE

GALLARES, DANIEL

Provider ID: 419139

Provider Gender: Male

License Number: A165925

NPI: 1245689488

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

 7592 BROADWAY
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619) 515-2550

 Website: N/A

Email: valeriade@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

D2. Directorio de atención primaria

N

 *Accessibility: CONTACT PROVIDER*

INTERNAL MEDICINE

MAHDAI, SUZAN

Provider ID: 419139

Provider Gender: Female

License Number: A154838

NPI: 1598015679

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

 7592 BROADWAY
LEMON GROVE, CA 91945

 *Phone: (619) 515-2550*

 *After Hours Phone: (619) 515-2550*

 *Website: N/A*

Email: valeriade@fhcsd.org

Medi-Cal Open Panel: 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

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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*

Hours: M-F 9:00AM-5:00PM

OBSTETRICS / GYNECOLOGY

ALIMONOS, LYSISTRATI

Provider ID: 419139

Provider Gender: Female

License Number: 20A14919

NPI: 1619397031

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,

SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

 7592 BROADWAY
LEMON GROVE, CA 91945

 *Phone: (619) 515-2500*

 *After Hours Phone: (619) 515-2500*

 *Website: N/A*

Email: valeriade@fhcsd.org

Medi-Cal Open Panel: 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: 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*

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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*

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,

D2. Directorio de atención primaria

SCRIPPS MERCY HOSPITAL
CHULA VISTA, SHARP MARY
BIRCH HOSP FOR WOMEN
AND NEWBORNS

Board Certified Specialty: No

7592 BROADWAY
LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)
515-2550

Website: N/A

Email: valeriade@fhcsd.org

Medi-Cal Open Panel: 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

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

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

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

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

D2. Directorio de atención primaria

CORONADO HOSP AND
HEALTHCARE CTR,
GROSSMONT HOSPITAL

Board Certified Specialty: No

7592 BROADWAY
LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)
515-2550

Website: N/A

Email: valeriade@fhcsd.org

Medi-Cal Open Panel: 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

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

OBSTETRICS / GYNECOLOGY

CHAKRABARTI, PRIYA

Provider ID: 419139

Provider Gender: Female

License Number: A163464

NPI: 1326531401

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

7592 BROADWAY
LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)
515-2550

Website: N/A

Email: valeriade@fhcsd.org

Medi-Cal Open Panel: 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
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Phone: (619) 515-2550

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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

Hours: M-F 9:00AM-5:00PM

OBSTETRICS / GYNECOLOGY

DE MIK, TRAVIS

Provider ID: 419139

Provider Gender: Male

License Number: A108228

NPI: 1629277322

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

7592 BROADWAY
LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)
515-2550

Website: N/A

Email: valeriade@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

D2. Directorio de atención primaria

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
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Email: 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

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*

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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*

OBSTETRICS / GYNECOLOGY

FOLCH TORRES-AGUIAR, BEATRIZ

Provider ID: 419139

Provider Gender: Female

License Number: A148014

NPI: 1457794752

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish, Yue Chinese

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL,

Sharp Grossmont Hospital,

SCRIPPS MERCY HOSPITAL

CHULA VISTA

Board Certified Specialty: No

 7592 BROADWAY
LEMON GROVE, CA 91945

 *Phone: (619) 515-2550*

 *After Hours Phone: (619) 515-2550*

 *Website: N/A*

Email: valeriade@fhcsd.org

Medi-Cal Open Panel: 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

D2. Directorio de atención primaria

 *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*

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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*

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
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 *Phone: (619) 515-2550*

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Email: 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

 7592 BROADWAY
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Email: 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*

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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*

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

D2. Directorio de atención primaria

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)
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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

OBSTETRICS / GYNECOLOGY

LOEFFLER, ALLISON

Provider ID: 419139

Provider Gender: Female

License Number: A116680

NPI: 1700073962

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SCRIPPS MERCY HOSPITAL
CHULA VISTA

Board Certified Specialty: No

7592 BROADWAY
LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)
515-2550

Website: N/A

Email: valeriade@fhcsd.org

Medi-Cal Open Panel: 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

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

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

D2. Directorio de atención primaria

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

OBSTETRICS / GYNECOLOGY

RODRIGUEZ JEREZ, ROBERTO

Provider ID: 419139

Provider Gender: Male

License Number: A154298

NPI: 1710316450

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

CORONADO HOSP AND

HEALTHCARE CTR,

GROSSMONT HOSPITAL

Board Certified Specialty: No

 7592 BROADWAY
LEMON GROVE, CA 91945

 Phone: (619) 515-2500

 After Hours Phone: (619) 515-2500

 Website: N/A

Email: valeriade@fhcsd.org

Medi-Cal Open Panel: 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

 After Hours Phone: (619) 515-2500

 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

Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

SAPRA, SONIA

Provider ID: 419139

Provider Gender: Female

License Number: A164859

NPI: 1952751711

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Hindi

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL

Board Certified Specialty: No

 7592 BROADWAY
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619) 515-2550

 Website: N/A

Email: valeriade@fhcsd.org

Medi-Cal Open Panel: 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

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

D2. Directorio de atención primaria

American Sign Language (ASL): Grossmont Hospital

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

 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

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

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

Hours: M-F 9:00AM-5:00PM

OBSTETRICS / GYNECOLOGY

WINESBURG, JENNIFER

Provider ID: 419139

Provider Gender: Female

License Number: 20A11535

NPI: 1811162456

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

CORONADO HOSP AND

HEALTHCARE CTR,

GROSSMONT HOSPITAL,

DESERT REGIONAL MED CTR

Board Certified Specialty: No

 7592 BROADWAY
LEMON GROVE, CA 91945

 Phone: (619) 515-2500

 After Hours Phone: (619)
515-2500

 Website: N/A

Email: valeriade@fhcsd.org

Medi-Cal Open Panel: 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

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

D2. Directorio de atención primaria

Provider ID: 419139

Provider Gender: Male

License Number: G78814

NPI: 1699790634

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SHARP CORONADO HOSP
AND HEALTHCARE CTR,
SCRIPPS MERCY HOSPITAL
CHULA VISTA

Board Certified Specialty: No

 7592 BROADWAY
LEMON GROVE, CA 91945

 Phone: (619) 515-2500

 After Hours Phone: (619)
515-2500

 Website: N/A

Email: valeriade@fhcsd.org

Medi-Cal Open Panel: 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

 7592 BROADWAY
LEMON GROVE, CA 91945

 Phone: (619) 515-2500

 After Hours Phone: (619)
515-2500

 Website: N/A

Email: valeriade@fhcsd.org

Medi-Cal Open Panel: 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

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

PEDIATRICS

JACKSON, DANA

Provider ID: 419139

Provider Gender: Female

License Number: 20A14119

NPI: 1689060063

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Portuguese,
Spanish

Cultural Competency: N

Hospital Affiliation:

MARINHEALTH AND
MARINHEALTH MEDICAL
CENTER, SCRIPPS MERCY
HOSPITAL

Board Certified Specialty: No

 7592 BROADWAY
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)
515-2550

 Website: N/A

Email: valeriade@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

D2. Directorio de atención primaria

PEDIATRICS

SLEIMAN, JOSEPH

Provider ID: 419139

Provider Gender: Male

License Number: A102060

NPI: 1093976748

Provider English Spoken: Y

Provider Language(s)
Spoken: Arabic, French,
Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL

Board Certified Specialty: No

7592 BROADWAY
LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)
515-2550

Website: N/A

Email: valeriade@fhcsd.org

Medi-Cal Open Panel: 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

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

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

PHYSICIANS ASSISTANT

FLEMING, DAVID

Provider ID: 419139

Provider Gender: Male

License Number: PA12416

NPI: 1932329505

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

7592 BROADWAY
LEMON GROVE, CA 91945

Phone: (619) 515-2550

After Hours Phone: (619)
515-2550

Website: N/A

Email: valeriade@fhcsd.org

Medi-Cal Open Panel: 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

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

D2. Directorio de atención primaria

PHYSICIANS ASSISTANT

GODDARD, SHANNON

Provider ID: 419139

Provider Gender: Female

License Number: PA56072

NPI: 1780961417

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

 7592 BROADWAY
LEMON GROVE, CA 91945

 Phone: (619) 515-2550

 After Hours Phone: (619)
515-2550

 Website: N/A

Email: valeriade@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

NATIONAL CITY

CERTIFIED NURSE

PRACTITIONER

AQUINO, FELINO

Provider ID: 417102

Provider Gender: Male

License Number: NP22974

NPI: 1356684781

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Tagalog

Cultural Competency: N

Board Certified Specialty: No

 2743 HIGHLAND AVE
NATIONAL CITY, CA 91950

 Phone: (844) 200-2426

 After Hours Phone: (844)
200-2426

 Website: www.operationsamahan.org

Medi-Cal Open Panel: 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

AQUINO, FELINO

Provider ID: 417102

Provider Gender: Male

License Number: NP22974

NPI: 1356684781

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Tagalog

Cultural Competency: N

Board Certified Specialty: No

 2743 HIGHLAND AVE
NATIONAL CITY, CA 91950

 Phone: (844) 200-2426

 After Hours Phone: (844)
200-2426

 Website: www.operationsamahan.org

Medi-Cal Open Panel: 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

AQUINO, FELINO

Provider ID: 418302

Provider Gender: Male

License Number: NP22974

NPI: 1356684781

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Tagalog

Cultural Competency: N

Board Certified Specialty: No

 2101 GRANGER AVE
NATIONAL CITY, CA 91950

 Phone: (844) 200-2426

 After Hours Phone: (844)
200-2426

 Website: www.operationsamahan.org

Medi-Cal Open Panel: 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

 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

D2. Directorio de atención primaria

 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

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
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

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
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

D2. Directorio de atención primaria

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.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

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.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

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

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

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

D2. Directorio de atención primaria

 Phone: (619) 564-8765
 After Hours Phone: (619) 564-8765
 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

CERTIFIED NURSE

PRACTITIONER

NEVAREZ, IRENE

Provider ID: 185270
Provider Gender: Female
License Number: NP95009891
NPI: 1003166646
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR

Board Certified Specialty: No

 217 HIGHLAND AVE
NATIONAL CITY, CA 91950

 Phone: (619) 564-8765

 After Hours Phone: (619) 564-8765

 Website: www.lamaestra.org
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

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

 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

ANDAYA, MIKHAEL

Provider ID: 418930

Provider Gender: Male

License Number: A176878

NPI: 1780189209

 Provider English Spoken: Y

 Provider Language(s) Spoken: Tagalog

Cultural Competency: N

Board Certified Specialty: No

 1000 EUCLID AVE
NATIONAL CITY, CA 91950

 Phone: (619) 515-2399

 After Hours Phone: (619) 515-2399

 Website: www.fhcsd.org
Email: lucinaj@fhcsd.org

Medi-Cal Open Panel: Y

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

D2. Directorio de atención primaria

NPI: 1780189209

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Tagalog

Cultural Competency: N

Board Certified Specialty: No

 1000 EUCLID AVE
NATIONAL CITY, CA 91950

 Phone: (619) 515-2399

 After Hours Phone: (619)
515-2399

 Website: www.fhcsd.org

Email: lucinaj@fhcsd.org

Medi-Cal Open Panel: 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

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

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

D2. Directorio de atención primaria

 *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

 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

CARRIEDO CENICEROS, MARIA

Provider ID: 227412

Provider Gender: Female

License Number: A78373

NPI: 1295746618

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

Cultural Competency: N

Board Certified Specialty: No

 1136 D AVE
NATIONAL CITY, CA 91950

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

 *Website: syhealth.org/clinics/national-city-family-clinic-1*

Medi-Cal Open Panel: 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/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

D2. Directorio de atención primaria

Board Certified Specialty: No

1136 D AVE
NATIONAL CITY, CA 91950

Phone: (619) 662-4100

Fax: (619) 474-3722

After Hours Phone: (619)
662-4100

Website: syhealth.org/clinics/national-city-family-clinic-1

Medi-Cal Open Panel: 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

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): NPI: 1629232715

N

Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

DILLON, MAYRA

Provider ID: 227412

Provider Gender: Female

License Number: A112571

NPI: 1629232715

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No

1136 D AVE
NATIONAL CITY, CA 91950

Phone: (619) 662-4100

Fax: (619) 336-2323

After Hours Phone: (619)
662-4100

Website: syhealth.org/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

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

Medi-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

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

D2. Directorio de atención primaria

 Website: 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

HERNANDEZ, JOANNA

Provider ID: 227412

Provider Gender: Female

License Number: A138919

NPI: 1154749315

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 1136 D AVE
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: syhealth.org/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

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

Hours: M 8:30AM-3:30PM

TU 10:30AM-5:30PM

W 8:30AM-3:30PM

TH 10:30AM-5:30PM

F 8:30AM-3:30PM

FAMILY PRACTICE

LANUZA, MARK

Provider ID: 418930

Provider Gender: Male

License Number: 20A18460

NPI: 1992230593

 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 1000 EUCLID AVE
NATIONAL CITY, CA 91950

 Phone: (619) 515-2399

 After Hours Phone: (619)
515-2399

 Website: www.fhcsd.org

Email: lucinaj@fhcsd.org

Medi-Cal Open Panel: 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

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

D2. Directorio de atención primaria

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

LEUTE, ERIC

Provider ID: 227418

Provider Gender: Male

License Number: A80832

NPI: 1720171507

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SCRIPPS MERCY HOSPITAL
CHULA VISTA

Board Certified Specialty: No

 2400 E 8TH ST STE A
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: syhealth.org/clinics/paradise-hills-family-clinic

Medi-Cal Open Panel: 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/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

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)

D2. Directorio de atención primaria

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

MOHAMEDI, NADIA

Provider ID: 227418

Provider Gender: Female

License Number: A146819

NPI: 1477947364

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

2400 E 8TH ST STE A
NATIONAL CITY, CA 91950

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: syhealth.org/clinics/paradise-hills-family-clinic

Medi-Cal Open Panel: 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

Medi-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

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

D2. Directorio de atención primaria

 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

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/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

OCEGUEDA, JOSHUA

Provider ID: 227412
Provider Gender: Male
License Number: A165184
NPI: 1336643345
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL
Board Certified Specialty: No

 1136 D AVE
NATIONAL CITY, CA 91950
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: syhealth.org/clinics/national-city-family-clinic-1
Medi-Cal Open Panel: 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

D2. Directorio de atención primaria

Provider Gender: Female
License Number: A127555
NPI: 1609142892
☐ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL
ENCINITAS

Board Certified Specialty: No

📍 2400 E 8TH ST STE A
NATIONAL CITY, CA 91950

☎ Phone: (619) 662-4100

🕒 After Hours Phone: (619)
662-4100

🌐 Website: syhealth.org/clinics/paradise-hills-family-clinic

Medi-Cal Open Panel: 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

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

ROBERTS, POMAI

Provider ID: 227412

Provider Gender: Female

License Number: A103218

NPI: 1023278314

☐ Provider English Spoken: Y
☐ Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL

Board Certified Specialty: No

📍 1136 D AVE
NATIONAL CITY, CA 91950

☎ Phone: (619) 662-4100

🕒 After Hours Phone: (619)
662-4100

🌐 Website: syhealth.org/clinics/national-city-family-clinic-1

Medi-Cal Open Panel: 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

Medi-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

D2. Directorio de atención primaria

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: 185270
Provider Gender: Male
License Number: 20A6433
NPI: 1184616872
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
 217 HIGHLAND AVE
NATIONAL CITY, CA 91950
 Phone: (619) 434-7308
 After Hours Phone: (619)
434-7308
 Website: www.lamaestra.org

g
Email:
aschmaltz@lamaestra.org
Medi-Cal Open Panel: 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

g
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

D2. Directorio de atención primaria

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

VELASQUEZ, SHARON

Provider ID: 227418

Provider Gender: Female

License Number: A71304

NPI: 1972732584

 *Provider English Spoken: Y*

 *Provider Language(s)
Spoken: Spanish*

Cultural Competency: N

Hospital Affiliation: SCRIPPS

*MERCY HOSPITAL CHULA
VISTA*

Board Certified Specialty: No

 2400 E 8TH ST STE A
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

Fax: (619) 259-2807

 After Hours Phone: (619)
662-4100

 Website: syhealth.org/clinics/paradise-hills-family-clinic

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

FAMILY PRACTICE

VELASQUEZ, SHARON

Provider ID: 227418

Provider Gender: Female

License Number: A71304

NPI: 1972732584

 *Provider English Spoken: Y*

 *Provider Language(s)
Spoken: Spanish*

Cultural Competency: N

Hospital Affiliation: SCRIPPS

*MERCY HOSPITAL CHULA
VISTA*

Board Certified Specialty: No

 2400 E 8TH ST STE A
NATIONAL CITY, CA 91950

 Phone: (619) 662-4100

Fax: (619) 259-2807

 After Hours Phone: (619)
662-4100

 Website: syhealth.org/clinics/paradise-hills-family-clinic

Medi-Cal Open Panel: 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*
Cultural Competency: N

 1000 EUCLID AVE
NATIONAL CITY, CA 91950

 Phone: (619) 515-2399

Fax: (619) 269-0053

 After Hours Phone: (619)
515-2399

 Website: www.fhcsd.org

Email: lucinaj@fhcsd.org

Medi-Cal Open Panel: 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

Email: lucinaj@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

D2. Directorio de atención primaria

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):

D2. Directorio de atención primaria

N
 *Accessibility: CONTACT PROVIDER*
Hours: M-F 8:00AM-5:00PM

FQHC

OPERATION SAMAHAN GRANGER SCHOOL BASED,

Provider ID: 418302

NPI: 1205134517

 *Provider English Spoken: Y*
Cultural Competency: N

 2101 GRANGER AVE
NATIONAL CITY, CA 91950

 *Phone: (844) 200-2426*

Fax: (619) 434-8999

 *After Hours Phone: (844)
200-2426*

 *Website: www.operationsa
mahan.org*

Medi-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

Medi-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*

Medi-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*

Medi-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*

Medi-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

D2. Directorio de atención primaria

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
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-5:30PM

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
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-5:30PM

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

D2. Directorio de atención primaria

 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):
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):
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/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

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

s/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

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

D2. Directorio de atención primaria

 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

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 N

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-5:30PM

INTERNAL MEDICINE

ROUEL, WADI

Provider ID: 185270

Provider Gender: Male

License Number: C55979

NPI: 1740254713

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Arabic, Spanish,
Syriac

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL, GROSSMONT

HOSPITAL

Board Certified Specialty: No

 217 HIGHLAND AVE
NATIONAL CITY, CA 91950

 Phone: (619) 434-7308

 After Hours Phone: (619)
434-7308

 Website: www.lamaestra.org
g

Email:

aschmaltz@lamaestra.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

 Accessibility: CONTACT
PROVIDER

Hours: M-F 8:00AM-5:30PM

NEUROLOGY

CANTU-REYNA, GUILLERMO

Provider ID: 185270

Provider Gender: Male

License Number: A41375

NPI: 1447389101

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR

Board Certified Specialty: No

 217 HIGHLAND AVE
NATIONAL CITY, CA 91950

 Phone: (619) 798-3977

 After Hours Phone: (619)
798-3977

 Website: www.lamaestra.org
g

Email:

aschmaltz@lamaestra.org

Medi-Cal Open Panel: 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

D2. Directorio de atención primaria

CHULA VISTA MED CTR

Board Certified Specialty: No

217 HIGHLAND AVE
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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/clinics/paradise-hills-family-clinic

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

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NPI: 1851667661

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Provider Language(s)
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Cultural Competency: N

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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

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

BAILONY, AHMAD

Provider ID: 146949

Provider Gender: Male

NPI: 1790914422

Provider English Spoken: Y

Provider Language(s)
Spoken: Arabic, Spanish

D2. Directorio de atención primaria

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

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/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 9:00AM-5:00PM

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): N

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

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 Phone: (619) 662-4100

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 Website: 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 9:00AM-5:00PM

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): N

 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Spanish*

Cultural Competency: N

Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, RADY CHILDRENS

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): N

D2. Directorio de atención primaria

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

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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

D2. Directorio de atención primaria

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/clinic
s/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

Phone: (619) 662-4100

After Hours Phone: (619) 662-4100

Website: 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

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):

D2. Directorio de atención primaria

N

 *Accessibility: CONTACT PROVIDER*
Hours: M-F 8:00AM-5:00PM

PEDIATRICS

VALENCIA, MARILES

Provider ID: 104060

Provider Gender: Female

NPI: 1275541625

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish, Tagalog*

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA

VISTA, PARADISE VALLEY

HOSPITAL, SHARP CHULA

VISTA MED CTR, RADY

CHILDRENS HOSPITAL SAN

DIEGO, SCRIPPS MERCY

HOSPITAL

Board Certified Specialty: No

 *655 EUCLID AVE STE 207
NATIONAL CITY, CA 91950*

 *Phone: (619) 475-4575*

Fax: (619) 475-4578

 *After Hours Phone: (619)
475-4575*

 *Website: N/A*

Email:

PEDIATRICSINPARADISE@YAHOO.COM

Medi-Cal Open Panel: 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*

PHYSICIANS ASSISTANT

BANGS, SASHA

Provider ID: 418930

Provider Gender: Female

License Number: PA55660

NPI: 1720524374

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Cultural Competency: N

Board Certified Specialty: No

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Email: lucinaj@fhcsd.org

Medi-Cal Open Panel: Y

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

CERTIFIED NURSE

PRACTITIONER

BAEK, KILHYO

Provider ID: 206341

Provider Gender: Female

License Number: NP95003571

NPI: 1053776914

 *Provider English Spoken: Y*
Cultural Competency: N

D2. Directorio de atención primaria

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

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
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 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

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
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 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

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

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 Website: www.vistacommunityclinic.org

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American Sign Language (ASL):
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Hours: M-F 8:00AM-5:00PM
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CERTIFIED NURSE

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License Number: NP95003571

NPI: 1053776914

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Cultural Competency: N

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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

CERTIFIED NURSE

PRACTITIONER

BROMAN, GRETCHEN

D2. Directorio de atención primaria

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

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

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

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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

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

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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-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

D2. Directorio de atención primaria

Medi-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

CERTIFIED NURSE

PRACTITIONER

HALGEDAHL, YI

Provider ID: 402434

Provider Gender: Female

License Number: NP95006826

NPI: 1619246907

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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

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

D2. Directorio de atención primaria

PRACTITIONER

HALGEDAHL, YI

Provider ID: 402436

Provider Gender: Female

License Number: NP95006826

NPI: 1619246907

Provider English Spoken: Y

Provider Language(s)
Spoken: Mandarin

Cultural Competency: N

Board Certified Specialty: No

 517 N HORNE ST

OCEANSIDE, CA 92054

 Phone: (760) 631-5000

 After Hours Phone: (760)
631-5000

 Website: www.vistacommunityclinic.org

Email: credentialing@vcc.org

Medi-Cal Open Panel: 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

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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

CERTIFIED NURSE

PRACTITIONER

HALGEDAHL, YI

Provider ID: 402434

Provider Gender: Female

License Number: NP95006826

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Provider English Spoken: Y

Provider Language(s)
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Cultural Competency: N

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American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

Hours: M-F 8:00AM-5:00PM

CERTIFIED NURSE

PRACTITIONER

HALGEDAHL, YI

Provider ID: 206341

Provider Gender: Female

License Number: NP95006826

NPI: 1619246907

Provider English Spoken: Y

Provider Language(s)
Spoken: Mandarin

Cultural Competency: N

Board Certified Specialty: No

 4700 N RIVER RD

OCEANSIDE, CA 92057

 Phone: (844) 308-5003

 After Hours Phone: (844)
308-5003

 Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: 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

D2. Directorio de atención primaria

 4700 N RIVER RD
OCEANSIDE, CA 92057
 Phone: (844) 308-5003
 After Hours Phone: (844)
308-5003
 Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: 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
Medi-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
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308-5003
 Website: www.vistacommunityclinic.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

CERTIFIED NURSE PRACTITIONER

HALGEDAHL, YI

Provider ID: 206341
Provider Gender: Female
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 Provider Language(s)
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Board Certified Specialty: No

 4700 N RIVER RD
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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

CERTIFIED NURSE PRACTITIONER

HALGEDAHL, YI

Provider ID: 206341
Provider Gender: Female
License Number: NP95006826
NPI: 1619246907
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Mandarin
Cultural Competency: N
Board Certified Specialty: No

 4700 N RIVER RD
OCEANSIDE, CA 92057
 Phone: (844) 308-5003
 After Hours Phone: (844)
308-5003
 Website: www.vistacommunityclinic.org
Medi-Cal Open Panel: Y
Min/Max Age: 0\999
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER

D2. Directorio de atención primaria

Hours: M-F 8:00AM-5:00PM
SA 9:00AM-4:00PM

FAMILY PRACTICE

DONNELL, MARTI

Provider ID: 206341

Provider Gender: Female

License Number: C50708

NPI: 1235151366

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL
ENCINITAS

Board Certified Specialty: No

 4700 N RIVER RD
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

 After Hours Phone: (760)
631-5000

 Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: 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

 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
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

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

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

D2. Directorio de atención primaria

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

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

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

OCEANSIDE, CA 92057

 Phone: (760) 631-5000

 After Hours Phone: (760)
631-5000

 Website: www.vistacommunityclinic.org

D2. Directorio de atención primaria

Medi-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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 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):
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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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 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

PANICKER, CIBU

Provider ID: 206341

Provider Gender: Male

License Number: A149340

NPI: 1235492760

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: TRI CITY

Board Certified Specialty: 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

Board Certified Specialty: MEDICAL CTR

Board Certified Specialty: No

 4700 N RIVER RD
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

 After Hours Phone: (760)

D2. Directorio de atención primaria

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

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): 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

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 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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PROVIDER

FAMILY PRACTICE

PANICKER, CIBU

Provider ID: 206341
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Hospital Affiliation: TRI CITY MEDICAL CTR

Board Certified Specialty: No

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 Website: www.vistacommu-nityclinic.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

PONSFORD, DIANA

Provider ID: 402436
Provider Gender: Female
License Number: 20A17371
NPI: 1407204969

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: TRI CITY MEDICAL CTR

Board Certified Specialty: No

 517 N HORNE ST
OCEANSIDE, CA 92054

 Phone: (760) 631-5000

D2. Directorio de atención primaria

 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
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American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Hours: M-F 8:00AM-5:00PM
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FAMILY PRACTICE **PONSFORD, DIANA**

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Hospital Affiliation: TRI CITY MEDICAL CTR
Board Certified Specialty: No
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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
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

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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
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.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

D2. Directorio de atención primaria

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

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

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

D2. Directorio de atención primaria

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: 1649662719

 Provider English Spoken: Y
Cultural Competency: N

 4700 N RIVER RD
OCEANSIDE, CA 92057

 Phone: (760) 631-5000
Fax: (760) 414-3892

 After Hours Phone: (760)
631-5000

 Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: 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.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

FQHC

VISTA COMMUNITY CLINIC,

Provider ID: 206341

NPI: 1316501562

 Provider English Spoken: Y
Cultural Competency: N

 4700 N RIVER RD
OCEANSIDE, CA 92057

 Phone: (760) 631-5000
Fax: (760) 414-3892

 After Hours Phone: (760)
631-5000

 Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: 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
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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

FQHC

VISTA COMMUNITY CLINIC,

Provider ID: 206341

NPI: 1851300123

 Provider English Spoken: Y
Cultural Competency: N

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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

D2. Directorio de atención primaria

FQHC

VISTA COMMUNITY CLINIC,

Provider ID: 206341

NPI: 1316501562

 Provider English Spoken: Y
Cultural Competency: N

 4700 N RIVER RD
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

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 After Hours Phone: (760)
631-5000

 Website: www.vistacommunityclinic.org

Medi-Cal Open Panel: 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

 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

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PROVIDER

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SA 9:00AM-4:00PM

FQHC

VISTA COMMUNITY CLINIC

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Provider ID: 402436

NPI: 1609094036

 Provider English Spoken: Y
Cultural Competency: N

 517 N HORNE ST
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Fax: (760) 414-3892

 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-F 8:00AM-5:00PM
SA 9:00AM-4:00PM

FQHC

VISTA COMMUNITY CLINIC

HORNE STREET,

Provider ID: 402436

NPI: 1609094036

 Provider English Spoken: Y
Cultural Competency: N

 517 N HORNE ST
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Fax: (760) 414-3892

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631-5000

 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

D2. Directorio de atención primaria

VISTA COMMUNITY CLINIC PIER VIEW WAY,

Provider ID: 402434

NPI: 1629357355

 Provider English Spoken: Y
Cultural Competency: N

 818 PIER VIEW WAY
OCEANSIDE, CA 92054

 Phone: (760) 631-5000
Fax: (760) 414-3892

 After Hours Phone: (760)
631-5000

 Website: www.vistacommunityclinic.org

Email: credentialing@vcc.org

Medi-Cal Open Panel: 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

 818 PIER VIEW WAY
OCEANSIDE, CA 92054

 Phone: (760) 631-5000
Fax: (760) 414-3892

 After Hours Phone: (760)
631-5000

 Website: www.vistacommunityclinic.org

Email: credentialing@vcc.org

Medi-Cal Open Panel: 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

 818 PIER VIEW WAY
OCEANSIDE, CA 92054

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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-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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OCEANSIDE, CA 92054

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 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-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

D2. Directorio de atención primaria

 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

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

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

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

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

D2. Directorio de atención primaria

 *Accessibility: CONTACT PROVIDER*

GENERAL PRACTICE

RONAN, KEVIN

Provider ID: 206341

Provider Gender: Male

License Number: G77176

NPI: 1225017353

 *Provider English Spoken: Y*

 *Provider Language(s)
Spoken: Spanish, Tagalog*

Cultural Competency: N

*Hospital Affiliation: TRI CITY
MEDICAL CTR, SCRIPPS*

*MEMORIAL HOSPITAL
ENCINITAS*

Board Certified Specialty: No

 *4700 N RIVER RD
OCEANSIDE, CA 92057*

 *Phone: (760) 631-5000*

 *After Hours Phone: (760)
631-5000*

 *Website: www.vistacommunityclinic.org*

Medi-Cal Open Panel: 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

D2. Directorio de atención primaria

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

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

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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-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

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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

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

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OCEANSIDE, CA 92054

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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

D2. Directorio de atención primaria

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

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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Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

PEDIATRICS

MCCAMMACK, BRADLEY

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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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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

D2. Directorio de atención primaria

Min/Max Age: 0\999

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

PEDIATRICS

MCCAMMACK, BRADLEY

Provider ID: 206341

Provider Gender: Male

License Number: A130883

NPI: 1629368857

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY
MEDICAL CTR

Board Certified Specialty: No

 4700 N RIVER RD
OCEANSIDE, CA 92057

 Phone: (760) 631-5000

Fax: (760) 414-3731

 After Hours Phone: (760)
631-5000

 Website: www.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

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

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

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

D2. Directorio de atención primaria

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

D2. Directorio de atención primaria

☎ 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

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

D2. Directorio de atención primaria

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

D2. Directorio de atención primaria

 *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

D2. Directorio de atención primaria

 *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)*

D2. Directorio de atención primaria

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: 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
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

D2. Directorio de atención primaria

Provider Gender: Male
License Number: NP22974
NPI: 1356684781
☐ Provider English Spoken: Y
☐ Provider Language(s)
Spoken: Tagalog
Cultural Competency: N
Board Certified Specialty: No
📍 9855 ERMA RD STE 105
SAN DIEGO, CA 92131
☎ Phone: (844) 200-2426
🕒 After Hours Phone: (844)
200-2426
🌐 Website: [www.operationsa
mahan.org](http://www.operationsa
mahan.org)
Medi-Cal Open Panel: Y
Min/Max Age: 0\999
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE

PRACTITIONER

AQUINO, FELINO

Provider ID: 418535
Provider Gender: Male
License Number: NP22974
NPI: 1356684781
☐ Provider English Spoken: Y
☐ Provider Language(s)
Spoken: Tagalog
Cultural Competency: N
Board Certified Specialty: No
📍 9995 CARMEL MOUNTAIN
RD STE B10 AND B11
SAN DIEGO, CA 92129
☎ Phone: (844) 200-2426
🕒 After Hours Phone: (844)
200-2426
🌐 Website: [www.operationsa
mahan.org](http://www.operationsa
mahan.org)

Medi-Cal Open Panel: 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

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
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

BELEN, NEZER

D2. Directorio de atención primaria

Provider ID: 206363
Provider Gender: Male
License Number: NP95009292
NPI: 1386120723

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

 4725 MARKET ST
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)
515-2560

 Website: www.fhcsd.org
Email: nancyl@fhcsd.org

Medi-Cal Open Panel: 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

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

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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

CERTIFIED NURSE

PRACTITIONER

CELESTIN-RAMSEY, AKANKE

Provider ID: 451167

Provider Gender: Female

License Number: NP8563

D2. Directorio de atención primaria

NPI: 1447450275

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL

Board Certified Specialty: No

 950 S EUCLID AVE
SAN DIEGO, CA 92114

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/king-chavez-health-center

Medi-Cal Open Panel: 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

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

CERTIFIED NURSE

PRACTITIONER

CHASE, AVA LOU

Provider ID: 206360

Provider Gender: Female

License Number: NP95000602

NPI: 1164496386

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)
515-2300

 Website: www.fhcsd.org
Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: 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

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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

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

D2. Directorio de atención primaria

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

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

D2. Directorio de atención primaria

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

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

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

D2. Directorio de atención primaria

Min/Max Age: 0\150

American Sign Language (ASL): Cultural Competency: N

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): Cultural Competency: N

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): Cultural Competency: N

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): Cultural Competency: N

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): Cultural Competency: N

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

D2. Directorio de atención primaria

SAN DIEGO, CA 92126
 Phone: (844) 200-2426
 After Hours Phone: (844) 200-2426
 Website: www.operationsamahan.org
Medi-Cal Open Panel: 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.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

CERTIFIED NURSE

PRACTITIONER

HILLIARD, THESALONICA

Provider ID: 417101
Provider Gender: Female
License Number: NP95010585
NPI: 1861956724

 Provider English Spoken: Y
 Provider Language(s) Spoken: Tagalog
Cultural Competency: N
Board Certified Specialty: No

 10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126

 Phone: (844) 200-2426
 After Hours Phone: (844) 200-2426
 Website: www.operationsamahan.org
Medi-Cal Open Panel: 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.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

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

D2. Directorio de atención primaria

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

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

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 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)
.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

D2. Directorio de atención primaria

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

D2. Directorio de atención primaria

 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

 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

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: 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

D2. Directorio de atención primaria

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: 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

KLOBERDANZ, KELSEY

Provider ID: 417937

Provider Gender: Female

License Number: NP95005293

NPI: 1235672502

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)
515-2545

 Website: www.fhcsd.org

Email: fabianm@fhcsd.org

Medi-Cal Open Panel: 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

Email: fabianm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

D2. Directorio de atención primaria

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.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

LIM, IMELDA

Provider ID: 417101

Provider Gender: Female

License Number: NP95000203

NPI: 1093130395

Provider English Spoken: Y

Provider Language(s)
Spoken: Tagalog

Cultural Competency: N

Board Certified Specialty: No

 10737 CAMINO RUIZ STE
235

SAN DIEGO, CA 92126

 Phone: (844) 200-2426

 After Hours Phone: (844)
200-2426

 Website: www.operationsa
mahan.org

Medi-Cal Open Panel: 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

D2. Directorio de atención primaria

 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

D2. Directorio de atención primaria

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

D2. Directorio de atención primaria

 *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*

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
 *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

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.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

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.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

CERTIFIED NURSE

D2. Directorio de atención primaria

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

D2. Directorio de atención primaria

 *Provider English Spoken: Y* *N*
 *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):

 *Accessibility: CONTACT PROVIDER*

CERTIFIED NURSE

PRACTITIONER

ODA, THAGHAR

Provider ID: 206363

Provider Gender: Female

License Number: RN810863

NPI: 1063835692

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Amharic, Arabic*

Cultural Competency: N

Board Certified Specialty: No

 4725 MARKET ST
SAN DIEGO, CA 92102

 *Phone: (619) 515-2560*

 *After Hours Phone: (619) 515-2560*

 *Website: www.fhcsd.org*

Email: nancyl@fhcsd.org

Medi-Cal Open Panel: 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*

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: 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

D2. Directorio de atención primaria

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: 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

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):

D2. Directorio de atención primaria

<p>N</p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><u>CERTIFIED NURSE PRACTITIONER</u></p> <p>ORPILLA, IMELDA</p> <p><i>Provider ID: 417101</i></p> <p><i>Provider Gender: Female</i></p> <p><i>License Number: NP95003211</i></p> <p><i>NPI: 1790785988</i></p> <p><input type="checkbox"/> <i>Provider English Spoken: Y</i></p> <p><input type="checkbox"/> <i>Provider Language(s) Spoken: Tagalog</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Board Certified Specialty: No</i></p> <p> 10737 CAMINO RUIZ STE 235 SAN DIEGO, CA 92126</p> <p> <i>Phone: (844) 200-2426</i></p> <p> <i>After Hours Phone: (844) 200-2426</i></p> <p> <i>Website: www.operationsa mahan.org</i></p> <p><i>Medi-Cal Open Panel: Y</i></p> <p><i>Min/Max Age: 0\150</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Hours: M-F 8:00AM-4:30PM</i></p> <p><u>CERTIFIED NURSE PRACTITIONER</u></p> <p>ORPILLA, IMELDA</p> <p><i>Provider ID: 417101</i></p> <p><i>Provider Gender: Female</i></p> <p><i>License Number: NP95003211</i></p> <p><i>NPI: 1790785988</i></p> <p><input type="checkbox"/> <i>Provider English Spoken: Y</i></p> <p><input type="checkbox"/> <i>Provider Language(s) Spoken: Tagalog</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Board Certified Specialty: No</i></p> <p> 10737 CAMINO RUIZ STE 235 SAN DIEGO, CA 92126</p> <p> <i>Phone: (844) 200-2426</i></p> <p> <i>After Hours Phone: (844) 200-2426</i></p> <p> <i>Website: www.operationsa mahan.org</i></p> <p><i>Medi-Cal Open Panel: Y</i></p> <p><i>Min/Max Age: 0\150</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p>	<p><i>Cultural Competency: N</i></p> <p><i>Board Certified Specialty: No</i></p> <p> 10737 CAMINO RUIZ STE 235 SAN DIEGO, CA 92126</p> <p> <i>Phone: (844) 200-2426</i></p> <p> <i>After Hours Phone: (844) 200-2426</i></p> <p> <i>Website: www.operationsa mahan.org</i></p> <p><i>Medi-Cal Open Panel: Y</i></p> <p><i>Min/Max Age: 0\150</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><i>Hours: M-F 8:00AM-4:30PM</i></p> <p><u>CERTIFIED NURSE PRACTITIONER</u></p> <p>ORPILLA, IMELDA</p> <p><i>Provider ID: 418535</i></p> <p><i>Provider Gender: Female</i></p> <p><i>License Number: NP95003211</i></p> <p><i>NPI: 1790785988</i></p> <p><input type="checkbox"/> <i>Provider English Spoken: Y</i></p> <p><input type="checkbox"/> <i>Provider Language(s) Spoken: Tagalog</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Board Certified Specialty: No</i></p> <p> 9995 CARMEL MOUNTAIN RD STE B10 AND B11 SAN DIEGO, CA 92129</p> <p> <i>Phone: (844) 200-2426</i></p> <p> <i>After Hours Phone: (844) 200-2426</i></p> <p> <i>Website: www.operationsa mahan.org</i></p> <p><i>Medi-Cal Open Panel: Y</i></p> <p><i>Min/Max Age: 0\150</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p>	<p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><u>CERTIFIED NURSE PRACTITIONER</u></p> <p>ORPILLA, IMELDA</p> <p><i>Provider ID: 418535</i></p> <p><i>Provider Gender: Female</i></p> <p><i>License Number: NP95003211</i></p> <p><i>NPI: 1790785988</i></p> <p><input type="checkbox"/> <i>Provider English Spoken: Y</i></p> <p><input type="checkbox"/> <i>Provider Language(s) Spoken: Tagalog</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Board Certified Specialty: No</i></p> <p> 9995 CARMEL MOUNTAIN RD STE B10 AND B11 SAN DIEGO, CA 92129</p> <p> <i>Phone: (844) 200-2426</i></p> <p> <i>After Hours Phone: (844) 200-2426</i></p> <p> <i>Website: www.operationsa mahan.org</i></p> <p><i>Medi-Cal Open Panel: Y</i></p> <p><i>Min/Max Age: 0\150</i></p> <p><i>American Sign Language (ASL): N</i></p> <p> <i>Accessibility: CONTACT PROVIDER</i></p> <p><u>CERTIFIED NURSE PRACTITIONER</u></p> <p>OWEN, MICHAEL</p> <p><i>Provider ID: 206363</i></p> <p><i>Provider Gender: Female</i></p> <p><i>License Number: NP95001492</i></p> <p><i>NPI: 1073869145</i></p> <p><input type="checkbox"/> <i>Provider English Spoken: Y</i></p> <p><input type="checkbox"/> <i>Provider Language(s) Spoken: Spanish</i></p> <p><i>Cultural Competency: N</i></p> <p><i>Board Certified Specialty: No</i></p>
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D2. Directorio de atención primaria

 4725 MARKET ST
SAN DIEGO, CA 92102
 Phone: (619) 515-2560
 After Hours Phone: (619)
515-2560

 Website: www.fhcsd.org
Email: nancyl@fhcsd.org
Medi-Cal Open Panel: 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

 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)

D2. Directorio de atención primaria

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: 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

D2. Directorio de atención primaria

Min/Max Age: 0\150

American Sign Language (ASL): Provider ID: 233532

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: 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

D2. Directorio de atención primaria

NPI: 1285732586

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 6973 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858)
279-0925

 Website: www.sdfamilycare.org

Medi-Cal Open Panel: 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

.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

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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
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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
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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-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

D2. Directorio de atención primaria

 6973 LINDA VISTA RD
SAN DIEGO, CA 92111
 Phone: (858) 279-0925
 After Hours Phone: (858)
279-0925
 Website: www.sdfamilycare.org

Medi-Cal Open Panel: 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

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279-0925

 Website: www.sdfamilycare.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):
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 Accessibility: CONTACT
PROVIDER

Hours: M 8:00AM-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

D2. Directorio de atención primaria

 *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*

 *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

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

D2. Directorio de atención primaria

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

D2. Directorio de atención primaria

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
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

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
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

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
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

TAYLOR, KAYLA

Provider ID: 206362
Provider Gender: Female
License Number: NP95006792
NPI: 1730604414

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

 3544 30TH ST
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)
515-2424

 Website: www.fhcsd.org
Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE

PRACTITIONER

TAYLOR, KAYLA

Provider ID: 206362

D2. Directorio de atención primaria

Provider Gender: Female
License Number: NP95006792
NPI: 1730604414

 Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No

 3544 30TH ST
SAN DIEGO, CA 92104

 Phone: (619) 515-2424
 After Hours Phone: (619)
515-2424

 Website: www.fhcsd.org
Medi-Cal Open Panel: 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
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

TRAN, KELLY

Provider ID: 206360
Provider Gender: Female
License Number: NP95003689
NPI: 1255799276

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Vietnamese

Cultural Competency: N
Board Certified Specialty: No

 1809 NATIONAL AVE
SAN DIEGO, CA 92113

 Phone: (619) 515-2300
 After Hours Phone: (619)
515-2300

 Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Y
Min/Max Age: 0\150

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE

PRACTITIONER

TUEROS, VICTORIA

Provider ID: 206360

D2. Directorio de atención primaria

Provider Gender: Female

License Number: NP2286

NPI: 1598989261

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)
515-2300

 Website: www.fhcsd.org

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: 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

 1809 NATIONAL AVE
SAN DIEGO, 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

D2. Directorio de atención primaria

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: 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

D2. Directorio de atención primaria

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

 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

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

D2. Directorio de atención primaria

 Phone: (619) 515-2424

 After Hours Phone: (619) 515-2424

 Website: www.fhcsd.org

Email: jenanm@fhcsd.org

Medi-Cal Open Panel: 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

D2. Directorio de atención primaria

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

GESHTEIN, 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)

D2. Directorio de atención primaria

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

D2. Directorio de atención primaria

License Number: DC27726

NPI: 1093991549

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

 9995 CARMEL MOUNTAIN
RD STE B10 AND B11
SAN DIEGO, CA 92129

 Phone: (844) 200-2426

 After Hours Phone: (844)
200-2426

 Website: [www.operationsa
mahan.org](http://www.operationsa
mahan.org)

Medi-Cal Open Panel: 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.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

CHIROPRACTOR

GILIBERTO, JOSEPH

Provider ID: 418535

Provider Gender: Male

License Number: DC15775

NPI: 1821463159

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 9995 CARMEL MOUNTAIN
RD STE B10 AND B11
SAN DIEGO, CA 92129

 Phone: (844) 200-2426

 After Hours Phone: (844)
200-2426

 Website: [www.operationsa
mahan.org](http://www.operationsa
mahan.org)

Medi-Cal Open Panel: 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.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-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

D2. Directorio de atención primaria

 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

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

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

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
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

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

D2. Directorio de atención primaria

License Number: DC29074

NPI: 1235469396

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Italian, Spanish

Cultural Competency: N

Board Certified Specialty: No

 2630 1ST AVE

SAN DIEGO, CA 92103

 Phone: (619) 234-2158

 After Hours Phone: (619)
234-2158

 Website: WWW.SDAIHC.ORG

Medi-Cal Open Panel: 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

Medi-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

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

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

D2. Directorio de atención primaria

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

D2. Directorio de atención primaria

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

D2. Directorio de atención primaria

PROVIDER
Hours: M-F 8:00AM-4:30PM

CHIROPRACTOR **SU, VENNES**

Provider ID: 417101
Provider Gender: Female
License Number: DC34907
NPI: 1053919928
☐ Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No

📍 10737 CAMINO RUIZ STE 235
SAN DIEGO, CA 92126
☎ Phone: (844) 200-2426
🕒 After Hours Phone: (844) 200-2426
🌐 Website: www.operationsamahan.org
Medi-Cal Open Panel: 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
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
NPI: 1699216622
☐ Provider English Spoken: Y
Cultural Competency: N
📍 9995 CARMEL MOUNTAIN RD STE B10 AND B11
SAN DIEGO, CA 92129
☎ Phone: (844) 200-2426
☎ Fax: (858) 695-9074
🕒 After Hours Phone: (844) 200-2426
🌐 Website: www.operationsamahan.org
Medi-Cal Open Panel: 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
Email: 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
📍 4094 4TH AVE
SAN DIEGO, CA 92103
☎ Phone: (619) 515-2545
🕒 After Hours Phone: (619) 515-2545
🌐 Website: www.fhcsd.org

D2. Directorio de atención primaria

Email: 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

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

ENDOCRINOLOGY

METABOLISM DIABETES

AHMAD, AAKIF

Provider ID: 206360

Provider Gender: Male

License Number: 20A12732

NPI: 1720308331

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL,
SCRIPPS GREEN HOSPITAL

Board Certified Specialty: No

 1809 NATIONAL AVE
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)
515-2300

 Website: www.fhcsd.org
Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: 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

 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

CARRILLO, MARITZA

D2. Directorio de atención primaria

Provider ID: 206360

Provider Gender: Female

License Number: A163183

NPI: 1649628587

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL

Board Certified Specialty: No

 1809 NATIONAL AVE
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)
515-2300

 Website: www.fhcsd.org
Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: 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

 1809 NATIONAL AVE
SAN DIEGO, 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

ENDOCRINOLOGY

METABOLISM DIABETES

CHANG, AMY

Provider ID: 206360

Provider Gender: Female

License Number: A93385

NPI: 1750568911

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL ENCINITAS,

SADDLEBACK MEMORIAL

MED CTR, SCRIPPS GREEN

HOSPITAL

Board Certified Specialty: No

 1809 NATIONAL AVE
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)
515-2300

 Website: www.fhcsd.org
Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: 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

 1809 NATIONAL AVE
SAN DIEGO, 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

GANDHI, ANAND

Provider ID: 206360

Provider Gender: Male

License Number: A178494

D2. Directorio de atención primaria

NPI: 1821651779

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

1809 NATIONAL AVE
SAN DIEGO, CA 92113

Phone: (619) 515-2300

Fax: (619) 515-2510

After Hours Phone: (619)
515-2300

Website: www.fhcsd.org

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: 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

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

LEVINE, MATTHEW

Provider ID: 206360

Provider Gender: Male

License Number: A77126

NPI: 1801994231

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

GREEN HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL, UCSD

MEDICAL CTR

Board Certified Specialty: No

1809 NATIONAL AVE
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)
515-2300

Website: www.fhcsd.org

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: 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

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

NAGELBERG, JODI

Provider ID: 206360

Provider Gender: Female

License Number: A146838

NPI: 1720474141

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

1809 NATIONAL AVE
SAN DIEGO, CA 92113

Phone: (619) 515-2300

After Hours Phone: (619)
515-2300

Website: www.fhcsd.org

Email: dalvarado@fhcsd.org

D2. Directorio de atención primaria

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

 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

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

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

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

D2. Directorio de atención primaria

Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): NPI: 1588197826

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.syhealth.org/locations>

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): License Number: 20A15459

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.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

 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

BACHARACH, REBECCA

Provider ID: 417937

Provider Gender: Female

License Number: 20A15459

NPI: 1225442643

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)
515-2545

 Website: www.fhcsd.org
Email: fabianm@fhcsd.org

Medi-Cal Open Panel: 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

D2. Directorio de atención primaria

Provider Gender: Male
License Number: A163977
NPI: 1942705637

 Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No

 1550 BROADWAY STE 2
SAN DIEGO, CA 92101
 Phone: (619) 515-2525
 After Hours Phone: (619)
515-2525

 Website: www.fhcsd.org
Email: janeta@fhcsd.org
Medi-Cal Open Panel: 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

 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

FAMILY PRACTICE

BAHRAMZI, MARIA

Provider ID: 417987
Provider Gender: Female
License Number: A173486
NPI: 1588141865

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Pushto

Cultural Competency: N
Board Certified Specialty: No

 4874 POLK AVE
SAN DIEGO, CA 92105
 Phone: (619) 515-2426
 After Hours Phone: (619)
515-2426

 Website: www.fhcsd.org
Medi-Cal Open Panel: 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

 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

BAHRAMZI, MARIA

Provider ID: 206362
Provider Gender: Female
License Number: A173486
NPI: 1588141865

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Pushto

Cultural Competency: N
Board Certified Specialty: No

 3544 30TH ST
SAN DIEGO, CA 92104
 Phone: (619) 515-2424
 After Hours Phone: (619)
515-2424

 Website: www.fhcsd.org
Medi-Cal Open Panel: 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)

D2. Directorio de atención primaria

Spoken: Pushto
Cultural Competency: N
Board Certified Specialty: No
 3544 30TH ST
SAN DIEGO, CA 92104
 *Phone: (619) 515-2424*
 *After Hours Phone: (619) 515-2424*
 *Website: www.fhcsd.org*
Medi-Cal Open Panel: 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

D2. Directorio de atención primaria

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

 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

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):

D2. Directorio de atención primaria

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

D2. Directorio de atención primaria

SAN DIEGO, CA 92104
Phone: (619) 515-2424
After Hours Phone: (619) 515-2424
Website: www.fhcsd.org
Medi-Cal Open Panel: 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
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
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

D2. Directorio de atención primaria

Board Certified Specialty: No

 1809 NATIONAL AVE
SAN DIEGO, CA 92113
 Phone: (619) 515-2300
 After Hours Phone: (619)
515-2300
 Website: www.fhcsd.org
Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: 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

 4094 4TH AVE
SAN DIEGO, CA 92103

D2. Directorio de atención primaria

 Phone: (619) 515-2545
 After Hours Phone: (619) 515-2545
 Website: www.fhcsd.org
Email: fabianm@fhcsd.org
Medi-Cal Open Panel: 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: 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

D2. Directorio de atención primaria

Min/Max Age: 0\150

American Sign Language (ASL): MEDICAL CTR, UCSD LA JOLLA
N JOHN SALLY THORNTON

 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):
N

 Accessibility: CONTACT PROVIDER

Hours: SU-SA 8:30AM-5:30PM

FAMILY PRACTICE

COLLINS, WILLIAM

Provider ID: 417937

Provider Gender: Male

License Number: 20A15413

NPI: 1417361973

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD N

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: 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

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

D2. Directorio de atención primaria

 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>

Medi-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

Medi-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

Medi-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

D2. Directorio de atención primaria

 *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- healt
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- healt
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*
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

FLORES, JOE

Provider ID: 417937
Provider Gender: Male
License Number: A171135
NPI: 1033647409
 *Provider English Spoken: Y*
Cultural Competency: N
Board Certified Specialty: No
 4094 4TH AVE
SAN DIEGO, CA 92103
 *Phone: (619) 515-2545*
 *After Hours Phone: (619)*

515-2545
 *Website: www.fhcsd.org*
Email: fabianm@fhcsd.org
Medi-Cal Open Panel: 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*
Medi-Cal Open Panel: Y
Min/Max Age: 0\150
*American Sign Language (ASL):
N*
 *Accessibility: CONTACT
PROVIDER*

FAMILY PRACTICE

GLEASON ROHRER, GWEN

D2. Directorio de atención primaria

Provider ID: 233532

Provider Gender: Female

License Number: A112176

NPI: 1710140462

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Board Certified Specialty: No

 4305 UNIVERSITY AVE STE
150

SAN DIEGO, CA 92105

 Phone: (619) 280-2058

 After Hours Phone: (619)
280-2058

 Website: www.sdfamilycare.org

Medi-Cal Open Panel: 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

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

Medi-Cal Open Panel: Y

Min/Max Age: 0\22

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

GRIFFITHS, KENNETH

Provider ID: 417937

Provider Gender: Male

License Number: C52451

NPI: 1760563068

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Board Certified Specialty: No

 4094 4TH AVE

SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)
515-2545

 Website: www.fhcsd.org

Email: fabianm@fhcsd.org

Medi-Cal Open Panel: 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

D2. Directorio de atención primaria

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

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

D2. Directorio de atención primaria

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

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

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

D2. Directorio de atención primaria

 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
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

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
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
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

D2. Directorio de atención primaria

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](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

KIDDER, BRENDAN

Provider ID: 227409

Provider Gender: Male

License Number: A112379

NPI: 1275793929

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: [https://www.syhe
alth.org/locations](https://www.syhealth.org/locations)

Medi-Cal Open Panel: 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)

D2. Directorio de atención primaria

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)

D2. Directorio de atención primaria

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

D2. Directorio de atención primaria

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: 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

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

D2. Directorio de atención primaria

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: 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

MATICH, BRANKO

Provider ID: 206046

Provider Gender: Male

License Number: C174985

NPI: 1023437704

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

 6973 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

 After Hours Phone: (858)
279-0925

 Website: www.sdfamilycare.org

Medi-Cal Open Panel: 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

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

D2. Directorio de atención primaria

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: 482070
Provider Gender: Male
License Number: C174985
NPI: 1023437704
 Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No

 7011 LINDA VISTA RD
SAN DIEGO, CA 92111
 Phone: (858) 810-8700
 After Hours Phone: (858)
810-8700
 Website: www.sdfamilycare.org

Medi-Cal Open Panel: 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

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

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

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

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):

D2. Directorio de atención primaria

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.syhealth.org/locations>

Medi-Cal Open Panel: Y
Min/Max Age: 0\150
American Sign Language (ASL):

N

 **Accessibility: CONTACT PROVIDER**

FAMILY PRACTICE

MORALES, ALEJANDRA

Provider ID: 227409
Provider Gender: Female
License Number: A162332
NPI: 1063945657

 Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No

 3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100

 Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: 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
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

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

D2. Directorio de atención primaria

 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)

D2. Directorio de atención primaria

200-2426
 Website: www.operationsamahan.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.operationsamahan.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
Email: 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

D2. Directorio de atención primaria

NPI: 1255569083

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 2325 COMMERCIAL ST STE
1400

SAN DIEGO, CA 92113

 Phone: (619) 515-2422

 After Hours Phone: (619)
515-2422

 Website: www.fhcsd.org

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: 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

Email: 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

Email: 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

Email: 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

Email: 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

D2. Directorio de atención primaria

NPI: 1295100691

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)
515-2300

 Website: www.fhcsd.org

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: 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

Email: 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)

D2. Directorio de atención primaria

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 8:00AM-7:00PM
TU-TH 8:00AM-6:00PM
F 8:00AM-5:30PM
SA 8:00AM-5:00PM

FAMILY PRACTICE

RAMIREZ, CRISTHIAN

Provider ID: 206360
Provider Gender: Female
License Number: 20A17478
NPI: 1407200942

 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Spanish*

Cultural Competency: N
Board Certified Specialty: No

 1809 NATIONAL AVE
SAN DIEGO, CA 92113
 *Phone: (619) 515-2300*
 *After Hours Phone: (619) 515-2300*

 *Website: www.fhcsd.org*
Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: 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

FAMILY PRACTICE

RITTER, STEVEN

Provider ID: 451167
Provider Gender: Male
License Number: 20A7435
NPI: 1356556021

 *Provider English Spoken: Y*
Cultural Competency: N

Board Certified Specialty: No

 950 S EUCLID AVE
SAN DIEGO, CA 92114
 *Phone: (619) 662-4100*
 *After Hours Phone: (619) 662-4100*

 *Website: www.syhealth.org /clinics/king- chavez- health-center*

Medi-Cal Open Panel: 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*

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*

D2. Directorio de atención primaria

Hours: M-F 8:00AM-5:00PM

FAMILY PRACTICE

RODRIGUEZ, SEAN

Provider ID: 227409

Provider Gender: Male

License Number: A120576

NPI: 1780909903

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL CHULA
VISTA

Board Certified Specialty: No

3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: <https://www.syhealth.org/locations>

Medi-Cal Open Panel: 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.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

FAMILY PRACTICE

SCHUMAKER, EDWARD

Provider ID: 185268

Provider Gender: Male

License Number: 20A6433

NPI: 1184616872

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105

Phone: (619) 255-9155

Fax: (619) 284-4731

After Hours Phone: (619)
255-9155

Website: www.lamaestra.org

Email:

D2. Directorio de atención primaria

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*

D2. Directorio de atención primaria

 *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: 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

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)*

D2. Directorio de atención primaria

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

D2. Directorio de atención primaria

 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

D2. Directorio de atención primaria

 *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

D2. Directorio de atención primaria

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: 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

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

D2. Directorio de atención primaria

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

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

D2. Directorio de atención primaria

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

D2. Directorio de atención primaria

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

D2. Directorio de atención primaria

 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
Email: 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

D2. Directorio de atención primaria

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

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.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

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.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

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

Email: 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

Email: 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

D2. Directorio de atención primaria

 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

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

D2. Directorio de atención primaria

FQHC

FAMILY HEALTH CTR SAN DIEGO-OAK PARK,

Provider ID: 664747

NPI: 1336525906

 Provider English Spoken: Y
Cultural Competency: N

 2114 NATIONAL AVE
SAN DIEGO, CA 92113

 Phone: (619) 515-2406

 After Hours Phone: (619)
515-2406

 Website: www.fhcsd.org

Medi-Cal Open Panel: 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

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

FQHC

FAMILY HEALTH CTR SAN DIEGO-OAK PARK,

Provider ID: 418142

NPI: 1336525906

 Provider English Spoken: Y
Cultural Competency: N

 5160 FEDERAL BLVD
SAN DIEGO, CA 92105

 Phone: (619) 515-2454

Fax: (619) 794-2696

 After Hours Phone: (619)
515-2454

 Website: www.fhcsd.org

Email: nancyl@fhcsd.org

Medi-Cal Open Panel: 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: 664747

NPI: 1336525906

 Provider English Spoken: Y
Cultural Competency: N

 2114 NATIONAL AVE
SAN DIEGO, CA 92113

 Phone: (619) 515-2406

 After Hours Phone: (619)
515-2406

 Website: www.fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Hours: M-F 8:30AM-5:30PM

FQHC

FAMILY HLTH CTR OF SD SAN DIEGO COMMERCIAL,

Provider ID: 419529

NPI: 1235521782

 Provider English Spoken: Y
Cultural Competency: N

 2325 COMMERCIAL ST STE
1400

SAN DIEGO, CA 92113

 Phone: (619) 515-2422

Fax: (619) 269-0053

 After Hours Phone: (619)
515-2422

 Website: www.fhcsd.org

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: 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

D2. Directorio de atención primaria

 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

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

D2. Directorio de atención primaria

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-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

FQHC

KING CHAVEZ HEALTH CENTER,

Provider ID: 451167

NPI: 1538262092

 Provider English Spoken: Y
Cultural Competency: N

 950 S EUCLID AVE
SAN DIEGO, CA 92114

 Phone: (619) 662-4100

Fax: (619) 205-1952

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/king-chavez-health-center

Medi-Cal Open Panel: 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.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-5:00PM

FQHC

LA MAESTRA FAMILY CLINIC INC,

Provider ID: 185268

NPI: 1336353721

 Provider English Spoken: Y
Cultural Competency: N

 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105

 Phone: (619) 280-4213

Fax: (619) 795-9849

 After Hours Phone: (619)
280-4213

 Website: www.lamaestra.org

Email:

aschmaltz@lamaestra.org

Medi-Cal Open Panel: Y

D2. Directorio de atención primaria

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: 1609905215

 Provider English Spoken: Y
Cultural Competency: N

 6973 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)
279-0925

 Website: www.sdfamilycare.org

Medi-Cal Open Panel: 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

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

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

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: 624977

NPI: 1447281936

 Provider English Spoken: Y
Cultural Competency: N

 2204 NATIONAL AVE
SAN DIEGO, CA 92113

 Phone: (619) 515-2355
Fax: (619) 232-7011

 After Hours Phone: (619)
515-2355

 Website: www.fhcsd.org
Medi-Cal Open Panel: 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

D2. Directorio de atención primaria

 *Provider English Spoken: Y*
Cultural Competency: N
 1809 NATIONAL AVE
SAN DIEGO, CA 92113
 *Phone: (619) 515-2300*
Fax: (619) 234-2447
 *After Hours Phone: (619)*
515-2300
 *Website: www.fhcsd.org*
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: 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*
Email: 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*
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
Medi-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
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: 233597
NPI: 1962483040
 *Provider English Spoken: Y*
Cultural Competency: N
 4290 POLK AVE
SAN DIEGO, CA 92105
 *Phone: (619) 563-0250*
Fax: (858) 633-4681
 *After Hours Phone: (619)*
563-0250
 *Website: www.sdfamilycare*
.org
Medi-Cal Open Panel: Y
Min/Max Age: 0\150
American Sign Language (ASL):
N
 *Accessibility: CONTACT*

D2. Directorio de atención primaria

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,

D2. Directorio de atención primaria

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

OPERATION SAMAHAN - MIRA MESA,

Provider ID: 417101

NPI: 1871680397

 Provider English Spoken: Y
Cultural Competency: N

 10737 CAMINO RUIZ STE
235

SAN DIEGO, CA 92126

 Phone: (844) 200-2426

Fax: (858) 578-4417

 After Hours Phone: (844)
200-2426

 Website: www.operationsamahan.org

Medi-Cal Open Panel: 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

 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: 432308

NPI: 1861933897

 Provider English Spoken: Y
Cultural Competency: N

 9855 ERMA RD STE 105
SAN DIEGO, CA 92131

 Phone: (844) 200-2426

Fax: (858) 536-8034

 After Hours Phone: (844)
200-2426

 Website: www.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

 Provider English Spoken: Y
Cultural Competency: N

 9855 ERMA RD STE 105
SAN DIEGO, CA 92131

 Phone: (844) 200-2426

Fax: (858) 536-8034

 After Hours Phone: (844)
200-2426

 Website: www.operationsamahan.org

D2. Directorio de atención primaria

Medi-Cal Open Panel: Y
Min/Max Age: 0\999
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER

FQHC

OPERATION SAMAHAN RANCHO PENASQUITOS,

Provider ID: 418535
NPI: 1699216622
 Provider English Spoken: Y
Cultural Competency: N
 9995 CARMEL MOUNTAIN
RD STE B10 AND B11
SAN DIEGO, CA 92129
 Phone: (844) 200-2426
Fax: (858) 695-9074

 After Hours Phone: (844)
200-2426
 Website: www.operationsamahan.org
Medi-Cal Open Panel: 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.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

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
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

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
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

FQHC

SAN DIEGO FAMILY CARE,

Provider ID: 482070
NPI: 1457724858
 Provider English Spoken: Y
Cultural Competency: N
 7011 LINDA VISTA RD
SAN DIEGO, CA 92111
 Phone: (858) 810-8700
Fax: (858) 633-4680
 After Hours Phone: (858)
810-8700
 Website: www.sdfamilycare.org

Medi-Cal Open Panel: Y
Min/Max Age: 0\150
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER

D2. Directorio de atención primaria

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

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,

D2. Directorio de atención primaria

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):

D2. Directorio de atención primaria

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 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

D2. Directorio de atención primaria

 *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

 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

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

D2. Directorio de atención primaria

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

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
📍 1809 NATIONAL AVE SAN DIEGO, CA 92113
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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

D2. Directorio de atención primaria

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):
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):
N

Accessibility: CONTACT
PROVIDER

INTERNAL MEDICINE

ALDOUS, JEANNETTE

Provider ID: 451167

Provider Gender: Female

License Number: A101017

NPI: 1073650339

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR

Board Certified Specialty: No

950 S EUCLID AVE
SAN DIEGO, CA 92114

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org
/clinics/king- chavez- healt
h- 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- healt
h- 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

D2. Directorio de atención primaria

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

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) 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

BOHR, CHRISTINA

Provider ID: 417937

Provider Gender: Female

License Number: 20A17702

NPI: 1841794344

 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE

SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619) 515-2545

 Website: www.fhcsd.org

Email: fabianm@fhcsd.org

Medi-Cal Open Panel: 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

 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

BRIONES COLMAN, FELICIA

Provider ID: 417937

Provider Gender: Female

License Number: A80153

NPI: 1962517367

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE

SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619) 515-2545

 Website: www.fhcsd.org

Email: fabianm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

D2. Directorio de atención primaria

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

 4094 4TH AVE

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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

Hours: M-TH 8:00AM-9:00PM

F 8:00AM-5:00PM

INTERNAL MEDICINE

CSAPOCZI, PETER

Provider ID: 451167

Provider Gender: Male

License Number: A96919

NPI: 1841357118

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Hungarian,
Spanish, Ukrainian

Cultural Competency: N

Board Certified Specialty: No

 950 S EUCLID AVE

SAN DIEGO, CA 92114

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org

[/clinics/king-chavez-health-center](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

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

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 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

INTERNAL MEDICINE

CURTIS, MEGAN

Provider ID: 206360

Provider Gender: Female

License Number: A187390

D2. Directorio de atención primaria

NPI: 1699138115

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)
515-2300

 Website: www.fhcsd.org

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: 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

 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

DAHMS, ERIC

Provider ID: 417937

Provider Gender: Male

License Number: G80316

NPI: 1306808464

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SCRIPPS

MERCY HOSPITAL CHULA

VISTA

Board Certified Specialty: No

 4094 4TH AVE
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)
515-2545

 Website: www.fhcsd.org

Email: fabianm@fhcsd.org

Medi-Cal Open Panel: 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

Email: 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

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

DIEP, KEVIN

Provider ID: 417937

Provider Gender: Male

D2. Directorio de atención primaria

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
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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
 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):

INTERNAL MEDICINE

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
 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

D2. Directorio de atención primaria

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

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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

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
 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

GUTIERREZ, ANGELICA

Provider ID: 233597
Provider Gender: Female
License Number: A175116
NPI: 1982180329

Provider English Spoken: Y

D2. Directorio de atención primaria

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*

INTERNAL MEDICINE

GUTIERREZ, ANGELICA

Provider ID: 233597

Provider Gender: Female

License Number: A175116

NPI: 1982180329

 *Provider English Spoken: Y*

Cultural Competency: N

Board Certified Specialty: No

 4290 POLK AVE

SAN DIEGO, CA 92105

 Phone: (619) 563-0250

 After Hours Phone: (619)
563-0250

 Website: www.sdfamilycare.org

Medi-Cal Open Panel: 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

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

INTERNAL MEDICINE

HAZELBAKER, PAUL

Provider ID: 417782

Provider Gender: Male

License Number: 20A7147

NPI: 1831106103

 *Provider English Spoken: Y*

Cultural Competency: N

Board Certified Specialty: No

 1250 6TH AVE STE 100

SAN DIEGO, CA 92101

 Phone: (619) 515-2430

 After Hours Phone: (619)
515-2430

 Website: www.fhcsd.org

Email: jinah@fhcsd.org

Medi-Cal Open Panel: 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

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

HENDERSON, PHILIP

Provider ID: 417937

Provider Gender: Male

License Number: A140324

NPI: 1447678834

 *Provider English Spoken: Y*

Cultural Competency: N

D2. Directorio de atención primaria

Board Certified Specialty: No

📍 4094 4TH AVE
SAN DIEGO, CA 92103
☎ Phone: (619) 515-2545
🕒 After Hours Phone: (619)
515-2545

🌐 Website: www.fhcsd.org
Email: fabianm@fhcsd.org

Medi-Cal Open Panel: 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
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

JAMISON, KAREN

Provider ID: 417937

Provider Gender: Female

License Number: A95356

NPI: 1285830505

📄 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL

Board Certified Specialty: No

📍 4094 4TH AVE
SAN DIEGO, CA 92103

☎ Phone: (619) 515-2545

Fax: (619) 501-9645

🕒 After Hours Phone: (619)
515-2545

🌐 Website: www.fhcsd.org
Email: fabianm@fhcsd.org

Medi-Cal Open Panel: 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
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

INTERNAL MEDICINE

JEONG, MATTHEW

Provider ID: 417782

Provider Gender: Male

License Number: A190535

NPI: 1558982512

📄 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

📍 1250 6TH AVE STE 100
SAN DIEGO, CA 92101

☎ Phone: (619) 515-2430

🕒 After Hours Phone: (619)
515-2430

🌐 Website: www.fhcsd.org
Email: jinah@fhcsd.org

Medi-Cal Open Panel: 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

D2. Directorio de atención primaria

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, Meniffee

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, Meniffee

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- healt
h- 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

D2. Directorio de atención primaria

 *Provider English Spoken: Y* *N*

 *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

LEE, MICHAEL

Provider ID: 206360

Provider Gender: Male

License Number: A71671

NPI: 1760406649

 *Provider English Spoken: Y*
Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS GREEN HOSPITAL

Board Certified Specialty: No

 1809 NATIONAL AVE
SAN DIEGO, CA 92113

 *Phone: (619) 515-2300*

 *After Hours Phone: (619)
515-2300*

 *Website: www.fhcsd.org*
Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): *Board Certified Specialty: No*

 *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)
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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*

INTERNAL MEDICINE

LU, STEPHANIE

Provider ID: 206362

Provider Gender: Female

License Number: 20A20252

NPI: 1518524586

 *Provider English Spoken: Y*

 *Provider Language(s)*

Spoken: Vietnamese

Cultural Competency: N

Board Certified Specialty: No

 3544 30TH ST

SAN DIEGO, CA 92104

 *Phone: (619) 515-2424*

 *After Hours Phone: (619)
515-2424*

 *Website: www.fhcsd.org*

Medi-Cal Open Panel: 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*

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

D2. Directorio de atención primaria

NPI: 1326579210

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)
515-2300

 Website: www.fhcsd.org

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: 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

Email: 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

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

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

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

D2. Directorio de atención primaria

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

INTERNAL MEDICINE

NARANJO, RODRIGO

Provider ID: 206046

Provider Gender: Male

License Number: A119010

NPI: 1609095264

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 6973 LINDA VISTA RD
SAN DIEGO, CA 92111
 Phone: (858) 279-0925
 After Hours Phone: (858)
279-0925
 Website: www.sdfamilycare.org

Medi-Cal Open Panel: 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

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

Email: 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
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

D2. Directorio de atención primaria

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

D2. Directorio de atención primaria

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

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

g

Email:

aschmaltz@lamaestra.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

 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

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

SASSIC, JESSICA

Provider ID: 417937

Provider Gender: Female

License Number: A185024

NPI: 1598342529

 Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE
SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)
515-2545

 Website: www.fhcsd.org

Email: fabianm@fhcsd.org

Medi-Cal Open Panel: 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

D2. Directorio de atención primaria

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

D2. Directorio de atención primaria

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

VALDEZ, KRYSTAL

Provider ID: 417101

Provider Gender: Female

License Number: A156854

NPI: 1629480272

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: TWIN

CITIES COMMUNITY

HOSPITAL, SIERRA VISTA

REGIONAL MED CTR,

PARADISE VALLEY HOSPITAL

Board Certified Specialty: No

10737 CAMINO RUIZ STE
235

SAN DIEGO, CA 92126

Phone: (844) 200-2426

After Hours Phone: (844)
200-2426

Website: www.operationsa
mahan.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F 8:00AM-4:30PM

INTERNAL MEDICINE

VALDEZ, KRYSTAL

Provider ID: 417101

Provider Gender: Female

License Number: A156854

NPI: 1629480272

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish, Tagalog

Cultural Competency: N

Hospital Affiliation: TWIN

CITIES COMMUNITY

HOSPITAL, SIERRA VISTA

REGIONAL MED CTR,

PARADISE VALLEY HOSPITAL

Board Certified Specialty: No

10737 CAMINO RUIZ STE
235

SAN DIEGO, CA 92126

Phone: (844) 200-2426

After Hours Phone: (844)
200-2426

Website: www.operationsa
mahan.org

Medi-Cal Open Panel: 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

Provider Gender: Female

License Number: A169207

NPI: 1346628310

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

4094 4TH AVE
SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)
515-2545

Website: www.fhcsd.org
Email: fabianm@fhcsd.org

Medi-Cal Open Panel: 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)

D2. Directorio de atención primaria

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

WASTILA, LISA

Provider ID: 403583
Provider Gender: Female
License Number: A60801
NPI: 1043375231
 Provider English Spoken: Y
 Provider Language(s) Spoken: German
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON

Board Certified Specialty: No

 1501 IMPERIAL AVE
SAN DIEGO, CA 92101
 Phone: (619) 233-8500
 After Hours Phone: (619) 233-8500
 Website: N/A
Medi-Cal Open Panel: Y
Min/Max Age: 0\999

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE

WASTILA, LISA

Provider ID: 403583
Provider Gender: Female

License Number: A60801
NPI: 1043375231
 Provider English Spoken: Y
 Provider Language(s) Spoken: German
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON

Board Certified Specialty: No

 1501 IMPERIAL AVE
SAN DIEGO, CA 92101
 Phone: (619) 233-8500
 After Hours Phone: (619) 233-8500
 Website: N/A

Medi-Cal Open Panel: Y

Min/Max Age: 0\999
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

INTERNAL MEDICINE

WATTANAMANO, PORNTHEP

Provider ID: 206046
Provider Gender: Male
License Number: C186338
NPI: 1295738516
 Provider English Spoken: Y
 Provider Language(s) Spoken: Thai
Cultural Competency: N

Board Certified Specialty: No

 6973 LINDA VISTA RD
SAN DIEGO, CA 92111
 Phone: (858) 279-0925
 After Hours Phone: (858) 279-0925
 Website: www.sdfamilycare.org

Medi-Cal Open Panel: 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

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)

D2. Directorio de atención primaria

Spoken: Thai
Cultural Competency: N

Board Certified Specialty: No

6973 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 279-0925

After Hours Phone: (858)
279-0925

Website: www.sdfamilycare.org

Medi-Cal Open Panel: 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

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

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

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 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)

D2. Directorio de atención primaria

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

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)

D2. Directorio de atención primaria

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

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
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

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)

D2. Directorio de atención primaria

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: 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: 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
 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

D2. Directorio de atención primaria

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
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: 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: 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

D2. Directorio de atención primaria

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

BLAKE, GARY

Provider ID: 206046

Provider Gender: Male

License Number: G44807

NPI: 1497738439

 *Provider English Spoken: Y*
Cultural Competency: N

Board Certified Specialty: No

 6973 LINDA VISTA RD
SAN DIEGO, CA 92111

 *Phone: (858) 279-0925*

 *After Hours Phone: (858) 279-0925*

 *Website: www.sdfamilycare.org*

Medi-Cal Open Panel: 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*

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

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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*

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

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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*

Hours: M 8:30AM-5:30PM

TU 8:30AM-9:00PM

D2. Directorio de atención primaria

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

 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

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

D2. Directorio de atención primaria

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): License Number: A68463

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: 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: 206362

Provider Gender: Female

License Number: A68463

NPI: 1376663831

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SHARP MARY

BIRCH HOSP FOR WOMEN

AND NEWBORNS

Board Certified Specialty: No

 3544 30TH ST

SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619) 515-2424

 Website: www.fhcsd.org

Medi-Cal Open Panel: 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

SAN DIEGO, CA 92104

 Phone: (619) 515-2424

D2. Directorio de atención primaria

 After Hours Phone: (619)
515-2424

 Website: www.fhcsd.org
Medi-Cal Open Panel: 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
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

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):
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)

D2. Directorio de atención primaria

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

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
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Board Certified Specialty: No
 3544 30TH ST
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Medi-Cal Open Panel: Y
Min/Max Age: 0\150
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N
 Accessibility: CONTACT PROVIDER
Hours: M-TH 8:30AM-5:30PM
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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
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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

CARTER, KHALIL

Provider ID: 206360
Provider Gender: Male
License Number: A113001
NPI: 1225231582
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL,
GROSSMONT HOSPITAL, TRI
CITY MEDICAL CTR
Board Certified Specialty: No
 1809 NATIONAL AVE
SAN DIEGO, CA 92113
 Phone: (619) 515-2300
 After Hours Phone: (619)
515-2300
 Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Y
Min/Max Age: 0\150

D2. Directorio de atención primaria

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
SAN DIEGO, 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

CARTER, KHALIL

Provider ID: 402851

Provider Gender: Male

License Number: A113001

NPI: 1225231582

 Provider English Spoken: Y

 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS MERCY HOSPITAL,

GROSSMONT HOSPITAL, TRI CITY MEDICAL CTR

Board Certified Specialty: No

 3705 MISSION BLVD
SAN DIEGO, CA 92109

 Phone: (619) 515-2444

 After Hours Phone: (619) 515-2444

 Website: www.fhcsd.org

Email: sabay@fhcsd.org

Medi-Cal Open Panel: 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 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: 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)

D2. Directorio de atención primaria

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
SAN DIEGO, CA 92104
 Phone: (619) 515-2424
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515-2424

 Website: www.fhcsd.org
Email: jenanm@fhcsd.org
Medi-Cal Open Panel: Y
Min/Max Age: 0\18
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER

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
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MERCY HOSPITAL, SHARP
CORONADO HOSP AND
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GROSSMONT HOSPITAL
Board Certified Specialty: No

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Hours: M-TH 8:30AM-5:00PM

OBSTETRICS / GYNECOLOGY

CERVANTES, SANDRA

Provider ID: 402851
Provider Gender: Female
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Provider English Spoken: Y
 Provider Language(s)
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Cultural Competency: N
Hospital Affiliation: SCRIPPS

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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

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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D2. Directorio de atención primaria

 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 **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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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

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
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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: 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
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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-TH 8:00AM-5:30PM
F 8:00AM-5:00PM

OBSTETRICS / GYNECOLOGY

CERVANTES, SANDRA

Provider ID: 206362
Provider Gender: Female
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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

D2. Directorio de atención primaria

Board Certified Specialty: No

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Min/Max Age: 0\150

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OBSTETRICS / GYNECOLOGY

CERVANTES, SANDRA

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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: 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: 206363

Provider Gender: Female

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NPI: 1073701041

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

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GROSSMONT HOSPITAL

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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

CHAKRABARTI, PRIYA

Provider ID: 206363

Provider Gender: Female

License Number: A163464

NPI: 1326531401

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

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Min/Max Age: 0\150

American Sign Language (ASL):

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OBSTETRICS / GYNECOLOGY

CHAKRABARTI, PRIYA

Provider ID: 206363

Provider Gender: Female

License Number: A163464

NPI: 1326531401

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

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D2. Directorio de atención primaria

 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

CHAKRABARTI, PRIYA

Provider ID: 416831

Provider Gender: Female

License Number: A163464

NPI: 1326531401

 Provider English Spoken: Y

 Provider Language(s)
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Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

 3514 30TH ST
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Email: jenanm@fhcsd.org

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Min/Max Age: 0\18

American Sign Language (ASL):
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 Accessibility: CONTACT
PROVIDER

Hours: M-TH 8:00AM-5:00PM

OBSTETRICS / GYNECOLOGY

CHAKRABARTI, PRIYA

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Grossmont Hospital

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 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

 1809 NATIONAL AVE

SAN DIEGO, 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

CHAKRABARTI, PRIYA

Provider ID: 206360

Provider Gender: Female

License Number: A163464

NPI: 1326531401

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

 1809 NATIONAL AVE
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)
515-2300

 Website: www.fhcsd.org

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

D2. Directorio de atención primaria

CHAKRABARTI, PRIYA

Provider ID: 402851

Provider Gender: Female

License Number: A163464

NPI: 1326531401

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

 3705 MISSION BLVD
SAN DIEGO, CA 92109

 Phone: (619) 515-2444

 After Hours Phone: (619)
515-2444

 Website: www.fhcsd.org

Email: sabay@fhcsd.org

Medi-Cal Open Panel: 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

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):

 Accessibility: CONTACT
PROVIDER

Hours: M-W 8:30AM-5:30PM

TH 9:00AM-6:00PM

F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

DE MIK, TRAVIS

Provider ID: 416831

Provider Gender: Male

License Number: A108228

NPI: 1629277322

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 3514 30TH ST
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)
515-2424

 Website: www.fhcsd.org

Email: jenanm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL):

 Accessibility: CONTACT
PROVIDER

PROVIDER

OBSTETRICS / GYNECOLOGY

DE MIK, TRAVIS

Provider ID: 402851

Provider Gender: Male

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Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

 3705 MISSION BLVD
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Min/Max Age: 0\150

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 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

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Email: sabay@fhcsd.org

Medi-Cal Open Panel: Y

D2. Directorio de atención primaria

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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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

OBSTETRICS / GYNECOLOGY

DE MIK, TRAVIS

Provider ID: 206360

Provider Gender: Male

License Number: A108228

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OBSTETRICS / GYNECOLOGY

DE MIK, TRAVIS

Provider ID: 416831

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Cultural Competency: N

Board Certified Specialty: No

 3514 30TH ST
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)
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 Website: www.fhcsd.org

Email: jenanm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\18

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

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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

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
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 Phone: (619) 515-2560

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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

OBSTETRICS / GYNECOLOGY

DORUELO, ASHLEY

Provider ID: 206363

D2. Directorio de atención primaria

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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American Sign Language (ASL):
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 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
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Board Certified Specialty: No

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PROVIDER

OBSTETRICS / GYNECOLOGY

DORUELO, ASHLEY

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Provider Gender: Female
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 Provider English Spoken: Y
 Provider Language(s)
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MERCY HOSPITAL, Sharp
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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
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Board Certified Specialty: No

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OBSTETRICS / GYNECOLOGY

DORUELO, ASHLEY

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Grossmont Hospital
Board Certified Specialty: No

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D2. Directorio de atención primaria

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OBSTETRICS / GYNECOLOGY

DORUELO, ASHLEY

Provider ID: 402851
Provider Gender: Female
License Number: A178499
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Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, Sharp
Grossmont Hospital
Board Certified Specialty: No

3705 MISSION BLVD
SAN DIEGO, CA 92109
Phone: (619) 515-2444
After Hours Phone: (619) 515-2444
Website: www.fhcsd.org
Email: sabay@fhcsd.org
Medi-Cal Open Panel: 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

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: 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

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

D2. Directorio de atención primaria

American Sign Language (ASL): **BEATRIZ**

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

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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-F 8:00AM-5:00PM

OBSTETRICS / GYNECOLOGY

FOLCH TORRES-AGUIAR,

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:

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CHULA VISTA

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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: 206360

Provider Gender: Female

License Number: A148014

NPI: 1457794752

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish, Yue Chinese

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL,
Sharp Grossmont Hospital,
SCRIPPS MERCY HOSPITAL
CHULA VISTA

Board Certified Specialty: No

 1809 NATIONAL AVE
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)
515-2300

 Website: www.fhcsd.org
Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: 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

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:

D2. Directorio de atención primaria

GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL,
Sharp Grossmont Hospital,
SCRIPPS MERCY HOSPITAL
CHULA VISTA

Board Certified Specialty: No

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 Website: www.fhcsd.org
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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 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: 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
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 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: 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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 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,
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SCRIPPS MERCY HOSPITAL
CHULA VISTA

Board Certified Specialty: No

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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

OBSTETRICS / GYNECOLOGY

D2. Directorio de atención primaria

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

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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

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

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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

Hours: M-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

HANLEY, LAUREN

Provider ID: 206363

Provider Gender: Female

License Number: C174771

NPI: 1053392035

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

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 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

HANLEY, LAUREN

Provider ID: 206363

Provider Gender: Female

License Number: C174771

NPI: 1053392035

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

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Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

D2. Directorio de atención primaria

HANLEY, LAUREN

Provider ID: 416831

Provider Gender: Female

License Number: C174771

NPI: 1053392035

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

 3514 30TH ST

SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)
515-2424

 Website: www.fhcsd.org

Email: jenanm@fhcsd.org

Medi-Cal Open Panel: 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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SAN DIEGO, CA 92104

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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: 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

 1809 NATIONAL AVE

SAN DIEGO, 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

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

 1809 NATIONAL AVE

SAN DIEGO, CA 92113

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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

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

D2. Directorio de atención primaria

MERCY HOSPITAL, Sharp
Grossmont Hospital
Board Certified Specialty: No
 3705 MISSION BLVD
SAN DIEGO, CA 92109
 Phone: (619) 515-2444
 After Hours Phone: (619)
515-2444
 Website: www.fhcsd.org
Email: sabay@fhcsd.org

Medi-Cal Open Panel: 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
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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-5:30PM
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
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

LIPSCHITZ, LISA

Provider ID: 402851
Provider Gender: Female
License Number: A72005
NPI: 1649208711
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP
CORONADO HOSP AND
HEALTHCARE CTR, SCRIPPS
MERCY HOSPITAL,
GROSSMONT HOSPITAL
Board Certified Specialty: No
 3705 MISSION BLVD
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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-5:00PM
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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

D2. Directorio de atención primaria

CORONADO HOSP AND
HEALTHCARE CTR, SCRIPPS
MERCY HOSPITAL,
GROSSMONT HOSPITAL
Board Certified Specialty: No

3705 MISSION BLVD
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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
TH 9:30AM-6:00PM

OBSTETRICS / GYNECOLOGY

LIPSCHITZ, LISA

Provider ID: 206360

Provider Gender: Female

License Number: A72005

NPI: 1649208711

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND
HEALTHCARE CTR, SCRIPPS
MERCY HOSPITAL,
GROSSMONT HOSPITAL

Board Certified Specialty: No

1809 NATIONAL AVE
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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

Hours: M-F 8:00AM-5:00PM

OBSTETRICS / GYNECOLOGY

LIPSCHITZ, LISA

Provider ID: 206360

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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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Hours: M-F 8:00AM-5:00PM

OBSTETRICS / GYNECOLOGY

LIPSCHITZ, LISA

Provider ID: 416831

Provider Gender: Female

License Number: A72005

NPI: 1649208711

Provider English Spoken: Y

Provider Language(s)
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: jenanm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

LIPSCHITZ, LISA

Provider ID: 206362

Provider Gender: Female

License Number: A72005

NPI: 1649208711

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

D2. Directorio de atención primaria

Hospital Affiliation: SHARP
CORONADO HOSP AND
HEALTHCARE CTR, SCRIPPS
MERCY HOSPITAL,
GROSSMONT HOSPITAL
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

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PROVIDER
Hours: M-TH 8:30AM-5:30PM
F 8:30AM-5:00PM

OBSTETRICS / GYNECOLOGY **LIPSCHITZ, LISA**

Provider ID: 206362
Provider Gender: Female
License Number: A72005
NPI: 1649208711
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP
CORONADO HOSP AND
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MERCY HOSPITAL,
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Board Certified Specialty: No

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OBSTETRICS / GYNECOLOGY **LIPSCHITZ, LISA**

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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: 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

 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 **LIPSCHITZ, LISA**

Provider ID: 206363
Provider Gender: Female
License Number: A72005
NPI: 1649208711
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SHARP
CORONADO HOSP AND
HEALTHCARE CTR, SCRIPPS
MERCY HOSPITAL,
GROSSMONT HOSPITAL
Board Certified Specialty: No

 4725 MARKET ST
SAN DIEGO, CA 92102
 Phone: (619) 515-2560
 After Hours Phone: (619)
515-2560

 Website: www.fhcsd.org
Email: nancyl@fhcsd.org
Medi-Cal Open Panel: Y
Min/Max Age: 0\150
American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER
Hours: M-F 8:30AM-5:30PM

 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 **LOEFFLER, ALLISON**

Provider ID: 206363
Provider Gender: Female
License Number: A116680
NPI: 1700073962
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish

D2. Directorio de atención primaria

Cultural Competency: N

Hospital Affiliation:

*GROSSMONT HOSPITAL,
SCRIPPS MERCY 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

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

 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

LOEFFLER, ALLISON

Provider ID: 206362

Provider Gender: Female

License Number: A116680

NPI: 1700073962

Provider English Spoken: Y

*Provider Language(s)
Spoken: Spanish*

Cultural Competency: N

Hospital Affiliation:

*GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SCRIPPS MERCY HOSPITAL
CHULA VISTA*

Board Certified Specialty: No

 3544 30TH ST
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)
515-2424

 Website: www.fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

LOEFFLER, ALLISON

Provider ID: 206362

Provider Gender: Female

License Number: A116680

NPI: 1700073962

Provider English Spoken: Y

*Provider Language(s)
Spoken: Spanish*

Cultural Competency: N

Hospital Affiliation:

*GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SCRIPPS MERCY HOSPITAL
CHULA VISTA*

Board Certified Specialty: No

 3544 30TH ST
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)
515-2424

 Website: www.fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

LOEFFLER, ALLISON

Provider ID: 416831

Provider Gender: Female

License Number: A116680

NPI: 1700073962

Provider English Spoken: Y

*Provider Language(s)
Spoken: Spanish*

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,

D2. Directorio de atención primaria

SCRIPPS MERCY HOSPITAL,
SCRIPPS MERCY HOSPITAL
CHULA VISTA

Board Certified Specialty: No

 3514 30TH ST
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

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515-2424

 Website: www.fhcsd.org

Email: jenanm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT
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

 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): SA 8:00AM-5:00PM

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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 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: 402851

Provider Gender: Female

License Number: A116680

NPI: 1700073962

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SCRIPPS MERCY HOSPITAL
CHULA VISTA

Board Certified Specialty: No

 3705 MISSION BLVD
SAN DIEGO, CA 92109

 Phone: (619) 515-2444

 After Hours Phone: (619)
515-2444

 Website: www.fhcsd.org

Email: sabay@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

LOEFFLER, ALLISON

Provider ID: 402851

Provider Gender: Female

License Number: A116680

NPI: 1700073962

Provider English Spoken: Y

Provider Language(s)

D2. Directorio de atención primaria

Spoken: Spanish
Cultural Competency: N
Hospital Affiliation:
GROSSMONT HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SCRIPPS MERCY HOSPITAL
CHULA VISTA

Board Certified Specialty: No

 3705 MISSION BLVD
SAN DIEGO, CA 92109

 Phone: (619) 515-2444

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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

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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SAN DIEGO, CA 92104

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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

MELLENDEZ 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

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 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

OBSTETRICS / GYNECOLOGY

MELLENDEZ BERRIOS, IARA DEL

Provider ID: 402851

Provider Gender: Female

License Number: A114181

NPI: 1740514249

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,
GROSSMONT HOSPITAL

Board Certified Specialty: No

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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

MELLENDEZ BERRIOS, IARA DEL

Provider ID: 402851

Provider Gender: Female

License Number: A114181

NPI: 1740514249

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,

D2. Directorio de atención primaria

GROSSMONT HOSPITAL
Board Certified Specialty: No

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 Phone: (619) 515-2444

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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

**MELENDEZ BERRIOS, IARA
DEL**

Provider ID: 206360

Provider Gender: Female

License Number: A114181

NPI: 1740514249

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,

GROSSMONT HOSPITAL

Board Certified Specialty: No

 1809 NATIONAL AVE
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)
515-2300

 Website: www.fhcsd.org

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: 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

**MELENDEZ BERRIOS, IARA
DEL**

Provider ID: 206360

Provider Gender: Female

License Number: A114181

NPI: 1740514249

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,

GROSSMONT HOSPITAL

Board Certified Specialty: No

 1809 NATIONAL AVE
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)
515-2300

 Website: www.fhcsd.org

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: 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

**MELENDEZ BERRIOS, IARA
DEL**

Provider ID: 416831

Provider Gender: Female

License Number: A114181

NPI: 1740514249

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,

GROSSMONT HOSPITAL

Board Certified Specialty: No

 3514 30TH ST
SAN DIEGO, CA 92104

 Phone: (619) 515-2424

 After Hours Phone: (619)
515-2424

 Website: www.fhcsd.org

Email: jenanm@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\18

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

**MELENDEZ BERRIOS, IARA
DEL**

Provider ID: 206362

Provider Gender: Female

License Number: A114181

NPI: 1740514249

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,

D2. Directorio de atención primaria

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-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

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: 206363

Provider Gender: Female

License Number: A114181

NPI: 1740514249

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,

GROSSMONT HOSPITAL

Board Certified Specialty: No

4725 MARKET ST

SAN DIEGO, CA 92102

Phone: (619) 515-2560

After Hours Phone: (619) 515-2560

Website: www.fhcsd.org

Email: nancyl@fhcsd.org

Medi-Cal Open Panel: 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: 206363

Provider Gender: Female

License Number: A114181

NPI: 1740514249

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,

GROSSMONT HOSPITAL

Board Certified Specialty: No

4725 MARKET ST

SAN DIEGO, CA 92102

Phone: (619) 515-2560

After Hours Phone: (619) 515-2560

Website: www.fhcsd.org

Email: nancyl@fhcsd.org

Medi-Cal Open Panel: 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

D2. Directorio de atención primaria

 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

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
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: 402851
Provider Gender: Male
License Number: A154298
NPI: 1710316450
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, GROSSMONT HOSPITAL
Board Certified Specialty: No
 3705 MISSION BLVD
SAN DIEGO, CA 92109
 Phone: (616) 515-2444
 After Hours Phone: (616) 515-2444
 Website: www.fhcsd.org
Email: sabay@fhcsd.org
Medi-Cal Open Panel: 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
 3705 MISSION BLVD
SAN DIEGO, CA 92109
 Phone: (616) 515-2444
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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

RODRIGUEZ JEREZ, ROBERTO

Provider ID: 416831
Provider Gender: Male
License Number: A154298
NPI: 1710316450
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SHARP CORONADO HOSP AND HEALTHCARE CTR, GROSSMONT HOSPITAL
Board Certified Specialty: No
 3514 30TH ST
SAN DIEGO, CA 92104
 Phone: (619) 515-2424

D2. Directorio de atención primaria

 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: 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

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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

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

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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

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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 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

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 Website: www.fhcsd.org

Email: dalvarado@fhcsd.org

D2. Directorio de atención primaria

Medi-Cal Open Panel: Y TU-TH 8:00AM-6:00PM

Min/Max Age: 0\150 F 8:00AM-5:30PM

American Sign Language (ASL): SA 8:00AM-5:00PM

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
SAN DIEGO, 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

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

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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):

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)

D2. Directorio de atención primaria

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
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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

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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Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: Y
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OBSTETRICS / GYNECOLOGY

SAPRA, SONIA

Provider ID: 206360
Provider Gender: Female
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NPI: 1952751711
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 Provider Language(s)
Spoken: Hindi
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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

D2. Directorio de atención primaria

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
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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

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

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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

D2. Directorio de atención primaria

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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Website: www.sdfamilycare.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: 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

D2. Directorio de atención primaria

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: 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):

N

 Accessibility: CONTACT
PROVIDER

Hours: M-W 8:30AM-5:30PM

TH 9:00AM-6:00PM

F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

STABEN, REBECCA

Provider ID: 206363

Provider Gender: Female

License Number: 20A13958

NPI: 1932269198

 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

D2. Directorio de atención primaria

 *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- health- 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

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*

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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

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 *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

D2. Directorio de atención primaria

License Number: 20A11535

NPI: 1811162456

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

CORONADO HOSP AND

HEALTHCARE CTR,

GROSSMONT HOSPITAL,

DESERT REGIONAL MED CTR

Board Certified Specialty: No

 4725 MARKET ST

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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: 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)
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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-TH 8:30AM-5:00PM

OBSTETRICS / GYNECOLOGY

WINESBURG, JENNIFER

Provider ID: 402851

Provider Gender: Female

License Number: 20A11535

NPI: 1811162456

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

CORONADO HOSP AND

HEALTHCARE CTR,

GROSSMONT HOSPITAL,

DESERT REGIONAL MED CTR

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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-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

D2. Directorio de atención primaria

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,

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Medi-Cal Open Panel: Y

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American Sign Language (ASL):

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Hours: M-F 8:00AM-5:00PM

OBSTETRICS / GYNECOLOGY

WINESBURG, JENNIFER

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Provider Gender: Female

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Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

CORONADO HOSP AND

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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

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

D2. Directorio de atención primaria

 *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 **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: 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*

D2. Directorio de atención primaria

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

 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: 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

D2. Directorio de atención primaria

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: 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

D2. Directorio de atención primaria

 *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

D2. Directorio de atención primaria

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

D2. Directorio de atención primaria

 *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*

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*
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*
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

D2. Directorio de atención primaria

License Number: A81682
NPI: 1992847263
☐ Provider English Spoken: Y
☐ Provider Language(s)
Spoken: Arabic, Spanish
Cultural Competency: N
Board Certified Specialty: No
📍 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
☎ Phone: (619) 255-9155
Fax: (619) 749-5480
📞 After Hours Phone: (619)
255-9155
🌐 Website: www.lamaestra.org
Email:
aschmaltz@lamaestra.org
Medi-Cal Open Panel: 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: 233532
Provider Gender: Male
License Number: A72833
NPI: 1467436063
☐ Provider English Spoken: Y
☐ Provider Language(s)
Spoken: German, Spanish
Cultural Competency: N
Board Certified Specialty: No

📍 4305 UNIVERSITY AVE STE
150
SAN DIEGO, CA 92105
☎ Phone: (619) 280-2058
📞 After Hours Phone: (619)
280-2058
🌐 Website: www.sdfamilycare.org
Medi-Cal Open Panel: 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
Medi-Cal Open Panel: Y
Min/Max Age: 0\22
American Sign Language (ASL):
N
♿ Accessibility: CONTACT
PROVIDER

PEDIATRICS

ANDREE, GREGOR

Provider ID: 482070
Provider Gender: Male
License Number: A72833
NPI: 1467436063
☐ Provider English Spoken: Y
☐ Provider Language(s)
Spoken: German, Spanish
Cultural Competency: N
Board Certified Specialty: No
📍 7011 LINDA VISTA RD
SAN DIEGO, CA 92111
☎ Phone: (858) 810-8700
📞 After Hours Phone: (858)
810-8700
🌐 Website: www.sdfamilycare.org
Medi-Cal Open Panel: Y
Min/Max Age: 0\150

D2. Directorio de atención primaria

American Sign Language (ASL): Provider Gender: Male
N

 Accessibility: CONTACT PROVIDER

Hours: M 8:30AM-5:30PM
TU 8:30AM-9:00PM
W-F 8:30AM-5:30PM
SA 9:00AM-4:00PM

PEDIATRICS

ANDREE, GREGOR

Provider ID: 482070

Provider Gender: Male

License Number: A72833

NPI: 1467436063

 Provider English Spoken: Y

 Provider Language(s)
Spoken: German, Spanish

Cultural Competency: N

Board Certified Specialty: No

 7011 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

 After Hours Phone: (858)
810-8700

 Website: www.sdfamilycare.org

Medi-Cal Open Panel: 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

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

Email: 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

D2. Directorio de atención primaria

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): CHILDRENS HOSPITAL SAN DIEGO

 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

D2. Directorio de atención primaria

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](https://www.syhealth.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](https://www.syhealth.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

D2. Directorio de atención primaria

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

 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105

 Phone: (619) 255-9155

 After Hours Phone: (619)
255-9155

 Website: www.lamaestra.org

D2. Directorio de atención primaria

g
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

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

CONE, STEPHANIE

Provider ID: 185268
Provider Gender: Female

D2. Directorio de atención primaria

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

D2. Directorio de atención primaria

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: 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: 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)

D2. Directorio de atención primaria

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

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

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

Email:
aschmaltz@lamaestra.org

Medi-Cal Open Panel: Y
Min/Max Age: 0\150
American Sign Language (ASL):
N

♿ Accessibility: CONTACT

D2. Directorio de atención primaria

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

D2. Directorio de atención primaria

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

D2. Directorio de atención primaria

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](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

KARMAKAR, KANKA

Provider ID: 417101

Provider Gender: Female

License Number: C54941

NPI: 1972536654

D2. Directorio de atención primaria

 *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

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*
Email: 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*
Email: 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

D2. Directorio de atención primaria

 *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

D2. Directorio de atención primaria

 7011 LINDA VISTA RD
SAN DIEGO, CA 92111
 Phone: (858) 810-8700
 After Hours Phone: (858)
810-8700
 Website: www.sdfamilycare.org

Medi-Cal Open Panel: 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

 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

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

D2. Directorio de atención primaria

 **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) 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

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

D2. Directorio de atención primaria

 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, JAVIER

Provider ID: 185268
Provider Gender: Male
License Number: A82639
NPI: 1013059385

Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N

D2. Directorio de atención primaria

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

RODRIGUEZ, JAVIER

Provider ID: 185268

Provider Gender: Male

License Number: A82639

NPI: 1013059385

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 4060 FAIRMOUNT AVE
SAN DIEGO, CA 92105
 Phone: (619) 255-9155
 After Hours Phone: (619)
255-9155
 Website: www.lamaestra.org

Email:

aschmaltz@lamaestra.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):
N

 Accessibility: CONTACT

PROVIDER

PEDIATRICS

RODRIGUEZ, ALDO

Provider ID: 451167

Provider Gender: Male

License Number: A134995

NPI: 1508209651

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Portuguese,
Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL

Board Certified Specialty: No

 950 S EUCLID AVE
SAN DIEGO, CA 92114
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100
 Website: www.syhealth.org
[/clinics/king- chavez- health
h- 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
h- 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

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

D2. Directorio de atención primaria

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

D2. Directorio de atención primaria

SEBSO, JODI

Provider ID: 206360

Provider Gender: Female

License Number: A103099

NPI: 1538484316

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL

Board Certified Specialty: No

 1809 NATIONAL AVE
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)
515-2300

 Website: www.fhcsd.org
Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: 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
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

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

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

D2. Directorio de atención primaria

 *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: 206360
Provider Gender: Female
License Number: A76785
NPI: 1851323315
 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Spanish*
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, GROSSMONT HOSPITAL
Board Certified Specialty: No
 1809 NATIONAL AVE
 SAN DIEGO, CA 92113
 *Phone: (619) 515-2300*
 *After Hours Phone: (619) 515-2300*
 *Website: www.fhcsd.org*
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: 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
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

D2. Directorio de atención primaria

MERCY HOSPITAL,
GROSSMONT HOSPITAL
Board Certified Specialty: No

📍 1550 BROADWAY STE 2
SAN DIEGO, CA 92101

☎ Phone: (619) 515-2525

🕒 After Hours Phone: (619)
515-2525

🌐 Website: www.fhcsd.org

Email: janeta@fhcsd.org

Medi-Cal Open Panel: 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

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

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

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

D2. Directorio de atención primaria

 *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*

D2. Directorio de atención primaria

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,

D2. Directorio de atención primaria

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: 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

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

D2. Directorio de atención primaria

.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

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: 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

D2. Directorio de atención primaria

.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

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

D2. Directorio de atención primaria

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

D2. Directorio de atención primaria

Board Certified Specialty: No

 1809 NATIONAL AVE
SAN DIEGO, CA 92113
 Phone: (619) 515-2300
 After Hours Phone: (619)
515-2300

 Website: www.fhcsd.org
Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: 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

D2. Directorio de atención primaria

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

D2. Directorio de atención primaria

 *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

D2. Directorio de atención primaria

Provider ID: 206363
Provider Gender: Female
License Number: PA58505
NPI: 1104203454
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
 4725 MARKET ST
SAN DIEGO, CA 92102
 Phone: (619) 515-2560
 After Hours Phone: (619)
515-2560
 Website: www.fhcsd.org
Email: nancyl@fhcsd.org
Medi-Cal Open Panel: 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
Email: 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
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

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
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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

PHYSICIANS ASSISTANT

LAPINA, LORI

Provider ID: 417937
Provider Gender: Female
License Number: PA23231
NPI: 1245670413
 Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No

 4094 4TH AVE
SAN DIEGO, CA 92103
 Phone: (619) 515-2545
 After Hours Phone: (619)
515-2545

 Website: www.fhcsd.org
Email: fabianm@fhcsd.org

Medi-Cal Open Panel: Y
Min/Max Age: 0\150
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER

PHYSICIANS ASSISTANT

LAPINA, LORI

D2. Directorio de atención primaria

Provider ID: 417937

Provider Gender: Female

License Number: PA23231

NPI: 1245670413

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE

SAN DIEGO, CA 92103

 Phone: (619) 515-2545

 After Hours Phone: (619)
515-2545

 Website: www.fhcsd.org

Email: fabianm@fhcsd.org

Medi-Cal Open Panel: 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

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

Email: 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

LEON, FLOR

Provider ID: 419529

Provider Gender: Female

License Number: PA53788

NPI: 1902358237

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

 2325 COMMERCIAL ST STE
1400

SAN DIEGO, CA 92113

 Phone: (619) 515-2422

 After Hours Phone: (619)
515-2422

 Website: www.fhcsd.org

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: 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

D2. Directorio de atención primaria

 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

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

D2. Directorio de atención primaria

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: 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

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

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
g
Email:

aschmaltz@lamaestra.org
Medi-Cal Open Panel: Y
Min/Max Age: 0\150
American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

D2. Directorio de atención primaria

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

 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

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

 1809 NATIONAL AVE
SAN DIEGO, 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

D2. Directorio de atención primaria

PENA, NICHOLAS

Provider ID: 206360

Provider Gender: Male

License Number: PA56636

NPI: 1083176077

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)
515-2300

 Website: www.fhcsd.org

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: 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

Email: 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

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

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):

D2. Directorio de atención primaria

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*

D2. Directorio de atención primaria

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
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

RASMUSSEN, DALE

Provider ID: 417429

Provider Gender: Male

License Number: PA54022

NPI: 1962880864

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: MERCY

HOSPITAL OF FOLSOM

Board Certified Specialty: No

 1550 BROADWAY STE 2
SAN DIEGO, CA 92101

 Phone: (619) 515-2525

 After Hours Phone: (619)
515-2525

 Website: www.fhcsd.org

Email: janeta@fhcsd.org

Medi-Cal Open Panel: 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):

D2. Directorio de atención primaria

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):  Website: www.fhcsd.org

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: 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
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
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

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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

PHYSICIANS ASSISTANT

TURNER, SHEREENA

Provider ID: 206360

Provider Gender: Female

License Number: PA20396

NPI: 1992934988

D2. Directorio de atención primaria

 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](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

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
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 Phone: (844) 200-2426

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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

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

D2. Directorio de atención primaria

Provider ID: 233597

Provider Gender: Female

License Number: PA18746

NPI: 1932297595

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish,

Vietnamese

Cultural Competency: N

Board Certified Specialty: No

 4290 POLK AVE

SAN DIEGO, CA 92105

 Phone: (619) 563-0250

 After Hours Phone: (619)

563-0250

 Website: www.sdfamilycare.org

Medi-Cal Open Panel: 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

Medi-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: 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

PODIATRIST

JUAREZ, LETICIA

Provider ID: 206360

Provider Gender: Female

License Number: DPM5661

NPI: 1508393778

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE

SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)

515-2300

 Website: www.fhcsd.org

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: 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

 1809 NATIONAL AVE

SAN DIEGO, 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

D2. Directorio de atención primaria

 *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: 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: 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)*

D2. Directorio de atención primaria

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

 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: 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

D2. Directorio de atención primaria

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

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

D2. Directorio de atención primaria

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

RISSEY, 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

RISSEY, 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

RISSEY, JOSEPH

Provider ID: 206046

Provider Gender: Male

License Number: G70886

NPI: 1952386765

D2. Directorio de atención primaria

 *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

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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-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*

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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

Hours: M 8:30AM-5:30PM

TU 8:30AM-9:00PM

W-F 8:30AM-5:30PM

SA 9:00AM-4:00PM

PREVENTATIVE MEDICINE

GENERAL

ROMERO, CAMILA

Provider ID: 206046

Provider Gender: Female

License Number: A93812

NPI: 1508912130

 *Provider English Spoken: Y*

 *Provider Language(s)*
Spoken: French, Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

MARY BIRCH HOSP FOR

WOMEN AND NEWBORNS

Board Certified Specialty: No

 6973 LINDA VISTA RD
SAN DIEGO, CA 92111

 *Phone: (858) 279-0925*

Fax: (858) 279-0377

 *After Hours Phone: (858)*
279-0925

 *Website: www.sdfamilycare*
.org

D2. Directorio de atención primaria

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): NPI: 1508912130

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): NPI: 1508912130

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): NPI: 1508912130

 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

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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): NPI: 1508912130

 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): NPI: 1457689309

 Accessibility: CONTACT PROVIDER

Hours: M-F 9:00AM-5:00PM

D2. Directorio de atención primaria

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

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After Hours Phone: (619)
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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

Hours: M-F 9:00AM-5:00PM

REGISTERED PHYSICAL

THERAPIST

CHAVARRIA, JESSICA

Provider ID: 417937

Provider Gender: Female

License Number: PT292351

NPI: 1407391808

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

4094 4TH AVE
SAN DIEGO, CA 92103

Phone: (619) 515-2545

After Hours Phone: (619)

515-2545

Website: www.fhcsd.org

Email: fabianm@fhcsd.org

Medi-Cal Open Panel: 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

4094 4TH AVE
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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

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
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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
Email: fabianm@fhcsd.org

Medi-Cal Open Panel: Y

D2. Directorio de atención primaria

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

 4094 4TH AVE
SAN DIEGO, CA 92103

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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

DAHMS, MADELYNN

Provider ID: 206360

Provider Gender: Female

License Number: PT295463

NPI: 1245712702

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Sign Language

Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)
515-2300

 Website: www.fhcsd.org

Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: 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

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

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

D2. Directorio de atención primaria

 Phone: (619) 515-2545
 After Hours Phone: (619) 515-2545

 Website: www.fhcsd.org
Email: fabianm@fhcsd.org
Medi-Cal Open Panel: 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
 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

 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

HAPKE, ELENA

Provider ID: 417937

Provider Gender: Female

License Number: PT292613

NPI: 1003354895

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

 4094 4TH AVE
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Email: fabianm@fhcsd.org

Medi-Cal Open Panel: 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

 1809 NATIONAL AVE
SAN DIEGO, CA 92113

D2. Directorio de atención primaria

 Phone: (619) 515-2300
 After Hours Phone: (619) 515-2300
 Website: www.fhcsd.org
Email: dalvarado@fhcsd.org
Medi-Cal Open Panel: 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)

D2. Directorio de atención primaria

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

 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

 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

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

D2. Directorio de atención primaria

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

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):

 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):

 Accessibility: CONTACT
PROVIDER

Hours: M-F 8:30AM-5:30PM

RHEUMATOLOGY

REDDY, DANA

Provider ID: 206363

Provider Gender: Female

License Number: A115598

NPI: 1144538778

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

SCRIPPS MERCY HOSPITAL,

SHARP MEMORIAL HOSPITAL,

SCRIPPS MEMORIAL

HOSPITAL, SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS

Board Certified Specialty: No

 4725 MARKET ST
SAN DIEGO, CA 92102

 Phone: (619) 515-2560

 After Hours Phone: (619)
515-2560

 Website: www.fhcsd.org

Email: nancyl@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

 Accessibility: CONTACT
PROVIDER

Hours: M-F 8:00AM-5:00PM

RHEUMATOLOGY

REDDY, DANA

Provider ID: 403583

Provider Gender: Female

License Number: A115598

NPI: 1144538778

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,

SCRIPPS MERCY HOSPITAL,

D2. Directorio de atención primaria

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):

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

 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 8:00AM-5:00PM

SPEECH PATHOLOGIST

WILLIAMS, JESSICA

Provider ID: 206360

Provider Gender: Female

License Number: SP27677

NPI: 1932680006

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

 1809 NATIONAL AVE
SAN DIEGO, CA 92113

 Phone: (619) 515-2300

 After Hours Phone: (619)
515-2300

 Website: www.fhcsd.org
Email: dalvarado@fhcsd.org

Medi-Cal Open Panel: 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

 1809 NATIONAL AVE
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 Phone: (619) 515-2300

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 Website: www.fhcsd.org
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Medi-Cal Open Panel: Y

D2. Directorio de atención primaria

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 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

BINETTE, DONYA

Provider ID: 206426

Provider Gender: Female

License Number: NP95001653

NPI: 1427325166

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 150 VALPRED A RD
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)
736-6767

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE

PRACTITIONER

BINETTE, DONYA

Provider ID: 206426

Provider Gender: Female

License Number: NP95001653

NPI: 1427325166

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 150 VALPRED A RD
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

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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

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

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 Phone: (760) 736-6767

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 Website: www.ihpsocal.org

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Min/Max Age: 0\150

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CERTIFIED NURSE

PRACTITIONER

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NPI: 1427325166

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 150 VALPRED A RD
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)
736-6767

D2. Directorio de atención primaria

 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

BINETTE, DONYA

Provider ID: 206426

Provider Gender: Female

License Number: NP95001653

NPI: 1427325166

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 150 VALPREDA RD
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)
736-6767

 Website: www.ihpsocal.org
Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

DOAN, CHINH

Provider ID: 206426

Provider Gender: Female

License Number: NP18874

NPI: 1083845069

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Vietnamese

Cultural Competency: N

Board Certified Specialty: No

 150 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

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):
N

 Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

DOAN, CHINH

Provider ID: 206426

Provider Gender: Female

License Number: NP18874

NPI: 1083845069

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Vietnamese

Cultural Competency: N

Board Certified Specialty: No

 150 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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 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

D2. Directorio de atención primaria

 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

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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 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER

DOAN, CHINH

Provider ID: 206426

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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):
N

 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER

FODDA, RAMI

Provider ID: 614511

Provider Gender: Male

License Number: NP18788

NPI: 1164660452

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Arabic

Cultural Competency: N

Board Certified Specialty: No

 1595 GRAND AVE STE 106
SAN MARCOS, CA 92078

 Phone: (760) 736-6767

 Fax: (760) 736-6744
 After Hours Phone: (760)
736-6767

 Website: www.ihpsocal.org
Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER

FODDA, RAMI

Provider ID: 614511

Provider Gender: Male

License Number: NP18788

NPI: 1164660452

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Arabic

Cultural Competency: N

Board Certified Specialty: No

 1595 GRAND AVE STE 106
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

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

D2. Directorio de atención primaria

 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

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
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Medi-Cal Open Panel: Y

Min/Max Age: 0\999
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER

FREEMAN, WANDA

Provider ID: 206426
Provider Gender: Female
License Number: NP95003903
NPI: 1659504264
 Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
 150 VALPRED A RD
SAN MARCOS, CA 92069
 Phone: (760) 736-6767
 After Hours Phone: (760) 736-6767

 Website: www.ihpsocal.org
Medi-Cal Open Panel: 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

D2. Directorio de atención primaria

 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

 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

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 Provider English Spoken: Y
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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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CERTIFIED NURSE

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 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

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CERTIFIED NURSE

PRACTITIONER

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 Provider English Spoken: Y
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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

CERTIFIED NURSE

PRACTITIONER

HENLEY, MEARA

Provider ID: 206426

Provider Gender: Female

License Number: NP95002545

NPI: 1538319645

 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 150 VALPRED A RD
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 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

D2. Directorio de atención primaria

 *Accessibility: CONTACT PROVIDER*

CERTIFIED NURSE PRACTITIONER

HENLEY, MEARA

Provider ID: 206426

Provider Gender: Female

License Number: NP95002545

NPI: 1538319645

Provider English Spoken: Y

Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 150 VALPRED A RD
SAN MARCOS, CA 92069

 *Phone: (760) 736-6767*

 *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

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Provider Gender: Female

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NPI: 1538319645

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Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

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SAN MARCOS, CA 92069

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American Sign Language (ASL):

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 *Website: www.ihpsocal.org*

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

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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):

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 *Accessibility: CONTACT PROVIDER*

CERTIFIED NURSE PRACTITIONER

HENLEY, MEARA

Provider ID: 206426

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Provider Language(s) Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 150 VALPRED A RD
SAN MARCOS, CA 92069

 *Phone: (760) 736-6767*

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 *Website: www.ihpsocal.org*

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

D2. Directorio de atención primaria

PROVIDER

CERTIFIED NURSE PRACTITIONER
KOUSARI, JHALEH
Provider ID: 206426
Provider Gender: Female
License Number: NP20893
NPI: 1811262405

Provider English Spoken: Y
 Provider Language(s) Spoken: Farsi, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL
Board Certified Specialty: No

 150 VALPRED A RD
SAN MARCOS, CA 92069
 Phone: (760) 736-6767
 After Hours Phone: (760) 736-6767
 Website: www.ihpsocal.org
Medi-Cal Open Panel: Y
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
KOUSARI, JHALEH
Provider ID: 206426
Provider Gender: Female
License Number: NP20893
NPI: 1811262405

Provider English Spoken: Y
 Provider Language(s) Spoken: Farsi, Spanish
Cultural Competency: N

Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL
Board Certified Specialty: No

 150 VALPRED A RD
SAN MARCOS, CA 92069
 Phone: (760) 736-6767
 After Hours Phone: (760) 736-6767
 Website: www.ihpsocal.org
Medi-Cal Open Panel: Y
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
KOUSARI, JHALEH
Provider ID: 206426
Provider Gender: Female
License Number: NP20893
NPI: 1811262405

Provider English Spoken: Y
 Provider Language(s) Spoken: Farsi, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL
Board Certified Specialty: No

 150 VALPRED A RD
SAN MARCOS, CA 92069
 Phone: (760) 736-6767
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 Website: www.ihpsocal.org
Medi-Cal Open Panel: Y
Min/Max Age: 0\150
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE PRACTITIONER
KOUSARI, JHALEH
Provider ID: 206426
Provider Gender: Female
License Number: NP20893
NPI: 1811262405

Provider English Spoken: Y
 Provider Language(s) Spoken: Farsi, Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL
Board Certified Specialty: No

 150 VALPRED A RD
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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

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

D2. Directorio de atención primaria

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

Provider Gender: Female

License Number: NP20893

NPI: 1811262405

Provider English Spoken: Y

Provider Language(s)
Spoken: Farsi, Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS
GREEN HOSPITAL, SCRIPPS
MEMORIAL HOSPITAL

Board Certified Specialty: No

150 VALPRED A RD
SAN MARCOS, CA 92069

Phone: (760) 736-6767

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736-6767

Website: www.ihpsocal.org
Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

MACIAS, ALISSA

Provider ID: 206426

Provider Gender: Female

License Number: NP21368

NPI: 1952658445

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

150 VALPRED A RD
SAN MARCOS, CA 92069

Phone: (760) 736-6767

After Hours Phone: (760)
736-6767

Website: www.ihpsocal.org
Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE PRACTITIONER

MACIAS, ALISSA

Provider ID: 206426

Provider Gender: Female

License Number: NP21368

NPI: 1952658445

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

150 VALPRED A RD
SAN MARCOS, CA 92069

Phone: (760) 736-6767

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736-6767

Website: www.ihpsocal.org
Medi-Cal Open Panel: Y

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American Sign Language (ASL):
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PROVIDER

CERTIFIED NURSE PRACTITIONER

MACIAS, ALISSA

Provider ID: 206426

Provider Gender: Female

License Number: NP21368

NPI: 1952658445

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

150 VALPRED A RD
SAN MARCOS, CA 92069

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Website: www.ihpsocal.org
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Min/Max Age: 0\150

American Sign Language (ASL):
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PROVIDER

CERTIFIED NURSE PRACTITIONER

MACIAS, ALISSA

Provider ID: 206426

Provider Gender: Female

License Number: NP21368

NPI: 1952658445

Provider English Spoken: Y
Cultural Competency: N

D2. Directorio de atención primaria

Board Certified Specialty: No

150 VALPRED A RD
SAN MARCOS, CA 92069

Phone: (760) 736-6767

After Hours Phone: (760)
736-6767

Website: www.ihpsocal.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE

PRACTITIONER

MACIAS, ALISSA

Provider ID: 206426

Provider Gender: Female

License Number: NP21368

NPI: 1952658445

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

150 VALPRED A RD
SAN MARCOS, CA 92069

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Website: www.ihpsocal.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):
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Accessibility: CONTACT
PROVIDER

CERTIFIED NURSE

PRACTITIONER

MACIAS, ALISSA

Provider ID: 206426

Provider Gender: Female

License Number: NP21368

NPI: 1952658445

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

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 REGISTERED

NURSE MIDWIFE

BELANGER, TANYA

Provider ID: 206426

Provider Gender: Female

License Number: NM235844

NPI: 1407287469

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: PALOMAR
MEDICAL CENTER

Board Certified Specialty: No

150 VALPRED A RD
SAN MARCOS, CA 92069

Phone: (760) 736-6767

After Hours Phone: (760)
736-6767

Website: www.ihpsocal.org

Medi-Cal Open Panel: 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

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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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

Hours: M-F 8:00AM-5:00PM
SA 8:00AM-5:00PM

CERTIFIED REGISTERED

NURSE MIDWIFE

BELANGER, TANYA

Provider ID: 206426

Provider Gender: Female

License Number: NM235844

NPI: 1407287469

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: PALOMAR

D2. Directorio de atención primaria

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

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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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Phone: (760) 736-6767

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License Number: NM235844

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Hospital Affiliation: PALOMAR MEDICAL CENTER

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Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-5:00PM

CERTIFIED REGISTERED

NURSE MIDWIFE

KELLY, KATHERINE

Provider ID: 206426

Provider Gender: Female

License Number: NM235997

NPI: 1801134275

Provider English Spoken: Y
Provider Language(s) Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR MEDICAL CENTER

Board Certified Specialty: No

150 VALPRED A RD

SAN MARCOS, CA 92069

Phone: (760) 736-6767

After Hours Phone: (760) 736-6767

Website: www.ihpsocal.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

D2. Directorio de atención primaria

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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PROVIDER

CERTIFIED REGISTERED

NURSE MIDWIFE

KELLY, KATHERINE

Provider ID: 206426

Provider Gender: Female

License Number: NM235997

NPI: 1801134275

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR

MEDICAL CENTER

Board Certified Specialty: No

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Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PALOMAR

MEDICAL CENTER

Board Certified Specialty: No

 150 VALPRED A RD

D2. Directorio de atención primaria

SAN MARCOS, CA 92069
☎ Phone: (760) 736-6767
🕒 After Hours Phone: (760) 736-6767
🌐 Website: www.ihpsocal.org
Medi-Cal Open Panel: Y
Min/Max Age: 0\150
American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

MATIAS, JULIE

Provider ID: 206426
Provider Gender: Female
License Number: 20A15159
NPI: 1083094510

☑ Provider English Spoken: Y
☑ Provider Language(s) Spoken: Spanish
Cultural Competency: N

Board Certified Specialty: No

📍 150 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

FAMILY PRACTICE

MATIAS, JULIE

Provider ID: 206426
Provider Gender: Female
License Number: 20A15159
NPI: 1083094510

☑ Provider English Spoken: Y
☑ Provider Language(s) Spoken: Spanish
Cultural Competency: N

Board Certified Specialty: No

📍 150 VALPRED A RD
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Medi-Cal Open Panel: Y
Min/Max Age: 0\150

American Sign Language (ASL): N
♿ Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

MATIAS, JULIE

Provider ID: 206426
Provider Gender: Female
License Number: 20A15159
NPI: 1083094510

☑ Provider English Spoken: Y
☑ Provider Language(s) Spoken: Spanish
Cultural Competency: N

Board Certified Specialty: No

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FAMILY PRACTICE

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Min/Max Age: 0\150
American Sign Language (ASL): N

♿ Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

MATIAS, JULIE

Provider ID: 206426
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☎ Phone: (760) 736-6767
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🌐 Website: www.ihpsocal.org
Medi-Cal Open Panel: Y

D2. Directorio de atención primaria

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

MATIAS, JULIE

Provider ID: 206426

Provider Gender: Female

License Number: 20A15159

NPI: 1083094510

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 150 VALPRED A RD
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 Phone: (760) 736-6767

 After Hours Phone: (760)
736-6767

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

NATH, DEVARSHI

Provider ID: 206426

Provider Gender: Male

License Number: C54157

NPI: 1275630618

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Bengali

Cultural Competency: N

Board Certified Specialty: No

 150 VALPRED A RD
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)
736-6767

 Website: www.ihpsocal.org

Medi-Cal Open Panel: 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 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

FAMILY PRACTICE

NATH, DEVARSHI

Provider ID: 206426

Provider Gender: Male

License Number: C54157

NPI: 1275630618

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Bengali

Cultural Competency: N

Board Certified Specialty: No

 150 VALPRED A RD
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)
736-6767

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

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 Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM
SA 8:00AM-5:00PM

FAMILY PRACTICE

NATH, DEVARSHI

Provider ID: 206426

Provider Gender: Male

License Number: C54157

NPI: 1275630618

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Bengali

Cultural Competency: N

Board Certified Specialty: No

 150 VALPRED A RD
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)
736-6767

 Website: www.ihpsocal.org

D2. Directorio de atención primaria

Medi-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 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

Hours: M-F 8:00AM-5:00PM
SA 8:00AM-5:00PM

FAMILY PRACTICE

NATH, DEVARSHI

Provider ID: 614511

Provider Gender: Male

License Number: C54157

NPI: 1275630618

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Bengali

Cultural Competency: N

Board Certified Specialty: No

 1595 GRAND AVE STE 106
SAN MARCOS, CA 92078

 Phone: (760) 736-6767

Fax: (760) 736-6744

 After Hours Phone: (760)
736-6767

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE

NATH, DEVARSHI

Provider ID: 614511

Provider Gender: Male

License Number: C54157

NPI: 1275630618

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Bengali

Cultural Competency: N

Board Certified Specialty: No

 1595 GRAND AVE STE 106
SAN MARCOS, CA 92078

 Phone: (760) 736-6767

Fax: (760) 736-6744

 After Hours Phone: (760)
736-6767

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):
N

 Accessibility: CONTACT

PROVIDER

FAMILY PRACTICE

NATH, DEVARSHI

Provider ID: 614511

Provider Gender: Male

License Number: C54157

NPI: 1275630618

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Bengali

Cultural Competency: N

Board Certified Specialty: No

 1595 GRAND AVE STE 106
SAN MARCOS, CA 92078

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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

FAMILY PRACTICE

NATH, DEVARSHI

Provider ID: 614511

Provider Gender: Male

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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

D2. Directorio de atención primaria

☎ 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

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

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FAMILY PRACTICE

NATH, DEVARSHI

Provider ID: 206426

Provider Gender: Male

License Number: C54157

NPI: 1275630618

☐ Provider English Spoken: Y

☐ Provider Language(s)
Spoken: Bengali

Cultural Competency: N

Board Certified Specialty: No

📍 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):
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♿ Accessibility: CONTACT PROVIDER

Hours: M-F 8:00AM-5:00PM
SA 8:00AM-5:00PM

FAMILY PRACTICE

SAFI, ROOZCHEHR

Provider ID: 206426

Provider Gender: Female

License Number: A116562

NPI: 1659563641

☐ Provider English Spoken: Y

☐ Provider Language(s)
Spoken: Farsi

Cultural Competency: N

Board Certified Specialty: No

📍 150 VALPRED A RD
SAN MARCOS, CA 92069

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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

FAMILY PRACTICE

SAFI, ROOZCHEHR

Provider ID: 206426

Provider Gender: Female

License Number: A116562

NPI: 1659563641

☐ Provider English Spoken: Y

☐ Provider Language(s)
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Cultural Competency: N

Board Certified Specialty: No

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D2. Directorio de atención primaria

736-6767
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Medi-Cal Open Panel: Y
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American Sign Language (ASL):
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 Accessibility: CONTACT
PROVIDER

FAMILY PRACTICE

SAFI, ROOZCHEHR

Provider ID: 206426
Provider Gender: Female
License Number: A116562
NPI: 1659563641

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Farsi
Cultural Competency: N

Board Certified Specialty: No

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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
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FAMILY PRACTICE

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Provider ID: 206426
Provider Gender: Female
License Number: A116562
NPI: 1659563641

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Farsi
Cultural Competency: N

Board Certified Specialty: No

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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

FAMILY PRACTICE

WILLIE, KADEN

Provider ID: 206426
Provider Gender: Male
License Number: 20A17306
NPI: 1790133767

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Portuguese
Cultural Competency: N

Board Certified Specialty: No

 150 VALPRED A RD
SAN MARCOS, CA 92069
 Phone: (760) 736-6767
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 Website: www.ihpsocal.org
Medi-Cal Open Panel: Y
Min/Max Age: 0\150
American Sign Language (ASL):
N

D2. Directorio de atención primaria

 *Accessibility: CONTACT PROVIDER*

FAMILY PRACTICE

WILLIE, KADEN

Provider ID: 206426

Provider Gender: Male

License Number: 20A17306

NPI: 1790133767

 *Provider English Spoken: Y*

 *Provider Language(s)
Spoken: Portuguese*

Cultural Competency: N

Board Certified Specialty: No

 150 VALPRED A RD
SAN MARCOS, CA 92069

 *Phone: (760) 736-6767*

 *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*

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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Medi-Cal Open Panel: Y

Min/Max Age: 0\150

*American Sign Language (ASL):
N*

 *Accessibility: CONTACT PROVIDER*

FQHC

TRUECARE,

Provider ID: 206426

D2. Directorio de atención primaria

NPI: 1811617939

 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
SA 8:00AM-5:00PM

FQHC

TRUECARE,

Provider ID: 206426

NPI: 1598484255

 Provider English Spoken: Y
Cultural Competency: N

 150 VALPRED A RD
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

Fax: (760) 736-8740

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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
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Hours: M-F 8:00AM-5:00PM
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FQHC

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Provider ID: 206426

NPI: 1811617939

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Cultural Competency: N

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American Sign Language (ASL):
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 Accessibility: CONTACT
PROVIDER

Hours: M-F 8:00AM-5:00PM
SA 8:00AM-5:00PM

FQHC

TRUECARE,

Provider ID: 206426

NPI: 1245246917

 Provider English Spoken: Y
Cultural Competency: N

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SAN MARCOS, CA 92069

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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-F 8:00AM-5:00PM
SA 8:00AM-5:00PM

FQHC

TRUECARE,

Provider ID: 206426

NPI: 1245246917

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Cultural Competency: N

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D2. Directorio de atención primaria

Hours: M-F 8:00AM-5:00PM
SA 8:00AM-5:00PM

 Accessibility: CONTACT
PROVIDER
Hours: M-F 8:00AM-5:00PM

 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

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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D2. Directorio de atención primaria

 *Accessibility: CONTACT PROVIDER*
Hours: M-F 8:00AM-5:00PM

GENERAL PRACTICE

WITCZAK, IZABELA

Provider ID: 206426
Provider Gender: Female
License Number: A71311
NPI: 1184735201

Provider English Spoken: Y
 Provider Language(s) Spoken: Polish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL ENCINITAS

Board Certified Specialty: No

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SAN MARCOS, CA 92069
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PROVIDER

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Cultural Competency: N
Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL

D2. Directorio de atención primaria

ENCINITAS

Board Certified Specialty: No

150 VALPRED A RD

SAN MARCOS, CA 92069

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Website: www.ihpsocal.org

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American Sign Language (ASL): N

Accessibility: CONTACT PROVIDER

GENERAL PRACTICE

WITCZAK, IZABELA

Provider ID: 206426

Provider Gender: Female

License Number: A71311

NPI: 1184735201

Provider English Spoken: Y

Provider Language(s) Spoken: Polish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

ENCINITAS

Board Certified Specialty: No

150 VALPRED A RD

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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 A RD

SAN MARCOS, CA 92069

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D2. Directorio de atención primaria

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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

OBSTETRICS / GYNECOLOGY

MOSTOFIAN, EIMANEH

Provider ID: 206426
Provider Gender: Female
License Number: A97181
NPI: 1154477628

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Farsi, Spanish
Cultural Competency: N
Hospital Affiliation: TRI CITY
MEDICAL CTR, PALOMAR
MEDICAL CENTER

Board Certified Specialty: No
 150 VALPRED A RD
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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

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 Provider Language(s)
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Cultural Competency: N
Hospital Affiliation: TRI CITY
MEDICAL CTR, PALOMAR
MEDICAL CENTER

Board Certified Specialty: No

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OBSTETRICS / GYNECOLOGY

MOSTOFIAN, EIMANEH

Provider ID: 206426
Provider Gender: Female
License Number: A97181
NPI: 1154477628

D2. Directorio de atención primaria

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 Provider Language(s)
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Hospital Affiliation: TRI CITY
MEDICAL CTR, PALOMAR
MEDICAL CENTER

Board Certified Specialty: No

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MEDICAL CTR, PALOMAR
MEDICAL CENTER

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 Provider Language(s)
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Cultural Competency: N

Hospital Affiliation: TRI CITY
MEDICAL CTR, PALOMAR
MEDICAL CENTER

Board Certified Specialty: No

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Hospital Affiliation: TRI CITY
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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

D2. Directorio de atención primaria

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OBSTETRICS / GYNECOLOGY

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OBSTETRICS / GYNECOLOGY

POUNTNEY, MARLENE

Provider ID: 206426
Provider Gender: Female
License Number: A93248
NPI: 1174703680
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Hospital Affiliation: TRI CITY
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MEDICAL CENTER
Board Certified Specialty: No

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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

OBSTETRICS / GYNECOLOGY

POUNTNEY, MARLENE

Provider ID: 206426
Provider Gender: Female

D2. Directorio de atención primaria

License Number: A93248

NPI: 1174703680

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY
MEDICAL CTR, PALOMAR
MEDICAL CENTER

Board Certified Specialty: No

150 VALPRED A RD
SAN MARCOS, CA 92069

Phone: (760) 736-6767

After Hours Phone: (760)
736-6767

Website: www.ihpsocal.org

Medi-Cal Open Panel: 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

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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
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
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PALOMAR MEDICAL CENTER

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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

D2. Directorio de atención primaria

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
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PALOMAR MEDICAL CENTER

Board Certified Specialty: No

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 Accessibility: CONTACT
PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-5:00PM

OBSTETRICS / GYNECOLOGY

SCHWEIKERT, SUZANNE

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NPI: 1477560142

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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
WOMEN AND NEWBORNS,
PALOMAR MEDICAL CENTER

Board Certified Specialty: No

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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
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PALOMAR MEDICAL CENTER

Board Certified Specialty: No

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Min/Max Age: 0\150

American Sign Language (ASL):

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 Accessibility: CONTACT

PROVIDER

Hours: M-F 8:00AM-5:00PM

SA 8:00AM-5:00PM

PEDIATRICS

MALHOTRA, ARATI

Provider ID: 206426

Provider Gender: Female

License Number: A63903

NPI: 1215135306

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Hindi, Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, PALOMAR
MEDICAL CENTER

Board Certified Specialty: No

 150 VALPRED A RD
SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)
736-6767

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

PEDIATRICS

MALHOTRA, ARATI

Provider ID: 206426

Provider Gender: Female

D2. Directorio de atención primaria

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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 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):

N

 Accessibility: CONTACT
PROVIDER

PEDIATRICS

MALHOTRA, ARATI

Provider ID: 206426

Provider Gender: Female

License Number: A63903

NPI: 1215135306

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Hindi, Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, PALOMAR

MEDICAL CENTER

Board Certified Specialty: No

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Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):
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PROVIDER

PEDIATRICS

MALHOTRA, ARATI

Provider ID: 206426

Provider Gender: Female

License Number: A63903

NPI: 1215135306

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Hindi, Spanish

Cultural Competency: N

Hospital Affiliation: TRI CITY

MEDICAL CTR, PALOMAR

MEDICAL CENTER

Board Certified Specialty: No

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PROVIDER

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MEDICAL CTR, PALOMAR

MEDICAL CENTER

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Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):
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PROVIDER

PEDIATRICS

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 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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SAN MARCOS, CA 92069

 Phone: (760) 736-6767

 After Hours Phone: (760)
736-6767

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Y

D2. Directorio de atención primaria

Min/Max Age: 0\150

American Sign Language (ASL): Board Certified Specialty: Yes

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

 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

 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: 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

D2. Directorio de atención primaria

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: 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: 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

D2. Directorio de atención primaria

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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 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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Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):
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 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

D2. Directorio de atención primaria

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

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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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
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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

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

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

D2. Directorio de atención primaria

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):
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 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):
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 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

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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

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 Provider Language(s)
Spoken: Spanish

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Hospital Affiliation: PALOMAR
MEDICAL CENTER

Board Certified Specialty: No

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 Website: www.ihpsocal.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):
N

 Accessibility: CONTACT

D2. Directorio de atención primaria

<i>PROVIDER</i>	<i>N</i>	<i>Min/Max Age: 0\150</i>
<u>PHYSICIANS ASSISTANT</u> BLAKESPEAR, JEREMY <i>Provider ID: 206426</i> <i>Provider Gender: Male</i> <i>License Number: PA19825</i> <i>NPI: 1750474177</i> <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i> 150 VALPRED A RD SAN MARCOS, CA 92069 <i>Phone: (760) 736-6767</i> <i>After Hours Phone: (760) 736-6767</i> <i>Website: www.ihpsocal.org</i> <i>Medi-Cal Open Panel: Y</i> <i>Min/Max Age: 0\150</i> <i>American Sign Language (ASL):</i> <i>N</i> <i>Accessibility: CONTACT PROVIDER</i>	<i>Accessibility: CONTACT PROVIDER</i>	<i>American Sign Language (ASL):</i> <i>N</i> <i>Accessibility: CONTACT PROVIDER</i>
<u>PHYSICIANS ASSISTANT</u> BLAKESPEAR, JEREMY <i>Provider ID: 206426</i> <i>Provider Gender: Male</i> <i>License Number: PA19825</i> <i>NPI: 1750474177</i> <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i> 150 VALPRED A RD SAN MARCOS, CA 92069 <i>Phone: (760) 736-6767</i> <i>After Hours Phone: (760) 736-6767</i> <i>Website: www.ihpsocal.org</i> <i>Medi-Cal Open Panel: Y</i> <i>Min/Max Age: 0\150</i> <i>American Sign Language (ASL):</i> <i>N</i> <i>Accessibility: CONTACT PROVIDER</i>	<u>PHYSICIANS ASSISTANT</u> BLAKESPEAR, JEREMY <i>Provider ID: 206426</i> <i>Provider Gender: Male</i> <i>License Number: PA19825</i> <i>NPI: 1750474177</i> <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i> 150 VALPRED A RD SAN MARCOS, CA 92069 <i>Phone: (760) 736-6767</i> <i>After Hours Phone: (760) 736-6767</i> <i>Website: www.ihpsocal.org</i> <i>Medi-Cal Open Panel: Y</i> <i>Min/Max Age: 0\150</i> <i>American Sign Language (ASL):</i> <i>N</i> <i>Accessibility: CONTACT PROVIDER</i>	<u>PHYSICIANS ASSISTANT</u> BLAKESPEAR, JEREMY <i>Provider ID: 206426</i> <i>Provider Gender: Male</i> <i>License Number: PA19825</i> <i>NPI: 1750474177</i> <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i> 150 VALPRED A RD SAN MARCOS, CA 92069 <i>Phone: (760) 736-6767</i> <i>After Hours Phone: (760) 736-6767</i> <i>Website: www.ihpsocal.org</i> <i>Medi-Cal Open Panel: Y</i> <i>Min/Max Age: 0\150</i> <i>American Sign Language (ASL):</i> <i>N</i> <i>Accessibility: CONTACT PROVIDER</i>
<u>PHYSICIANS ASSISTANT</u> BLAKESPEAR, JEREMY <i>Provider ID: 206426</i> <i>Provider Gender: Male</i> <i>License Number: PA19825</i> <i>NPI: 1750474177</i> <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i> 150 VALPRED A RD SAN MARCOS, CA 92069 <i>Phone: (760) 736-6767</i> <i>After Hours Phone: (760) 736-6767</i> <i>Website: www.ihpsocal.org</i> <i>Medi-Cal Open Panel: Y</i> <i>Min/Max Age: 0\150</i> <i>American Sign Language (ASL):</i> <i>N</i> <i>Accessibility: CONTACT PROVIDER</i>	<u>PHYSICIANS ASSISTANT</u> BLAKESPEAR, JEREMY <i>Provider ID: 206426</i> <i>Provider Gender: Male</i> <i>License Number: PA19825</i> <i>NPI: 1750474177</i> <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i> 150 VALPRED A RD SAN MARCOS, CA 92069 <i>Phone: (760) 736-6767</i> <i>After Hours Phone: (760) 736-6767</i> <i>Website: www.ihpsocal.org</i> <i>Medi-Cal Open Panel: Y</i>	<u>PHYSICIANS ASSISTANT</u> BLAKESPEAR, JEREMY <i>Provider ID: 206426</i> <i>Provider Gender: Male</i> <i>License Number: PA19825</i> <i>NPI: 1750474177</i> <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i> 150 VALPRED A RD SAN MARCOS, CA 92069 <i>Phone: (760) 736-6767</i> <i>After Hours Phone: (760) 736-6767</i>

D2. Directorio de atención primaria

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 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):
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 Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT

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Provider ID: 206426
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License Number: PA22667
NPI: 1174964001

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL

Board Certified Specialty: No

 150 VALPRED A RD
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 Phone: (760) 736-6767

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Min/Max Age: 0\150

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N

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PHYSICIANS ASSISTANT

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License Number: PA22667
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 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL

Board Certified Specialty: No

 150 VALPRED A RD
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Board Certified Specialty: No

 150 VALPRED A RD
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 Phone: (760) 736-6767

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 Website: www.ihpsocal.org
Medi-Cal Open Panel: Y

Min/Max Age: 0\150

D2. Directorio de atención primaria

American Sign Language (ASL):  After Hours Phone: (760) 736-6767

N

 Accessibility: CONTACT PROVIDER

PHYSICIANS ASSISTANT

CHISWICK, GARY

Provider ID: 206426

Provider Gender: Male

License Number: PA22667

NPI: 1174964001

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL

Board Certified Specialty: No

 150 VALPRED A RD
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

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

 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

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 Provider English Spoken: Y
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Board Certified Specialty: No

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PHYSICIANS ASSISTANT

KOSEL, MATTHEW

Provider ID: 206426

Provider Gender: Male

License Number: PA17101

NPI: 1316947302

 Provider English Spoken: Y

D2. Directorio de atención primaria

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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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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 *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 VALPRED A RD

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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

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Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

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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*

D2. Directorio de atención primaria

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

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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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NPI: 1518133032

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Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

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SAN MARCOS, CA 92069

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 Website: www.ihpsocal.org

Medi-Cal Open Panel: 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 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

PHYSICIANS ASSISTANT

TAHRIRI, BAHAREH

Provider ID: 206426

Provider Gender: Female

License Number: PA51867

NPI: 1295147387

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Provider Language(s)
Spoken: Farsi

Cultural Competency: N

Board Certified Specialty: No

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Provider Language(s)
Spoken: Farsi

Cultural Competency: N

Board Certified Specialty: No

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 Phone: (760) 736-6767

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736-6767

 Website: www.ihpsocal.org

Medi-Cal Open Panel: Y

D2. Directorio de atención primaria

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

 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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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

Medi-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
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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

D2. Directorio de atención primaria

-  *Provider Language(s)* /clinics/san- ysidro- health
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*
- 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
 *Phone: (619) 662-4100*
 *After Hours Phone: (619) 662-4100*
 *Website: https://www.syhealth.org/locations*

D2. Directorio de atención primaria

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

 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**

GARCIA, TEDAYSHIA

Provider ID: 206292

Provider Gender: Female

License Number: NP95003355

NPI: 1659730778

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: 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

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

D2. Directorio de atención primaria

 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

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

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
Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL,
SCRIPPS MERCY HOSPITAL
CHULA VISTA

Board Certified Specialty: No

 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100
 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: 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

D2. Directorio de atención primaria

IBARRA, MARTHA

Provider ID: 206292

Provider Gender: Female

License Number: NP12112

NPI: 1114957289

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA

Board Certified Specialty: No

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: 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

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>

[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

KANTAS, PARIS

Provider ID: 206292

Provider Gender: Male

License Number: NP18661

NPI: 1114329612

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND

HEALTHCARE CTR

Board Certified Specialty: No

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: 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

D2. Directorio de atención primaria

License Number: NP18661

NPI: 1114329612

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SHARP
CORONADO HOSP AND
HEALTHCARE CTR

Board Certified Specialty: No

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: 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
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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

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

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

SANCHEZ, MYRNA

Provider ID: 227469

D2. Directorio de atención primaria

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.syhe.alth.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.syhe.alth.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.syhe.alth.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.syhe.alth.org/locations>

[alth.org/locations](https://www.syhe.alth.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

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)

D2. Directorio de atención primaria

Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No

 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100
 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: 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

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
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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: 227411

D2. Directorio de atención primaria

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
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
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
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 Website: 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

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
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

D2. Directorio de atención primaria

ARRIETA, NOEMI

Provider ID: 206292

Provider Gender: Female

License Number: 20A11153

NPI: 1912223496

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MEMORIAL HOSPITAL

Board Certified Specialty: No

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: 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

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: 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: 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

D2. Directorio de atención primaria

SAN YSIDRO, CA 92173
SA 8:30AM-2:00PM
 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

BORSAN, COSMIN

Provider ID: 206292
Provider Gender: Male
License Number: 20A17643
NPI: 1679060255
 Provider English Spoken: Y
 Provider Language(s) Spoken: Romanian
Cultural Competency: N
Board Certified Specialty: No
 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: 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: 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

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: 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

FAMILY PRACTICE

CARRIEDO CENICEROS, MARIA

Provider ID: 206292
Provider Gender: Female
License Number: A78373
NPI: 1295746618
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
Fax: (619) 205-6341
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Y
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT

D2. Directorio de atención primaria

<p>PROVIDER</p> <p>FAMILY PRACTICE</p> <p>CARRIEDO CENICEROS, MARIA</p> <p>Provider ID: 206292</p> <p>Provider Gender: Female</p> <p>License Number: A78373</p> <p>NPI: 1295746618</p> <p><input type="checkbox"/> Provider English Spoken: Y</p> <p><input type="checkbox"/> Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: N</p> <p>Board Certified Specialty: No</p> <p><input type="checkbox"/> 4004 BEYER BLVD SAN YSIDRO, CA 92173</p> <p><input type="checkbox"/> Phone: (619) 662-4100</p> <p>Fax: (619) 205-6341</p> <p><input type="checkbox"/> After Hours Phone: (619) 662-4100</p> <p><input type="checkbox"/> Website: www.syhealth.org/clinics/san-ysidro-health-center</p> <p>Medi-Cal Open Panel: Y</p> <p>Min/Max Age: 0\150</p> <p>American Sign Language (ASL): N</p> <p><input type="checkbox"/> Accessibility: CONTACT PROVIDER</p>	<p>662-4100</p> <p><input type="checkbox"/> Website: www.syhealth.org/clinics/san-ysidro-health-center</p> <p>Medi-Cal Open Panel: Y</p> <p>Min/Max Age: 0\150</p> <p>American Sign Language (ASL): N</p> <p><input type="checkbox"/> Accessibility: CONTACT PROVIDER</p> <p>Hours: M-F 8:00AM-5:30PM SA 8:30AM-2:00PM</p> <p>FAMILY PRACTICE</p> <p>CASTILLO, STEPHANIE</p> <p>Provider ID: 206292</p> <p>Provider Gender: Female</p> <p>License Number: A159673</p> <p>NPI: 1902330723</p> <p><input type="checkbox"/> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Board Certified Specialty: No</p> <p><input type="checkbox"/> 4004 BEYER BLVD SAN YSIDRO, CA 92173</p> <p><input type="checkbox"/> Phone: (619) 662-4100</p> <p><input type="checkbox"/> After Hours Phone: (619) 662-4100</p> <p><input type="checkbox"/> Website: www.syhealth.org/clinics/san-ysidro-health-center</p> <p>Medi-Cal Open Panel: Y</p> <p>Min/Max Age: 0\150</p> <p>American Sign Language (ASL): N</p> <p><input type="checkbox"/> Accessibility: CONTACT PROVIDER</p>	<p>Provider Gender: Male</p> <p>License Number: A55469</p> <p>NPI: 1720181829</p> <p><input type="checkbox"/> Provider English Spoken: Y</p> <p><input type="checkbox"/> Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA</p> <p>Board Certified Specialty: No</p> <p><input type="checkbox"/> 4004 BEYER BLVD SAN YSIDRO, CA 92173</p> <p><input type="checkbox"/> Phone: (619) 662-4100</p> <p>Fax: (619) 205-6341</p> <p><input type="checkbox"/> After Hours Phone: (619) 662-4100</p> <p><input type="checkbox"/> Website: www.syhealth.org/clinics/san-ysidro-health-center</p> <p>Medi-Cal Open Panel: Y</p> <p>Min/Max Age: 0\150</p> <p>American Sign Language (ASL): N</p> <p><input type="checkbox"/> Accessibility: CONTACT PROVIDER</p>
<p>FAMILY PRACTICE</p> <p>CASTILLO, STEPHANIE</p> <p>Provider ID: 206292</p> <p>Provider Gender: Female</p> <p>License Number: A159673</p> <p>NPI: 1902330723</p> <p><input type="checkbox"/> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Board Certified Specialty: No</p> <p><input type="checkbox"/> 4004 BEYER BLVD SAN YSIDRO, CA 92173</p> <p><input type="checkbox"/> Phone: (619) 662-4100</p> <p><input type="checkbox"/> After Hours Phone: (619) 662-4100</p> <p><input type="checkbox"/> Website: www.syhealth.org/clinics/san-ysidro-health-center</p> <p>Medi-Cal Open Panel: Y</p> <p>Min/Max Age: 0\150</p> <p>American Sign Language (ASL): N</p> <p><input type="checkbox"/> Accessibility: CONTACT PROVIDER</p>	<p>FAMILY PRACTICE</p> <p>CEVALLOS, JAMES</p> <p>Provider ID: 206292</p> <p>Provider Gender: Male</p> <p>License Number: A55469</p> <p>NPI: 1720181829</p> <p><input type="checkbox"/> Provider English Spoken: Y</p> <p><input type="checkbox"/> Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA</p> <p>Board Certified Specialty: No</p>	

D2. Directorio de atención primaria

 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
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 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 **CORONADO, MYRNA**

Provider ID: 227411
Provider Gender: Female
License Number: A112627
NPI: 1710147566
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N

Board Certified Specialty: No

 4050 BEYER BLVD
SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100
 Website: syhealth.org/clinics/maternal-child-health-center
Medi-Cal Open Panel: 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
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Spoken: Spanish
Cultural Competency: N

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662-4100

 Website: www.syhealth.org/clinics/san-ysidro-health-center
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Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

FAMILY PRACTICE **CORONADO, MYRNA**

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Spoken: Spanish
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Board Certified Specialty: No

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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

FAMILY PRACTICE **DALUGDUGAN, ESTHER**

Provider ID: 206292
Provider Gender: Female
License Number: A112511
NPI: 1962662718

D2. Directorio de atención primaria

 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Tagalog*
Cultural Competency: N
Hospital Affiliation: SHARP CHULA VISTA MED CTR
Board Certified Specialty: No

 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 *Phone: (619) 662-4100*
 *After Hours Phone: (619) 662-4100*
 *Website: www.syhealth.org /clinics/san-ysidro-health - center*

Medi-Cal Open Panel: 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
Medi-Cal Open Panel: Y
Min/Max Age: 0\150
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*

FAMILY PRACTICE

ESTRADA, JOHANNA

Provider ID: 206292
Provider Gender: Female
License Number: A127188
NPI: 1255698155

 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Spanish*

Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL
Board Certified Specialty: No

 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 *Phone: (619) 662-4100*
 *After Hours Phone: (619) 662-4100*
 *Website: www.syhealth.org /clinics/san-ysidro-health - center*

Medi-Cal Open Panel: 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

ESTRADA, JOHANNA

Provider ID: 206292
Provider Gender: Female
License Number: A127188
NPI: 1255698155

 *Provider English Spoken: Y*
 *Provider Language(s) Spoken: Spanish*

Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS GREEN HOSPITAL, SCRIPPS MEMORIAL HOSPITAL

Board Certified Specialty: No
 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 *Phone: (619) 662-4100*
 *After Hours Phone: (619) 662-4100*

 *Website: www.syhealth.org /clinics/san-ysidro-health - center*

Medi-Cal Open Panel: 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

HEINRICI, ALEKA

Provider ID: 206292
Provider Gender: Female
License Number: A125329
NPI: 1780979120

D2. Directorio de atención primaria

 *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

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.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*

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.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*

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.syhe
alth.org/locations](https://www.syhealth.org/locations)*

Medi-Cal Open Panel: Y
Min/Max Age: 0\150
*American Sign Language (ASL):
N*

D2. Directorio de atención primaria

 *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*

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

 *Accessibility: CONTACT PROVIDER*

FAMILY PRACTICE

HERNANDEZ, RALPH

Provider ID: 206292

Provider Gender: Male

License Number: C42207

NPI: 1285782151

Provider English Spoken: Y

*Provider Language(s)
Spoken: Spanish*

Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 *Phone: (619) 662-4100*

 *After Hours Phone: (619)
662-4100*

 *Website: www.syhealth.org/clinics/san-ysidro-health-center*

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

 *Accessibility: CONTACT PROVIDER*

FAMILY PRACTICE

KAUFHOLD, ANNE

Provider ID: 206292

Provider Gender: Female

License Number: A88893

NPI: 1164508073

Provider English Spoken: Y

*Provider Language(s)
Spoken: Arabic, Spanish*

Cultural Competency: N

Hospital Affiliation: SCRIPPS

*MERCY HOSPITAL CHULA
VISTA*

Board Certified Specialty: No

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 *Phone: (619) 662-4100*

 *After Hours Phone: (619)
662-4100*

 *Website: www.syhealth.org/clinics/san-ysidro-health-center*

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

 *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*

D2. Directorio de atención primaria

 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

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
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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
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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
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Hours: M-F 8:00AM-5:30PM
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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
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Medi-Cal Open Panel: Y
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

D2. Directorio de atención primaria

Hours: M-F 8:00AM-5:30PM
SA 8:30AM-2:00PM

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

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

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

D2. Directorio de atención primaria

MEMORIAL HOSPITAL,
SCRIPPS MERCY HOSPITAL,
SCRIPPS MERCY HOSPITAL
CHULA VISTA

Board Certified Specialty: No

4004 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: 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

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

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

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

NAVARRO, VANESSA

Provider ID: 227469

Provider Gender: Female

License Number: A113624

NPI: 1952563421

Provider English Spoken: Y

Provider Language(s)
Spoken: Filipino, Spanish,
Tagalog

D2. Directorio de atención primaria

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>

alth.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

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
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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
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/locations

D2. Directorio de atención primaria

*/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
/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
/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):

D2. Directorio de atención primaria

N

 *Accessibility: CONTACT PROVIDER*

FAMILY PRACTICE

ORTIZ, KENNETH

Provider ID: 206292

Provider Gender: Male

License Number: A156607

NPI: 1356761571

 *Provider English Spoken: Y*

Cultural Competency: N

Hospital Affiliation:

*GROSSMONT HOSPITAL,
SCRIPPS MEMORIAL
HOSPITAL*

Board Certified Specialty: No

 *4004 BEYER BLVD
SAN YSIDRO, CA 92173*

 *Phone: (619) 662-4100*

 *After Hours Phone: (619)
662-4100*

 *Website: www.syhealth.org/clinics/san-ysidro-health-center*

Medi-Cal Open Panel: 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*

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*

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*

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

FAMILY PRACTICE

ORTIZ ILIZALITURRI, ANA

D2. Directorio de atención primaria

Provider ID: 227411

Provider Gender: Female

License Number: A178949

NPI: 1316407026

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL,
SCRIPPS MERCY HOSPITAL
CHULA VISTA

Board Certified Specialty: No

 4050 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: syhealth.org/clinics/maternal-child-health-center

Medi-Cal Open Panel: 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

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

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)

D2. Directorio de atención primaria

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*
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*
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*

/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
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 *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

ROSENBAUM, HERBERT

Provider ID: 206292

D2. Directorio de atención primaria

Provider Gender: Male
License Number: A169694
NPI: 1922532712
☐ Provider English Spoken: Y
☐ Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
📍 4004 BEYER BLVD
SAN YSIDRO, CA 92173
☎ Phone: (619) 662-4100
🕒 After Hours Phone: (619)
662-4100
🌐 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: 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
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/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

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)
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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

FAMILY PRACTICE

SHAHTAJI, ALAN

Provider ID: 206292
Provider Gender: Male
License Number: 20A11087
NPI: 1972751089
☐ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON
Board Certified Specialty: No
📍 4004 BEYER BLVD
SAN YSIDRO, CA 92173
☎ Phone: (619) 662-4100
🕒 After Hours Phone: (619)
662-4100
🌐 Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Y
Min/Max Age: 0\150
American Sign Language (ASL):
N

D2. Directorio de atención primaria

 *Accessibility: CONTACT PROVIDER*

FAMILY PRACTICE

SHAHTAJI, ALAN

Provider ID: 206292

Provider Gender: Male

License Number: 20A11087

NPI: 1972751089

 *Provider English Spoken: Y*
Cultural Competency: N

*Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON*

Board Certified Specialty: No

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 *Phone: (619) 662-4100*

 *After Hours Phone: (619)
662-4100*

 *Website: www.syhealth.org/clinics/san-ysidro-health-center*

Medi-Cal Open Panel: 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*

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*

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*

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

*American Sign Language (ASL):
N*

 *Accessibility: CONTACT PROVIDER*

FAMILY PRACTICE

STALEY, MICHAELA

D2. Directorio de atención primaria

Provider ID: 206292
Provider Gender: Female
License Number: A157772
NPI: 1912438250
 Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100
 Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: 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
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
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 After Hours Phone: (619)
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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

FAMILY PRACTICE

TALAVERA, GREGORY

Provider ID: 206292
Provider Gender: Male
License Number: A40061
NPI: 1740337161
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Board Certified Specialty: No
 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100
 Website: www.syhealth.org/clinics/san-ysidro-health-center
Medi-Cal Open Panel: Y
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Hours: M-TU 8:30AM-5:30PM

D2. Directorio de atención primaria

FAMILY PRACTICE

TALavera, GREGORY

Provider ID: 206292

Provider Gender: Male

License Number: A40061

NPI: 1740337161

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: 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

D2. Directorio de atención primaria

 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: 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

D2. Directorio de atención primaria

Min/Max Age: 0\150

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

FQHC

SAN YSIDRO HEALTH MATERNAL AND CHILD HEALTH CTR,

Provider ID: 227411

NPI: 1558852947

 Provider English Spoken: Y
Cultural Competency: N

 4050 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

Fax: (619) 205-1967

 After Hours Phone: (619)
662-4100

 Website: syhealth.org/clinics/maternal-child-health-center

Medi-Cal Open Panel: 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

Medi-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

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

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

D2. Directorio de atención primaria

 *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

D2. Directorio de atención primaria

 4004 BEYER BLVD
SAN YSIDRO, CA 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): License Number: A40480
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): License Number: A131952
NPI: 1306280607

 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

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 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): License Number: A131952
NPI: 1306280607

 Accessibility: CONTACT PROVIDER

INFECTIOUS DISEASE

PROMER, KATHERINE

Provider ID: 206292

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, SCRIPPS MEMORIAL

HOSPITAL, PALOMAR

MEDICAL CENTER

Board Certified Specialty: No

 4004 BEYER BLVD
SAN YSIDRO, CA 92173
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Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): License Number: A131952
NPI: 1306280607

 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

D2. Directorio de atención primaria

JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR, SCRIPPS MEMORIAL
HOSPITAL, PALOMAR
MEDICAL CENTER

Board Certified Specialty: No

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

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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

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](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

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

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 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

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/san-ysidro-health-center

D2. Directorio de atención primaria

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-5:30PM
SA 8:30AM-2:00PM

INTERNAL MEDICINE

CHEN, TSUH YIN

Provider ID: 206292

Provider Gender: Female

License Number: C55563

NPI: 1093803520

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Portuguese,
Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN
DIEGO

Board Certified Specialty: No

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

Fax: (619) 205-6341

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: 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

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

D2. Directorio de atención primaria

 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

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

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
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

Medi-Cal Open Panel: Y
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

D2. Directorio de atención primaria

INTERNAL MEDICINE

HURST, MICHAEL

Provider ID: 206292

Provider Gender: Male

License Number: 20A8081

NPI: 1205893104

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SUTTER

TRACY COMMUNITY HOSP,
SCRIPPS MEMORIAL

HOSPITAL

Board Certified Specialty: No

4004 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: 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

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

Accessibility: CONTACT
PROVIDER

Hours: M-F 8:00AM-8:00PM

SA 8:00AM-2:00PM

INTERNAL MEDICINE

KAUFER, DAVID

Provider ID: 206292

Provider Gender: Male

License Number: G80107

NPI: 1710082789

Provider English Spoken: Y

Cultural Competency: N

Board Certified Specialty: No

4004 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

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

4004 BEYER BLVD
SAN YSIDRO, CA 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):

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

D2. Directorio de atención primaria

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
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
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
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*

D2. Directorio de atención primaria

 *Provider Language(s) Spoken: Spanish*
Cultural Competency: N
Hospital Affiliation: EISENHOWER MEDICAL CTR
Board Certified Specialty: No
 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 *Phone: (619) 662-4100*
 *After Hours Phone: (619) 662-4100*
 *Website: www.syhealth.org /clinics/san-ysidro-health-center*
Medi-Cal Open Panel: 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

Board Certified Specialty: No

 4004 BEYER BLVD
SAN YSIDRO, CA 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*

D2. Directorio de atención primaria

<p>PROVIDER</p> <p><u>INTERNAL MEDICINE</u></p> <p>RAMIREZ SANCHEZ, CLAUDIA</p> <p>Provider ID: 206292</p> <p>Provider Gender: Female</p> <p>License Number: A160493</p> <p>NPI: 1659720555</p> <p><input type="checkbox"/> Provider English Spoken: Y</p> <p><input type="checkbox"/> Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA</p> <p>Board Certified Specialty: No</p> <p> 4004 BEYER BLVD SAN YSIDRO, CA 92173</p> <p> Phone: (619) 662-4100</p> <p> After Hours Phone: (619) 662-4100</p> <p> Website: www.syhealth.org/clinics/san-ysidro-health-center</p> <p>Medi-Cal Open Panel: Y</p> <p>Min/Max Age: 0\150</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p>	<p>Hospital Affiliation: SCRIPPS MEMORIAL HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA</p> <p>Board Certified Specialty: No</p> <p> 4004 BEYER BLVD SAN YSIDRO, CA 92173</p> <p> Phone: (619) 662-4100</p> <p> After Hours Phone: (619) 662-4100</p> <p> Website: www.syhealth.org/clinics/san-ysidro-health-center</p> <p>Medi-Cal Open Panel: Y</p> <p>Min/Max Age: 0\150</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p>	<p>N</p> <p> Accessibility: CONTACT PROVIDER</p> <p><u>INTERNAL MEDICINE</u></p> <p>SALERNO, MARIANA</p> <p>Provider ID: 206292</p> <p>Provider Gender: Female</p> <p>License Number: A131021</p> <p>NPI: 1598921645</p> <p><input type="checkbox"/> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: Providence St. Joseph Hospital Eureka</p> <p>Board Certified Specialty: No</p> <p> 4004 BEYER BLVD SAN YSIDRO, CA 92173</p> <p> Phone: (619) 662-4100</p> <p> After Hours Phone: (619) 662-4100</p> <p> Website: www.syhealth.org/clinics/san-ysidro-health-center</p> <p>Medi-Cal Open Panel: Y</p> <p>Min/Max Age: 0\150</p> <p>American Sign Language (ASL): N</p> <p> Accessibility: CONTACT PROVIDER</p>
<p><u>INTERNAL MEDICINE</u></p> <p>RAMIREZ SANCHEZ, CLAUDIA</p> <p>Provider ID: 206292</p> <p>Provider Gender: Female</p> <p>License Number: A160493</p> <p>NPI: 1659720555</p> <p><input type="checkbox"/> Provider English Spoken: Y</p> <p><input type="checkbox"/> Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: N</p>	<p><u>INTERNAL MEDICINE</u></p> <p>SALERNO, MARIANA</p> <p>Provider ID: 206292</p> <p>Provider Gender: Female</p> <p>License Number: A131021</p> <p>NPI: 1598921645</p> <p><input type="checkbox"/> Provider English Spoken: Y</p> <p>Cultural Competency: N</p> <p>Hospital Affiliation: Providence St. Joseph Hospital Eureka</p> <p>Board Certified Specialty: No</p> <p> 4004 BEYER BLVD SAN YSIDRO, CA 92173</p> <p> Phone: (619) 662-4100</p> <p> After Hours Phone: (619) 662-4100</p> <p> Website: www.syhealth.org/clinics/san-ysidro-health-center</p> <p>Medi-Cal Open Panel: Y</p> <p>Min/Max Age: 0\150</p> <p>American Sign Language (ASL):</p>	<p><u>INTERNAL MEDICINE</u></p> <p>SCHNEIDER-MUNOZ, MARGARITA</p> <p>Provider ID: 206292</p> <p>Provider Gender: Female</p> <p>License Number: G81461</p> <p>NPI: 1821299520</p> <p><input type="checkbox"/> Provider English Spoken: Y</p> <p><input type="checkbox"/> Provider Language(s) Spoken: Spanish</p> <p>Cultural Competency: N</p>

D2. Directorio de atención primaria

Board Certified Specialty: No

 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100
 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: 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

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

D2. Directorio de atención primaria

 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: <https://www.syhealth.org/locations>
Medi-Cal Open Panel: 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
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
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
Medi-Cal Open Panel: Y
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT

D2. Directorio de atención primaria

<p><i>PROVIDER</i></p> <p><u>INTERNAL MEDICINE</u></p> <p>WEN, AKI YEN CHANG <i>Provider ID: 227411</i> <i>Provider Gender: Male</i> <i>License Number: 20A12555</i> <i>NPI: 1205126505</i>  <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>Board Certified Specialty: No</i>  4050 BEYER BLVD SAN YSIDRO, CA 92173  <i>Phone: (619) 662-4100</i>  <i>After Hours Phone: (619) 662-4100</i>  <i>Website: syhealth.org/clinic/s/maternal-child-health-center</i> <i>Medi-Cal Open Panel: Y</i> <i>Min/Max Age: 0\150</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i></p> <p><u>INTERVENTIONAL CARDIOLOGY</u></p> <p>MOUSSAVIAN, MEHRAN <i>Provider ID: 206292</i> <i>Provider Gender: Male</i> <i>License Number: 20A7241</i> <i>NPI: 1689788234</i>  <i>Provider English Spoken: Y</i>  <i>Provider Language(s) Spoken: Farsi</i> <i>Cultural Competency: N</i> <i>Hospital Affiliation: SHARP CHULA VISTA MED CTR, TRI CITY MEDICAL CTR, SHARP MEMORIAL HOSPITAL,</i></p>	<p><i>ALVARADO HOSPITAL LLC, GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, Adventist Health and Rideout</i> <i>Board Certified Specialty: No</i>  4004 BEYER BLVD SAN YSIDRO, CA 92173  <i>Phone: (619) 662-4100</i> <i>Fax: (619) 205-6341</i>  <i>After Hours Phone: (619) 662-4100</i>  <i>Website: www.syhealth.org/clinics/san-ysidro-health-center</i> <i>Medi-Cal Open Panel: Y</i> <i>Min/Max Age: 0\150</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i></p> <p><u>INTERVENTIONAL CARDIOLOGY</u></p> <p>MOUSSAVIAN, MEHRAN <i>Provider ID: 206292</i> <i>Provider Gender: Male</i> <i>License Number: 20A7241</i> <i>NPI: 1689788234</i>  <i>Provider English Spoken: Y</i>  <i>Provider Language(s) Spoken: Farsi</i> <i>Cultural Competency: N</i> <i>Hospital Affiliation: SHARP CHULA VISTA MED CTR, TRI CITY MEDICAL CTR, SHARP MEMORIAL HOSPITAL, ALVARADO HOSPITAL LLC,</i></p>	<p><i>GROSSMONT HOSPITAL, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL, SCRIPPS MERCY HOSPITAL, SCRIPPS MEMORIAL HOSPITAL, Adventist Health and Rideout</i> <i>Board Certified Specialty: No</i>  4004 BEYER BLVD SAN YSIDRO, CA 92173  <i>Phone: (619) 662-4100</i> <i>Fax: (619) 205-6341</i>  <i>After Hours Phone: (619) 662-4100</i>  <i>Website: www.syhealth.org/clinics/san-ysidro-health-center</i> <i>Medi-Cal Open Panel: Y</i> <i>Min/Max Age: 0\150</i> <i>American Sign Language (ASL): N</i>  <i>Accessibility: CONTACT PROVIDER</i></p> <p><u>OBSTETRICS / GYNECOLOGY</u></p> <p>BERGGREN, ERICA <i>Provider ID: 227411</i> <i>Provider Gender: Female</i> <i>License Number: C158543</i> <i>NPI: 1912159674</i>  <i>Provider English Spoken: Y</i> <i>Cultural Competency: N</i> <i>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</i></p>
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D2. Directorio de atención primaria

Board Certified Specialty: No

 4050 BEYER BLVD
SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100
 Website: syhealth.org/clinics/maternal-child-health-center

Medi-Cal Open Panel: 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

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

CARR, MIANDA

Provider ID: 206292

Provider Gender: Female

License Number: A104660

NPI: 1083815823

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: ST
JOSEPHS MEDICAL CENTER,
SCRIPPS MERCY HOSPITAL
CHULA VISTA, SCRIPPS MERCY
HOSPITAL

Board Certified Specialty: No

 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: 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

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

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

Board Certified Specialty: No

 4004 BEYER BLVD

D2. Directorio de atención primaria

SAN YSIDRO, CA 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

CARR, MIANDA

Provider ID: 227411
Provider Gender: Female
License Number: A104660
NPI: 1083815823
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: ST JOSEPHS MEDICAL CENTER, SCRIPPS MERCY HOSPITAL CHULA VISTA, SCRIPPS MERCY HOSPITAL
Board Certified Specialty: No

4050 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: syhealth.org/clinics/maternal-child-health-center
Medi-Cal Open Panel: 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
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
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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

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

D2. Directorio de atención primaria

HOSPITAL, SCRIPPS MERCY
HOSPITAL CHULA VISTA

Board Certified Specialty: No

 4050 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

Fax: (619) 205-1948

 After Hours Phone: (619)
662-4100

 Website: syhealth.org/clinics/maternal-child-health-center

Medi-Cal Open Panel: 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

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/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

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

D2. Directorio de atención primaria

HOSPITAL, SHARP MEMORIAL
HOSPITAL, SCRIPPS
MEMORIAL HOSPITAL
ENCINITAS, SCRIPPS
MEMORIAL HOSPITAL, TRI
CITY MEDICAL CTR, SHARP
MARY BIRCH HOSP FOR
WOMEN AND NEWBORNS,
SHARP MARY BIRCH HOSP
FOR WOMEN AND
NEWBORNS, SCRIPPS GREEN
HOSPITAL, SCRIPPS MERCY
HOSPITAL, SCRIPPS MERCY
HOSPITAL CHULA VISTA

Board Certified Specialty: No

 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100
 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: 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

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

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

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

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):
N

D2. Directorio de atención primaria

 *Accessibility: CONTACT PROVIDER*

OBSTETRICS / GYNECOLOGY

GOLDSTEIN, EDWARD

Provider ID: 227411

Provider Gender: Male

License Number: G20087

NPI: 1982617494

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL, SHARP

CHULA VISTA MED CTR,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SCRIPPS

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL

Board Certified Specialty: No

 *4050 BEYER BLVD*

SAN YSIDRO, CA 92173

 *Phone: (619) 662-4100*

Fax: (619) 205-1948

 *After Hours Phone: (619) 662-4100*

 *Website: syhealth.org/clinics/maternal-child-health-center*

Medi-Cal Open Panel: 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*

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):

N

 *Accessibility: CONTACT PROVIDER*

OBSTETRICS / GYNECOLOGY

GOMEZ, DANIELA

Provider ID: 206292

Provider Gender: Female

License Number: A175006

NPI: 1255878997

 *Provider English Spoken: Y*

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: M-F 8:00AM-5:30PM

SA 8:30AM-2:00PM

OBSTETRICS / GYNECOLOGY

GOMEZ, DANIELA

Provider ID: 227411

Provider Gender: Female

License Number: A175006

NPI: 1255878997

 *Provider English Spoken: Y*

Cultural Competency: N

Board Certified Specialty: No

 *4050 BEYER BLVD*

SAN YSIDRO, CA 92173

 *Phone: (619) 662-4100*

 *After Hours Phone: (619) 662-4100*

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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-5:00PM

OBSTETRICS / GYNECOLOGY

GOMEZ, DANIELA

D2. Directorio de atención primaria

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
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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
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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

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)

D2. Directorio de atención primaria

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 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

SEFA-BOAKYE, KOFI

Provider ID: 206292
Provider Gender: Male
License Number: G59670

D2. Directorio de atención primaria

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, ABIADÉ

Provider ID: 206292

Provider Gender: Male

License Number: A114893

NPI: 1750559589

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PARADISE

VALLEY HOSPITAL, SHARP
CHULA VISTA MED CTR,
SCRIPPS MERCY HOSPITAL
CHULA VISTA, SCRIPPS MERCY
HOSPITAL

Board Certified Specialty: No

4004 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org/clinics/san-ysidro-health-center

- center

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

SHORT, ABIADÉ

Provider ID: 206292

Provider Gender: Male

License Number: A114893

NPI: 1750559589

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: PARADISE

VALLEY HOSPITAL, SHARP
CHULA VISTA MED CTR,
SCRIPPS MERCY HOSPITAL
CHULA VISTA, SCRIPPS MERCY
HOSPITAL

Board Certified Specialty: No

4004 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

After Hours Phone: (619)
662-4100

Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

OPHTHALMOLOGY

D2. Directorio de atención primaria

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.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

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.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

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

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

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.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

PEDIATRICS

ACEVEDO, SUSANA

D2. Directorio de atención primaria

Provider ID: 227411
Provider Gender: Female
License Number: A74960
NPI: 1801971569

 Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
 4050 BEYER BLVD
SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: syhealth.org/clinics/maternal-child-health-center
Medi-Cal Open Panel: 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/clinics/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: 227411
Provider Gender: Male
License Number: A49307
NPI: 1982662193
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish, Tagalog
Cultural Competency: N
Hospital Affiliation: SHARP CHULA VISTA MED CTR
Board Certified Specialty: No
 4050 BEYER BLVD
SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
Fax: (619) 205-1948
 After Hours Phone: (619) 662-4100
 Website: syhealth.org/clinics/maternal-child-health-center

Medi-Cal Open Panel: 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/clinics/maternal-child-health-center

D2. Directorio de atención primaria

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

CABARLO, JEHRIB

Provider ID: 227411
Provider Gender: Male
License Number: 20A8516

NPI: 1770661340
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO
Board Certified Specialty: No
 4050 BEYER BLVD
SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100
 Website: syhealth.org/clinics/maternal-child-health-center
Medi-Cal Open Panel: 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/clinics/maternal-child-health-center
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/clinics/maternal-child-health-center

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

D2. Directorio de atención primaria

NPI: 1134567530

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: PIONEERS
MEMORIAL HOSPITAL

Board Certified Specialty: No

 4050 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: syhealth.org/clinics/maternal-child-health-center

Medi-Cal Open Panel: 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

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL):
MERCY HOSPITAL CHULA
VISTA, SHARP CHULA VISTA
MED CTR, SCRIPPS MERCY
HOSPITAL

Board Certified Specialty: No

 4004 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: 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

 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

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

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

D2. Directorio de atención primaria

 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

PEDIATRICS

HERMAN, ANDREA

Provider ID: 227411
Provider Gender: Female
License Number: A72721
NPI: 1518970037

Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: SCRIPPS MERCY HOSPITAL CHULA VISTA, SHARP CHULA VISTA MED CTR, SCRIPPS MEMORIAL HOSPITAL

Board Certified Specialty: No

 4050 BEYER BLVD
SAN YSIDRO, CA 92173

 Phone: (619) 662-4100
Fax: (619) 205-1948

 After Hours Phone: (619) 662-4100

 Website: syhealth.org/clinics/maternal-child-health-center

Medi-Cal Open Panel: 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

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/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

D2. Directorio de atención primaria

PRESBYTERIAN MED CTR,
SHARP MEMORIAL HOSPITAL
Board Certified Specialty: No

 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100
 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: 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

- 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
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/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

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

D2. Directorio de atención primaria

 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

RUELAS, ROBERTO

Provider ID: 227411
Provider Gender: Male
License Number: A170141
NPI: 1194257386

 Provider English Spoken: Y
Cultural Competency: N
Board Certified Specialty: No
 4050 BEYER BLVD
SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: syhealth.org/clinics/maternal-child-health-center
Medi-Cal Open Panel: 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
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

SAHMS, TIMOTHY

Provider ID: 227411
Provider Gender: Male
License Number: G51462
NPI: 1780697276
 Provider English Spoken: Y
 Provider Language(s) Spoken: Spanish
Cultural Competency: N
Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO
Board Certified Specialty: No
 4050 BEYER BLVD
SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
Fax: (619) 205-1948
 After Hours Phone: (619) 662-4100
 Website: syhealth.org/clinics/maternal-child-health-center
Medi-Cal Open Panel: Y
Min/Max Age: 0\150
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER

PEDIATRICS

SAHMS, TIMOTHY

Provider ID: 227411

D2. Directorio de atención primaria

Provider Gender: Male

License Number: G51462

NPI: 1780697276

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN
DIEGO

Board Certified Specialty: No

4050 BEYER BLVD
SAN YSIDRO, CA 92173

Phone: (619) 662-4100

Fax: (619) 205-1948

After Hours Phone: (619)
662-4100

Website: syhealth.org/clinics/maternal-child-health-center

Medi-Cal Open Panel: 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)
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American Sign Language (ASL):
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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

D2. Directorio de atención primaria

American Sign Language (ASL): *Hospital Affiliation: TRI CITY
MEDICAL CTR*

 *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/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

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

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

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
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 *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*

PHYSICIANS ASSISTANT

BUCKNER, JOSEPH

Provider ID: 206292
Provider Gender: Male
License Number: PA18363
NPI: 1215909205

Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

 *4004 BEYER BLVD
SAN YSIDRO, CA 92173*
 *Phone: (619) 662-4100*

 *After Hours Phone: (619)
662-4100*

 *Website: www.syhealth.org
/clinics/san- ysidro- health
- center*

Medi-Cal Open Panel: 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*

D2. Directorio de atención primaria

 Phone: (619) 662-4100
 After Hours Phone: (619) 662-4100
 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: 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

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

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>

Medi-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

D2. Directorio de atención primaria

Board Certified Specialty: No

 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100
 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: 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

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

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

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

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

D2. Directorio de atención primaria

Board Certified Specialty: No

 4004 BEYER BLVD
SAN YSIDRO, CA 92173
 Phone: (619) 662-4100
 After Hours Phone: (619)
662-4100
 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: 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

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

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

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

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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

D2. Directorio de atención primaria

 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
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 Provider English Spoken: Y
Cultural Competency: N

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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

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

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 Provider Language(s)
Spoken: Spanish

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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

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

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

D2. Directorio de atención primaria

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
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After Hours Phone: (619) 662-4100
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Min/Max Age: 0\150
American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

Board Certified Specialty: No

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American Sign Language (ASL): N
Accessibility: CONTACT PROVIDER

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MANCHEL, BRUCE

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Provider Gender: Male
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NPI: 1790890788
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SHARP CORONADO HOSP AND HEALTHCARE CTR
Board Certified Specialty: No

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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

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

D2. Directorio de atención primaria

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*

REGISTERED PHYSICAL THERAPIST

TORRES, JOANN

Provider ID: 206292

Provider Gender: Female

License Number: PT296607

NPI: 1134732522

 *Provider English Spoken: Y
Cultural Competency: N*

Board Certified Specialty: No

 4004 BEYER BLVD

SAN YSIDRO, CA 92173

 Phone: (619) 662-4100

 After Hours Phone: (619)
662-4100

 Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: 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

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

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

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*

D2. Directorio de atención primaria

Cultural Competency: N
Hospital Affiliation: Providence
St Mary Medical Center
Board Certified Specialty: No
4004 BEYER BLVD
SAN YSIDRO, CA 92173
Phone: (619) 662-4100
After Hours Phone: (619) 662-4100
Website: www.syhealth.org/clinics/san-ysidro-health-center

Medi-Cal Open Panel: 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

SANTEE

PEDIATRICS

ARLATA, TAMANTHA

Provider ID: 615945
Provider Gender: Female
NPI: 1568721934
Provider English Spoken: Y
Provider Language(s) Spoken: Tagalog
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Board Certified Specialty: No
9600 CUYAMACA ST STE 101
SANTEE, CA 92071
Phone: (619) 749-2150
Fax: (619) 456-9744

After Hours Phone: (619) 749-2150
Website: N/A
Medi-Cal Open Panel: 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
8788 JAMACHA RD

D2. Directorio de atención primaria

SPRING VALLEY, CA 91977
 Phone: (619) 515-2555
 After Hours Phone: (619) 515-2555
 Website: www.fhcsd.org
Email: angelad@fhcsd.org
Medi-Cal Open Panel: 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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 After Hours Phone: (619) 515-2555

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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

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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)

D2. Directorio de atención primaria

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

D2. Directorio de atención primaria

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):

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

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

D2. Directorio de atención primaria

 *Accessibility: CONTACT PROVIDER*

Hours: M 8:30AM-5:30PM

TU 8:30AM-7:00PM

W-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

BUECHNER, CHARLENE

Provider ID: 206361

Provider Gender: Female

License Number: A68463

NPI: 1376663831

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA, SHARP MARY

BIRCH HOSP FOR WOMEN

AND NEWBORNS

Board Certified Specialty: No

 *8788 JAMACHA RD
SPRING VALLEY, CA 91977*

 *Phone: (619) 515-2555*

 *After Hours Phone: (619)
515-2555*

 *Website: www.fhcsd.org*

Email: angelad@fhcsd.org

Medi-Cal Open Panel: 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

BIRCH HOSP FOR WOMEN

AND NEWBORNS

Board Certified Specialty: No

 *8788 JAMACHA RD
SPRING VALLEY, CA 91977*

 *Phone: (619) 515-2555*

 *After Hours Phone: (619)
515-2555*

 *Website: www.fhcsd.org*

Email: angelad@fhcsd.org

Medi-Cal Open Panel: 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
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

CARTER, KHALIL

Provider ID: 206361

Provider Gender: Male

License Number: A113001

NPI: 1225231582

 *Provider English Spoken: Y*

 *Provider Language(s) Spoken: Spanish*

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL,

GROSSMONT HOSPITAL, TRI

CITY MEDICAL CTR

Board Certified Specialty: No

 *8788 JAMACHA RD
SPRING VALLEY, CA 91977*

 *Phone: (619) 515-2555*

 *After Hours Phone: (619)
515-2555*

 *Website: www.fhcsd.org*

Email: angelad@fhcsd.org

D2. Directorio de atención primaria

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): **OBSTETRICS / GYNECOLOGY**

N

 Accessibility: CONTACT PROVIDER

Hours: M 8:30AM-5:30PM

TU 8:30AM-7:00PM

W-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

CERVANTES, SANDRA

Provider ID: 206361

Provider Gender: Female

License Number: A118095

NPI: 1073701041

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

CORONADO HOSP AND

HEALTHCARE CTR,

GROSSMONT HOSPITAL

Board Certified Specialty: No

 8788 JAMACHA RD
SPRING VALLEY, CA 91977

 Phone: (619) 515-2555

 After Hours Phone: (619)
515-2555

 Website: www.fhcsd.org

Email: angelad@fhcsd.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\150

American Sign Language (ASL): **OBSTETRICS / GYNECOLOGY**

N

 Accessibility: CONTACT PROVIDER

Hours: M 8:30AM-5:30PM

TU 8:30AM-7:00PM

W-F 8:30AM-5:30PM

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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 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

CHAKRABARTI, PRIYA

Provider ID: 206361

Provider Gender: Female

License Number: A163464

NPI: 1326531401

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

 8788 JAMACHA RD
SPRING VALLEY, CA 91977

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515-2555

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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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SPRING VALLEY, CA 91977

 Phone: (619) 515-2555

 After Hours Phone: (619)
515-2555

 Website: www.fhcsd.org

D2. Directorio de atención primaria

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

 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

DE MIK, TRAVIS

Provider ID: 206361

Provider Gender: Male

License Number: A108228

NPI: 1629277322

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

 8788 JAMACHA RD

SPRING VALLEY, CA 91977

 Phone: (619) 515-2555

 After Hours Phone: (619)
515-2555

 Website: www.fhcsd.org

Email: angelad@fhcsd.org

Medi-Cal Open Panel: 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
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

DORUELO, ASHLEY

Provider ID: 206361

Provider Gender: Female

License Number: A178499

NPI: 1033613732

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, Sharp

Grossmont Hospital

Board Certified Specialty: No

 8788 JAMACHA RD
SPRING VALLEY, CA 91977

 Phone: (619) 515-2555

 After Hours Phone: (619)
515-2555

 Website: www.fhcsd.org

Email: angelad@fhcsd.org

Medi-Cal Open Panel: 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,

D2. Directorio de atención primaria

SCRIPPS MERCY HOSPITAL,
Sharp Grossmont Hospital,
SCRIPPS MERCY HOSPITAL
CHULA VISTA

Board Certified Specialty: No

8788 JAMACHA RD
SPRING VALLEY, CA 91977

Phone: (619) 515-2555

After Hours Phone: (619)
515-2555

Website: www.fhcsd.org

Email: angelad@fhcsd.org

Medi-Cal Open Panel: 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
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 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

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

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,

D2. Directorio de atención primaria

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

Hours: M 8:30AM-5:30PM

TU 8:30AM-7:00PM

W-F 8:30AM-5:30PM

OBSTETRICS / GYNECOLOGY

LIPSCHITZ, LISA

Provider ID: 206361

Provider Gender: Female

License Number: A72005

NPI: 1649208711

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

CORONADO HOSP AND

HEALTHCARE CTR, SCRIPPS

MERCY HOSPITAL,

GROSSMONT HOSPITAL

Board Certified Specialty: No

8788 JAMACHA RD
SPRING VALLEY, CA 91977

Phone: (619) 515-2555

After Hours Phone: (619)
515-2555

Website: www.fhcsd.org

Email: angelad@fhcsd.org

Medi-Cal Open Panel: 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
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

LOEFFLER, ALLISON

Provider ID: 206361

Provider Gender: Female

License Number: A116680

NPI: 1700073962

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL,

SCRIPPS MERCY HOSPITAL,

SCRIPPS MERCY HOSPITAL

CHULA VISTA

Board Certified Specialty: No

8788 JAMACHA RD
SPRING VALLEY, CA 91977

Phone: (619) 515-2555

After Hours Phone: (619)
515-2555

Website: www.fhcsd.org

Email: angelad@fhcsd.org

Medi-Cal Open Panel: 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

MELLENDEZ BERRIOS, IARA DEL

Provider ID: 206361

Provider Gender: Female

License Number: A114181

D2. Directorio de atención primaria

NPI: 1740514249

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL,

GROSSMONT HOSPITAL

Board Certified Specialty: No

 8788 JAMACHA RD
SPRING VALLEY, CA 91977

 Phone: (619) 515-2555

 After Hours Phone: (619)
515-2555

 Website: www.fhcsd.org

Email: angelad@fhcsd.org

Medi-Cal Open Panel: 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

 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

RODRIGUEZ JEREZ, ROBERTO

Provider ID: 206361

Provider Gender: Male

License Number: A154298

NPI: 1710316450

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, SHARP

CORONADO HOSP AND

HEALTHCARE CTR,

GROSSMONT HOSPITAL

Board Certified Specialty: No

 8788 JAMACHA RD
SPRING VALLEY, CA 91977

 Phone: (619) 515-2555

 After Hours Phone: (619)
515-2555

 Website: www.fhcsd.org

Email: angelad@fhcsd.org

Medi-Cal Open Panel: 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: 206361

Provider Gender: Male

License Number: A154298

NPI: 1710316450

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL, SHARP

CORONADO HOSP AND

HEALTHCARE CTR,

GROSSMONT HOSPITAL

Board Certified Specialty: No

 8788 JAMACHA RD
SPRING VALLEY, CA 91977

 Phone: (619) 515-2555

 After Hours Phone: (619)
515-2555

 Website: www.fhcsd.org

Email: angelad@fhcsd.org

Medi-Cal Open Panel: 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: 206361

Provider Gender: Female

D2. Directorio de atención primaria

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): Grossmont Hospital

N

Accessibility: CONTACT
PROVIDER

OBSTETRICS / GYNECOLOGY

SAPRA, SONIA

Provider ID: 206361

Provider Gender: Female

License Number: A164859

NPI: 1952751711

Provider English Spoken: Y

Provider Language(s)
Spoken: Hindi

Cultural Competency: N

Hospital Affiliation: SCRIPPS
MERCY HOSPITAL

Board Certified Specialty: No

8788 JAMACHA RD
SPRING VALLEY, CA 91977

Phone: (619) 515-2555

After Hours Phone: (619)
515-2555

Website: www.fhcsd.org

Email: angelad@fhcsd.org

Medi-Cal Open Panel: 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

D2. Directorio de atención primaria

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
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

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)

D2. Directorio de atención primaria

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

D2. Directorio de atención primaria

 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:

D2. Directorio de atención primaria

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

D2. Directorio de atención primaria

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

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 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

 Phone: (760) 631-5000

 After Hours Phone: (760)
631-5000

D2. Directorio de atención primaria

 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

 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: 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

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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 8:00AM-5:00PM

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W-F 8:00AM-5:00PM

CERTIFIED NURSE

PRACTITIONER

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Provider ID: 400339

Provider Gender: Female

License Number: NP7791

NPI: 1700974789

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

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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

WILLIAMS, JINA

Provider ID: 400339

Provider Gender: Female

License Number: NP95020624

NPI: 1225500259

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

 134 GRAPEVINE RD
VISTA, CA 92083

 Phone: (760) 631-5000

 After Hours Phone: (760)
631-5000

 Website: www.vistacommunityclinic.org

Email: credentialing@vcc.org

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

CERTIFIED NURSE

D2. Directorio de atención primaria

PRACTITIONER

WILLIAMS, JINA

Provider ID: 400339

Provider Gender: Female

License Number: NP95020624

NPI: 1225500259

 Provider English Spoken: Y
Cultural Competency: N

Board Certified Specialty: No

 134 GRAPEVINE RD
VISTA, CA 92083

 Phone: (760) 631-5000

 After Hours Phone: (760)
631-5000

 Website: www.vistacommunityclinic.org

Email: credentialing@vcc.org

Medi-Cal Open Panel: 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

D2. Directorio de atención primaria

 *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

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

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 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

D2. Directorio de atención primaria

American Sign Language (ASL):  Provider English Spoken: Y
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

D2. Directorio de atención primaria

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): Fax: (760) 941-1214

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

 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

D2. Directorio de atención primaria

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

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

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

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VISTA, CA 92083

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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

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

D2. Directorio de atención primaria

SA 8:00AM-0:00PM

PHYSICIANS ASSISTANT

WEAVER, APRIL

Provider ID: 400339

Provider Gender: Female

License Number: PA20775

NPI: 1063552800

Provider English Spoken: Y

Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Board Certified Specialty: No

 134 GRAPEVINE RD

VISTA, CA 92083

 Phone: (760) 631-5000

 After Hours Phone: (760)

631-5000

 Website: www.vistacommunityclinic.org

Email: credentialing@vcc.org

Medi-Cal Open Panel: 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

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-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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

 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)

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F
8:00AM-5:00PM

 Website: N/A

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

 6010 HIDDEN VALLEY RD
STE 200

CARLSBAD, CA 92011

 Phone: (800) 926-8273

D3. Directorio de proveedores especialistas

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1942469663

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Hebrew, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: 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

D3. Directorio de proveedores especialistas

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: 298442

Board Certified Specialty: No

 754 MEDICAL CENTER CT
STE 101

CHULA VISTA, CA 91911

 Phone: (619) 434-4288

Fax: (619) 434-4315

 After Hours Phone: (619)
434-4288

Provider Gender: Male

NPI: 1386821460

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: SHARP

D3. Directorio de proveedores especialistas

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: 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

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

 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: 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

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

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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):

D3. Directorio de proveedores especialistas

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  After Hours Phone: (619) 426-0841

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

D3. Directorio de proveedores especialistas

 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: 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

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

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

D3. Directorio de proveedores especialistas

 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):

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

 *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):

D3. Directorio de proveedores especialistas

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F
8:00AM-5:00PM*

 *Website: N/A*

NEPHROLOGY

HOREISH, ADAM

Provider ID: 290100

Board Certified Specialty: No

 340 4TH AVE STE 4
CHULA VISTA, CA 91910

 *Phone: (619) 427-1144*

Fax: (619) 427-1185

 *After Hours Phone: (619)
427-1144*

Provider Gender: Male

NPI: 1760461206

 *Provider English Spoken: Y*

 *Provider Language(s)
Spoken: Arabic, Spanish*

Cultural Competency: N

*Hospital Affiliation: 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

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

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*

D3. Directorio de proveedores especialistas

NEPHROLOGY

MOOLANI, UJJALA

Provider ID: 295915

Board Certified Specialty: No

752 MEDICAL CENTER CT
STE 302

CHULA VISTA, CA 91911

Phone: (619) 421-3361

Fax: (619) 869-4378

After Hours Phone: (619)
421-3361

Provider Gender: Female

NPI: 1528221421

Provider English Spoken: Y

Provider Language(s)
Spoken: Hindi, Sindhi,
Spanish, Urdu

Cultural Competency: N

Hospital Affiliation: SHARP

CHULA VISTA MED CTR,
SCRIPPS MERCY HOSPITAL
CHULA VISTA

Medi-Cal Open Panel: 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

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 AVE STE 4
CHULA VISTA, CA 91910

Phone: (619) 427-1144

Fax: (619) 427-1185

After Hours Phone: (619)
427-1144

Provider Gender: Female

NPI: 1235629932

Provider English Spoken: Y

Provider Language(s)
Spoken: Vietnamese

Cultural Competency: N

Hospital Affiliation: SCRIPPS

MERCY HOSPITAL, SHARP

CHULA VISTA MED CTR

Medi-Cal Open Panel: 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

D3. Directorio de proveedores especialistas

 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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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, ABIADE

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: 244753

Board Certified Specialty: No

D3. Directorio de proveedores especialistas

 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

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

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

D3. Directorio de proveedores especialistas

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 AVESTE A
CHULA VISTA, CA 91911
 *Phone: (619) 425-7755*
Fax: (619) 425-2138
 *After Hours Phone: (619) 425-7755*
Provider Gender: Female
NPI: 1669825667
 *Provider English Spoken: Y*
Cultural Competency: N
Medi-Cal Open Panel: 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: 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

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*

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

 386 E H ST STE 202
CHULA VISTA, CA 91910
 Phone: (858) 966-1720
Fax: (858) 966-1725
 After Hours Phone: (858)
966-1720
Provider Gender: 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

D3. Directorio de proveedores especialistas

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):

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: 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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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: 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

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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 AVESTE 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)*

D3. Directorio de proveedores especialistas

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: 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

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

NOVENCIDO, ANDREW

Provider ID: 301994

D3. Directorio de proveedores especialistas

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: 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

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

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

D3. Directorio de proveedores especialistas

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: 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

D3. Directorio de proveedores especialistas

M-F 8:30AM-5:30PM

SA 8:00AM-2:30PM

 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

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)

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

 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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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: 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

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

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)

D3. Directorio de proveedores especialistas

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: 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

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: 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: 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

D3. Directorio de proveedores especialistas

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: 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

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

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: 125012

D3. Directorio de proveedores especialistas

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

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

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

D3. Directorio de proveedores especialistas

Medi-Cal Open Panel: Y

Min/Max Age: 18\999

American Sign Language (ASL):  After Hours Phone: (619) 440-6516

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):  After Hours Phone: (619)
440-2751

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)

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

 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

D3. Directorio de proveedores especialistas

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,

D3. Directorio de proveedores especialistas

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):

 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):

 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):

 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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

 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

D3. Directorio de proveedores especialistas

 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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: 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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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):

D3. Directorio de proveedores especialistas

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

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: 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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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: 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: 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: 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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

1955 CITRACADO PKWY
STE 203
ESCONDIDO, CA 92029

Phone: (760) 738-5533

Fax: (760) 738-3835

After Hours Phone: (760)
738-5533

Provider Gender: 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: 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

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

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

 *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

D3. Directorio de proveedores especialistas

☎ 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

CHELMILLA, 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):

D3. Directorio de proveedores especialistas

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*

D3. Directorio de proveedores especialistas

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

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):
N
 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

D3. Directorio de proveedores especialistas

 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

D3. Directorio de proveedores especialistas

 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

D3. Directorio de proveedores especialistas

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):

 *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*

D3. Directorio de proveedores especialistas

 Website: N/A

OBSTETRICS / GYNECOLOGY

SHORT, ABIADE

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

D3. Directorio de proveedores especialistas

 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):

N
 Accessibility: CONTACT PROVIDER

 Hours: M-F
8:00AM-5:00PM

 Website: N/A

OPHTHALMOLOGY

MOVAGHAR, MANSOOR

Provider ID: 277833

Board Certified Specialty: No

 2125 CITRACADO PKWY STE 200

ESCONDIDO, CA 92029

 Phone: (760) 755-7600

Fax: (760) 755-7699

 After Hours Phone: (760) 755-7600

Provider Gender: Male

NPI: 1497792220

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: 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: 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):

N
 Accessibility: CONTACT PROVIDER

D3. Directorio de proveedores especialistas

 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

D3. Directorio de proveedores especialistas

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: 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

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

D3. Directorio de proveedores especialistas

Min/Max Age: 0\19

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F
8:00AM-5:00PM

 Website: N/A

PEDIATRIC CARDIOLOGY

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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
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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

 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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

 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

 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

 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)

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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: 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

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

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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: 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 ORTHOPEDIC

SHARP, LORRA

Provider ID: 296808

Board Certified Specialty: No

2130 CITRACADO PKWY
STE 200

ESCONDIDO, CA 92029

Phone: (760) 743-4789

D3. Directorio de proveedores especialistas

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 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: 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

D3. Directorio de proveedores especialistas

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

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

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

D3. Directorio de proveedores especialistas

 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

D3. Directorio de proveedores especialistas

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: 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

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)

D3. Directorio de proveedores especialistas

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

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

IMPERIAL BEACH

CERTIFIED NURSE

PRACTITIONER

ALBARRAN-SLOVIN, MELODY

Provider ID: 299329

Board Certified Specialty: No

 949 PALM AVE
IMPERIAL BEACH, CA 91932

 Phone: (619) 429-3733

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

MEDICAL CTR, UCSD LA JOLLA Board Certified Specialty: No
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

 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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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: 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 ACUPUNCTURIST

JULIAN, FIDES

Provider ID: 304130

D3. Directorio de proveedores especialistas

Board Certified Specialty: No

 9400 CAMPUS POINT DR
LA JOLLA, CA 92093

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female

NPI: 1407401128

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Tagalog

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

CERTIFIED NURSE

PRACTITIONER

AGYEMANG, ALBERTA

Provider ID: 265131

Board Certified Specialty: No

 8939 VILLA LA JOLLA DR
LA JOLLA, CA 92037

 Phone: (858) 657-8000

Fax: (858) 657-8387

 After Hours Phone: (858)
657-8000

Provider Gender: Female

NPI: 1023400082

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: UCSD LA

JOLLA JOHN SALLY

THORNTON, UCSD MEDICAL

CTR

Medi-Cal Open Panel: 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: 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

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

D3. Directorio de proveedores especialistas

 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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

 **PROVIDER**
 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

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

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

D3. Directorio de proveedores especialistas

 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: 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

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

D3. Directorio de proveedores especialistas

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

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):

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

 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: 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

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: 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: 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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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: 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*

D3. Directorio de proveedores especialistas

 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

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

D3. Directorio de proveedores especialistas

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):

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

 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

D3. Directorio de proveedores especialistas

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

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

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

 *Provider English Spoken: Y*  *Website: N/A*
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*

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

 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)

D3. Directorio de proveedores especialistas

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)*

D3. Directorio de proveedores especialistas

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)

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800) 926-8273

Provider Gender: Female
NPI: 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: 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

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

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

D3. Directorio de proveedores especialistas

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: 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

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

HAMDAN, AYAD

Provider ID: 241429

Board Certified Specialty: No

3960 HEALTH SCIENCES
DRIVE

D3. Directorio de proveedores especialistas

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: 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: SU-SA 8:00AM-5:00PM
Website: N/A

HEMATOLOGY / ONCOLOGY

HEYMAN, BENJAMIN

Provider ID: 202664
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 1982995809
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON
Medi-Cal Open Panel: 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): 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

D3. Directorio de proveedores especialistas

 *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

RUBENZIK, TAMARA

Provider ID: 245574

Board Certified Specialty: No

 3855 HEALTH SCIENCES DR
LA JOLLA, CA 92093

 *Phone: (800) 926-8273*

Fax: (888) 539-8781

 *After Hours Phone: (800) 926-8273*

Provider Gender: Female

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: 301059

Board Certified Specialty: No

 9350 CAMPUS POINT DR
LA JOLLA, CA 92037

D3. Directorio de proveedores especialistas

 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273

Provider Gender: 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

KUPPALLI, KRUTIKA

Provider ID: 301057
Board Certified Specialty: No
 9300 CAMPUS POINT DR
LA JOLLA, CA 92037
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1538346317

 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: UCSD
MEDICAL CTR, Stanford Health
Care, STANFORD HEALTH
CARE TRI-VALLEY
Medi-Cal Open Panel: 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

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: 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

BORDIN-WOSK, TALYA

D3. Directorio de proveedores especialistas

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

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

D3. Directorio de proveedores especialistas

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: 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

D3. Directorio de proveedores especialistas

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

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

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

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)

D3. Directorio de proveedores especialistas

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: 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

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

SMITH, CHELSEY

D3. Directorio de proveedores especialistas

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: 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):
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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

MATOBIA, 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

D3. Directorio de proveedores especialistas

MEDICINE

MATOBA, NANA

Provider ID: 299893

Board Certified Specialty: No

9300 CAMPUS POINT DR
LA JOLLA, CA 92037

Phone: (858) 249-5800

Fax: (858) 249-5839

After Hours Phone: (858)
249-5800

Provider Gender: Female

NPI: 1801952197

Provider English Spoken: Y

Provider Language(s)
Spoken: Japanese

Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: 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: 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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

Min/Max Age: 0\999

American Sign Language (ASL): Provider English Spoken: Y
Cultural Competency: 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

 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

D3. Directorio de proveedores especialistas

 *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

D3. Directorio de proveedores especialistas

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: 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

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

D3. Directorio de proveedores especialistas

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

OBSTETRICS / GYNECOLOGY

HOM-TEDLA, MARIANNE

Provider ID: 242752
Board Certified Specialty: No

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

D3. Directorio de proveedores especialistas

 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

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

D3. Directorio de proveedores especialistas

 *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: 299977

D3. Directorio de proveedores especialistas

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

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

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: 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: 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

D3. Directorio de proveedores especialistas

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 N

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: 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):

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

OCCUPATIONAL THERAPIST

AMARAL, MARGARET

Provider ID: 258303

Board Certified Specialty: No

9350 CAMPUS POINT DR
STE LLD

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

 **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: 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

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

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

D3. Directorio de proveedores especialistas

PROVIDER
Hours: M-F
8:00AM-5:00PM
Website: N/A

OPHTHALMOLOGY **SHEILS, CATHERINE**

Provider ID: 299937
Board Certified Specialty: No
9415 CAMPUS POINT DR
LA JOLLA, CA 92093
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800)
926-8273
Provider Gender: Female
NPI: 1932605649
Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL
Medi-Cal Open Panel: Y
Min/Max Age: 0\999
American Sign Language (ASL):
N
Accessibility: CONTACT
PROVIDER
Website: N/A

OPHTHALMOLOGY **SHEILS, CATHERINE**

Provider ID: 299935
Board Certified Specialty: No
9300 CAMPUS POINT DR
LA JOLLA, CA 92037
Phone: (800) 926-8273
Fax: (888) 539-8781
After Hours Phone: (800)
926-8273
Provider Gender: Female
NPI: 1932605649
Provider English Spoken: Y

Cultural Competency: N
Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL
Medi-Cal Open Panel: 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

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

D3. Directorio de proveedores especialistas

 *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

D3. Directorio de proveedores especialistas

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: 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

D3. Directorio de proveedores especialistas

 *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

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

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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,

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

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

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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):
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

🕒 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: 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

D3. Directorio de proveedores especialistas

 *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

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: 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

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

D3. Directorio de proveedores especialistas

 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: 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): 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: 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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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: 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: 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: 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

D3. Directorio de proveedores especialistas

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: 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: 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

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

D3. Directorio de proveedores especialistas

 **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: 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

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: 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):

D3. Directorio de proveedores especialistas

N

 Accessibility: CONTACT PROVIDER

 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

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: 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

D3. Directorio de proveedores especialistas

 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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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: 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

D3. Directorio de proveedores especialistas

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: 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

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

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

D3. Directorio de proveedores especialistas

 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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

 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

 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

D3. Directorio de proveedores especialistas

Min/Max Age: 18\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F
8:00AM-5:00PM

 Website: N/A

PHYSICIANS ASSISTANT

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: 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

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

D3. Directorio de proveedores especialistas

 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

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)

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

Min/Max Age: 0\999

American Sign Language (ASL): Provider Gender: Male

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: 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

D3. Directorio de proveedores especialistas

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: 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

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

D3. Directorio de proveedores especialistas

 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

D3. Directorio de proveedores especialistas

Min/Max Age: 0\999

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F
8:00AM-5:00PM

 Website: N/A

PHYSICIANS ASSISTANT

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

 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

D3. Directorio de proveedores especialistas

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: 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

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

BOUTELLE, KERRI

Provider ID: 302876

Board Certified Specialty: No

3344 N TORREY PINES CT
LA JOLLA, CA 92037

Phone: (800) 926-8273

D3. Directorio de proveedores especialistas

Fax: (888) 539-8781

☎ After Hours Phone: (800) 926-8273

Provider Gender: 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

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

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

D3. Directorio de proveedores especialistas

 *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*

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

 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

D3. Directorio de proveedores especialistas

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: 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

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

 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

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

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

D3. Directorio de proveedores especialistas

Min/Max Age: 0\999

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F
8:00AM-5:00PM

 Website: N/A

SURGERY COLON SURGERY

RAMAMOORTHY, SONIA

Provider ID: 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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): Board Certified Specialty: Yes

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

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

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

D3. Directorio de proveedores especialistas

 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
 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

D3. Directorio de proveedores especialistas

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: 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

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

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:

D3. Directorio de proveedores especialistas

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: 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

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

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):

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

 *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

RESELLI, LYNDSEY

Provider ID: 217692
Board Certified Specialty: No
 8881 FLETCHER PKWY STE
200
LA MESA, CA 91942
 *Phone: (619) 464-6434*
 *After Hours Phone: (619) 464-6434*
Provider Gender: Female
NPI: 1558854000
 *Provider English Spoken: Y*
Cultural Competency: N
Medi-Cal Open Panel: 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

RESELLI, LYNDSEY

Provider ID: 217693
Board Certified Specialty: No
 8881 FLETCHER PKWY STE
205
LA MESA, CA 91942
 *Phone: (619) 464-6434*
 *After Hours Phone: (619) 464-6434*
Provider Gender: Female
NPI: 1558854000
 *Provider English Spoken: Y*
Cultural Competency: N
Medi-Cal Open Panel: Y

D3. Directorio de proveedores especialistas

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F
8:00AM-5:00PM

 Website: N/A

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

D3. Directorio de proveedores especialistas

 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):

 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

D3. Directorio de proveedores especialistas

 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

D3. Directorio de proveedores especialistas

☎ 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: 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

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

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

D3. Directorio de proveedores especialistas

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: 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

D3. Directorio de proveedores especialistas

 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

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

D3. Directorio de proveedores especialistas

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

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

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

 *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*

D3. Directorio de proveedores especialistas

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: 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

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

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

D3. Directorio de proveedores especialistas

 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

D3. Directorio de proveedores especialistas

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
8:00AM-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

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

D3. Directorio de proveedores especialistas

Min/Max Age: 0\999

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F
8:00AM-5:00PM

 Website: N/A

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):

N

D3. Directorio de proveedores especialistas

 *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*

OPTOMETRIST

GEE, JENNIFER

Provider ID: 290211

Board Certified Specialty: No

 30195 FRASER DR
LAKE ELSINORE, CA 92530

 *Phone: (760) 631-5000*
Fax: (760) 414-3892

 *After Hours Phone: (760) 631-5000*

Provider Gender: Female

NPI: 1336589332

 *Provider English Spoken: Y*
Cultural Competency: N

Hospital Affiliation:
*COMMUNITY REGIONAL
MEDICAL CENTER-FRESNO,
CALIFORNIA PACIFIC
MEDICAL CENTER - D P APH*

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

 *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

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):

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

LAKESIDE

CHIROPRACTOR

FULKS, ZACKARY

Provider ID: 303813

Board Certified Specialty: No

 10039 VINE ST
LAKESIDE, CA 92040

 *Phone: (619) 390-9975*
Fax: (360) 462-2744

 *After Hours Phone: (619) 390-9975*

Provider Gender: Male

NPI: 1407562531

D3. Directorio de proveedores especialistas

 *Provider English Spoken: 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: 301145
Board Certified Specialty: No

 10039 VINE ST
LAKESIDE, CA 92040
 *Phone: (619) 390-9975*
Fax: (360) 462-2744

 *After Hours Phone: (619)*
390-9975

Provider Gender: Male
NPI: 1407562531

 *Provider English Spoken: Y*
Cultural Competency: N
Medi-Cal Open Panel: 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

D3. Directorio de proveedores especialistas

American Sign Language (ASL): NPI: 1841771664

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

 Provider English Spoken: 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

D3. Directorio de proveedores especialistas

 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

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

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)

D3. Directorio de proveedores especialistas

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: 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

D3. Directorio de proveedores especialistas

Medi-Cal Open Panel: 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: 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

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

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

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

D3. Directorio de proveedores especialistas

 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: 181151848

 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

D3. Directorio de proveedores especialistas

 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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

Min/Max Age: 0\19

American Sign Language (ASL):  25500 MEDICAL CENTER

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):  25500 MEDICAL CENTER

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):  25500 MEDICAL CENTER

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):  25500 MEDICAL CENTER

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):  25500 MEDICAL CENTER

N

 Accessibility: CONTACT PROVIDER

 Hours: SU 1:00PM-10:00PM
M-F 4:00PM-10:00PM
SA 1:00PM-10:00PM

 Website: N/A

PEDIATRIC EMERGENCY

MEDICINE

D3. Directorio de proveedores especialistas

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)

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

 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

D3. Directorio de proveedores especialistas

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)

D3. Directorio de proveedores especialistas

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): N
 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F*

D3. Directorio de proveedores especialistas

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

Phone: (951) 600-1640

Fax: (951) 600-1760

After Hours Phone: (951)
600-1640

Provider Gender: Male

NPI: 1457664518

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: 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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

THORNTON, UCSD MEDICAL  Website: N/A
CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): Provider ID: 215583

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

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

D3. Directorio de proveedores especialistas

Medi-Cal Open Panel: 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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

 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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

 *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: 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

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

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

D3. Directorio de proveedores especialistas

 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):
N

 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 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: 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

D3. Directorio de proveedores especialistas

 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

D3. Directorio de proveedores especialistas

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: 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

D3. Directorio de proveedores especialistas

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-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

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

OPHTHALMOLOGY

HAIGHT, BRUCE

Provider ID: 269113

Board Certified Specialty: No

 655 EUCLID AVE STE 302
NATIONAL CITY, CA 91950

 Phone: (800) 898-2020

Fax: (844) 897-3788

 After Hours Phone: (800)
898-2020

Provider Gender: Male

NPI: 1427029628

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation:

GROSSMONT HOSPITAL

Medi-Cal Open Panel: 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):

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

 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

D3. Directorio de proveedores especialistas

 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: 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

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

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

D3. Directorio de proveedores especialistas

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):

D3. Directorio de proveedores especialistas

N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F
8:00AM-5:00PM*

 *Website: N/A*

CERTIFIED NURSE

PRACTITIONER

CHILAKA, SAMUEL

Provider ID: 301313

Board Certified Specialty: No

 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: 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: 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

D3. Directorio de proveedores especialistas

 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: 302289
Board Certified Specialty: No
 4700 N RIVER RD
OCEANSIDE, CA 92057
 Phone: (760) 631-5000
Fax: (760) 414-3892
 After Hours Phone: (760)

D3. Directorio de proveedores especialistas

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: 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

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: 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

D3. Directorio de proveedores especialistas

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

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

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

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

D3. Directorio de proveedores especialistas

Provider English Spoken: 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: 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

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

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: 295503
Board Certified Specialty: No
 517 N HORNE ST
OCEANSIDE, CA 92054
 Phone: (760) 631-5000
Fax: (760) 414-3892

D3. Directorio de proveedores especialistas

 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

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

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: 303723

Board Certified Specialty: No

D3. Directorio de proveedores especialistas

 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: 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: 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 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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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: 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: 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)

D3. Directorio de proveedores especialistas

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: 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

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: 293353
Board Certified Specialty: No
 4700 N RIVER RD

D3. Directorio de proveedores especialistas

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

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):

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

REIMERS, REBECCA

Provider ID: 294651

Board Certified Specialty: No

3605 VISTA WAY STE 172

OCEANSIDE, CA 92056

Phone: (858) 966-6710

Fax: (858) 966-6711

After Hours Phone: (858) 966-6710

Provider Gender: Female

NPI: 1801207634

Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: 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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

*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

D3. Directorio de proveedores especialistas

American Sign Language (ASL): **OPHTHALMOLOGY**

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

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

D3. Directorio de proveedores especialistas

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

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

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

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

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

KIM, MICHAEL

Provider ID: 290902

D3. Directorio de proveedores especialistas

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

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

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

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: 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

TAM, EMILY

Provider ID: 290317

Board Certified Specialty: No

📍 4700 N RIVER RD
OCEANSIDE, CA 92057

D3. Directorio de proveedores especialistas

 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: 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

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: 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: 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

D3. Directorio de proveedores especialistas

Provider English Spoken: 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

D3. Directorio de proveedores especialistas

 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

 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): N

 Accessibility: CONTACT PROVIDER

 Hours: SU 1:00PM-10:00PM

M-F 4:00PM-10:00PM

SA 1:00PM-10:00PM

 Website: N/A

PEDIATRIC EMERGENCY MEDICINE

CHOO, SUN

Provider ID: 296537

Board Certified Specialty: No

 3605 VISTA WAY STE 172 OCEANSIDE, CA 92056

 Phone: (760) 547-1000

Fax: (760) 547-1021

 After Hours Phone: (760) 547-1000

Provider Gender: Female

NPI: 1700047628

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation: RADY CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: 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

D3. Directorio de proveedores especialistas

 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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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):

D3. Directorio de proveedores especialistas

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):

N

 *Accessibility: CONTACT PROVIDER*

D3. Directorio de proveedores especialistas

 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)
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

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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):

D3. Directorio de proveedores especialistas

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):

N

D3. Directorio de proveedores especialistas

 *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

CHEN, ANDREW

Provider ID: 269315

Board Certified Specialty: No

 15611 POMERADO RD STE 400
POWAY, CA 92064

 *Phone: (858) 675-3100*

Fax: (858) 613-2937

 *After Hours Phone: (858) 675-3100*

Provider Gender: Male

NPI: 1134357007

 *Provider English Spoken: Y*

Cultural Competency: N

Hospital Affiliation: SCRIPPS GREEN HOSPITAL, PALOMAR HEALTH, PALOMAR MEDICAL CENTER

Medi-Cal Open Panel: 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*

D3. Directorio de proveedores especialistas

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: 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

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

D3. Directorio de proveedores especialistas

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: 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

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

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

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

FAMILY PRACTICE

NAJAND, SADAF

Provider ID: 270055

Board Certified Specialty: No

 15611 POMERADO RD STE
400

D3. Directorio de proveedores especialistas

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 PROVIDER

Hours: M-F
9:00AM-5:00PM

Website: N/A

FAMILY PRACTICE

WHITE, KERI

Provider ID: 269491
Board Certified Specialty: No
15611 POMERADO RD STE 400
POWAY, CA 92064
Phone: (858) 675-3200
Fax: (858) 613-2938
After Hours Phone: (858) 675-3200

Provider Gender: Female
NPI: 1295701159

Provider English Spoken: Y
Provider Language(s) Spoken: Spanish
Cultural Competency: N
Medi-Cal Open Panel: 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 PROVIDER

Hours: M-F
8:00AM-5:00PM

Website: N/A

INTERNAL MEDICINE

THAPER, MOHINDERPAL

Provider ID: 270016
Board Certified Specialty: No
15611 POMERADO RD STE 575
POWAY, CA 92064
Phone: (760) 489-1458
Fax: (760) 489-1246

After Hours Phone: (760) 489-1458

Provider Gender: Male

NPI: 1295795037

Provider English Spoken: Y
Provider Language(s) Spoken: Hindi, Punjabi
Cultural Competency: N

Hospital Affiliation: PALOMAR HEALTH, PALOMAR MEDICAL CENTER

Medi-Cal Open Panel: 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

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

D3. Directorio de proveedores especialistas

 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

 N

 Provider English Spoken: Y
Cultural Competency: 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

 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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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):

N

 *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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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):

D3. Directorio de proveedores especialistas

<p>N  Accessibility: CONTACT PROVIDER  Hours: M-F 8:00AM-5:00PM  Website: N/A</p>	<p>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</p>	<p>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</p>
<p><u>ANESTHESIOLOGY</u> 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</p>	<p><u>ANESTHESIOLOGY</u> 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</p>	<p><u>ANESTHESIOLOGY</u> 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</p>
<p><u>ANESTHESIOLOGY</u> MEYER, MEGAN Provider ID: 239607</p>		

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

 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

D3. Directorio de proveedores especialistas

Medi-Cal Open Panel: 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

D3. Directorio de proveedores especialistas

 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

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

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

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

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

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

D3. Directorio de proveedores especialistas

Medi-Cal Open Panel: 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

D3. Directorio de proveedores especialistas

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: 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 **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: 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 **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: 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

D3. Directorio de proveedores especialistas

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

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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: 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

CAMARGO-LOWTHERS, ANGELICA

D3. Directorio de proveedores especialistas

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

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

D3. Directorio de proveedores especialistas

 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: 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

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

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

D3. Directorio de proveedores especialistas

 *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: 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

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

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*

D3. Directorio de proveedores especialistas

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: 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**

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**

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

Medi-Cal Open Panel: 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: 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

ERICKSON, LISA

Provider ID: 287444

Board Certified Specialty: No

 4168 FRONT ST
SAN DIEGO, CA 92103

D3. Directorio de proveedores especialistas

 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

D3. Directorio de proveedores especialistas

 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

D3. Directorio de proveedores especialistas

American Sign Language (ASL): NPI: 1487785093

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

CERTIFIED NURSE

PRACTITIONER

H A, 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

 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

HAROUGH, 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

 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)

D3. Directorio de proveedores especialistas

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

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: 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

D3. Directorio de proveedores especialistas

 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

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

D3. Directorio de proveedores especialistas

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):
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):
N

Accessibility: CONTACT
PROVIDER

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

KIDANE, ZINNIA

Provider ID: 302426

Board Certified Specialty: No

6973 LINDA VISTA RD
SAN DIEGO, CA 92111

Phone: (858) 279-0925

Fax: (858) 633-4680

After Hours Phone: (858)
279-0925

Provider Gender: Female

NPI: 1780334110

Provider English Spoken: Y

Cultural Competency: N

Medi-Cal Open Panel: 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

D3. Directorio de proveedores especialistas

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: 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: 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):

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

 *Provider English Spoken: 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

MICK, SHARON

Provider ID: 299647
Board Certified Specialty: No
 16950 VIA TAZON
SAN DIEGO, CA 92127
 *Phone: (800) 926-8273*
Fax: (888) 539-8781
 *After Hours Phone: (800) 926-8273*
Provider Gender: Female
NPI: 1891061966

 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: Y
Min/Max Age: 0\999
American Sign Language (ASL):
N
 *Accessibility: CONTACT PROVIDER*
 *Website: N/A*

CERTIFIED NURSE

PRACTITIONER

MICK, SHARON

Provider ID: 299648
Board Certified Specialty: No
 8899 UNIVERSITY CENTER
LN
SAN DIEGO, CA 92122
 *Phone: (800) 926-8273*
Fax: (888) 539-8781
 *After Hours Phone: (800) 926-8273*
Provider Gender: Female
NPI: 1891061966

 *Provider English Spoken: Y*
Cultural Competency: N
Hospital Affiliation: UCSD LA JOLLA JOHN SALLY THORNTON, UCSD MEDICAL CTR
Medi-Cal Open Panel: 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*

D3. Directorio de proveedores especialistas

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):

D3. Directorio de proveedores especialistas

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: 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

D3. Directorio de proveedores especialistas

 Hours: M-F
8:00AM-5:00PM
 Website: N/A

CERTIFIED NURSE
PRACTITIONER

NOVENO, HILARIO

Provider ID: 286912
Board Certified Specialty: No
 4168 FRONT ST
SAN DIEGO, CA 92103
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1124486865

 Provider English Spoken: Y
 Provider Language(s)
Spoken: Tagalog
Cultural Competency: N
Medi-Cal Open Panel: 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

D3. Directorio de proveedores especialistas

 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: 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

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

D3. Directorio de proveedores especialistas

 Accessibility: CONTACT PROVIDER
 Hours: M-F
8:00AM-5:00PM
 Website: N/A

CERTIFIED NURSE PRACTITIONER

PEREZ, ALLYSSA

Provider ID: 286222

Board Certified Specialty: No

 4510 EXECUTIVE DR
SAN DIEGO, CA 92121

 Phone: (800) 926-8273
Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Female
NPI: 1497358915

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD LA
JOLLA JOHN SALLY
THORNTON, UCSD MEDICAL
CTR

Medi-Cal Open Panel: 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

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

D3. Directorio de proveedores especialistas

 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

D3. Directorio de proveedores especialistas

 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

D3. Directorio de proveedores especialistas

Min/Max Age: 0\999

American Sign Language (ASL): Medi-Cal Open Panel: Y

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): Medi-Cal Open Panel: Y

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: 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):

D3. Directorio de proveedores especialistas

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: 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

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

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*

D3. Directorio de proveedores especialistas

 Hours: M-F
8:00AM-5:00PM
 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):
N

 Accessibility: CONTACT
PROVIDER

 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**

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):
N

 Accessibility: CONTACT
PROVIDER

 Website: N/A

**CERTIFIED NURSE
PRACTITIONER**

SATTERWHITE, MAURINE

Provider ID: 293259

Board Certified Specialty: No

 7011 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858)
810-8700

Provider Gender: Female

NPI: 1225012842

 Provider English Spoken: Y

 Provider Language(s)
Spoken: Spanish

Cultural Competency: N

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

D3. Directorio de proveedores especialistas

 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

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

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)

D3. Directorio de proveedores especialistas

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: 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

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

D3. Directorio de proveedores especialistas

 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

D3. Directorio de proveedores especialistas

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):

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

 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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

SAN DIEGO, CA 92103
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
🕒 After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 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): 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

☑ 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
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

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

D3. Directorio de proveedores especialistas

Min/Max Age: 0\999

American Sign Language (ASL): Provider Gender: Female

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F
8:00AM-5:00PM

 Website: N/A

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

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: 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):

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

 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: 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

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

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

D3. Directorio de proveedores especialistas

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: 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 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

D3. Directorio de proveedores especialistas

 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

KOZMA, BONITA

Provider ID: 269301

Board Certified Specialty: No

 8899 UNIVERSITY CENTER
LN STE 350

SAN DIEGO, CA 92122

 Phone: (858) 657-8322

Fax: (888) 539-8781

 After Hours Phone: (858)
657-8322

Provider Gender: Female

NPI: 1659654598

 Provider English Spoken: Y

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

 Accessibility: CONTACT PROVIDER
 Website: N/A

EMERGENCY MEDICINE

COYNE, CHRISTOPHER

Provider ID: 303036

Board Certified Specialty: No

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (619) 543-7051

Fax: (619) 543-3115

 After Hours Phone: (619)
543-7051

Provider Gender: Male

NPI: 1043590169

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON,

RADY CHILDRENS HOSPITAL

SAN DIEGO, EL CENTRO

REGIONAL MEDICAL CENTER

Medi-Cal Open Panel: 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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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): 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):

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

SAN DIEGO, CA 92103
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
🕒 After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 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

D3. Directorio de proveedores especialistas

Min/Max Age: 18\999

American Sign Language (ASL):  Phone: (800) 926-8273
 Fax: (888) 539-8781

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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: 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

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

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: 207167

Board Certified Specialty: No

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

D3. Directorio de proveedores especialistas

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: 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: 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: 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

HILL, LINDA

Provider ID: 293211

Board Certified Specialty: No

 7011 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 810-8700

Fax: (858) 633-4680

 After Hours Phone: (858)
810-8700

Provider Gender: Female

NPI: 1467434811

Provider English Spoken: Y

Provider Language(s)
Spoken: French, Spanish

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

D3. Directorio de proveedores especialistas

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

FAMILY PRACTICE

JOHN, TANNER

Provider ID: 303515

Board Certified Specialty: No

 3177 OCEAN VIEW BLVD
SAN DIEGO, CA 92113

 Phone: (619) 662-4100

Fax: (619) 595-0258

 After Hours Phone: (619)
662-4100

Provider Gender: Male

NPI: 1043707326

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SCRIPPS
MEMORIAL HOSPITAL

Medi-Cal Open Panel: 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: 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

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

KUROSACA, MOMO

Provider ID: 291447

Board Certified Specialty: No

 8899 UNIVERSITY CENTER
LN

 SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

D3. Directorio de proveedores especialistas

 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

RISSER, JOSEPH

Provider ID: 293216

Board Certified Specialty: Yes

 6973 LINDA VISTA RD
SAN DIEGO, CA 92111

 Phone: (858) 279-0925

Fax: (858) 633-4680

 After Hours Phone: (858)

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

 *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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

 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

D3. Directorio de proveedores especialistas

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

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

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

 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: 276671
Board Certified Specialty: No
 4168 FRONT ST

D3. Directorio de proveedores especialistas

SAN DIEGO, CA 92103
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
🕒 After Hours Phone: (800) 926-8273
Provider Gender: Female
NPI: 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: 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

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

D3. Directorio de proveedores especialistas

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

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): After Hours Phone: (619) 543-5890

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: 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

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

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

D3. Directorio de proveedores especialistas

 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

D3. Directorio de proveedores especialistas

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

INFECTIOUS DISEASE

TOVAR PADUA, LEIDY

Provider ID: 205357

Board Certified Specialty: No

 3030 CHILDRENS WAY FL 2

SAN DIEGO, CA 92123

 Phone: (858) 966-7785

Fax: (858) 966-8658

 After Hours Phone: (858) 966-7785

Provider Gender: Female

NPI: 1033491311

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY

CHILDRENS HOSPITAL SAN DIEGO, CHILDRENS HOSP OF LOS ANGELES, LONG BEACH MEMORIAL MED CTR

Medi-Cal Open Panel: 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: 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

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

 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: 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

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

NOKES, BRANDON

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

American Sign Language (ASL):  After Hours Phone: (800) 926-8273

N
 Accessibility: CONTACT PROVIDER

 Hours: M-F
8:00AM-5:00PM

 Website: N/A

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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: 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: 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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

☎ 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

D3. Directorio de proveedores especialistas

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

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: 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

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

D3. Directorio de proveedores especialistas

 *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*

D3. Directorio de proveedores especialistas

 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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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: 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

MARC AURELE, KRISHELLE

Provider ID: 206206

Board Certified Specialty: No

 200 W ARBOR DR

SAN DIEGO, CA 92103

D3. Directorio de proveedores especialistas

 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

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

 *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*

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

 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 Provider ID: 206005

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

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: 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):

D3. Directorio de proveedores especialistas

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: 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

D3. Directorio de proveedores especialistas

 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: 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

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

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

 *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):

 *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):

 *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):

 *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

D3. Directorio de proveedores especialistas

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

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

SCHORR, EMILY

Provider ID: 304200

Board Certified Specialty: No

 6655 ALVARADO RD

SAN DIEGO, CA 92120

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)

926-8273

Provider Gender: Female

NPI: 1568655264

 Provider English Spoken: Y

 Provider Language(s)

Spoken: Russian

Cultural Competency: N

Hospital Affiliation: MEDICAL

CTR AT UCSF

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL):

N

 Accessibility: CONTACT

PROVIDER

 Website: N/A

D3. Directorio de proveedores especialistas

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: 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

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

DEL CORE, 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

DEL CORE, LAURA

Provider ID: 291326

Board Certified Specialty: No

 3750 CONVOY ST STE 312
SAN DIEGO, CA 92111

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1790128759

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

OBSTETRICS / GYNECOLOGY

DEL CORE, LAURA

Provider ID: 291329

Board Certified Specialty: No

 16950 VIA TAZON
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1790128759

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Medi-Cal Open Panel: Y

Min/Max Age: 16\999

American Sign Language (ASL):
N

 Accessibility: CONTACT PROVIDER

 Website: N/A

OBSTETRICS / GYNECOLOGY

DEL CORE, LAURA

Provider ID: 291328

Board Certified Specialty: No

 6030 VILLAGE WAY
SAN DIEGO, CA 92130

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1790128759

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: SHARP

MEMORIAL HOSPITAL

Medi-Cal Open Panel: 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

D3. Directorio de proveedores especialistas

American Sign Language (ASL): Provider English Spoken: Y
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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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 **OBSTETRICS / GYNECOLOGY**

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: 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

D3. Directorio de proveedores especialistas

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

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

D3. Directorio de proveedores especialistas

 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: 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

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

D3. Directorio de proveedores especialistas

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: 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

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

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: 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: 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

D3. Directorio de proveedores especialistas

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

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

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: 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

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

D3. Directorio de proveedores especialistas

 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

D3. Directorio de proveedores especialistas

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

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

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

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

TRUJILLO, JENNIFER

Provider ID: 290128

Board Certified Specialty: No

950 S EUCLID AVE
SAN DIEGO, CA 92114

D3. Directorio de proveedores especialistas

 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

D3. Directorio de proveedores especialistas

 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: 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

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

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

D3. Directorio de proveedores especialistas

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: 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

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

D3. Directorio de proveedores especialistas

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: 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

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

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

D3. Directorio de proveedores especialistas

Provider English Spoken: Y *Website: N/A*
Cultural Competency: N

Medi-Cal Open Panel: Y

Min/Max Age: 0\999

American Sign Language (ASL): Provider ID: 239915

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

OPHTHALMOLOGY

KLINE, LANNING

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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: 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

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

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):

D3. Directorio de proveedores especialistas

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: 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

D3. Directorio de proveedores especialistas

 Provider English Spoken: Y F 8:30AM-4:00PM

 Provider Language(s)  Website: N/A

Spoken: Vietnamese

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 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: 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

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

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

D3. Directorio de proveedores especialistas

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: 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

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

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

D3. Directorio de proveedores especialistas

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: 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

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

D3. Directorio de proveedores especialistas

DIEGO

Medi-Cal Open Panel: 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):

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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: 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

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

D3. Directorio de proveedores especialistas

 Hours: M-F
8:00AM-5:00PM
 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

D3. Directorio de proveedores especialistas

CTR

Medi-Cal Open Panel: 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

D3. Directorio de proveedores especialistas

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

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

D3. Directorio de proveedores especialistas

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)

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

 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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

 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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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)

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

SAN DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): Board Certified Specialty: No

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

D3. Directorio de proveedores especialistas

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F
8:00AM-5:00PM

 Website: N/A

PEDIATRIC CARDIOLOGY

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

 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: 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

D3. Directorio de proveedores especialistas

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 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

D3. Directorio de proveedores especialistas

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: 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

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

BIALOSTOZKY, MARIO

Provider ID: 206011

Board Certified Specialty: No

D3. Directorio de proveedores especialistas

 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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

 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: 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
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 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: 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

D3. Directorio de proveedores especialistas

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

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

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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):

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

Provider ID: 262029

Board Certified Specialty: No
 3020 CHILDRENS WAY
SAN DIEGO, CA 92123
 Phone: (858) 309-7701
Fax: (858) 966-8038
 After Hours Phone: (858)
309-7701

Provider Gender: Female
NPI: 1790856557
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO, CHILDRENS HOSPITAL
OF ORANGE COUNTY
Medi-Cal Open Panel: 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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

 *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: 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

 *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

N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

PEDIATRIC EMERGENCY MEDICINE

MISHRA-OCCHINO, SEEMA

Provider ID: 205404

Board Certified Specialty: No

 3020 CHILDRENS WAY SAN DIEGO, CA 92123

 *Phone: (858) 576-1700*

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

☎ After Hours Phone: (619)
280-2905

Provider Gender: Male

NPI: 1467898239

☐ Provider English Spoken: Y

☐ Provider Language(s)
Spoken: Japanese

Cultural Competency: N

Hospital Affiliation: VALLEY

CHILDRENS HOSPITAL, RADY

CHILDRENS HOSPITAL SAN

DIEGO

Medi-Cal Open Panel: 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

D3. Directorio de proveedores especialistas

 *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: 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

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

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*

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

DIEGO

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): Board Certified Specialty: No
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: 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

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

☎ 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: 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

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)

D3. Directorio de proveedores especialistas

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

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

☐ 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

D3. Directorio de proveedores especialistas

Min/Max Age: 0\19

American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

 Hours: M-F
8:00AM-5:00PM

 Website: N/A

PEDIATRIC 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):

D3. Directorio de proveedores especialistas

N
 Accessibility: CONTACT PROVIDER
 Hours: M-F
8:00AM-5:00PM
 Website: N/A

PEDIATRIC **GASTROENTEROLOGY**

LIN, TOM

Provider ID: 297707
Board Certified Specialty: No
 3030 CHILDRENS WAY FL
2
SAN DIEGO, CA 92123
 Phone: (858) 966-4003
Fax: (858) 560-6798
 After Hours Phone: (858)
966-4003
Provider Gender: Male
NPI: 1114136934
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: 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
 3030 CHILDRENS WAY FL

2
SAN DIEGO, CA 92123
 Phone: (858) 966-4003
Fax: (858) 560-6798
 After Hours Phone: (858)
966-4003
Provider Gender: Male
NPI: 1700318292
 Provider English Spoken: Y
 Provider Language(s)
Spoken: Gujarati, Spanish
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: 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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

 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): Provider ID: 205433

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

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

D3. Directorio de proveedores especialistas

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, 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

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

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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: 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

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

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)

D3. Directorio de proveedores especialistas

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: 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 **CHENG, EULALIA**

Provider ID: 205827
Board Certified Specialty: No
📍 3030 CHILDRENS WAY STE
2
SAN DIEGO, CA 92123
☎ Phone: (858) 966-5846
Fax: (858) 966-8457
🕒 After Hours Phone: (858)
966-5846
Provider Gender: Female
NPI: 1750394862
☐ Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO
Medi-Cal Open Panel: 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

D3. Directorio de proveedores especialistas

DIEGO

Medi-Cal Open Panel: 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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

 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

D3. Directorio de proveedores especialistas

 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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

DIEGO

Medi-Cal Open Panel: 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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

 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

D3. Directorio de proveedores especialistas

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

 Hours: M-F

8:00AM-5:00PM

 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

D3. Directorio de proveedores especialistas

Min/Max Age: 0\19

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F
8:00AM-5:00PM

 Website: N/A

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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: 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

D3. Directorio de proveedores especialistas

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

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: 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

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

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

D3. Directorio de proveedores especialistas

Medi-Cal Open Panel: 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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

 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: 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

D3. Directorio de proveedores especialistas

Cultural Competency: N
Medi-Cal Open Panel: 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: 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

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

D3. Directorio de proveedores especialistas

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: 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

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

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

D3. Directorio de proveedores especialistas

American Sign Language (ASL): Provider English Spoken: Y
N
 Accessibility: CONTACT
 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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

 *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: 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*

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*

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

D3. Directorio de proveedores especialistas

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: 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

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

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

 *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

 *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

Medi-Cal Open Panel: Y
Min/Max Age: 0\999

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

PSYCHOLOGIST

GOMEZ, JUANITA

Provider ID: 291424

Board Certified Specialty: No

 6030 VILLAGE WAY
SAN DIEGO, CA 92130

 *Phone: (800) 926-8372*

Fax: (888) 539-8781

 *After Hours Phone: (800) 926-8372*

Provider Gender: Female

NPI: 1790915759

 *Provider English Spoken: Y*
Cultural Competency: N

Medi-Cal Open Panel: 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

D3. Directorio de proveedores especialistas

 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: 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

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

D3. Directorio de proveedores especialistas

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: 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

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

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

D3. Directorio de proveedores especialistas

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: 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

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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: 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

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

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: 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*

D3. Directorio de proveedores especialistas

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

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

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: 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

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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):
N

Accessibility: CONTACT
PROVIDER

Hours: M-TH
8:00AM-5:00PM
F 8:00AM-8:00PM

Website: N/A

RADIATION ONCOLOGY

HOOPES, DAVID

Provider ID: 269725

Board Certified Specialty: No

16918 DOVE CANYON RD
STE 103
SAN DIEGO, CA 92127

Phone: (858) 649-5100

Fax: (858) 649-5099

After Hours Phone: (858)
649-5100

Provider Gender: Male

NPI: 1962520080

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON

Medi-Cal Open Panel: 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

HOOPES, DAVID

Provider ID: 262206

Board Certified Specialty: No

16918 DOVE CANYON RD
STE 103
SAN DIEGO, CA 92127

Phone: (858) 649-5100

Fax: (858) 649-5099

After Hours Phone: (858)
649-5100

Provider Gender: Male

NPI: 1962520080

Provider English Spoken: Y

Provider Language(s)
Spoken: Spanish

Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON

Medi-Cal Open Panel: 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

MURPHY, JAMES

Provider ID: 262401

Board Certified Specialty: No

16918 DOVE CANYON RD
STE 103

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

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

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: 299992

Board Certified Specialty: No

 330 LEWIS ST
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

Fax: (888) 539-8781

D3. Directorio de proveedores especialistas

 After Hours Phone: (800)
926-8273

Provider Gender: 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: 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: 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

D3. Directorio de proveedores especialistas

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

American Sign Language (ASL):
N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F
8:00AM-5:00PM*

 *Website: N/A*

RADIOLOGY DIAGNOSTIC

HANNSUN, GEMMY

Provider ID: 282791

Board Certified Specialty: No

 *330 LEWIS ST STE 202
SAN DIEGO, CA 92103*

 *Phone: (800) 926-8273*

Fax: (888) 539-8781

 *After Hours Phone: (800)
926-8273*

Provider Gender: Male

NPI: 1992120026

 *Provider English Spoken: Y*

 *Provider Language(s)
Spoken: Khmer, Spanish*

Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA JOHN SALLY THORNTON

Medi-Cal Open Panel: 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

 *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*

D3. Directorio de proveedores especialistas

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: 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: 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: 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

D3. Directorio de proveedores especialistas

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: 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

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

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

D3. Directorio de proveedores especialistas

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

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

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

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: 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):
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

D3. Directorio de proveedores especialistas

American Sign Language (ASL): NPI: 1871910810

N

 Accessibility: CONTACT PROVIDER

 Website: N/A

RADIOLOGY DIAGNOSTIC

SCHULTZ, HEATHER

Provider ID: 240342

Board Certified Specialty: No

 200 W ARBOR DR
SAN DIEGO, CA 92103

 Phone: (800) 926-8273

 After Hours Phone: (800) 926-8273

Provider Gender: Female

NPI: 1871910810

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

Medi-Cal Open Panel: 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

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

 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: 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):

D3. Directorio de proveedores especialistas

N

 *Accessibility: CONTACT PROVIDER*
 *Hours: M-F
8:00AM-5:00PM*
 *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

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)*

D3. Directorio de proveedores especialistas

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: 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

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: 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: 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

TADROS, ANTHONY
Provider ID: 304150
Board Certified Specialty: No

D3. Directorio de proveedores especialistas

 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

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

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

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

UNSDORFER, KYLE

Provider ID: 300035
Board Certified Specialty: No
 330 LEWIS ST

D3. Directorio de proveedores especialistas

SAN DIEGO, CA 92103
 Phone: (800) 926-8273
Fax: (888) 539-8781
 After Hours Phone: (800) 926-8273
Provider Gender: Male
NPI: 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: 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): N
 Accessibility: CONTACT PROVIDER
 Hours: M-F
8:00AM-5:00PM
 Website: N/A

RADIOLOGY DIAGNOSTIC

VAKILIAN, SIAVOSH

Provider ID: 283207
Board Certified Specialty: No
 5395 RUFFIN RD STE 103
SAN DIEGO, CA 92123
 Phone: (858) 505-4100
Fax: (858) 429-7939
 After Hours Phone: (858) 505-4100
Provider Gender: Male
NPI: 1427456151
 Provider English Spoken: Y
Cultural Competency: N
Hospital Affiliation: PIONEERS MEMORIAL HOSPITAL
Medi-Cal Open Panel: Y
Min/Max Age: 0\999
American Sign Language (ASL):

D3. Directorio de proveedores especialistas

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F
8:00AM-5:00PM

 Website: N/A

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

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

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

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

BARTZ, BRYAN

Provider ID: 273381

Board Certified Specialty: No

 8929 UNIVERSITY CENTER
LN STE 200

SAN DIEGO, CA 92122

 Phone: (800) 926-8273

Fax: (888) 539-8781

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1669818993

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD

MEDICAL CTR, UCSD LA JOLLA

JOHN SALLY THORNTON

D3. Directorio de proveedores especialistas

Medi-Cal Open Panel: 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 THERAPIST

BERGERON, PATRICK

Provider ID: 206534

Board Certified Specialty: No

 16950 VIA TAZON
SAN DIEGO, CA 92127

 Phone: (800) 926-8273

 After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1285061390

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: 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

D3. Directorio de proveedores especialistas

 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, 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

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

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

D3. Directorio de proveedores especialistas

 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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

 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

D3. Directorio de proveedores especialistas

 Accessibility: CONTACT PROVIDER
 Hours: M-F
8:00AM-5:00PM
 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

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

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: 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

D3. Directorio de proveedores especialistas

PROVIDER
Hours: SU 7:00AM-9:00PM
M-F 7:00AM-9:00PM
Website: N/A

SPEECH PATHOLOGIST

CLARK, MELISSA

Provider ID: 296920
Board Certified Specialty: No
11440 W BERNARDO CT
STE 300
SAN DIEGO, CA 92127
Phone: (877) 757-8353
Fax: (818) 357-2505
After Hours Phone: (877)
757-8353
Provider Gender: Female
NPI: 1760546428

Provider English Spoken: Y
Provider Language(s)
Spoken: Arabic, Armenian,
Farsi, Spanish
Cultural Competency: N
Medi-Cal Open Panel: 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: 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

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

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

D3. Directorio de proveedores especialistas

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: 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: 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

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: 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

D3. Directorio de proveedores especialistas

Provider ID: 257841

Board Certified Specialty: No

3020 CHILDRENS WAY
SAN DIEGO, CA 92123

Phone: (858) 966-8030

After Hours Phone: (858)
966-8030

Provider Gender: Male

NPI: 1235153552

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: RADY
CHILDRENS HOSPITAL SAN
DIEGO

Medi-Cal Open Panel: 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

D3. Directorio de proveedores especialistas

 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

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

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: 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

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

D3. Directorio de proveedores especialistas

 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)

D3. Directorio de proveedores especialistas

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
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

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

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

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

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

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

D3. Directorio de proveedores especialistas

 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: 286355

Board Certified Specialty: No

 4303 LA JOLLA VILLAGE
DR STE 2110

D3. Directorio de proveedores especialistas

SAN DIEGO, CA 92122
 Phone: (800) 926-8273
 Fax: (888) 539-8781
 After Hours Phone: (800) 926-8273
 Provider Gender: Male
 NPI: 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: 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: 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

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

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

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

D3. Directorio de proveedores especialistas

Min/Max Age: 0\999

American Sign Language (ASL):  200 W ARBOR DR

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

D3. Directorio de proveedores especialistas

 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

D3. Directorio de proveedores especialistas

 *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*

D3. Directorio de proveedores especialistas

Medi-Cal Open Panel: Y

Min/Max Age: 0\19

American Sign Language (ASL): Provider English Spoken: Y
Cultural Competency: 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: 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

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

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

D3. Directorio de proveedores especialistas

 *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):

D3. Directorio de proveedores especialistas

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):

N

 *Accessibility: CONTACT PROVIDER*

 *Website: N/A*

SURGERY ORTHOPEDIC

BUI, CHRISTOPHER

Provider ID: 241162

Board Certified Specialty: No

 200 W ARBOR DR
SAN DIEGO, CA 92103

 *Phone: (800) 926-8273*

 *After Hours Phone: (800)
926-8273*

Provider Gender: Male

NPI: 1619231537

 *Provider English Spoken: Y*
Cultural Competency: N

*Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON*

Medi-Cal Open Panel: 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

D3. Directorio de proveedores especialistas

 *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

D3. Directorio de proveedores especialistas

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

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

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

GOEB, YANNICK

Provider ID: 284794

D3. Directorio de proveedores especialistas

Board Certified Specialty: No

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

D3. Directorio de proveedores especialistas

DIEGO

Medi-Cal Open Panel: 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: 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

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

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: 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

D3. Directorio de proveedores especialistas

CHILDRENS HOSPITAL SAN DIEGO

Medi-Cal Open Panel: 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: 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 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: 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

D3. Directorio de proveedores especialistas

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

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

D3. Directorio de proveedores especialistas

 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: 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 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):
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

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

D3. Directorio de proveedores especialistas

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: 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

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

LEWIS, PRIYA

Provider ID: 302132

D3. Directorio de proveedores especialistas

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: 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

N

Accessibility: CONTACT
PROVIDER

Website: N/A

SURGERY PLASTIC

REID, CHRISTOPHER

Provider ID: 224795

Board Certified Specialty: No

200 W ARBOR DR
SAN DIEGO, CA 92103

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1982964276

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON

Medi-Cal Open Panel: 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: 255564

Board Certified Specialty: No

4520 EXECUTIVE DR
SAN DIEGO, CA 92121

Phone: (800) 926-8273

After Hours Phone: (800)
926-8273

Provider Gender: Male

NPI: 1982964276

Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation: UCSD
MEDICAL CTR, UCSD LA JOLLA
JOHN SALLY THORNTON

Medi-Cal Open Panel: 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

D3. Directorio de proveedores especialistas

 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: 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

D3. Directorio de proveedores especialistas

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: 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

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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: 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

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

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

D3. Directorio de proveedores especialistas

SAN MARCOS

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

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

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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 VALPRED A RD
SAN MARCOS, CA 92069

Phone: (760) 736-6767

Fax: (760) 736-8740

After Hours Phone: (760) 736-6767

Provider Gender: Female

NPI: 1639673858

Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: 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 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: 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 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: 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

D3. Directorio de proveedores especialistas

 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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

 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

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

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

D3. Directorio de proveedores especialistas

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

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):
N

Accessibility: CONTACT
PROVIDER

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

D3. Directorio de proveedores especialistas

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 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: 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 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: 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

D3. Directorio de proveedores especialistas

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

 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: 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

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

D3. Directorio de proveedores especialistas

 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: 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

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

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

D3. Directorio de proveedores especialistas

Min/Max Age: 0\999

American Sign Language (ASL): Provider Gender: Female

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F
8:00AM-5:00PM

 Website: N/A

PHYSICIANS ASSISTANT

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

D3. Directorio de proveedores especialistas

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 VALPRED A RD
SAN MARCOS, CA 92069

Phone: (760) 736-6767
Fax: (760) 736-8740

After Hours Phone: (760)
736-6767

Provider Gender: Male
NPI: 1619271517

Provider English Spoken: Y
Provider Language(s)
Spoken: Spanish

Cultural Competency: N
Medi-Cal Open Panel: Y
Min/Max Age: 0\999

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Website: N/A

PSYCHOLOGIST

ARIELLA, LYND A

Provider ID: 299716
Board Certified Specialty: No

150 VALPRED A RD
SAN MARCOS, CA 92069

Phone: (760) 736-6767
Fax: (760) 736-8740

After Hours Phone: (760)
736-6767

Provider Gender: Female
NPI: 1073518965

Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: Y
Min/Max Age: 5\50

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F
8:00AM-5:00PM

Website: N/A

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

 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: 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

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

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

D3. Directorio de proveedores especialistas

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)

D3. Directorio de proveedores especialistas

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
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
8:30AM-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):

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

 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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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):

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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)

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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:

CAMEDBILL@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)

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

 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: 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

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: 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: 303932

D3. Directorio de proveedores especialistas

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

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

D3. Directorio de proveedores especialistas

8:00AM-7:00PM
F 8:00AM-5:00PM
SA 9:00AM-4:00PM
 Website: N/A

CERTIFIED NURSE PRACTITIONER

HARRIS, PAMELA

Provider ID: 302291
Board Certified Specialty: No
 105 DURIAN ST STE A
VISTA, CA 92083
 Phone: (760) 631-5000
Fax: (760) 414-3892
 After Hours Phone: (760)
631-5000

Provider Gender: Female
NPI: 1407545221

 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: 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: 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

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: 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

D3. Directorio de proveedores especialistas

 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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

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: 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

D3. Directorio de proveedores especialistas

Min/Max Age: 12\999

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

 Hours: M-F
8:00AM-5:00PM

SA 8:00AM-4:00PM

 Website: N/A

CERTIFIED NURSE

PRACTITIONER

WINDHAM, SUZONNE

Provider ID: 303724

Board Certified Specialty: No

 105 DURIAN ST STE A
VISTA, CA 92083

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)
631-5000

Provider Gender: Female

NPI: 1679926208

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: 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

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

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

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

 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: 293349

Board Certified Specialty: No

D3. Directorio de proveedores especialistas

 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

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

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

D3. Directorio de proveedores especialistas

 *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*

D3. Directorio de proveedores especialistas

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

D3. Directorio de proveedores especialistas

 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: 273114

Board Certified Specialty: No

 134 GRAPEVINE RD
VISTA, CA 92083

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)
631-5000

Provider Gender: Female

NPI: 1336589332

 Provider English Spoken: Y

Cultural Competency: N

Hospital Affiliation:

COMMUNITY REGIONAL

MEDICAL CENTER-FRESNO,

CALIFORNIA PACIFIC

MEDICAL CENTER - D P APH

Medi-Cal Open Panel: 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: 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

D3. Directorio de proveedores especialistas

TH 10:00AM-7:00PM

F 8:00AM-5:00PM

SA 9:00AM-4:00PM

 Website: N/A

OPTOMETRIST

GEE, JENNIFER

Provider ID: 273113

Board Certified Specialty: No

 1000 VALE TERRACE DR
VISTA, CA 92084

 Phone: (760) 631-5000

Fax: (760) 414-3892

 After Hours Phone: (760)
631-5000

Provider Gender: Female

NPI: 1336589332

 Provider English Spoken: Y
Cultural Competency: N

Hospital Affiliation:

COMMUNITY REGIONAL

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

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):

 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: 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):

 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: 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):

 Accessibility: CONTACT
PROVIDER

 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):

D3. Directorio de proveedores especialistas

N
 Accessibility: CONTACT PROVIDER
 Hours: M-W
8:00AM-5:00PM
TH 10:30AM-7:30PM
F 8:00AM-5:00PM
 Website: N/A

OPTOMETRIST

KIM, MICHAEL

Provider ID: 290903
Board Certified Specialty: No
 1000 VALE TERRACE DR
VISTA, CA 92084
 Phone: (760) 631-5000
Fax: (760) 414-3892
 After Hours Phone: (760)
631-5000

Provider Gender: Male
NPI: 1164546313

 Provider English Spoken: Y
Cultural Competency: N
Medi-Cal Open Panel: 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

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

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

D3. Directorio de proveedores especialistas

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: 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

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: 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

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

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

D3. Directorio de proveedores especialistas

 After Hours Phone: (760)
631-5000

Provider Gender: Female

NPI: 1457922957

 Provider English Spoken: Y
Cultural Competency: N

Medi-Cal Open Panel: 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: 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

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

D3. Directorio de proveedores especialistas

 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

D3. Directorio de proveedores especialistas

HOSPITAL OF THE MONTEREY ARMANI, AVA

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

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

D3. Directorio de proveedores especialistas

CTR, SOUTHWEST
HEALTHCARE INLAND VALLEY

8:00AM-5:00PM

Website: N/A

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

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

D4. Directorio de hospitales: hospital general de atención aguda

SAN DIEGO

ALVARADO HOSPITAL LLC

Provider ID: 170056

6655 ALVARADO RD
SAN DIEGO, CA 92120

Phone: (619) 287-3270

After Hours Phone: (619)
287-3270

Accepting New Patients: 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

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

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

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Birth 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

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

American Sign Language (ASL):

N

Accessibility: CONTACT

D4. Directorio de hospitales: hospital general de atención aguda

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/locations/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/locations/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/locations/hospitals__scripps-memorial-hospital-encinitas

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

D4. Directorio de hospitales: hospital general de atención aguda

 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

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

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/

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/

American Sign Language (ASL):

N

 Accessibility: CONTACT PROVIDER

SAN DIEGO

SHARP MARY BIRCH HOSP FOR WOMEN AND

D4. Directorio de hospitales: hospital general de atención aguda

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

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/

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Birth 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

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Birth 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

Birth Friendly: Y

D4. Directorio de hospitales: hospital general de atención aguda

D5. Proveedores de apoyo y servicios a largo plazo (LTSS)

I. Atención a largo plazo (LTC) y centro de enfermería especializada (SNF)

CARLSBAD

N

 Accessibility: CONTACT PROVIDER

 Website: www.sharp.com/hospitals/coronado/departments/long-term-care.cfm

Credentials and/or certifications:

 Site English Spoken: Y
Cultural Competency: N
American Sign Language (ASL): N

 Accessibility: CONTACT PROVIDER

LA COSTA HOUSE

Provider ID: 662923

 6433 FLAMENCO ST
CARLSBAD, CA 92009

 Phone: (760) 721-1706

Fax: (760) 721-9872

 After Hours Phone: (760) 721-1706

Accepting New Patients: 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

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

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

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

Credentials and/or certifications:

 Site English Spoken: Y
Cultural Competency: N

American Sign Language (ASL):

CORONADO

VILLA CORONADO

CONVALESCENT

Provider ID: 172644

 233 PROSPECT PL
CORONADO, CA 92118

 Phone: (619) 552-3900

Fax: (619) 522-3939

 After Hours Phone: (619) 552-3900

Accepting New Patients: N

NPI: 1184607418

COTTONWOOD CANYON HEALTHCARE CENTER

Provider ID: 171983

 1391 E MADISON AVE
EL CAJON, CA 92021

 Phone: (619) 444-1107

D5. Proveedores de apoyo y servicios a largo plazo (LTSS)

I. Atención a largo plazo (LTC) y centro de enfermería especializada (SNF)

Fax: (619) 444-1403

☎ After Hours Phone: (619) 444-1107

Accepting New Patients: 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

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. Proveedores de apoyo y servicios a largo plazo (LTSS)

I. Atención a largo plazo (LTC) y centro de enfermería especializada (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: www.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: <http://victoriapostacute.com>*

Credentials and/or certifications:

 *Site English Spoken: Y*

Cultural Competency: N

American Sign Language (ASL): N

 *Accessibility: CONTACT PROVIDER*

VILLA LAS PALMAS HEALTHCARE CTR

Provider ID: 172020

 622 S ANZA ST
EL CAJON, CA 92020

 *Phone: (619) 442-0544*

 *After Hours Phone: (619) 442-0544*

Accepting New Patients: N

NPI: 1023048295

 *Website: <http://villalaspalmascares.com>*

Credentials and/or certifications:

 *Site English Spoken: Y*

Cultural Competency: N

American Sign Language (ASL):

D5. Proveedores de apoyo y servicios a largo plazo (LTSS)

I. Atención a largo plazo (LTC) y centro de enfermería especializada (SNF)

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

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://lifecarecentroprofescondido.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. Proveedores de apoyo y servicios a largo plazo (LTSS)

I. Atención a largo plazo (LTC) y centro de enfermería especializada (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

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

Credentials and/or
certifications:

Site English Spoken: Y

Site Languages(s) Spoken:
Spanish, Tagalog

Cultural Competency: N

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

VIA RIO HOUSE

Provider ID: 662930

1262 VIA ENCINOS DR
FALLBROOK, CA 92028

Phone: (760) 547-1976

Fax: (760) 721-9872

After Hours Phone: (760)
547-1976

Accepting New Patients: 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

Credentials and/or
certifications:

Site English Spoken: Y

Site Languages(s) Spoken: ,
Spanish

Cultural Competency: N

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

THE COVE AT LA JOLLA

Provider ID: 305514

7160 FAY AVE
LA JOLLA, CA 92037

Phone: (858) 459-4361

After Hours Phone: (858)
459-4361

Accepting New Patients: N

Hours: M-F 7:30AM-4:00PM

D5. Proveedores de apoyo y servicios a largo plazo (LTSS)

I. Atención a largo plazo (LTC) y centro de enfermería especializada (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/

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

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

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. Proveedores de apoyo y servicios a largo plazo (LTSS)

I. Atención a largo plazo (LTC) y centro de enfermería especializada (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

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

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. Proveedores de apoyo y servicios a largo plazo (LTSS)

I. Atención a largo plazo (LTC) y centro de enfermería especializada (SNF)

 Website: www.lifegen.net/fr
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
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 Language(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. Proveedores de apoyo y servicios a largo plazo (LTSS)

I. Atención a largo plazo (LTC) y centro de enfermería especializada (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
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.
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
th.org/skilled-
nursing/villa-
pomerado)

Credentials and/or
certifications:

🗂 Site English Spoken: Y
Cultural Competency: N

American Sign Language (ASL):
N

♿ Accessibility: CONTACT
PROVIDER

SAN DIEGO

ACCESS TO INDEPENDENCE

Provider ID: 417267

📍 8885 RIO SAN DIEGO DR
STE 131
SAN DIEGO, CA 92108

📞 Phone: (619) 293-3500
Fax: (619) 704-2054

📞 After Hours Phone: (619)
293-3500

Accepting New Patients: 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
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
om)

Credentials and/or
certifications:

🗂 Site English Spoken: Y

🗂 Site Languages(s) Spoken:

D5. Proveedores de apoyo y servicios a largo plazo (LTSS)

I. Atención a largo plazo (LTC) y centro de enfermería especializada (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. Proveedores de apoyo y servicios a largo plazo (LTSS)

I. Atención a largo plazo (LTC) y centro de enfermería especializada (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://missionhills
postacute.com](http://missionhills
postacute.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

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.co
m](http://reovista.co
m)

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

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://universityc
arecenter.com](http://universityc
arecenter.com)

Credentials and/or
certifications:

Site English Spoken: Y

Site Languages(s) Spoken:
Tagalog, Mandarin,

Russian, Vietnamese, Farsi,
Spanish

Cultural Competency: N

D5. Proveedores de apoyo y servicios a largo plazo (LTSS)

I. Atención a largo plazo (LTC) y centro de enfermería especializada (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/SanfordCourt/
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. Proveedores de apoyo y servicios a largo plazo (LTSS)

I. Atención a largo plazo (LTC) y centro de enfermería especializada (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: www.mountmiguelcovenantvillage.org

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: covivingmountmiguel.org

Credentials and/or

certifications:

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

VALLEY CENTER

AMREEN HOME

Provider ID: 658588

13873 OAKWOOD GLEN PL
VALLEY CENTER, CA 92082

Phone: (760) 751-9879

Fax: (760) 749-3019

After Hours Phone: (760)
751-9879

Accepting New Patients: N

NPI: 1700160405

Website: N/A

Credentials and/or

certifications:

Site English Spoken: Y

Cultural Competency: N

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

VISTA

ANZA HOUSE

Provider ID: 662920

1736 ANZA AVE
VISTA, CA 92084

Phone: (760) 721-1706

Fax: (760) 721-9872

After Hours Phone: (760)
721-1706

Accepting New Patients: 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

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. Proveedores de apoyo y servicios a largo plazo (LTSS)

I. Atención a largo plazo (LTC) y centro de enfermería especializada (SNF)

Cultural Competency: N
American Sign Language (ASL): N
 *Accessibility: CONTACT PROVIDER*

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. Proveedores de apoyo y servicios a largo plazo (LTSS)

I. Atención a largo plazo (LTC) y centro de enfermería especializada (SNF)

Cultural Competency: N

American Sign Language (ASL): 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*

D5. Proveedores de apoyo y servicios a largo plazo (LTSS)

II. Servicios de apoyo en el hogar (IHSS) del condado

SAN DIEGO

AGING & INDEPENDENCE SERVICES

Specialty: Case Management

 5560 OVERLAND AVE
SAN DIEGO, CA 92123

 Phone: (858) 495-5885

License Number: 1710308986

Accessibility: CONTACT

PROVIDER

 Hours: M-F

8:00AM-5:00PM

 Website: https://www.sandiegocounty.gov/content/sdc/hhsa/programs/ais/inhome_supportive_services.html

D5. Proveedores de apoyo y servicios a largo plazo (LTSS)

III. Servicios comunitarios para adultos (CBAS): servicios diurnos para adultos

CHULA VISTA

OPEN ARMS ADHC

Provider ID: 417307

301 E J ST
CHULA VISTA, CA 91910

Phone: (619) 420-1404

Fax: (619) 420-1408

After Hours Phone: (619)
420-1404

Accepting New Patients: 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>

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>

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
PROVIDER

American Sign Language (ASL):

N

Language line interpreter
services: N

Cultural Competency: N

Facility has access to skilled
medical interpreters on site?: N

Interpreter Non-English

Languages: N

Website: N/A

MAGNOLIA ADULT DAY

HEALTH CARE

Provider ID: 408541

490 N MAGNOLIA AVE
EL CAJON, CA 92020

Phone: (619) 444-1522

Fax: (619) 444-1516

After Hours Phone: (619)
444-1522

Accepting New Patients: 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

WESTERN ADHC

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

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

D5. Proveedores de apoyo y servicios a largo plazo (LTSS)

III. Servicios comunitarios para adultos (CBAS): servicios diurnos para adultos

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

CASA PACIFICA ADHCC

Provider ID: 417303
1424 30TH ST STE C
SAN DIEGO, CA 92154
Phone: (619) 424-8181
After Hours Phone: (619) 424-8181
Accepting New Patients: 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.casa-pacific.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.lovingcareadhc.com

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

D5. Proveedores de apoyo y servicios a largo plazo (LTSS)

III. Servicios comunitarios para adultos (CBAS): servicios diurnos para adultos

 *Site Languages(s) Spoken: Vietnamese, Mandarin, Spanish* *Cultural Competency: N*
Facility has access to skilled medical interpreters on site?: N

 *Hours: M-F 8:00AM-5:00PM* *Interpreter Non-English Languages: N*

License Number: 550005837  *Website: www.americareadhc.com*

NPI: 1396201828

 *Accessibility: CONTACT PROVIDER*

American Sign Language (ASL): N

Language line interpreter services: Y

Cultural Competency: N

Facility has access to skilled medical interpreters on site?: N

Interpreter Non-English Languages: Y

 *Website: Sandiegofamilycircle.com*

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

D6. Directorio de salud mental

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):

D6. Directorio de salud mental

- 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

D6. Directorio de salud mental

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

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

OJHA, PRITI

D6. Directorio de salud mental

 Site English Spoken: Y
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

 Hours: M-F
8:00AM-5:00PM

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

D6. Directorio de salud mental

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

D6. Directorio de salud mental

 *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*

D6. Directorio de salud mental

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

 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

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

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

D6. Directorio de salud mental

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 EAVER

 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 Languages(s) Spoken:
Spanish
TDD: U
Min/Max Age: 0\999
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
 Hours: M-F
8:00AM-5:00PM

GOMEZ, JUANITA

D6. Directorio de salud mental

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
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

D6. Directorio de salud mental

 *Accessibility: CONTACT PROVIDER*

BELINSKY, MARIA

*Provider Gender: Female
License Number: LCS69175
NPI: 1760867824
Provider English Spoken: Y
Spanish
Cultural Competency: N*

MARIA T BELINSKY

 426 N DATE ST
ESCONDIDO, CA 92025
 *Phone: (760) 690-5900*
Fax: (858) 633-4693

 *After Hours Phone: (760) 690-5900*

 *Website: N/A*

Accepting New Patients: 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:*

D6. Directorio de salud mental

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

D6. Directorio de salud mental

 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

D6. Directorio de salud mental

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

D6. Directorio de salud mental

 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

D6. Directorio de salud mental

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

D6. Directorio de salud mental

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

 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

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

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

D6. Directorio de salud mental

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 Language(s) Spoken:
Spanish

TDD: U

Min/Max Age: 6\999

American Sign Language (ASL):
N

Accessibility: CONTACT PROVIDER

Hours: M-F
8:00AM-5:00PM

GILROY, LAURA

Provider Gender: Female

License Number: LCS27123

NPI: 1437427978

Provider English Spoken: Y

Cultural Competency: N

LAURA L GILROY

1328 S MISSION RD

FALLBROOK, CA 92028

Phone: (760) 451-4720

Fax: (760) 457-4700

After Hours Phone: (760) 451-4720

Website: N/A

Accepting New Patients: 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

D6. Directorio de salud mental

Provider English Spoken: Y

Cultural Competency: N

RENEE S MILES

1328 S MISSION RD
FALLBROOK, CA 92028

Phone: (760) 451-4720

Fax: (760) 457-4700

After Hours Phone: (760)
451-4720

Website: N/A

Accepting New Patients: 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

9300 CAMPUS POINT DR

D6. Directorio de salud mental

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

 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

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

 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 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

D6. Directorio de salud mental

 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

D6. Directorio de salud mental

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 ELLEDDGE

 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

D6. Directorio de salud mental

Site English Spoken: Y
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Hours: M-F
8:00AM-5:00PM

HUEGE, STEVEN

Provider Gender: Male

License Number: C141122

NPI: 1598716367

Provider English Spoken: Y

Cultural Competency: N

STEVEN F HUEGE

8950 VILLA LA JOLLA DR
STE C101

LA JOLLA, CA 92037

Phone: (800) 926-8273

Fax: (888) 539-8781

After Hours Phone: (800)
926-8273

Website: N/A

Accepting New Patients: 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

D6. Directorio de salud mental

 Website: N/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-CHESHER, TAMARA

Provider Gender: Female
License Number: PSY28678
NPI: 1043441165
Provider English Spoken: Y
Cultural Competency: N
TAMARA R MAGINOT
CHESHER
 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

D6. Directorio de salud mental

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

D6. Directorio de salud mental

HOANG A NGUYEN

8:00AM-5:00PM

 9300 CAMPUS POINT DR
LA JOLLA, CA 92037

 Phone: (619) 497-6673

 After Hours Phone: (619)
497-6673

 Website: N/A

Accepting New Patients: 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

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

D6. Directorio de salud mental

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

D6. Directorio de salud mental

LA JOLLA, CA 92037
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
🕒 After Hours Phone: (800) 926-8273
🌐 Website: N/A
Accepting New Patients: 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

D6. Directorio de salud mental

SAMUEL KUGEL

502 EUCLID AVE STE 305
NATIONAL CITY, CA 91950

Phone: (619) 472-2600

Fax: (619) 472-5721

After Hours Phone: (619)
472-2600

Website: N/A

Accepting New Patients: 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

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

D6. Directorio de salud mental

W 8:00AM-7:00PM
TH-F 8:00AM-5:00PM
SA 9:00AM-4:00PM

ACOSTA, AZUCENA

Provider Gender: Female
License Number: LCS98304
NPI: 1255937496
Provider English Spoken: Y
Spanish
Cultural Competency: N

AZUCENA ACOSTA

517 N HORNE ST
OCEANSIDE, CA 92054
Phone: (760) 631-5000
Fax: (760) 414-3892
After Hours Phone: (760) 631-5000
Website: N/A
Accepting New Patients: 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

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
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
Spanish

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
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

D6. Directorio de salud mental

 Site English Spoken: Y
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL): Spanish

N

 Accessibility: CONTACT PROVIDER

 Hours: M-TH
8:00AM-7:00PM
F 8:00AM-5:00PM
SA 9:00AM-4:00PM

CHRISTIANSON, WARREN

Provider Gender: Male

License Number: 20A9664

NPI: 1932359445

Provider English Spoken: Y
Spanish

Cultural Competency: N

WARREN R CHRISTIANSON II

 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

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

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

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

D6. Directorio de salud mental

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

 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: 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

 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

D6. Directorio de salud mental

 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

 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

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

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

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

D6. Directorio de salud mental

 Website: N/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

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

D6. Directorio de salud mental

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

 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

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

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

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

D6. Directorio de salud mental

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

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

 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

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

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)

D6. Directorio de salud mental

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

 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

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

 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

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

SANCHEZ, ADRIANA

Provider Gender: Female
License Number: LCS97093
NPI: 1609450451

Provider English Spoken: Y
Spanish

Cultural Competency: N
ADRIANA SANCHEZ

 517 N HORNE ST

D6. Directorio de salud mental

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

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

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

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

D6. Directorio de salud mental

 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

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

D6. Directorio de salud mental

 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

D6. Directorio de salud mental

 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

 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

ARONLEE, TRACY

Provider Gender: Female
License Number: LCS83778
NPI: 1619304748

Provider English Spoken: Y
Cultural Competency: N

D6. Directorio de salud mental

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

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

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

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

D6. Directorio de salud mental

 Website: N/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 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

BROWN, DARCIÉ

Provider Gender: Female

License Number: MFC119851

NPI: 1639796071

Provider English Spoken: Y

Cultural Competency: N

DARCIÉ 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 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

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

D6. Directorio de salud mental

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

📍 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

D6. Directorio de salud mental

COSMINA S CIOBANU

8:00AM-5:00PM

 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

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

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

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

D6. Directorio de salud mental

 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

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

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

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

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

D6. Directorio de salud mental

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

D6. Directorio de salud mental

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

D6. Directorio de salud mental

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

D6. Directorio de salud mental

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

D6. Directorio de salud mental

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
📍 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

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

JOSHI, YASH

Provider Gender: Male
License Number: A147156
NPI: 1598151433
Provider English Spoken: Y
Cultural Competency: N
YASH B JOSHI

D6. Directorio de salud mental

 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

 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

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

D6. Directorio de salud mental

 Website: N/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 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

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

D6. Directorio de salud mental

 Website: N/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

 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

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

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

D6. Directorio de salud mental

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

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

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

D6. Directorio de salud mental

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

D6. Directorio de salud mental

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 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 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 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

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

D6. Directorio de salud mental

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

D6. Directorio de salud mental

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

 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

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

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

D6. Directorio de salud mental

SAN DIEGO, CA 92103
☎ Phone: (800) 926-8273
Fax: (888) 539-8781
📞 After Hours Phone: (800) 926-8273
🌐 Website: N/A
Accepting New Patients: 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
📍 7011 LINDA VISTA RD

D6. Directorio de salud mental

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): **PEDERSEN, SUESAN**
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

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

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

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

D6. Directorio de salud mental

American Sign Language (ASL):  7011 LINDA VISTA RD
SAN DIEGO, CA 92111 8:00AM-5:00PM

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

 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

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

D6. Directorio de salud mental

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

 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

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

 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

SHELLINGER, KRISTON

Provider Gender: Female

License Number: PSY26313

NPI: 1710234273

Provider English Spoken: Y

Cultural Competency: N

KRISTON B SHELLINGER

 330 LEWIS ST
SAN DIEGO, CA 92103

 Phone: (858) 246-1979

 After Hours Phone: (858)
246-1979

 Website: N/A

Accepting New Patients: Y

D6. Directorio de salud mental

 *Site English Spoken: Y*
TDD: U

Min/Max Age: 0\999

American Sign Language (ASL):
N

 *Accessibility: CONTACT PROVIDER*

 *Hours: M-F*
8:00AM-5:00PM

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

D6. Directorio de salud mental

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

D6. Directorio de salud mental

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
 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

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

TROYER, EMILY

Provider Gender: Female
License Number: A149101
NPI: 1326484437
Provider English Spoken: Y

D6. Directorio de salud mental

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

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

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

D6. Directorio de salud mental

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*

D6. Directorio de salud mental

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

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

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

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, LYNDA

Provider Gender: Female
License Number: PSY19450
NPI: 1073518965

Provider English Spoken: Y
Cultural Competency: N

LYNDA R ARIELLA

150 VALPRED A RD
SAN MARCOS, CA 92069

Phone: (760) 736-6767
Fax: (760) 736-8740

After Hours Phone: (760)
736-6767

Website: N/A

Accepting New Patients: 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

D6. Directorio de salud mental

 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

D6. Directorio de salud mental

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

D6. Directorio de salud mental

☎ 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

D6. Directorio de salud mental

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

D6. Directorio de salud mental

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

D6. Directorio de salud mental

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): MARGARITA C PALAZUELOS
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

D6. Directorio de salud mental

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

 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

 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

D6. Directorio de salud mental

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
 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*

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
 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

D6. Directorio de salud mental

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

 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

D6. Directorio de salud mental

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

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

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

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

D6. Directorio de salud mental

 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

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

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

D6. Directorio de salud mental

Accepting New Patients: Y

 Site English Spoken: Y
TDD: U

Min/Max Age: 18\999

American Sign Language (ASL): Cultural Competency: N
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

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)

D6. Directorio de salud mental

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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

ALPINE

AOTO, KIM, OD

Provider Gender: Female
License Number: 14524
NPI: 1780935650
Provider English Spoken: Y
Spanish, Vietnamese
Cultural Competency: Y

WEST COAST EYE CARE

1620 ALPINE BLVD STE 117
ALPINE, CA 91901

Phone: (619) 445-2687

Fax: (619) 445-0801

After Hours Phone: (619)
445-2687

Accepting New Patients: 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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

Site English Spoken: Y
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Public transportation (within
1/2 mile from Site): 1U
 Hours: M 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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

 Accessibility: CONTACT PROVIDER

Public transportation (within 1/2 mile from Site): 1U

 Hours: M 9:00AM-5:00PM
TU 10:00AM-6:00PM
W 9:00AM-5:00PM
TH 8:00AM-5:00PM
F 9:00AM-4:00PM

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, 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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

 *Accessibility: CONTACT PROVIDER*

Public transportation (within 1/2 mile from Site): 1T

 *Hours: M 8:00AM-5:00PM
TU 7:00AM-5:00PM
W-F 8:00AM-5:00PM*

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*

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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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
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

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

NGUYEN, TRACY, OD

Provider Gender: Female
License Number: 10859
NPI: 1265596621
Provider English Spoken: Y
Vietnamese
Cultural Competency: Y
ESSENTIAL EYECARE
OPTOMETRY

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

 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):

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

- N**
 Accessibility: CONTACT PROVIDER
 Public transportation (within 1/2 mile from Site): 1U
 Hours: 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: M-F 9:00AM-6:00PM
- 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
- OU, JOCELYN, OD**
 Provider Gender: Female
 License Number: 34063
 NPI: 1225518996
 Provider English Spoken: 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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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
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

HAMOUIE, JUDY, OD

Provider Gender: Female

License Number: 34984

NPI: 1518638287

Provider English Spoken: Y

Cultural Competency: Y

RETINA INSTITUTE OF
CALIFORNIA MEDICAL GROUP

300 S PIERCE ST STE 200
EL CAJON, CA 92020

Phone: (619) 440-5400

Fax: (619) 440-0239

After Hours Phone: (619)
440-5400

Accepting New Patients: Y

Site English Spoken: Y
American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1T

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

 Hours: M-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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

 *Accessibility: CONTACT PROVIDER*
Public transportation (within 1/2 mile from Site): 1T
 *Hours: M-F*
8:30AM-6:00PM

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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

🕒 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

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

VINH, JOHN, OD

Provider Gender: Male

License Number: 14177

NPI: 1003102724

Provider English Spoken: Y

Cultural Competency: Y

RETINA INSTITUTE OF

CALIFORNIA MEDICAL GROUP

📍 300 S PIERCE ST STE 200
EL CAJON, CA 92020

☎ Phone: (619) 440-5400

Fax: (619) 440-0239

🕒 After Hours Phone: (619) 440-5400

Accepting New Patients: 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, 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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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, 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

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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

 *Accessibility: CONTACT PROVIDER*
Public transportation (within 1/2 mile from Site): 1T
 *Hours: M-F*
8:00AM-5:00PM

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*
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

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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

Site English Spoken: Y
 Site Languages(s) Spoken: Spanish
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
 Hours: M-F
8:00AM-5:00PM

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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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

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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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
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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): 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):

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

- N**
 **Accessibility: CONTACT PROVIDER**
Public transportation (within 1/2 mile from Site): 1T
 **Hours: M-F 8:30AM-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
- 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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

☎ 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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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

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

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

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):

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

- N**
 **Accessibility: CONTACT PROVIDER**
Public transportation (within 1/2 mile from Site): 1T
 **Hours: M-F 8:00AM-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
- 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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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

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

MCGRAW, JOSEPH, MD

Provider Gender: Male

License Number: A155228

NPI: 1588624852

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

700 W EL NORTE PKWY
STE 200

ESCONDIDO, CA 92026

Phone: (760) 743-5872

Fax: (760) 743-5879

After Hours Phone: (760)
743-5872

Accepting New Patients: 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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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, 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 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, 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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

Site English Spoken: Y
 Site Languages(s) Spoken: Spanish
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
 Hours: M-F
8:00AM-5:00PM

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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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):

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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

 **Accessibility:** CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
 **Hours:** M-F
8:00AM-5:00PM

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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

 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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

LA JOLLA, CA 92037
☎ Phone: (858) 457-3010
Fax: (858) 457-0028
🕒 After Hours Phone: (858) 457-3010
Accepting New Patients: 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

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

HOO, PAMELA, OD

Provider Gender: Female
License Number: 11033

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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

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

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

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

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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

1/2 mile from Site): 1T

🕒 Hours: M-F
8:00AM-4:30PM

KALBAKJI, NATALY, OD

Provider Gender: Female
License Number: 34943
NPI: 1700556438
Provider English Spoken: Y
Arabic

Cultural Competency: Y

ACUITY EYE GROUP

📍 9850 GENESEE AVE STE
310
LA JOLLA, CA 92037

📞 Phone: (858) 457-3010
Fax: (858) 457-0028

🕒 After Hours Phone: (858)
457-3010

Accepting New Patients: 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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

☎ 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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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

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

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

MOOR, TRACY, OD

Provider Gender: Female

License Number: 35085

NPI: 1184283277

Provider English Spoken: Y

Cultural Competency: Y

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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

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

**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):
Provider English Spoken: Y
Spanish

Cultural Competency: Y
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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F
8:00AM-4:30PM

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
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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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

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 Languages(s) Spoken:
Spanish, Tagalog

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1U

Hours: M-F
8:00AM-4:30PM

ZVANUT, DONALD, OD

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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:

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

Spanish
American Sign Language (ASL):
N
 Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1T
 Hours: M-F
8:00AM-5:00PM

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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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):

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

- N**
 *Accessibility: CONTACT PROVIDER*
Public transportation (within 1/2 mile from Site): 1U
 *Hours: M-F 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
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*
- 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*
- HAIGHT, BRUCE, MD**
Provider Gender: Male
License Number: G41117
NPI: 1427029628
Provider English Spoken: Y
Cultural Competency: Y

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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):
ACUITY EYE GROUP

N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1U

Hours: M-F
8:00AM-5:00PM

HAIGHT, BRUCE, MD

Provider Gender: Male

License Number: G41117

NPI: 1427029628

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

7339 EL CAJON BLVD STE J
LA MESA, CA 91942

Phone: (619) 722-8460
Fax: (619) 722-8465

After Hours Phone: (619)
722-8460

Accepting New Patients: Y

Site English Spoken: Y

Site Languages(s) Spoken:
Spanish

American Sign Language (ASL):
ACUITY EYE GROUP

N

Accessibility: CONTACT

PROVIDER

Public transportation (within
1/2 mile from Site): 1T

Hours: M-F
8:00AM-5:00PM

HAMOUIE, JUDY, OD

Provider Gender: Female

License Number: 34984

NPI: 1518638287

Provider English Spoken: Y

Cultural Competency: Y

ACUITY EYE GROUP

7339 EL CAJON BLVD STE J
LA MESA, CA 91942

Phone: (619) 722-8460
Fax: (619) 722-8465

After Hours Phone: (619)
722-8460

Accepting New Patients: 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

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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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
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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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

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

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

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

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

KHALIL, VADY, OD

Provider Gender: Male

License Number: 35137

NPI: 1275263584

Provider English Spoken: Y

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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

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): PHILLIP A LEVY OD

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

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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

Public transportation (within 1/2 mile from Site): 1U

🕒 Hours: M-F
8:00AM-5:00PM

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

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

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

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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

Fax: (619) 722-8465

☎ After Hours Phone: (619)
722-8460

Accepting New Patients: 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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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, 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

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

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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

- Site English Spoken: Y
 Site Languages(s) Spoken: Spanish
 American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
 Public transportation (within 1/2 mile from Site): 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
- 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
- QUACH, PHUC, OD**
 Provider Gender: Male
 License Number: 12891
- 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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

Cultural Competency: Y

ACUITY EYE GROUP

7339 EL CAJON BLVD STE J
LA MESA, CA 91942

Phone: (619) 722-8460

Fax: (619) 722-8465

After Hours Phone: (619)
722-8460

Accepting New Patients: 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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

 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:
Spanish

American Sign Language (ASL):
N

 Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1T

 Hours: M-F
8:00AM-5:00PM

VINH, JOHN, OD

Provider Gender: Male

License Number: 14177

NPI: 1003102724

Provider English Spoken: Y

Cultural Competency: Y

EYE ASSOCIATES OF SAN
DIEGO/ACUITY EYE GROUP

 5565 GROSSMONT
CENTER DR # 551

 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

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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

☎ 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

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

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

LAKESIDE

FLEMING, JOHN, OD

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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
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

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

GOLLOGLY, HEIDRUN, MD

Provider Gender: Female
License Number: A134761
NPI: 1477879823
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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

American Sign Language (ASL): Provider Gender: Male

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): Provider Gender: Female

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

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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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

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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

PROVIDER
Public transportation (within
1/2 mile from Site): 1U
🕒 Hours: M-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)

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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
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

MENDOZA, RAYMUNDO, OD

Provider Gender: Male
License Number: 8150
NPI: 1306837760

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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

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

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

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):

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

- N**
 *Accessibility: CONTACT PROVIDER*
Public transportation (within 1/2 mile from Site): 1U
 *Hours: M-F
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
 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 Language(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*
- 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*

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

American Sign Language (ASL): Provider English Spoken: Y
N

 Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
 Hours: M-F
8:00AM-4:30PM

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

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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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

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): NPI: 1588656151

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

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

BOECK, CARL, OD

Provider Gender: Male
License Number: 6620

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 Language(s) Spoken:
Spanish

American Sign Language (ASL):

N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1T

Hours: M 8:00AM-5:00PM
TU-TH 9:00AM-6:00PM
F 8:00AM-5:00PM

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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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

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

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

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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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
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
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

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

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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

 Site English Spoken: Y
American Sign Language (ASL): N
 Accessibility: CONTACT PROVIDER
Public transportation (within 1/2 mile from Site): 1U
 Hours: M 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
 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

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

GIANG, STEVEN, OD

Provider Gender: Male
License Number: 34489
NPI: 1730710104
Provider English Spoken: Y
Cultural Competency: Y
JASMINE P NGUYEN OD INC

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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

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 Languages(s) Spoken:
Spanish, Vietnamese

American Sign Language (ASL):
N

Accessibility: CONTACT
PROVIDER

Public transportation (within
1/2 mile from Site): 1T

Hours: M-F
9:00AM-5:00PM
SA 9:00AM-1:00PM

HOFFMAN, STEVEN, OD

Provider Gender: Male

License Number: 34561

NPI: 1033736079

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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*

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

🕒 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, 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, 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, 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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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

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

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

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

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 Language(s) Spoken:
Spanish, Vietnamese

American Sign Language (ASL):

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

- N**
 **Accessibility: CONTACT PROVIDER**
Public transportation (within 1/2 mile from Site): 1T
 **Hours: M-F**
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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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): NPI: 1952453300
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

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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

Site English Spoken: Y
American Sign Language (ASL):
N
 Accessibility: CONTACT
PROVIDER
Public transportation (within
1/2 mile from Site): 1T
 Hours: M-F
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
NPI: 1679985584
Provider English Spoken: Y
Spanish
Cultural Competency: Y
RADY CHILDRENS
SPECIALISTS

7910 FROST ST STE 200
SAN DIEGO, CA 92123
 Phone: (858) 309-7702
Fax: (858) 966-8901
 After Hours Phone: (858)
309-7702

Accepting New Patients: 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

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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

☎ 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

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

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

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

HILLCREST EYE

CENTER-UCSD

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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

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

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, KELVIN, OD

Provider Gender: Male

License Number: 11085

NPI: 1518923572

Provider English Spoken: Y

Spanish

Cultural Competency: Y

SAN DIEGO VISION CARE

OPTOMETRY

3807 FAIRMOUNT AVE STE
200

SAN DIEGO, CA 92105
Phone: (619) 508-5678
Fax: (619) 501-0686

After Hours Phone: (619)
508-5678

Accepting New Patients: 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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

🕒 *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): *Provider English Spoken: Y*

N

♿ *Accessibility: CONTACT*
PROVIDER

Public transportation (within
1/2 mile from Site): 1T

🕒 *Hours: M-F*
9:00AM-5:00PM
SA 9:00AM-1:00PM

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): *Vietnamese*

N

♿ *Accessibility: CONTACT*
PROVIDER

Public transportation (within
1/2 mile from Site): 1T

🕒 *Hours: M-F*
9:00AM-5:00PM
SA 9:00AM-1:00PM

NGUYEN, HOA PHUONG, OD

Provider Gender: Female

License Number: 12630

NPI: 1962439265

Provider English Spoken: Y

Vietnamese

Cultural Competency: Y

COLLEGE GROVE

OPTOMETRY

📍 4560 COLLEGE AVE
SAN DIEGO, CA 92115

☎ *Phone: (619) 583-5744*

Fax: (619) 582-6112

🕒 *After Hours Phone: (619)*
583-5744

Accepting New Patients: 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, 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 Languages(s) Spoken:
Spanish, Vietnamese

American Sign Language (ASL):

N

♿ *Accessibility: CONTACT*
PROVIDER

Public transportation (within
1/2 mile from Site): 1T

🕒 *Hours: M-W*
9:00AM-6:00PM
TH-F 9:00AM-5:00PM
SA 8:00AM-3:00PM

NGUYEN, 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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

 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

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, 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

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

 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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

TH 9:30AM-5:00PM
F 8:00AM-4:00PM

PATEL, GITANE, MD

Provider Gender: Male

License Number: A108603

NPI: 1710171434

Provider English Spoken: Y

Cultural Competency: Y

WEST COAST EYE CARE

4344 CONVOY ST STE C2
SAN DIEGO, CA 92111

Phone: (858) 565-8822

Fax: (858) 565-2449

After Hours Phone: (858)
565-8822

Accepting New Patients: 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

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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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

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

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):

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

- N**
 *Accessibility: CONTACT PROVIDER*
Public transportation (within 1/2 mile from Site): 1U
 *Hours: M-F
9:00AM-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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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 Language(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 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

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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

TU 9:00AM-5:30PM
W-TH 9:00AM-5:00PM
F 9:00AM-4:00PM

JOHNSON, CHRISTOPHER, OD

Provider Gender: Male
License Number: 15100
NPI: 1568861425
Provider English Spoken: Y
Cultural Competency: Y

JOHN C FLEMING OD

9628 CAMPO RD STE C
SPRING VALLEY, CA 91977
Phone: (619) 463-9318
Fax: (619) 463-9640
After Hours Phone: (619)
463-9318

Accepting New Patients: 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

KALRA, ANKUR, OD

Provider Gender: Male
License Number: 11898
NPI: 1124195789
Provider English Spoken: Y
Hindi

Cultural Competency: Y

EYE CARE OPTOMETRY ASSOCIATES

687 SWEETWATER RD
SPRING VALLEY, CA 91977
Phone: (619) 466-9444

Fax: (619) 466-9314

After Hours Phone: (619)
466-9444

Accepting New Patients: 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

KEDDINGTON, JOAN, OD

Provider Gender: Female
License Number: 6263
NPI: 1992872691

Provider English Spoken: Y
Spanish

Cultural Competency: Y

EYE CARE OPTOMETRY ASSOCIATES

687 SWEETWATER RD
SPRING VALLEY, CA 91977
Phone: (619) 466-9444
Fax: (619) 466-9314

After Hours Phone: (619)
466-9444

Accepting New Patients: 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

KING, MARY, OD

Provider Gender: Female
License Number: 13711
NPI: 1578792107

Provider English Spoken: Y
Spanish

Cultural Competency: Y

EYE CARE OPTOMETRY ASSOCIATES

687 SWEETWATER RD
SPRING VALLEY, CA 91977
Phone: (619) 466-9444
Fax: (619) 466-9314

After Hours Phone: (619)
466-9444

Accepting New Patients: 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

NGUYEN, THERESA, OD

Provider Gender: Female
License Number: 35530TLG
NPI: 1609555713

Provider English Spoken: Y

Cultural Competency: Y

EYE CARE OPTOMETRY ASSOCIATES

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

 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):

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

- N**
 *Accessibility: CONTACT PROVIDER*
Public transportation (within 1/2 mile from Site): 1U
 *Hours: M 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, 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*
- 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*
- TRAN, THAO, OD**
Provider Gender: Female

D7. Directorio de proveedores de la vista: servicios oculares y de la vista

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): IT*

 *Hours: M-TH
10:00AM-5:00PM*

D8. Otros proveedores de servicios

SAN MARCOS

AMERICARE ADULT DAY HEALTH CARE CENTER†

License Number: 060000832

 340 RANCHEROS DR STE
196

SAN MARCOS, CA 92069

 *Phone: (760) 682-2424*

 *After Hours Phone: (760)
682-2424*

 *Site English Spoken: Y*

 *Accessibility: CONTACT
PROVIDER*

 *Website: [www.americaread
hc.com](http://www.americaread
hc.com)*

Cultural Competency: N

Accepting New Patients: N

D9. Centros de atención de urgencia de Blue Shield Promise

CHULA VISTA

AFC URGENT CARE OF BONITA*

NPI: 1316225147

760 OTAY LAKES RD
CHULA VISTA, CA 91910

(619) 821-2300

(619) 821-2300

Site Languages(s) Spoken:
Spanish

SU 8:00AM-5:00PM
M-F 8:00AM-8:00PM
SA 8:00AM-8:00PM

Accessibility: CONTACT PROVIDER

www.afcurgentcare.com/chula-vista/

Accepting New Patients: N

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

(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: 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: 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

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: 1558788620

1740 ROSECRANS ST
SAN DIEGO, CA 92106

(619) 790-7800

(619) 790-7800

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

D9. Centros de atención de urgencia de Blue Shield Promise

 (858) 800-2880
 SU-SA 8:00AM-8:00PM
 *Accessibility:* CONTACT PROVIDER
 <https://www.afurgentcare.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.afurgentcare.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
 (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

D9. Centros de atención de urgencia de Blue Shield Promise

 PROVIDER
 N/A
Accepting New Patients: N

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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

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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
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 N/A

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**RADY CHILDRENS
SPECIALISTS SAN DIEGO MED
FNDTN***

NPI: 1669617197

 5565 GROSSMONT
CENTER DR STE 2
LA MESA, CA 91942

 (858) 576-1700

 (858) 576-1700

 *Accessibility:* CONTACT
PROVIDER

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NPI: 1669617197

 5565 GROSSMONT
CENTER DR STE 2
LA MESA, CA 91942

 (619) 713-5375

 (619) 713-5375

 *Accessibility:* CONTACT
PROVIDER

 N/A

Accepting New Patients: N

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED

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NPI: 1669617197

 5565 GROSSMONT

D9. Centros de atención de urgencia de Blue Shield Promise

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 (619) 713-5375
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 *Accessibility:* CONTACT PROVIDER
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Accepting New Patients: N

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Accepting New Patients: N

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D9. Centros de atención de urgencia de Blue Shield Promise

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D9. Centros de atención de urgencia de Blue Shield Promise

OCEANSIDE

**RADY CHILDRENS
SPECIALISTS SAN DIEGO MED
FNDTN***

NPI: 1669617197

 3605 VISTA WAY STE 172
OCEANSIDE, CA 92056

 (760) 547-1020

 (760) 547-1020

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PROVIDER

 N/A

Accepting New Patients: N

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SAN DIEGO

RADY CHILDRENS

D9. Centros de atención de urgencia de Blue Shield Promise

SPECIALISTS SAN DIEGO MED FNDTN*

NPI: 1669617197

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 (858) 966-8800

 (858) 966-8800

 *Accessibility:* CONTACT
PROVIDER

 N/A

Accepting New Patients: N

RADY CHILDRENS

SPECIALISTS SAN DIEGO MED FNDTN*

NPI: 1669617197

 3020 CHILDRENS WAY
SAN DIEGO, CA 92123

 (858) 966-8800

 (858) 966-8800

 *Accessibility:* CONTACT
PROVIDER

 N/A

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RADY CHILDRENS

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NPI: 1669617197

 3020 CHILDRENS WAY
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 (858) 966-8800

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RADY CHILDRENS

SPECIALISTS SAN DIEGO MED FNDTN*

NPI: 1669617197

 4305 UNIVERSITY AVE STE
150

SAN DIEGO, CA 92105

 (619) 280-2905

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 *Accessibility:* CONTACT
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 N/A

Accepting New Patients: N

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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
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SAN DIEGO

RCH MID CITY URGENT CARE*

NPI: 1710065933

4305 UNIVERSITY AVE STE
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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
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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

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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
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SA 1:00PM-10:00PM

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SAN DIEGO

SOUTHBAY URGENT CARE INC*

NPI: 1558746750

1628 PALM AVE
SAN DIEGO, CA 92154

(619) 591-9999

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Site Languages(s) Spoken:
Spanish, Vietnamese

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M-F 9:00AM-8:00PM
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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. ມີຜູ້ຮູ້ ພາສາລາວ ສາມາດຊ່ວຍທ່ານ. ນີ້ແມ່ນບໍລິການໂດຍບໍ່ເສຍຄ່າ.

Armenian Մեզ մոտ հասանելի են անվճար թարգմանչական ծառայություններ՝ մեր առողջապահական կազմակերպության հետ կապված Ձեր ցանկացած հարցին պատասխանելու համար: Թարգմանիչ լինելու համար պարզապես զանգահարեք մեզ 1-800-452-4413 հեռախոսահամարով: Ձեզ կօգնի հարցերն իմացող թարգմանիչը: Ծառայությունն անվճար է:

Farsi ما خدمات مترجم شفاهی رایگان ارائه می‌دهیم تا به هر گونه سوالی که در مورد طرح سلامت یا داروی ما دارید پاسخ دهیم. برای داشتن مترجم شفاهی، کفایت با ما به شماره 1-800-452-4413 تماس بگیرید. کسی که فارسی صحبت می‌کند می‌تواند به شما کمک کند. این یک خدمت رایگان است.

Thai ภาษาไทย เรามีบริการล่ามฟรีเพื่อตอบคำถามของคุณเกี่ยวกับสุขภาพหรือแผนด้านยาของคุณ หากต้องการบริการล่าม โปรดโทรหาเราที่ 1-800-452-4413 มีคนที่สามารถพูดภาษาไทยได้เพื่อช่วยเหลือคุณ บริการนี้เป็นบริการฟรี

Multi-Language Insert Multi-Language Interpreter Services

English We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-776-4466. Someone who speaks English can help you. This is a free service.

Spanish Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-776-4466. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-776-4466。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-776-4466。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-776-4466. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-776-4466. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-776-4466 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-776-4466. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-776-4466 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-776-4466. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول ليس عليك سوى الاتصال بنا على 1-800-776-4466. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية على مترجم فوري،

Hindi हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-776-4466 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian E disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-776-4466. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-776-4466. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-776-4466. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-776-4466. Ta usługa jest bezpłatna.

Japanese 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-776-4466 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Hmong Peb muaj cov kev pab cuam txhais lus pab dawb los teb tej lus nug uas koj muaj hais txog ntawm peb li kev noj qab haus huv los sis lub phiaj xwm tshuaj kho mob. Kom tau txais tus kws pab cuam txhais lus, tsuas yog hu rau peb ntawm 1-800-776-4466. Muaj cov paub lus Hmoob tuaj yeem pab tau koj. Qhov no yog pab dawb.

Ukrainian Ми надаємо безкоштовні послуги перекладача, щоб відповісти на будь-які запитання щодо нашого плану лікування чи надання лікарських засобів. Щоб скористатися послугами перекладача, просто зателефонуйте нам за номером 1-800-776-4466. Вам може допомогти хтось, хто розмовляє Українською. Це безкоштовна послуга.

Navajo D77 ats'77s baa lhly3 47 doodago azeé' bee aa lhly3 b7na'7d7[kidgo 47 n1 ata' hodoolnih77 h0l=. Ata' halne'4 biniiy4go, koj8' 1-800-776-4466 b44sh bee hod77lnih. Diné k'ehj7 y1[ti'i n7k1 adoolwo[. D77 t'11 j77k'eh bee an1'1wo.

Punjabi ਪੰਜਾਬੀ ਸਾਡੀ ਸਿਹਤ ਨਾਂ ਡਰੱਗ ਪਲਾਨ ਬਾਰੇ ਤੁਹਾਡੇ ਕਿਸੇ ਵੀ ਸਵਾਲ ਦਾ ਜਵਾਬ ਦੇਣ ਲਈ ਸਾਡੇ ਕੋਲ ਮੁਫਤ ਦੁਬਾਸੀਏ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਇੱਕ ਦੁਬਾਸੀਆ ਲੈਣ ਲਈ, ਸਾਨੂੰ 1-800-776-4466 'ਤੇ ਕਾਲ ਕਰੋ। ਪੰਜਾਬੀ ਬੋਲਣ ਵਾਲਾ ਕੋਈ ਵੀ ਵਿਅਕਤੀ ਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦਾ ਹੈ। ਇਹ ਇੱਕ ਮੁਫਤ ਸੇਵਾ ਹੈ।

Khmer យើងមានសេវាអ្នកបកប្រែផ្ទាល់មាត់ដោយឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរនានា ដែលអ្នកអាចមានអំពីសុខភាព ឬគម្រោងឱសថរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ម្នាក់ សូមទូរស័ព្ទមកយើងខ្ញុំតាមលេខ 1-800-776-4466។ អ្នកណាម្នាក់ដែលនិយាយភាសាខ្មែរអាចជួយអ្នកបាន។ សេវានេះមិនគិតថ្លៃនោះទេ។

Mien Yie mbuo mbenc duqv maaih tengx wang-henh nzie faan waac mienh liouh dau waac bun muangx dongh nzunc baav meih maaih waac naaic taux yie mbuo gorngv taux yie nyei heng-wangc jauv-louc a'fai ndie-daan. Liouh lorx zipv longc faan waac nor, douc waac lorx taux yie mbuo yiem njiec naaiv 1-800-776-4466. Maaih mienh gorngv benx Mienh waac haih tengx nzie duqv meih. Naaiv se benx wang-henh nzie weih jauv-louc oc.

Lao ພວກເຮົາມີນາຍພາສາໂດຍບໍ່ເສຍຄ່າເພື່ອຕອບຄໍາຖາມຕ່າງໆທີ່ທ່ານອາດຈະມີກ່ຽວກັບສຸຂະພາບ ຫຼື ແຜນການຢາຂອງພວກເຮົາ. ເພື່ອໃຫ້ໄດ້ຮັບນາຍພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ບີ 1-800-776-4466. ມີຜູ້ຮູ້ພາສາລາວ ສາມາດຊ່ວຍທ່ານ. ນີ້ແມ່ນບໍລິການໂດຍບໍ່ເສຍຄ່າ.

Armenian Մեզ քոտ հասանելի են անվճար թարգմանչական ծառայություններ՝ մեր առողջապահական կազմակերպիչի հետ կապված Ձեր ցանկացած հարցի և պատասխանելու համար: Թարգմանիչ և ներկայից համար պարզապես զանգահարեք մեզ 1-800-776-4466 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 1-800-776-4466 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 տրամադրվելի են անվճար լեզվաբան օգնություն ծառայություններ: Ձանգահայեր 1-800-452-4413 (TTY՝ 711) համարով, 8:00-ից 20:00, շաբաթը յոթ օր: Հեռախոսազանգն անվճար է:

Українська Ukrainian ЗВЕРНІТЬ УВАГУ! Якщо Ви розмовляєте українською, ми можемо запропонувати Вам безкоштовні послуги мовної підтримки. Телефонуйте 1-800-452-4413 (TTY: 711) з 8:00 до 20:00 без вихідних. Дзвінок безкоштовний.

Mienh Mien TOV JANGX LONGX OC: Beiv taix meih gorngv Mienh waac nor, ninh mbuo gorn zangc duqv mbenc nzoih wang-henh nzie weih faan waac bun meih muangx maiv zuqc feix liuc cuotv zinh nyaanh. Douc waac lorx taux 1-800-452-4413 (TTY: 711), 8:00 diemv ziangh hoc lungnh ndorm mingh taux 8:00 ziangh hoc lungnh muonz, yietc norm liv baaiz se koi nzoih siec hnoi. Naaiv norm douc waac gorn se wang-henh longc maiv zuqc feix liuc cuotv zinh nyaanh.

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